Country Care Profile

Ghana

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Acronyms and abbreviations

AIDS   acquired immunodeficiency syndrome
CRC   Convention on the Rights of the Child
CRI   Care Reform Initiative
DSW   Department of Social Welfare
GDHS   Ghana Demographic and Health Survey
ICA   inter-country adoption
HIV   human immunodeficiency virus
LEAP   Livelihood Empowerment Against Poverty (programme)
MGC&SP   Ministry of Gender, Children and Social Protection
MKQMA   Manya Krobo Queen Mothers Association
NADMO   National Disaster Management Organisation
NGO   non-governmental organization
NPA   National Plan of Action
OICI   Opportunities Industrialization Centres International
OVC   Orphans and Vulnerable Children
UN   United Nations
UNICEF   United Nations Children's Fund
USAID   United States Agency for International Development
USD   United States Dollar
YASS   Young Adult Support Services

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1 Introduction

1.1 Purpose and objectives

The Better Care Network (BCN) and UNICEF, supported by the President's Emergency Plan for AIDS Relief (PEPFAR)/ US Agency for International Development (USAID), commissioned Maestral International LLC to document significant child-care reform work being carried out at country level in three African countries, to promote information exchange and learning within the region, and reinforce and encourage care reform in other countries. These reforms involve legislation, policies and programmes, including service delivery, advocacy and networking. The three countries reviewed for the country profile study were: Ghana, Liberia and Rwanda. All three country profiles and the general summary report are available on the BCN website: <www.bettercarenetwork.org>.
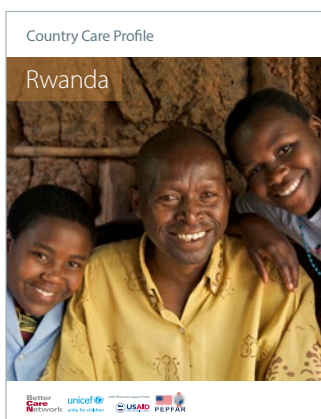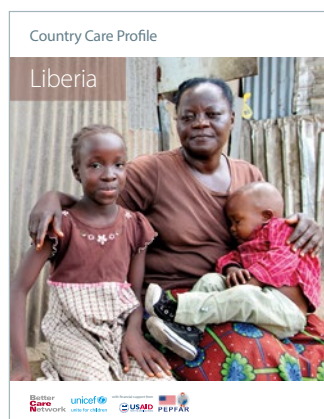
The country profiles document efforts to support care reform within these countries. Based within a framework reflective of the 'Guidelines for the Alternative Care of Children',[1] the profiles provide an overview and analysis of key areas in alternative care services provision and reform efforts. The key areas are:

- National enactment and implementation of the legal and policy framework;
- Preventive and family support services;
- Availability and range of family-based alternative care services;
- Residential care and deinstitutionalization efforts;
- Supporting children exiting or leaving alternative care arrangements;
- Domestic and inter-country adoption;
- Information management systems; and
- Social welfare workforce.

The profiles provide an overview of key lessons learned, including successes, challenges and areas for progress, and gaps in learning and best practice.

The goal of the country profiles is to inform the strengthening of care-reform efforts in the sub-Saharan Africa region. It is envisaged that they will build on the positive momentum generated by recent regional conferences, child protection systems strengthening initiatives, deinstitutionalization efforts, and country-level child protection and care networks. The profiles can contribute to the exchange of information between and among countries on successes and challenges in implementing care-reform efforts, facilitate the development of a community of practice in Africa, and harness reform and political will among donor, government and non-governmental actors. Ultimately, these care profiles can increase collaboration between national and regional actors who are supportive of care reform, strengthening child protection systems and promoting family-based care options for children.

1.2 Methodology

The international and regional child-rights based instruments that framed the documentation of the care profiles included: the UN Convention on the Rights of the Child (CRC), the 'Guidelines for the Alternative Care of Children' (UN, 2009), the African Charter on the Rights and Welfare of the Child,[2] and the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption. All definitions of the range of alternative care options were informed by these key international and regional framework documents. Additionally, efforts were made to ensure that the literature review and in-country research included active involvement of children and caregivers in order to gain a deeper understanding of the views of these key stakeholders. Sound ethical research design, such as ensuring consent, referrals where appropriate and following child participation guidelines, was used to ensure the safeguarding of participating

children and their caregivers. Detailed information on the process and steps taken to collect information is included in Annex 1.

1.3 Structure of the country profile
Following the country field visits, a detailed profile was developed for each country documenting, summarizing and analysing the core components of the alternative care system and care-reform initiatives. The country profiles are based on documents reviewed and the field visits in April/May 2013.

The content of each of the country profiles addresses the following topics:
- Overview of country context, including the population of children living outside of family care or at risk
- Description of child protection and child-care system, including national care-reform initiatives
- Child-care legal and policy framework for the country
- Preventing the need for alternative care, including analysis of national deinstitutionalization strategies and interventions
- Analysis of formal alternative care
- Analysis of informal alternative care
- Domestic and inter-country adoption
- Care during an emergency
- Public awareness and advocacy
- Conclusion
- Reference materials for the country

2 Overview of national care-reform initiative

2.1 Country context
Ghana is a country situated in West Africa with a population of 24.97 million;[3] children under the age of 15 make up 42 per cent of the population.[4] The economy has steadily grown over the years,[5] and in 2010 Ghana achieved its long-standing goal of joining the ranks of middle-income countries.

Despite its political, social and economic successes, large segments of the population are unable to access basic services, employment opportunities or benefit from its 'middle-income country status'. Large numbers of Ghanaians currently live in poverty, with one-third of the population continuing to live below the upper poverty line and approximately one-fifth of the population living in extreme poverty.[6] People face a range of social problems and resource constraints leading to rural-to-urban migration, large numbers of single-headed households, and extreme vulnerability and deprivation.[7]

Historically, in times of crisis, instances of poverty or other factors leading to children living outside of parental care, Ghanaian communities have customarily turned to informal foster care. In Ghana, while data on the relationship of a child

to the head of the household are not available, it is assumed that the vast majority of children who are not living with their parents are likely to be living with family members – as has been found in other countries in which those data are available. However, with the continued socioeconomic pressures on families and communities living in extreme poverty in recent years, extended family mechanisms are breaking down. With an increasing focus on the nuclear family, traditional forms of care (i.e. informal foster care, including extended family) are under considerable strain, leading to more and more children living outside of family environments.[8]

This has contributed in Ghana experiencing shifts in care arrangements. Increasingly, residential care has grown in popularity and use. A 2006 government assessment found that in the late-1990s and early-2000s, the number of children's homes or residential care facilities increased dramatically (from 10 in 1996 to 148 in 2006 in the case of privately run facilities), while the numbers have grown further since then. The study also found that the majority of these facilities lacked proper records, care plans or gatekeeping, and did not follow the Children's Act regulations in terms of licensure, registration, monitoring or the provision of quality services. More than 80 per cent of the children in care in such facilities had one or both parents alive.[9] A recent government audit found that approximately 96 per cent of the children's homes in four sampled regions were unlicensed, operating illegally and were not monitored to ensure that they were operating within national minimum standards, placing children at risk of abuse and neglect.[10]

'Orphan volunteerism' has also served as a driving factor for the mushrooming of residential care facilities, particularly in the non-matrilineal regions. Many orphanages appear to have been set up as places for foreign volunteers, sponsorship and as an avenue for collecting funds and donations.[11] An example of the continuing rise in the number of residential care facilities is illustrated by West Mamprusi district: here only one orphanage was found in the 2006 government-run study, while as of December 2013 there were 17.[12] According to the 2006 study, many of the children's homes were found to be organizing unregulated inter-country adoptions (ICA) and served as transit points for children.[13] These findings were confirmed in subsequent media reports.[14] Ghana faces high numbers of ICA, and is ranked as one of the top seven African countries for such adoptions.[15] Increasingly, assessments are showing that adoption practices lack proper oversight and monitoring mechanisms, leading to serious ethical issues.[16]

While there are pockets of family-based care practices, and informal care arrangements continue to be the primary care arrangement, residential care and ICA are increasing in prominence – as Textbox 1 illustrates.

Alternative care in Ghana

- As of December 2013, there were 114 residential care facilities caring for a total of 4,432 children. Of these residential homes, only three are government run and the rest are private. There is also one government-run transit centre and three non-governmental organization (NGO)-run transit centres or shelters.[17]

- The 2006 study found that 80 per cent of children living in residential care facilities had families and could have been supported to live in their own communities – with their extended family or community members (DSW 2006 Study).[18]

- It is estimated that 19 per cent of Ghana's households include children in informal care.[19]

- As of May 2013, Bethany Christian Services had registered 82 foster parents and had placed 10 or 11 children in foster care since October 2011. As of September 2013, OrphanAid Africa had registered a total of 33 children in foster care and also registered 64 children under 18 in formal kinship care arrangements.[20]

- According to UNICEF data, between 2009 and 2011 a total of 1,179 children were adopted through inter-country and domestic processes, with a majority (823) adopted inter-country – including 540 to the United States.[21]

2.2 Care-reform results and promising practices

The Government of Ghana has shown considerable commitment to bring about deinstitutionalization of the country's care system. In response to the 2006 assessment findings and the rapid rise of residential care facilities in Ghana, in 2007 the government initiated the Care Reform Initiative (CRI) within the Department of Social Welfare (DSW) and housed at the then Ministry of Employment and Social Welfare's (renamed the Ministry of Gender, Children and Social Protection [MGC&SP] in 2013). The initial objective of the CRI was to strengthen the legal framework for alternative care and push forward deinstitutionalization. Within the DSW, a dedicated office and staff have been allocated to support the CRI and to lead the national deinstitutionalization strategy and programme. The CRI is a unique public–private partnership between the DSW, UNICEF and OrphanAid Africa, with each funding a third of the set-up costs and later attracting other non-government partners. See Table 1 for the list of all key government and non-government stakeholders leading the care reform in Ghana.

The CRI is the national strategy to transform the care sector by closing residential care facilities and promoting family reintegration, kinship care and foster care. It seeks to de-emphasize the care system's over-reliance on institutional care by shifting towards a range of integrated family and community-based care services for those children without appropriate parental care.[22] The goal of CRI is the: *"establishment of a more consistent*

and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family."[23] According to CRI documentation, the key components of CRI are:

1. Prevention of family separation, via the conditional cash transfer programme 'Livelihood Empowerment Against Poverty' (LEAP);[24]
2. Reintegrating children back with their family or extended family (kinship care);
3. Placement of the child within a foster family; and
4. Adoption (preferably domestic).

CRI has made positive inroads in meeting these objectives and in developing a regulatory framework and raising awareness around family-based alternative care. Additionally, there has been increasing emphasis on preventive and family support services with the Livelihood Empowerment Against Poverty (LEAP) programme, which has shown positive signs of improving the welfare of vulnerable families.[25] Through the CRI, the Government of Ghana has also been able to strengthen its regulatory functions with the enactment of the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana (2010) and draft Adoption and Foster Care Regulations.[26]

The national standards are in line with best practice and uphold key principles outlined in the 'Guidelines for the Alternative Care of Children: gatekeeping, care plans, registration and inspection of homes, leaving care, and exit strategies'.[27] To support the dissemination and implementation of the standards, the DSW has set up regional multi-agency teams to inspect homes and has conducted training and workshops.[28] According to DSW data, compiled with UNICEF assistance in December 2012,[29] 47 homes have been closed since they did not meet the required standards, and 54 children's homes have deinstitutionalized one or more children since 2006. One of the main pillars of the CRI is to reintegrate children from residential care back to their parents or extended families.

As of April 2013, the DSW, with support from partners, had facilitated the reintegration of 1,577 children back to their parents and extended family.[30]

In addition to the CRI, the 2010–2012 (extended to 2015) National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC) also supports national care-reform efforts. The NPA establishes the strategies for the prevention of family separation and developing a range of alternative care services for those children in need of care and protection.[31]

Additionally, in light of the adoption system's lack of effective oversight, the government has begun to take concrete measures to reform the adoption system, with the suspension of all domestic and inter-country adoption in Ghana in May 2013.[32]

Table 2 highlights key milestones in child-care reform in Ghana.

2.3 Challenges identified and lessons learned

The current care-reform process, although positive in many aspects, has not been without its challenges. The initiative has not reached many of its intended targets and raises a number of concerns. The implementation and enforcement of the law continues to be limited, due to lack of human and structural resources.[33] The overall number of children's homes has actually increased since 2006, from 99 to 114; 53 new children's homes were identified as of December 2012. At the same time 31 children's homes have more children than they did in 2006, and the number of children living in residential care overall has grown, increasing from 3,388 in 2006 to 4,432 in 2012. As noted by the DSW staff, one of the biggest challenges has been that, *"informal children's homes continuing to pop up across Ghana."*[34] DSW staff noted that as of May 2013, only six private homes had been licensed and these are now regularly monitored. Only three residential homes are state run.[35]

Table 1

Key Ghana child-care reform stakeholders

	Stakeholders	Responsibilities
Government	Ministry of Gender, Children and Social Protection (MGC&SP) – *primary ministry*	• MGC&SP's Department of Social Welfare (DSW) leads alternative care efforts. • MGC&SP operates at the national, regional and at the metropolitan, municipal and district assemblies levels. • There is a separate staffed office on the Care Reform Initiative within the DSW. • As of 2013, the DSW employed 800 staff across 10 regional and 216 district offices.
Community-level structures	Customary Chiefs and Queen Mothers (community-level)	Traditional bodies and institutions that play an important role in the welfare of children.
Committees and networks	Orphans and Vulnerable Children (OVC) Multi-Sectorial Committee	Only coordinating committee with the mission of implementing the National Plan of Action for OVC. The committee is led by the DSW and includes representatives from the Ministry of Health, Ministry of Education, UNICEF, Bethany Christian Services, Amici dei Bambini, OrphanAid and Opportunities Industrialization Centres International. The committee meets every three months in the presence of the Deputy Minister and full-time coordinator.
	Young Adult Support Services (YASS)	OrphanAid's youth-led support group for 77 adolescents and young adults, most of whom have aged out of residential care.
Social work institutions		• Three universities offering social work degree programmes (bachelor's and master's): (1) University of Ghana, Department of Social Work; (2) Kwame Nkrumah University of Science and Technology; and (3) Presbyterian University College, which provides rural and community development training. • Three associations or professional bodies for social workers: (1) School of Social Work Association of Ghana (SSWAG); (2) Ghana Association of Social Workers; and (3) Institute of Social Work.
UN and NGOs		UNICEF, World Vision International, OrphanAid Africa, Bethany Christian Services, Amici dei Bambini, Challenging Heights, and Opportunities Industrialization Centres International (OICI).
Donors		US Agency for International Development (USAID)

Table 2

Key milestones in child-care reform in Ghana

	Milestones
2006	• Government, with support from non-governmental partners, commissions an assessment of children's homes in Ghana, due to the rapid increase of number of residential care facilities established between 1996 and 2006.
2007	• Government, with support from UNICEF and OrphanAid Africa, initiates the Care Reform Initiative (CRI) within the DSW to strengthen the legal framework for alternative care and push forward deinstitutionalization.
2010	• Approval of National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana. • Approval of National Action Plan for Orphans and Vulnerable Children, with provisions for child and family welfare.
2010–2013	• Government, with support from UNICEF and key non-governmental stakeholders, holds a series of technical workshops to discuss the drafting of foster care and adoption guidelines. • Government, in collaboration with partners, develops draft foster care and adoption guidelines – now draft regulations that are enforceable. At the time of writing, these regulations were under review by the Ministry of Gender, Children and Social Protection (MGC&SP).
2010–2013	• DSW, with support from UNICEF and non-governmental partners, deinstitutionalizes more than 1,500 children via reintegration efforts. • DSW, with support from key stakeholders, closes down 47 residential care facilities. • Bethany Children's Services and OrphanAid Africa initiate pilot foster-care programmes for children, including children with special needs.
2013	• Minister of Gender, Children and Social Protection, appointed in 2013, makes public statements calling for reform of national adoption system and ratification of the Hague Convention for the Protection of Children and Co-operation in Respect of Inter-country Adoption (1993). • Government of Ghana issues a moratorium on all domestic and inter-country adoptions on 20 May 2013 and begins taking major steps to reform the national adoption system in Ghana. • Minister of Gender, Children and Social Protection makes a statement announcing massive closure of unlicensed residential homes in 2014.

The success and effectiveness of the reintegration strategy for children in residential care is unclear, with stakeholders concerned that many of the reintegrated children have now been separated again from their families. Apart from OrphanAid, which closed its institutions and focused instead on supporting kinship and foster care, there are no concrete examples of residential care facilities changing their approach and transforming to providing non-residential child and family support services, such as early childhood development, community-based centres, day-care centres or non-residential based services. Lastly, the range of formal family-based care alternatives and prevention services available to children continues to be limited. Foster care and domestic adoption are not well established and informal family-based care options have not been appropriately supported and expanded. The alternative care system continues to be centred on a residential care approach. The successes and failures of the deinstitutionalization programmes are summarized by UNICEF:

"The Government of Ghana has tried to address the large number of children residing in orphanages. There have been successes with over 1,500 children moved from institutions back to their families, extended family or boarding schools. However, the total number of children [in orphanages] may have increased. The numbers have not decreased dramatically. Overall we are not winning the battle and the situation is getting worse." [36]

The full country profile provides a detailed overview of the country context, care reform, emerging promising practices and lessons learned for other countries in the region.

Country care profile: Ghana

1 Overview of country context

1.1 Country context

Ghana is a country situated in West Africa with a population of 24.97 million;[37] children under the age of 15 make up 42 per cent of the population.[38] The economy has grown steadily over the years, and in 2010 Ghana achieved its long-standing goal of moving to lower middle-income country status (from low-income country status). Unlike its neighbours, Ghana has been relatively peaceful and free from major national emergencies and political crises.[39]

Despite its political, social and economic successes, large segments of the population are unable to access basic services and employment opportunities, or enjoy its 'middle-income country status'. One-third of the population continues to live below the upper poverty line and approximately one-fifth of the population is living in extreme poverty.[40] This is leading to large numbers of people migrating from rural to urban areas, an increase in single-headed households, and to extreme vulnerability and deprivation in certain pockets of Ghana.[41]

1.2 Population of children living outside of family care or at risk

In Ghana, the people who are particularly vulnerable to extreme deprivation and 'living on the margins' are often women and children, leading to large numbers of children at risk of family separation or living outside of family care.[42] Current data and information on children outside of family care are unreliable due to the fragmented nature of studies and data-collection methods. Nonetheless, those data available show the magnitude of the issue.

In terms of orphanhood prevalence, according to the 2008 Ghana Demographic and Health Survey (GDHS), 0.5 per cent of children under 15 have lost both parents (double orphans) and 6 per cent have lost one parent (single orphans).[43] In the regional context, Ghana's prevalence of orphanhood (both parents) for children under 15 is about average; it is higher than Senegal or Nigeria (0.3 per cent) but significantly lower than Sierra Leone (2 per cent) or Guinea (1 per cent).[44]

According to the GDHS, in terms of living arrangements and parental status for children under 15 living in a household:[45]

- 55.7 per cent are living with both parents;
- 19.6 per cent are living with their mother, but not their father (father alive);
- 3.2 per cent are living with their mother, but not their father (father dead);
- 4.6 per cent are living with their father, but not their mother (mother alive);
- 0.7 per cent are living with their father, but not their mother (mother dead);

- 13.5 per cent of children in a household are not living with either parent, even though both parents are alive;
- 1 per cent of children in a household are not living with either parent (father alive and mother dead);
- 1.1 per cent of children in a household are not living with either parent (mother alive and father dead); and
- 0.5 per cent of children in a household are not living with either parent (both parents dead).

More boys than girls (57 per cent boys, 54 per cent girls) under 15 live with both parents.[46] Although 67 per cent of children aged 0–2 years live with their parents, by the time the child reaches 10–14 years of age only 47 per cent live with both parents. This is a significant decrease, indicating a change of care patterns for older children.[47]

Figure 1

Ghana: children under 15 living in a household with or without their parents

- Living with both parents — 56
- Living with father only — 5
- Living with mother only — 23
- Not living with either parents — 16
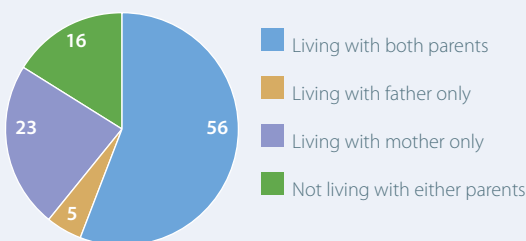
SOURCE: BCN, 2013

In the regional context, Ghana has a relatively low percentage of children under 15 living with both parents (56 per cent); this is higher than Liberia (49 per cent) and Sierra Leone (52 per cent), but significantly lower than Burkina Faso (80 per cent), Mali (78 per cent) and Nigeria (74 per cent). Ghana is among the countries with the highest rates of children under 15 living with their mothers but not their fathers, even though the latter is alive (though this rate is behind Mauritania [24 per cent] and Senegal [23 per cent]). Ghana has third highest percentage (16 per cent) in the West Africa region of children under 15 living in a household but not living with their parents, even though both parents are alive – though this is behind Sierra Leone (18 per cent) and Liberia (17 per cent).[48] This indicates that parental death is not the primary factor for children not living with their parents.

It is important to note that despite the high prevalence of children living only with their mother even though their father is alive, Ghana has actually seen a significant decrease since the late-1990s in the number of children in this situation, indicating major changes in family structures and also care situations for children. The decline in number was continuing as of 2008.[49]

Textbox 1

Alternative care in Ghana

- As of December 2013, there were 114 residential care facilities caring for a total of 4,432 children. Of these residential homes, only three are government run and the rest are private. There is also one government-run transit centre and three non-governmental organization (NGO)-run transit centres or shelters.[58]

- A 2013 government audit found that approximately 96 per cent of children's homes in four sampled regions were unlicensed, operating illegally and were not monitored to ensure that they were operating within national minimum standards, placing children at risk of abuse and neglect.[59]

- The 2006 study found that 80 per cent of children living in residential care facilities had families and could have been supported to live in their own communities – with their extended family or community members (DSW 2006 Study).[60]

- It is estimated that 19 per cent of Ghana's households include children in informal care.[61]

- As of May 2013, Bethany Christian Services had registered 82 foster parents and had placed 10 or 11 children in foster care since October 2011. As of September 2013, OrphanAid Africa had registered a total of 33 children in foster care and also registered 64 children under 18 in formal kinship care arrangements.[62]

- According to UNICEF data, between 2009 and 2011 a total of 1,179 children were adopted through inter-country and domestic processes, with a majority (823) adopted inter-country – including 540 to the United States.[63]

It is estimated that there are approximately 50,000 children living on the streets, more than half of whom are in the capital. Studies have shown that the majority of these children lacked parental care during their formative years, and that child neglect is key to them being on the streets and outside of family care.[50] The high numbers of children on the streets, in particular girls, is linked to the *kayayei* phenomenon which sees young girls preparing for marriage in the north region of Ghana (Dagombas and Mamprusi) moving to the south (Accra and Kumasi) in search of bride wealth to bring into marriage. These groups of girls account for up to half of the children on the street.[51] Stakeholders, such as OrphanAid Africa, have observed that many of these adolescent girls also end up in Greater Accra orphanages, thus contributing to the growing numbers of children in residential care.

While juvenile detention centres are not considered to be part of the alternative care system, as outlined in the 'Guidelines for the Alternative Care of Children' (UN, 2009), these centres exhibit some interesting patterns in relation to parental status and living arrangements. A recent analysis of children in one juvenile detention centre in Accra found that out of the 153 children there (both males and females), approximately half were either orphans or had been abandoned by their parents. Of the 83 whose parents were alive, 65 came from families living at or below the poverty line, while only 11 (or 7 per cent) had parents who had completed either secondary or tertiary education.[52]

Based on the available data and observed trends in Ghana, the National Plan of Action (NPA) for OVC and other child-related frameworks[9] outline the following main categories of children living outside of family care or at risk in Ghana. They are children:
- Infected or affected by HIV/AIDS;[54]
- At risk of abuse or neglect;
- In conflict with the law;
- With disabilities;
- In hard to reach areas;
- Affected by the worst forms of child labour;
- Living on the streets; and
- In need of alternative care.

And, as the GDHS data highlight, orphanhood and parental death are rarely the driving factors for children living outside of family care.[55] A DSW study found that 80 per cent of children living in residential care facilities had families and could have been supported to live in their own communities, with their biological families. At the same time, those children unable to return to their families could have been supported to live with extended family or community members.[56] The factors leading to family separation and placement in residential care vary and illustrate the challenges that these children and families currently face in Ghana. For example, the Ghanaian Residential

Care Regulations identify the following main driving factors behind children living outside of family and in placement in alternative care (using the phrasing of the regulations):[57]

- Family breakdown;
- Migration (i.e. husbands leaving families in search of work, or rural-to-urban migration of families);
- Parents' limited capacity to care for their children;
- Disintegration of traditional family structures and mechanisms (i.e. shift from matriarchal households);
- Poverty;
- Practice of families discarding HIV-infected children; and
- Incarceration of parents.

Textbox 1 provides an overview of the available data on placements of children in alternative care and adoption in Ghana. The data will be further analysed and discussed in the context of the Care Reform Initiative in the rest of the report.

2 Child protection and child-care system

2.1 Stakeholders and groups
There are a number of government and non-governmental actors that are providing child- and family-welfare services in Ghana. These are described below.

Government and community structures
The Department of Social Welfare (DSW), within the Ministry of Gender, Children and Social Protection (MGC&SP),[64] is the lead government agency responsible for implementing and coordinating child and family welfare services in Ghana. In 2007, the Government of Ghana initiated the Care Reform Initiative (CRI), within the DSW, to strengthen the legal framework for care and push forward deinstitutionalization. The CRI is the national strategy to transform the care sector by closing residential care facilities and promoting family reintegration, kinship care and foster care. The CRI is staffed and has an office in the DSW.

MGC&SP operates at the national, regional and the metropolitan, municipal and district assembly levels. At the national level, DSW staff members responsible for child– and family-welfare services include: the Director of DSW, Deputy Director of Child Rights and Promotion, Deputy Director of the LEAP Program Implementation Unit and the Deputy Director of Community Care (according to a reorganization of the department in 2013). At the district level, the social welfare and community departments, within the district assemblies, have the authority to investigate children's rights cases and deliver services. Family tribunals administer protection orders, and district child panels mediate civil matters concerning children's rights and parental responsibilities at the district level.[65] According to the Children's Act, child panels serve to divert children away from the criminal justice system. Child panels

may use the family tribunals as a referral point or last resort, when all efforts to successfully mediate matters involving children at the district or community level fail. However, in practice very few child panels are functioning effectively due to lack of financial and administrative support from authorities of the respective district assemblies; thus, this referral mechanism has not been implemented.[66]

As of February 2014, the DSW employed 1,359 staff across nine regions. A large percentage of staff members are concentrated in urban areas, with 30 per cent (or 406 staff) based in the Greater Accra area. This works out at about ten DSW staff per 100,000 of the population in Accra. By comparison there are only about 50 staff members each in the Upper West and Western Regions. While this works out at approximately two staff members per 100,000 of the population in the Western Region, the equivalent figure in the Upper West is about six DSW staff. Volta, Ashanti and Brong Ahafo each have between three and four staff members per 100,000 of the population. See Figure 2 for the breakdown of staff in each region and the distribution across regions.[67]

Figure 2

DSW staff count per region
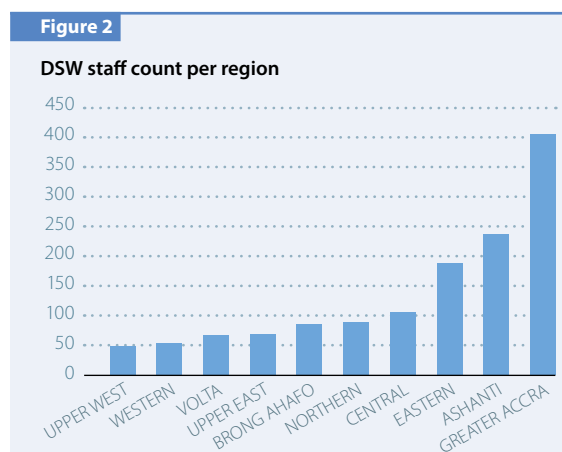
Note: Staff numbers extracted from Figure 2, plus 2010 census data on population per region, <www.statsghana.gov.gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf>, accessed 2013.

DSW staff are responsible for all care-related services – through both the provision of direct services and regulation of services via private agencies. Such services include residential care, foster care, kinship care, adoption, family support and family separation prevention. DSW staff are assisted by the police in investigating child protection cases, family tracing, removing children in need of protection and placing children in residential care or foster care.

At the community level, traditional leaders and elders, such as Customary Chiefs and Queen Mothers,[68] play an important

Figure 3

DSW staff per 100,000 of the population
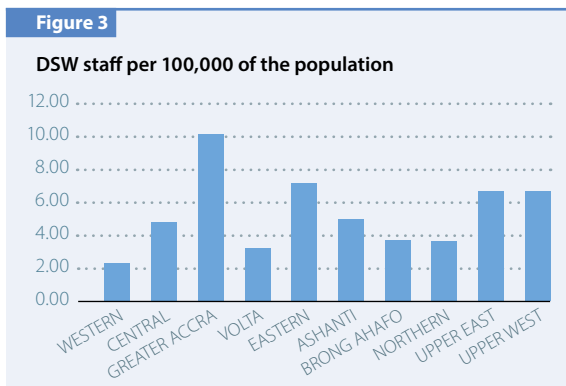
role in the welfare of children, as do women's groups and community health workers. The institution of Customary Chiefs is recognized by law and there is a minister responsible for Chieftaincy Affairs. Queen Mothers are recognized within the political system and play a crucial role in the promotion of issues affecting women and children. Efforts are underway to include Queen Mothers in the National House of Chiefs.[69]

United Nations, civil society organizations and community structures

The DSW staff work in close collaboration with UN agencies and civil society organizations – both national and international organizations – to fulfil the department's social welfare mandates, as well as to fill the gaps in the delivery of community services. The key UN and civil society organizations in the field of child and family welfare include the following: UNICEF, World Vision International, OrphanAid Africa (OrphanAid), Bethany Christian Services, Amici dei Bambini, Challenging Heights and Opportunities Industrialization Centres International.

Social welfare workforce and academia

While the social welfare workforce in Ghana is still in the early stages of development, the country is considered to be one of the forerunners in the region due to its robust academic and research institutions and associations in the field of social work. There are strong university-based social work programmes, with three universities now offering degree programmes (bachelor's and master's) and more than 200 graduates per year.[70] These are: (1) University of Ghana, Department of Social Work; (2) Kwame Nkrumah University of Science and Technology; and (3) Presbyterian University College, which provides rural and community development training. There is also the School of Social Work Association of Ghana (SSWAG), a national membership organization that connects, informs and mobilizes professional social workers practicing in the education systems in Ghana.[71] Additionally, there are two other professional bodies: Ghana Association of Social Workers (GASOW) and the Institute of Social Work (ISW).

At the time of writing there were 750 social services workers (all cadres) in the public sector working in government,[72] with approximately one social service worker to 40,000 (total population).[73] The greatest number of social welfare officers is in the Volta region (2.57 per 100,000 regional population) while the lowest numbers are in the central and northern regions (i.e. Brong Ahafo, 1.38 per 100,000, and Upper West, 1.56 per 100,000).[74]

A number of reports have recognized the limited social welfare workforce and the need to place significant emphasis upon its role within the overall child protection systems and ongoing reform efforts.[75] For instance, although the DSW has made great efforts to improve the capacity of its social welfare officers, there is a need for more capacity building to enable them to provide support in placing children in appropriate forms of care, gatekeeping, care planning, and monitoring and follow-up.[76] A review of training of personnel working with or on behalf of children without family care found that all staff at the DSW had received some form of training (for example, in family tracing and reunification, family-based care or counselling and psychosocial training etc.), but that this was not sufficient.[77] Trainings offered by NGOs tend to be ad hoc and issue based, and there is a need to further integrate these into agency induction and in-service training programmes.[78] There are no certificate-based training programmes on alternative care available for the police, the judiciary, welfare offices, probation offices, teachers and health workers. While large numbers of residential care staff have received trainings via the CRI, there is a need for follow-up, supervision and monitoring.

Committees and networks

The Orphans and Vulnerable Children (OVC) Multi-Sectorial Committee, which deals with alternative care, has the mission to implement the National Plan of Action for OVC. The committee is led by the DSW and includes representatives from the Ministry of Health, Ministry of Education, UNICEF, Bethany Christian Services, Amici dei Bambini, OrphanAid and Opportunities Industrialization Centres International. It meets every three months in the presence of the Deputy Minister and a full-time coordinator. The committee has been active in opening regional committees, which report back regularly as well as holding annual review meetings of the NPA.

At present, there are no formal alternative care networks or foster parent associations. However, there is a youth or care leavers association in Ghana. OrphanAid has organized a youth-led support group for 77 adolescents and young adults, most of whom have aged out of institutional care (YASS). YASS is governed by a five-member youth board, elected annually. YASS supports youth through education, vocational training, life skills training, rent, and general counselling and support services.[79]

Donors

Ghana receives funding from the European Union, World Bank, USAID, among others to support wider child and social protection programming.[80] In terms of specific funding for alternative care service provision, regulating residential care facilities, and reforming the care system the primary donor is USAID.[81] In general, funding for care reform is limited and there is a need for more funding from the government, as well as a diverse pool of donors. Non-governmental and civil society organizations have their own pool of funds, from bilateral donors, foundations or private donors, and are contributing to alternative care efforts. For example, UNICEF and OrphanAid have supported and co-hosted the CRI's trainings and technical meetings. Alternative care service providers, such as residential care facilities, receive large amounts of private donations and sponsorships from individuals, businesses and faith-based organizations. A number of stakeholders noted during the field visit that the majority of funding for residential care continues to come from external, Western donations and sponsorship, in particular among the faith-based community. In a resource- constrained environment such as Ghana, it is critical to advocate for these funds to be redirected to support prevention and family-based care rather than supporting residential care. Ghana is planning for this, as outlined in the new Communication for Social Change and Strategy Plan (see Section 9 on Public awareness for additional information).

2.2 Government commitment

There is commitment by the Government of Ghana, specifically via the DSW, to reforming the alternative care system by leading efforts with the CRI and allocating committed human resources to push forward this agenda. The CRI is considered one of the hallmark initiatives of the DSW. The commitment is further illustrated by the DSW's leadership, with the recent development of alternative care regulations and guidelines to enhance the implementation of the Children's Act, as well as to awareness-raising campaigns (discussed below). The DSW is led by staff who are highly motivated and committed to advocating for child welfare.

However, historically care has not played a prominent role and been high on the government's agenda. Apart from DSW's commitment to the issue, other ministries, Members of Parliament and the President's Office do not consider it to be a priority issue. Additionally, in the past there have been few concrete efforts to position the issue high on the national agenda, resulting in limited financial support and political will directed towards child welfare. In particular, family and child welfare service delivery is under-resourced and insufficient to respond to national and local needs.[82] For example, in 2011, the DSW was allocated more than 1,000,000 Ghanaian Cedi ([GHS]; 670,000 US dollars [USD]) for salaries, but only around GHS 70,000 (USD 47,000) to manage all social welfare services,

including residential care and support for people with disabilities.[83]

While individuals within the MGC&SP are highly motivated and continue to advocate for the welfare of all children, the ministry is relatively weak due to the limited funding it is allocated by the Government of Ghana. Nor is the MGC&SP well integrated into the work of other ministries, despite their cross-cutting mandates. There is no sector-wide approach to child protection, care planning and policy development, as illustrated by the fragmented nature of the various child protection NPAs.[84] The lead government department responsible for implementing child protection varies for each child protection area, leading to duplication of effort and conflicting strategies. For example, while some government departments and partners involved in child trafficking, labour and abuse are promoting the establishment of more temporary shelters for children, the DSW has been promoting deinstitutionalization through the CRI.[85] An analysis of the child protection system showed that there is limited agreement among stakeholders on the appropriate use of alternative care options for children, nor on the degree to which the government should prioritize institutional care versus strengthening family-based care and family preservation options.[86]

However, with the appointment of a new Minister of Gender, Children and Social Protection in January 2013, there has been a shift in the political dynamics and a renewed optimism. Due to the minister's commitment to reforming the care system, in particular domestic and inter-country adoption, child-care reform is taking a more prominent role on the national stage. Child protection stakeholders are hopeful that high-level government's commitment around this issue will increase over the coming years.

2.3 Information management system (IMS)

The Government of Ghana does not have a national child protection information management system (IMS) or a national information system on alternative care. To help fill this gap, since 2011 the DSW has made some progress in this regard by attempting to develop a simple case management database profiling children in residential care. The database is still under development and DSW is continuing to collect documentation, including interviews with the children, family and caregivers. However, the data collection system does not include data from household surveys or wider care arrangements, such as adoptions, foster care or guardianships.

The continued lack of a national information system on alternative care, as well as one integrating all data on child protection, is considered one of the shortcomings of the Ghanaian alternative care (and wider child protection) system.[87] For example, the Committee on the Rights of the Child noted in its report:

2.4 Interface of care and child protection systems

According to recent child protection system mappings,[89] the system is generally not addressing the needs of most children and their families, and has not been designed to be culturally appropriate and sustainable within existing resources. During the system mappings, when children were asked to identify what made them feel unsafe and insecure in communities, the most frequent response was lack of parental care; most children linked child protection concerns to this and to family breakdown.[90]

As a result of the recent child protection system mappings and more recent research and analysis carried out in the context of developing the forthcoming Child and Family Welfare Policy, the Government of Ghana, with support from UNICEF and other partners, is recognizing that in order to effectively address the needs of children living outside of family care, the entire child protection system needs to be strengthened. Accordingly, care components are viewed as possible entry points into the more comprehensive strengthening of the larger child protection system. The Government of Ghana and UNICEF are also treating this period of child protection systems reform, with the development, finalization and enactment of the Child and Family Welfare Policy, as an opportunity to: strengthen the legal framework and its enforcement (via comprehensive legislative review and possible amendments to the Children's Act);[91] build preventive and referral services; enhance social welfare capacity; improve coordination and collaboration of key stakeholders; raise awareness around the benefits of family-based care; and strengthen the capacity of government and non-governmental stakeholders responsible for child welfare and protection mandates.

" While taking note of the efforts made in improving the data collection systems by the different ministries, departments and agencies, the Committee remains concerned about the lack of a permanent system of data collection with expertise in child rights. The Committee recommends that [Ghana] strengthen its systems of collecting disaggregated data for all areas covered by the Convention…"[88]

3 Legal and policy framework

3.1 Ratification of key international instruments

Ghana has ratified or is signatory to a number of key international and regional conventions and protocols. Table 3 summarizes Ghana's ratification status.

As noted in Table 3, the Government of Ghana has yet to sign the 1993 Hague Convention on Inter-country Adoption. However, with the recent suspension on adoptions the

Table 3	
Ratification of key international human rights instruments	
Convention or Protocol	Ratification status
Convention on the Rights of the Child (UNCRC)	Ratified without reservations, 29 June 1990
CRC Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography	Signed, 24 September 2003
CRC Optional Protocol on Involvement of Children in Armed Conflict	Signed, 24 September 2003
International Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)	Ratified without reservations, 2 January 1986
International Labour Organization (ILO) Convention 183 on the Worst Forms of Child Labour	Ratified, 13 June 2000
International Covenant on Economic, Social and Cultural Rights (CESCR)	Ratified, 7 September 2000
International Covenant on Civil and Political Rights (ICCPR)	Ratified, 7 September 2000
Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention)	Not signed
Convention on the Rights of Persons with Disabilities	Ratified, 3 December 2010
Optional Protocol on the Convention on the Rights of Persons with Disabilities	Ratified, 31 July 2012
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families	Ratified, 7 September 2000
African Youth Charter	Ratified, December 2010
African Charter on the Rights and Welfare of the Child	Signed, 6 June 2005

government is putting into place measures to accede to the 1993 Hague Convention. In a recent press conference, the DSW, *"noted that as part of reforms in childcare, there are discussions on the possibility of Ghana preparing to be part of the Hague Convention since many inter-country adoptions are taking place."*[92]

3.2 Laws, policies, guidelines and regulations

Ghana has enacted a number of laws, policies, national strategies and action plans to ensure greater care and protection of children. Table 4 summarizes key laws and policies that provide for child and family welfare, alternative care and child protection provisions.[93]

National laws in Ghana have been harmonized with the CRC, beginning with the Constitution (1992) and the Children's Act (1998). The Children's Act is in line with the basic principles of the CRC, including the best interest of the child, non-discrimination, right to name and nationality, and right to grow up with parents and in a family environment. Under the

Table 4

National laws and policies pertaining to childcare

- Constitution, 1992: enacts UNCRC provisions into domestic law principles
- Children's Act, 1998 (Act 560): provisions for child and family welfare; rights of the child; fostering, adoption and maintenance
- Criminal Code (Amendment) Act, 1998 (Act 554)
- Juvenile Justice Act, 2003 (Act 653)
- Human Trafficking Act, 2005 (Act 694)
- Domestic Violence Act, 2007 (Act 732)
- Registration of Births and Deaths Act, 1965 (Act 301)
- Child Rights Regulations, 2003 (L.I. 1705): provisions for child and family welfare
- National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010: guidelines for providing residential care services
- National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005: provisions for child and family welfare, including preventive and family support services – early childhood development; supporting mothers and fathers via parenting classes; nutritional support; strengthening community groups; and health and nutritional programmes for HIV-affected parents and families
- National Social Protection Strategy, 2007: provides safety nets for vulnerable and excluded groups
- Early Childhood Care and Development Policy, 2004: provides the broad policy goal which is to promote the survival, growth and development all children between 0 and 8 years
- National Action Plan for Orphans and Vulnerable Children, 2010: provisions for child and family welfare
- National Gender and Children's Policy, 2004: provisions for child and family welfare
- Draft Street Children Policy Framework, 2006 (not finalized)
- Disability Policy, 2000
- National Youth Policy, 2010
- National Population Policy (revised 1994)

Table 5

Alternative care and the Children's Act

Section of the Children's Act	Alternative care processes and procedures
Sub-Part II, Section 16–25	Processes and procedures for placing a children in alternative care (residential care or extended kinship care), including: • Categories of children in need of care and protection; • Roles and responsibilities of appropriate authorities (Social Welfare and Community Development Department of the District Assembly, child panel, family tribunal, police, probation or social worker); • Acquisition of court orders; and • Monitoring of home visits.
Section 109	Gatekeeping guidance for residential care placement.
Section 109	Approval, monitoring and inspection of children's homes.
Section 109	Prioritizing placement in kinship care prior to institutional care placement.
Part IV/Sub-Part I	Procedures in place for foster care (fosterage), including categories of individuals qualified to become a foster parent and placement.

Children's Act, the best interest of the child is primary in any matter concerning the child. Children cannot be denied the right to live with their parents and family unless it is proved in a court that this would not be in the best interest of the child. Both the 1992 Constitution and Children's Act recognize the primary obligation of parents in the care, maintenance and upbringing of children, and call for the implementation of State measures to support parents in their child-rearing responsibilities.[94] Refer to Table 5 for a summary of the Children's Act provision in relation to alternative care.

While the Children's Act contains a number of provisions for the care and protection of children, there are also a number of key gaps in family reintegration, prevention of family separation and family support, and in leaving care. The Children's Act does not address family breakdown, separation prevention or early intervention services.[95] The focus is on removing a child from family care or putting supervisory services in place for the family once the abuse or harm has already occurred. While the Act does highlight the importance of kinship care and retaining family relations, there is no clear statement of the principle of residential care as a last resort. One major concern is that foster care is legally defined as care for a child who has been in residential care first (Section 64/CA), although in practice

there are variations to this definition and children outside of residential care may also be placed in foster care. This is problematic since it places a family-based solution within an institutional-based intervention. Nor does the Act outline the process of leaving care or after care.

Nonetheless, the Children's Act is supplemented and enhanced by a broader legal and policy framework, described below, which includes: National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005, National Social Protection Strategy, 2007, the DSW Detailed Capacity Building Plan (2007–2012) and other policies.

3.3 Reforming the legal and policy framework

Through the CRI, the DSW has taken further steps to address the gaps within the Children's Act by reforming the existing child-care policy and legal framework. In 2010, the government developed National Standards for Residential Homes for Orphans and Vulnerable Children, which provide more detailed standards to regulate residential care in Ghana. The standards are in line with best practice, and uphold key principles outlined in the 'Guidelines for the Alternative Care of Children:[96] gatekeeping, care plans, registration and inspection of homes, leaving care and exit strategies'. To support the dissemination and implementation of the standards, the DSW has set up regional multi-agency teams to inspect homes and has conducted training and workshops on the standards.[97] To date, according to DSW data, 47 homes have been closed since they did not meet the requirements of the National Standards for Residential Homes for Orphans and Vulnerable Children. A positive example is OrphanAid Africa, which closed its institutions and focused instead on supporting kinship and foster care. Caregivers from former institutional care facilities have been trained and supported to become foster carers, including for children with disabilities.[98]

Textbox 2

Putting a robust legal framework in place

The current legislative framework in Ghana provides all the key principles for a stronger and more robust alternative care system for children, as outlined in the UNCRC and Guidelines for Alternative Care. The principles of appropriateness, necessity and best interest of the child guide all the documents from the Children's Act to the more recent National Standards for Residential Homes for Orphans and Vulnerable Children. The laws clearly and concretely establish criteria and procedures for alternative care placements.

The legal framework is further bolstered by the National Plan of Action (NPA) for OVC (2010–2012, extended to 2015), which establishes the strategies for the deinstitutionalization of the care system, prevention of family separation, and developing a range of alternative care services. The NPA aims to:

- Increase, by 60 per cent, the number of children able to reintegrate back with their families;
- Decrease, by 75 per cent, the number of children placed in residential care;
- Increase, by 75 per cent, the number of children placed in foster care; and
- Double the number of domestic adoptions of children aged five years or older.

The NPA also calls for the creation of a national database designed to register and monitor every child placed in an institution, training of DSW staff and the development of foster-care guidelines.[99]

The NPA OVC (as well as the National Social Protection Strategy) also fills gaps within the Children's Act, and has goals that include the following preventive and family support services: early childhood development; support for mothers and fathers via parenting classes; nutritional support; strengthening community groups; and health and nutritional programmes for HIV-affected parents and families. The NPA also calls for expanding DSW's budget for family support services. However, while the NPA and Social Protection Strategy are strong on paper, effective implementation has been hampered due to limited resources and mechanisms.

Although the Children's Act does have some provisions for foster care, there is a need for more detailed guidance and regulations. Similarly, in relation to inter-country adoption and domestic adoption there is need for additional regulations and guidance to enable implementation of the Children's Act (Part IV). While the Children's Act outlines protocols for adoption placements, it does not differentiate between inter-country and domestic adoption and the principle of subsidiarity is not mentioned. As noted by a DSW representative, *"At present, Ghana cannot deal with the new challenges and realities around inter-country adoption within the current legal framework."* In general, there is an absence of regulatory or operational guidelines for foster care, kinship care or adoption, to support the DSW and partners to fulfil their mandate. Instead the alternative care system continues to be centred on residential care rather than family-based options.

3.4 Enactment and implementation of the legal and policy framework

While Ghana has made great efforts to establish a strong legal and policy framework for the protection of children and families and provision of family- and community-based services, implementation continues to be a challenge and *"there is [a] gap between policy and practice."* [100] The gap is due to lack of human and financial resources, poor coordination among ministries and agencies, and inadequate mechanisms to implement laws and hold citizens accountable.[101] Although

the government has developed national capacity-building plans (e.g. DSW Capacity Building Plan, 2007–2012), there is little finance or political will to support them. As one DSW representative observed: *"At present, we only have laws on paper. We need to implement these laws. We need the resources to do so."*[102] NGO stakeholders reiterated the DSW views: *"People do not follow the rules. The laws do not matter."*[103]

Despite the Children's Act (and other policies)[104] provisions on the registration and inspection of children's homes (see Table 5), in practice individuals and NGOs continue to open homes without the required government approval, licensure or inspection. In order to admit a child to a residential care facility, the Children Act stipulates that one or all of the following three criteria should be met:

1. Admission pending the determination of a family tribunal care order for a maximum period of three years;
2. Admission following a family assessment and the recommendation of a probation or social welfare officer who has determined that the approved home is the best place for the child; and/or
3. Admission if the child is an orphan and kinship or foster care is not an available option.[105]

However, in practice children are often placed in residential care without a care order and without some or all of these three requirements being met. Stakeholders have noted that in practice acquiring a care order is a complex and expensive process, and district assemblies often charge fees even though the process should be free. This results in few care facilities having up-to-date care orders.[106] During the field visit, the DSW representative noted that children's homes rarely ask for care orders before admission and, *"children are often taken to children's homes by community members or police without the proper paperwork."*[107] In practice, according to key informants during the field visit, most children are initially admitted to the care institutions and the DSW has seven days to secure the order.[108] And, although the Children's Act (and other policies) recommends that family or foster care be explored before residential/institutional care placement, the majority of children are placed directly in residential care facilities.[109]

In addition, the DSW continues to face numerous challenges in executing the provisions of the National Standards for Residential Homes for Orphans and Vulnerable Children and the NPA for OVC due to lack of human resources, capacity and knowledge in gatekeeping, monitoring and inspection. Some informants also thought that these policies set targets too high to be met by alternative care facilities and child protection stakeholders.

There is a general lack of awareness and understanding of the laws and regulations by child protection stakeholders and

the general public. In general, there is overarching distrust and scepticism of the formal justice system and perception of widespread corruption. Corruption greatly impedes meaningful implementation, compliance, and enforcement of laws and procedures.

The gap between policy and practice is illustrated by a research study that examined Osu Children's Home admission and placement processes. According to the study, only one of the 18 sampled children came into care through a care order issued by a court. The other 17 children entered care through informal or private arrangements. The researchers found that senior state officials, police officers and social welfare staff at the DSW influenced, and at times changed, the admission and decision-making processes. During the research study period, the researchers witnessed state officials from the Domestic Violence and Victim Support Unit ([DOVVSU; formerly the Women and Juvenile Unit [WAJU]), a division of the Ghana Police Service, coming to the home at least every two weeks to place children in the home without care orders. When one of the researchers asked the children's home staff about this, she stated: *"It is normal practice of these police officers to bring children here anytime they wish, without any official papers covering the children and also they do not bring any personal belongings of the children."*[110] This example illustrates limited understanding and weak implementation of the law with regard to children's admission processes, and the need for greater awareness raising among the children's homes – as well as among law enforcement officers on their duty as upholders of the law.

4 Preventing the need for alternative care

4.1 Policies and services available to prevent family breakdown and separation

Among the strengthening of the family support and prevention legal framework,[111] the conditional cash transfer programme, Livelihood Empowerment Against Poverty (LEAP), is the main scheme aimed at protecting and supporting vulnerable

families (the bottom 20 percentile of poor households). Implemented in 100 of the 216 districts, the programme supports 70,000 households with cash transfers ranging from USD 5.60 to 10.50 per family per month. One of the key target groups is OVC caregivers – in particular of children affected by HIV and those with disabilities.[112] A 2011 World Bank study found that LEAP was generally well targeted and reaching vulnerable families, but that its coverage was low, reaching only 1 per cent of the poor nationally due to limited geographic and national coverage.[113] These findings were echoed by non-governmental partners interviewed during the field visit, in particular in relation to the reintegration programme: *"Many of the children within the reintegration programme do not even qualify for LEAP since they are outside its geographic mandate."* [114] In response, the government in collaboration with partners is working to expand coverage and improve geographic targeting in the coming years. It also plans to expand the programme to reach OVC and children who have been reintegrated from residential care back to their families. As DSW staff noted, *"There is a need for guidelines to link LEAP with the CRI, both reintegration and foster-care programme."* DSW is also planning to create a single registry system for LEAP, which will help in monitoring and ensuring these linkages.

Despite these positive efforts, the Ghanaian child protection system continues to focus on rescue and removal rather than supporting and strengthening families.[115] There is no national referral system to link family support and alternative care services. As illustrated by LEAP, the focus of family support schemes is poverty alleviation rather than non-financial support such as counselling, parenting education, and trainings for communities to prevent child abuse, exploitation, neglect and possible separation.[116] The lack of adequate support to parents in difficult circumstances was acknowledged by the CRC Committee, which recommended that the government provide more support services.[117]

Nor are the limited family support services that are in place entirely addressing the driving factors leading to children living outside of family care or in alternative care. The DSW 2006–2007 study found that most children living in residential care could be supported to return to their families, extended family or community.[118] In addition to financial support, the services that are needed to support children and families include psychosocial interventions such as those noted above along with care support – such as respite and day-care services. There are a few organizations, such as Accra-based Street Girls Aid and Assemblies of God Relief and Development Services (AGREDS), which provide day-care services.[119] However, such services are limited in reach and scope which, at times, can lead to families placing children in residential care facilities. For example, Amici dei Bambini, a registered adoption agency working in the Volta region of Ghana, noted that increasingly

they are seeing female-headed households placing their children in care. Since the women work long hours in the fishing industry, they prefer to place the children in a residential facility and visit them during the weekends or holidays, rather than leaving them at home unsupervised. These women are unable to rely on extended family structures for support.[120] NGOs in Volta, including Amici, believe that if there were more day-care centres and other family support services in place, the mothers would not turn to residential care facilities to care for their children.[121]

4.2 Policies and services available to promote and support family reintegration

One of the main pillars of the CRI is to reintegrate children from residential care back to their parents or extended families. As of April 2013, the DSW with support from partners had facilitated the reintegration of 1,577 children. The majority of these children are deinstitutionalized children, as well as a small number of trafficked children.[122]

The DSW has put in place a number of positive measures to strengthen family tracing and reintegration of children living in residential care back to their families. First, the DSW works in partnership with line ministries, the police and civil society organizations to trace and reintegrate the child back home. The DSW also contracts NGOs to provide additional support to families, and a number support the government by providing follow-up services. Amici dei Bambini, for example, has been working with between 30 and 50 children per year since 2012, providing them and their families with placement support and conducting follow-up for 4–5 months following placement. Amici did note that the current follow-up services are not sufficient and at minimum a year of follow-up support is needed.[123] OICI, in partnership with the DSW, provides individual and family counselling to an average of 30–60 children and families once they are reintegrated back to their families from residential care for period of a few months following reintegration.[124] Lastly, with support from UNICEF and other partners, the DSW provides small reintegration packages to families,[125] and hopes to further strengthen the reintegration package by linking CRI with LEAP.

While there have been successes, Ghana faces a number of challenges in the area of reintegration. As DSW staff noted: *"Many of the children that we interview after reintegration [from a children's home/residential care back to their family] want to go back to the children's home since the conditions at home are so poor. We need to conduct follow-up and support."* [126] The DSW acknowledged that for reintegration to be effective, it had to be a considered and methodical process and recognize the importance of supporting children and families to ensure durable reintegration and to prevent future unnecessary family separation. NGOs interviewed had similar observations and a

number interviewed during the field visits noted that while a number of children had been reintegrated under the CRI, the success of tracing and reintegration was questionable. Some stakeholders reported that only 20–50 per cent of reintegration efforts are successful.[127] This is due to various factors, as outlined below:

- *Weak monitoring and follow-up processes:* The DSW conducts reintegration follow-up only two days per quarter, while NGOs are only able to follow-up for a few months to one year. Stakeholders strongly recommended better follow-up, monitoring and assessment that will benefit the well-being of children and also help them to better understand the success rate of reintegration efforts.

- *Legal and policy framework:* Given that the Children's Act does not include a preference for family preservation and reintegration interventions,[128] the DSW has tried to bolster reintegration guidelines with the Residential Care Standards and NPA OVC. However, there is a need for detailed family tracing and reintegration guidelines to ensure the practice is coordinated, uniform in manner and in line with best practice.

- *Weak tracing mechanisms and facilities holding onto children:* Effective family tracing continues to be difficult due to lack of resources and improper admission, case records and registration of children in residential care facilities. In addition to poor information, many facilities fail to support reintegration efforts. One study found that once children are placed in care, parents feel their responsibility has been handed over and they rarely visit. Nor are children supported or encouraged to visit their families (making reintegration extremely difficult).[129] Additionally, in the majority of facilities visited during the study, management and staff planned to keep children until they aged out of care (i.e. completed high school). The study concluded that the DSW did not have the power to enforce laws and policies on reintegration, including those stipulated in the Children's Act.[130] The DSW and other stakeholders also noted the challenges of children being tied to specific sponsorships and donors, thus serving as a source of income for children's homes.

- *Limited temporary care arrangements and short tracing period:* In practice, the DSW usually waits 24–48 hours for the family to be traced and after that time the child is placed in an alternative care facility. A number of stakeholders noted that this is not enough time for tracing and more transit centres, drop-in centres and family-based alternative care options (i.e. temporary/emergency foster or kinship care) are needed to place children during the tracing and reintegration period.

- *Lack of support services:* Bethany Christian Services and OICI noted that, although families are willing for their children to return home, they often do not have access to resources, skilled training, financial support, and counselling and psychosocial support services that are vital for reintegration to be successful. In addition, the children also need support: *"Many of the children, in particular older children and those who have spent many years in care, have many health, emotional and psychological problems. They need counselling, health and education programmes."*[131] The biggest challenge for families is providing food and education (either due to education costs or distance to schools) for children once they return home. [132] At present there is no long-term strategy to address these issues. DSW also noted: *"Orphanages are not good but many family conditions are not good either."* [133] The DSW (as well as other stakeholders) stressed that there is a need to reallocate funds that are going towards supporting children in residential care.

- *Weak legal enforcement of reintegration procedures:* While every child who is reintegrated is required to receive a reintegration certificate signed by the DSW, community elder or witness, many parents fail to support this procedure since it adds time and cost to the reintegration process. This illustrates larger issues related to general fear and distrust of the formal legal system, as well as the sense of a lack of transparency and corruption.

- *Limited staff capacity:* While DSW has organized trainings on reintegration for its staff and NGO partners, a number of stakeholders highlighted the need to further build the capacity of staff and to increase the number of trained social workers and staff. Specifically, it is necessary to increase the capacity of staff to assess children and families and make good care decisions.

5 Formal alternative care

5.1 Formal alternative care data

According to UNICEF-collected data in December 2012,[134] there are 114 children's homes with a total of 4,432 children in Ghana. Of the existing 114 residential homes, only three are government run while the rest are private. There is one government-run transit centre and three NGO-run transit centres or shelters.

Formal foster care is only provided for a small number of children. As part of a government pilot programme, between October 2011 and May 2013 Bethany Christian Services registered 82 foster parents and placed 10 or 11 children in foster care. As of September 2013, OrphanAid had registered a total of 33 children in foster care – both special needs (16) and non-special needs (17) and 11 foster parents (all on a salary). OrphanAid has also registered 64 children under 18 in kinship care arrangements.[135]

Foster-care pilot programme

One promising practice is Bethany Christian Services and DSW's foster-care pilot programme. Bethany began the programme in late 2011 and works in close collaboration with DSW in Greater Accra, as well as the Central, Eastern and Western regions. Eighty-two foster parents have received a government certificate and are now eligible to foster. These parents, as well as their families, have been interviewed, undergone orientation sessions, home visits and extensive evaluation by Bethany caseworkers to determine their eligibility and qualification to be foster parents. Bethany recruits foster families via community meetings, church and other focal areas. One issue is the case of some individuals interested in fostering so they can add a 'maid/servant' to their family. Often they hear this not from the parent(s), but from their biological children. Therefore the orientation and assessment process for foster parents is a crucial component of the Bethany programme. Once the caseworker confirms they are eligible, potential carers undergo an in-depth three-day training, orientation and counselling session. DSW identifies the children that are eligible for foster care following assessment of the child and his/her family. The children either come from residential care or directly from the community.

As of May 2013, Bethany had placed 10 or 11 children with foster parents and was conducting monthly in-person monitoring visits, as well as phone calls. While initially the foster parents were issued a three-year care order, they are now being given an indefinite order. The NGO is finding it easier to place older children in foster care, in comparison to adoption. The government hopes to expand this programme and formal fostering. However, Bethany noted that there is a need to further build the capacity and knowledge of DSW staff.

5.2 Formal alternative care practices

According to the Children's Act,[136] the following types of formal alternative care options should be available to children outside of parental care:

- An approved residential home
- An approved fit person
- At the home of a parent, guardian or relative
- Foster care
- Adoption

Approved residential care

In practice, the primary form of formal care available to children is residential care. However, despite government efforts to authorize, register, inspect and monitor residential care facilities, a number of studies have shown that most children in residential care receive sub-standard care.[137] The majority of homes have no admission processes or care orders for each individual child, while caregivers are unable to support children or deal with their severe psychosocial issues. Many facilities continue to limit contact between children and their families, do not provide the stimulation and care needed, and lack proper supervisory and monitoring mechanisms.

At present, children and youth are provided with little preparation or support for leaving alternative care once they complete high school education. While the Standards for Residential Care provides guidance for children aging out of care (Standards 6–7), these are not implemented. NGO-initiated pilot programmes to support care leavers are important models that should be expanded in scope and coverage. The majority of the stakeholders interviewed during the field visit noted that children aging out of institutional care are a source of concern and more support services are needed for this population group. As one key informant observed: *"At present, there is no real solution in place. These children cannot reintegrate back in society and they often face a lot of stigma and discrimination."*[138]

Formal foster care and kinship care

Despite the Children's Act provisions around foster care, formal foster care is only practised in small pockets of society and implemented with the support of the non-governmental sector. The Bethany Christian Services and OrphanAid foster-care programmes serve as promising pilot models for nation-wide expansion (see Textboxes 3 and 4). Both NGOs

Family-like care for children with special needs

One of the main gaps in formal alternative care is provision for children with special needs. At present, there is a limited number of formal support services for children with special needs, a major source of concern for DSW: *"At present, there is nothing available [in terms of services for children with special needs]. There is only one home for children with disabilities. There are no early childhood development centres, day-care centres, foster care or centres specifically for children with disabilities. Adoptive parents tend to turn away children with disabilities."*[139]

In order to address this gap, OrphanAid Africa initiated a programme for children with special needs in close collaboration with DSW in 2004. OrphanAid arranges placements for a total of 16 children with special needs in family-like care and within a community setting. The children are either placed with one foster caregiver in a family-like environment or in a group foster-care home. The ratio is one foster mother to two children. OrphanAid provides the nine foster caregivers with training and support, including a salary. A number of the foster caregivers had previously worked in OrphanAid's children's homes (which have been closed down voluntarily). Caregivers from former institutional care facilities have been trained and supported to become foster carers, including for children with disabilities, and now recognize the importance of children living in a more caring, family-like environment. Each child is allocated a social worker, who visits the child at least once a week. In addition, physical therapists and psychologists work with each caregiver and child on a regular basis. The children attend privately run specialized schools for children with special needs, and OrphanAid provides free transportation by school bus and a specialized worker and OrphanAid staff are present at the school.

place children from both residential care facilities and the wider community in non-related families, as stipulated in the Children's Act.

Apart from the small-scale initiative by OrphanAid (see Textbox 4), formal (or government-run) kinship care is not currently practised in Ghana and is an area where further investigation and strengthening are necessary.

5.3 Reforms to strengthen and expand formal family-based alternative care services

Acknowledging the weaknesses in foster-care services, the DSW has organized a number of technical committee meetings to review the institutional, administrative and regulatory practices and mechanisms within which adoption and foster care are practised in Ghana. The committee concluded that there is a need to develop national foster-care guidelines, which outline principles, roles and responsibilities, safeguarding practices, placement and monitoring. These foster-care guidelines have been drafted and at the time of writing were under review by the ministry.

6 Informal alternative care

While there have been no comprehensive surveys estimating the number of children placed informally outside of parental homes, it is believed that informal foster care is the most common form of care. It is estimated that 19 per cent of Ghana's households include children in informal foster care.[140] Using traditional mechanisms, children are mostly placed with extended kin (such as grandparents, aunts or uncles) or community members.[141] Informal alternative care is used for children who have been orphaned or families who are unable to care for their children due to divorce, illness or other issues. Traditionally, this has been seen as a protective mechanism to serve the best interest of the child, cement family ties, allow children to attend school and receive instruction in a particular trade. There are some positive community-based initiatives that build on traditional methods of caring for vulnerable children.

While studies have shown that for most children in informal kinship, fosterage and community-based care these are positive and helpful options, in some instances informal arrangements may have disadvantages and may even be harmful to the well-being of the child.[143] Since there are no government-administered laws or standards for informal alternative care, nor involvement of social welfare workers, there is concern about lack of support and oversight for these care arrangements – and that children may be exposed to further abuse or exploitation. Studies have shown that some children may be subject to emotional and physical abuse, neglect, denial of basic services (i.e. education, nutrition or health), and

domestic servitude or exploitative labour practices.[144]

There is also an increasing concern that due to increased economic pressures, families may be unable to care for extra (informally fostered) children and the added burden they bring, leading to further abuse and exploitation of the child.[145] As highlighted in the *Situational Analysis of Ghanaian Children and Women: "An analysis of 2006 Ghana Living Standards Survey (GLSS) data found that in four regions of Ghana, informally fostered children were less likely to have ever attended school than biological children or grandchildren. This situation was twice as likely for females, given the regions' wide gender disparity in school attendance."*[146] World Vision has also observed in its community-level work that some children living with extended families or informally fostered may face a lower standard of living and are not given the same opportunities as biological children in the same household, such as education and freedom to enjoy recreational activities.[147]

From the child and community's perspective, studies have shown different results. One study found that while many of the children surveyed experienced abuse and neglect, these children said they would still like to remain with their foster or kinship families since this allowed them to live with a family. The study also interviewed community members, and while half of the respondents thought kinship care was good for Ghana in terms of maintaining family ties, the other half felt it exposed children to further abuse and neglect. Hence in this case children tended to be more positive about kinship and foster-care practices than community members.[148]

Despite the above evidence, there are no formal initiatives to improve support and oversight of informal arrangements. UNICEF, based on findings of the ongoing child protection research study, plans to assess current informal arrangements and come up with proposals to support these arrangements by tapping into practices that are protective of children and families.[149]

Textbox 5

Manya Krobo Queen Mothers Association (MKQMA) in the Eastern Region of Ghana

Traditionally, 'Queen Mothers' have been responsible for the welfare of children in Ghanaian communities. MKQMA builds on this traditional model by building the capacity of the Queen Mothers and community leaders. The Queen Mothers conduct home visits and help to solve family problems. During their visits, more than 1,035 orphaned children have been identified and these children have been placed in the Queen Mothers' own families. Each Queen Mother cares for between one and six orphans, providing them with shelter, education, food, healthcare and psychosocial support. The overarching goal is to provide each child with a stable, loving home and avoid institutionalization.[142]

7 Domestic and inter-country adoption

7.1 Domestic and inter-country adoption data

The unregulated nature of inter-country adoption (ICA) in Ghana is a major source of concern for the government and its partners. According to Peter Selman's analysis of ICA trends in sub-Saharan Africa, Ghana is one of the top seven African countries for inter-country adoption, showing that between 2003 and 2011 a total of 675 of children were adopted through inter-country adoption and the numbers are on the rise.[150] See Figure 4 for a breakdown per year.

The DSW, with assistance from UNICEF, has also analysed adoption data in Ghana, both domestic and international placements (differing slightly from Peter Selman's analysis and data sources).[151] According to the UNICEF data, between 2009 and 2011 a total of 1,179 children were adopted through inter-country and domestic processes, with the majority (823) adopted abroad, especially to the United States (540). The ages of children adopted ranged between 0 and 18 years, with the majority of the children within the 0–5 age range. See Figures 5 and 6 for detailed information regarding the total number of adoptions, as well as trends found in the UNICEF-compiled data.

7.2 Adoption practices

As the CRC Committee acknowledged in its 2006 report, the Children's Act covers domestic adoption adequately.[152] Parental consent, death, abandonment and relinquishments are all grounds for the adoptability of a child. An applicant must be at least 25 years of age and there should be 21 years difference between the ages of the child and the adopter. Customary adoption also exists in Ghana.

However, despite this legal framework the number of formalized domestic adoptions is relatively low in comparison to ICA data. As a number informants noted in interviews, this could be due to the stigma associated with domestic adoption and the importance of blood and clan relations. There is a perception that adopted children are 'bought', and there

Figure 4

Number of inter-country adoptions from Ghana
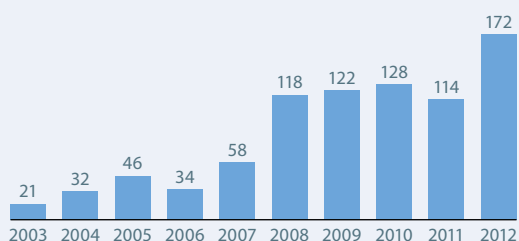
SOURCE: P. SELMAN

Figure 5

Total number of children placed with adoptive parents
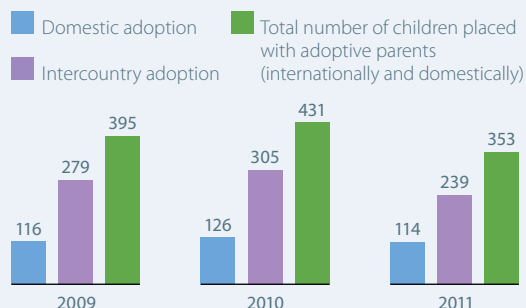
SOURCE: P. SELMAN

Figure 6

Countries where adoptive families come from, 2009–2011
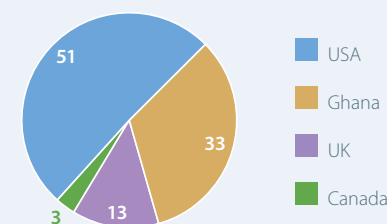
SOURCE: UNICEF GHANA

seems to be general fear and distrust of the formal judicial system. Despite the legal provisions, the system also lacks appropriate adoption services. For example, adoption agencies note that more pre- and post-adoption placement training is needed, as is follow-up and monitoring of families.[153] Widespread public awareness-raising campaigns are also necessary in order to better promote and encourage domestic adoptions, publicize the legal provisions, and to overcome misconceptions towards adoption.

On the other hand, inter-country adoption is increasingly being practised, as illustrated by the data. This is due to various factors. At present, Ghana lacks a legal and policy framework to regulate and administer ICA and has yet to sign the 1993 Hague Convention. Ghana also lacks a central authority or centralized monitoring body, resulting in adoption placements being decided in regional and district-level courts or family tribunals, with no centralized oversight. The lack of proper oversight mechanisms and regulations, which has led to a proliferation of unlicensed inter-country adoption agencies in Ghana, was highlighted as a key concern for the CRC Committee.[154] There are only three registered inter-country adoption agencies in Ghana (Amici dei Bambini, Bethany Christian Services and Adoptions Centrum), and these agencies placed just three children overseas in 2012.[155]

Informants noted that DSW officials do not have the capacity to license and monitor adoption agencies and facilitators. They also said that generally senior government officials are involved in the placement of children for inter-country adoption, illustrating the need for, internal organizational capacity building and decentralization of the department being strengthened. Key informants suspect that 'child recruiters' are involved in illicit ICA practices, based on reports and discussions with communities and children's home directors. It is believed that the majority of the children are neither abandoned nor orphans, and that families are coerced to give up their children – often with the promise of education and food. At the time of admission children are then told to lie about their names and family history, so when their families return to the facility looking for them they are not 'registered'.[156] As one adoption agency noted during the field visit:

"*It is difficult to maintain control of the process. There are no common formal procedures for ICA. Each region gives you different information and carries out different processes. While the DSW and orphanages are supposed to work together to identify a child eligible for ICA once all domestic solutions have been explored and exhausted, in reality it is very different. The adoption agency or facilitator directly contacts the orphanage and asks for a child without the required DSW social inquiry report. They [the agency or facilitator] are going 'hunting' for children.*"

Even though DSW social welfare officers produce quarterly and annual reports on the number of cases of adoption and orphaned/abandoned children that lawyers handle,[157] a number of informants noted that there is a lack of clear data on numbers of children eligible for adoption and how many have actually been adopted. This lack of clear data is illustrated by the conflicting data analyses carried out by Peter Selman and UNICEF Ghana, noted above. In general, there is a real fragmentation within the adoption system and legally defined processes and procedures are not always followed.

7.3 Reforms to address concerns about adoption practices

With the appointment of a new Minister of Gender, Children and Social Protection in January 2013, the government has recognized the urgent need to reform the national adoption system in Ghana, marking a critical moment for the country. In recognition of the anomalies and gaps in the system, on 20 May 2013 the Government of Ghana issued a temporary[158] suspension of domestic and inter-country adoption, pending the government's review of its current adoption procedures. All adoption cases that have not received final approval by the DSW are subject to this suspension.[159]

With support from UNICEF, embassies, registered adoptions agencies and other partners, the ministry is putting in place a series of reforms to address the weaknesses in the system. To give impetus to the reforms, the DSW is redrafting a memorandum to the MGC&SP for onward submission to the Cabinet for approval of the creation of an effective and adequately resourced central authority, which would serve as a launch pad for Ghana to ratify the 1993 Hague Convention. With financial and technical support from UNICEF, the ministry also plans to finalize the draft inter-country adoption regulations, which places greater emphasis on the principle of subsidiarity.[160] The ministry is discussing limiting the number of adoption cases on an annual basis and allowing adoption only through accredited agencies once the moratorium has been lifted. Lastly, domestic regulations have been drafted. The current provisions in the Children's Act will be reviewed and amended to ensure that both the law and adoption regulations are aligned. All these actions are evidence of positive measures to reform the system and to further strengthen Ghana's child and family welfare services.

8 Care during an emergency

While Ghana has been fortunate in that it has yet to experience a nation-wide emergency[161] there has been little national, government-led preparedness and planning in case such an emergency arises. The National Disaster Management Organisation (NADMO), within the Ministry of Interior, is the government agency responsible for the management of disasters and national emergencies. Although NADMO has an Emergency Preparedness Plan for all sectors, it does not have one for the child protection sector. Thus, there is no national government policy or guidelines outlining provisions for family separation prevention, family tracing and reintegration, or interim care services during an emergency.[162]

Due to a lack of human capacity and resources in relation to child protection, NADMO depends largely on the UN agencies, such as the UN Refugee Agency (UNHCR) and UNICEF, NGOs and relevant governments departments such as the Department of Social Welfare to respond to child protection issues in times of emergencies, by relying on UNICEF's Child Protection Early Warning and Early Action (ESEA) framework, which outlines UNICEF's preparedness and response activities and forms the basis of UNICEF's collaboration with partners, including NADMO, in times of emergencies.[163] This lack of a clear government-led child protection emergency preparedness and response plan is a critical gap.

Textbox 6

Care Reform Initiative website

One of the cross-cutting aspects of the CRI is to raise awareness among all stakeholders on the importance of family-based care and Ghana's care-reform initiatives. A component of these efforts is the Care Reform Initiative's website: www.ovcghana.org. The website publicizes information about the CRI's mission, history, progress and successes, and key initiatives. It serves as an excellent way to promote the CRI's work, as well as a means of sharing information about the benefits of shifting from a residential to a family-based care system. It is important to note that, according to the DSW, the website is mostly accessed by foreigners (visitors from outside Ghana); however, data and analysis of the website utilization are not available.

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9 Public awareness and advocacy

9.1 Awareness-raising campaign

Since the inception of the CRI, the government and its non-governmental partners have conducted national awareness-raising campaigns specific to care and the importance of family-based care. One of the key crosscutting components of the CRI is sensitizing government staff, children's homes directors and staff, community and religious leaders, and the wider community around the negative impact of institutional care on children's development and well-being and the benefits of family care. The former Head of the CRI, Helena Asamoah, noted that awareness raising is crucial to the success of the CRI:

> "There has been a lot of resistance to the Care Reform Initiative approach, especially in the beginning, since there is a general perception that institutional care is the first resort not the last resort. As we raise awareness and speak to communities, people are slowly coming around and understanding the importance of families… Many children's home staff are surprised to hear that there are laws and regulations. They are now stopping the number of new cases."[164]

The government and non-governmental partners have also tapped into media support to raise awareness. At the time of writing, the DSW had organized three press conferences, most recently in March 2013, publicizing the work of the CRI and family-based care.[165] The DSW and partners have also organized radio campaigns in the districts, while domestic and international media outlets have reported on documented human rights violations and poor conditions in residential care facilities in Ghana.[166] Civil society organizations, such as OrphanAid, have also supported awareness-raising campaigns by partnering with local celebrities, the press, radio and television.[167] In addition, Bethany Christian Services and Amici dei Bambini have conducted events, such as holding community and family meetings, to raise awareness and acceptance of family-based care, foster care and domestic adoption. As Bethany noted: *"Communities are accepting foster care, but it was challenging at first. It takes lots of awareness raising… We see a lot of interest for domestic adoption."*[168]

In 2013, UNICEF Ghana conducted an extensive qualitative and quantitative research study on child protection in all regions in Ghana. As result of these findings, UNICEF, together with the Government of Ghana and in conjunction with the CRI, is

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Textbox 7

DSW awareness raising

As part of the CRI initiative, the DSW identifies communities in which there are large number of children's homes and placement of children in these homes, and visits these communities to raise awareness on the importance of family-based care. For example, DSW staff visited some of the fishing communities in the Volta region in April 2013. They provided training and awareness raising with children's home staff, community leaders, parents and community members on the benefits and importance of family-based care for Ghanaian families, children and the wider community. It is still too early to show the impact of these awareness-raising visits.

developing a new Communication for Social Change (C4D) Strategy and Plan, which at the time of writing was being finalized in close consultation with partners. Integral to this plan is to address the issue of children living without family care and to promote family-based care as a better option than institutional care. The tools, resources and messages of this Strategy and Plan were due to be disseminated in 2014.[169]

9.2 Public perception

Despite efforts by the government and non-governmental partners to sensitize the community, one of the biggest challenges in reforming the care system in Ghana continues to be the public's perception on the roles respectively of residential care, family-based care and adoption. The general public continues to be in favour of residential care. As UNICEF stated:

" *The biggest challenge facing Ghana is that the general public's perception of institutional care has not shifted over the years. We are unable to stem the flow of children into residential care if we do not change the public perception. We will ultimately lose the battle.*"[170]

Preliminary findings from community interviews and focus group discussions from the 2013 child protection research study have shown that community members do not think institutional care causes harm to children. In fact, they viewed institutional care as a positive mechanism to support children since it provides education, health and food and keeps children out of poverty and poor living conditions.[171] These findings were echoed by the DSW: *"Communities still ask for orphanages and having an orphanage in a community is perceived to be a good thing and it is a source of pride for them."*[172] NGOs and adoption agencies also noted that public perceptions and views around alternative care is the number one issue for effectively reforming the care system: *"Families are resistant to foster care and adoption due to clan and blood relations. There is a need for continuous awareness raising with support from media and public figures."*[173] A number of stakeholders recommended that information about alternative care should be repackaged and properly 'marketed' to attract the interest and attention of the media and high-profile public figures.

The majority of funding for residential care continues to come from external, Western donations and sponsorship, in particular among the faith-based community. According to UNICEF, *"orphanages, the majority of which are run by faith-based organizations, are able to solicit funding from churches. They continue to publicize in the media about the positive nature of residential care facilities and receive large sums of donations."*[174] Bethany also endorsed UNICEF's views: *"Orphanages are still able to operate and expand since they continue to get money, since they are recognized and accepted by the public. Foreigners are*

bringing in money and volunteer with them. Families continue to place the children in these homes…"[175]

Therefore, it is critical to further raise awareness in Ghana and outside of Ghana for funding to be used to support family-based solutions rather than children's homes.

10 Conclusion

10.1 Child-care reform successes

In response to the rise of institutional care, unregulated inter-country adoption practices and lack of family-based care and family support services, the Government of Ghana is leading the reform of its child-care system, with the initiation of the forward-thinking Care Reform Initiative (CRI). Key successes in this respect are highlighted below:

- The CRI has made positive inroads in addressing the gap in the care system by developing a regulatory framework, raising public awareness on the issues, and reintegrating more than 1,500 children back to their families.
- The legal and policy framework is in line with the CRC and 'Guidelines for the Alternative Care of Children' (UN, 2009) and supports the shift from a residential care-focused system to one that centres on family-based care.
- Ghana's national social protection strategy and schemes, such as LEAP, further support the care-reform efforts by reinforcing prevention of separation and helping to support and empower vulnerable families.
- The non-governmental sector is supporting the government by furthering reintegration efforts – bolstering informal kinship and foster care and piloting formal foster-care interventions. NGOs are also helping to raise awareness on the importance of family-based care.
- The Government of Ghana has also recently called for the overhaul and reform of the national adoption system.
- Finally, there is considerable optimism that with the appointment of the new minister, care reform in Ghana will be further strengthened in the coming years.

10.2 Key findings and areas of learning

The following table summarizes key areas of learning from the child-care reform process in Ghana. The first box highlights examples of positive initiatives around strategy, coordination, public awareness and the role of children. The second box identifies some of the challenges. As the country profile illustrates, child-care reform processes in Ghana, like in other countries in sub-Saharan Africa, require significant human and financial resources, coordination, and government ownership and commitment. Despite the positive aspects of this effort, there are also issues and problems to be overcome. These challenges can serve as areas for improvement and learning for Ghana, as well as other countries in the region.

Table 6

Results of care reform and promising practices:

1 There is a comprehensive strategy and vision: the Care Reform Initiative. This has provided a clear, mutually understood framework to guide care reform.

2 The existence of a specific government body (the Department of Social Welfare), with an appointed head to lead and coordinate the child-care reform process is very important. Continued capacity building of that body in relation to family-based care, case management, reintegration and family support, and wider child protection principles is also critical to the effort. There is also strong commitment demonstrated by staff.

3 There is recognition of the important role that the legal and policy framework can play in protecting children outside family care or at risk. The CRI has placed priority on developing national frameworks to enhance implementation, oversight and monitoring.

4 High-level government commitment and leadership on the importance of positive alternative care practices can positively influence care-reform initiatives. The Ghanaian Minister of Gender, Children and Social Protection has been called upon to overhaul the national alternative care system.

5 The government is acting in partnership with non-governmental partners to coordinate on alternative care. The Orphans and Vulnerable Children (OVC) Multi-Sectorial Committee has the mission to implement the National Plan of Action for OVC. The committee is led by the DSW and includes representatives from the Ministry of Health, Ministry of Education, UNICEF, Bethany Christian Services, Amici dei Bambini, OrphanAid and OICI. It meets every three months and has been active in opening regional committees.

6 There is recognition of the important role that non-governmental and community stakeholders play in improving family-based care practices. Traditional care practices (MKQMA) and pilot foster-care programmes by NGOs are utilized as a foundation for deinstitutionalization efforts, as well as for prevention.

7 Linking social protection schemes with alternative care strategies is crucial, as illustrated by discussions to integrate LEAP with the CRI. The government increasingly recognizes the importance of linking reunified families with existing social protection support services, such as cash transfer programmes.

8 In Ghana, the Care Reform Initiative views communication and public awareness as a core component of child-care reform, as illustrated by its website and regular advocacy meetings with community members.

9 In 2010, the government developed National Standards for Residential Homes for Orphans and Vulnerable Children. The standards are in line with best practice and uphold key principles outlined in the 'Guidelines for the Alternative Care of Children' (2009). The DSW has set up regional multi-agency teams to inspect homes and has conducted training and workshops on the standards.[176]

10 At the time of writing, 47 residential care facilities had been closed since they did not meet the National Standards.

11 As of April 2013, the DSW with support from partners had facilitated the reintegration of 1,577 children.

12 YASS – a youth-led support group for young adults, most of whom have aged out of institutional care – demonstrates promising practice as a Ghanaian association for children and youth exiting care. Organized by OrphanAid, YASS supports youth through education, vocational training, life skills training, rent, and general counselling and support services.[177]

Table 7

Identified challenges and lessons from the care-reform process:

1 CRI and deinstitutionalization was started with a narrow view of the issues and concerns surrounding alternative care. The focus and entry point in reforming the alternative care system was centred on institutional care. However, there is also a need to look at the broader picture, the push and pull factors that cause children to be placed in institutional care, and the shortcomings of the entire care and child protection systems. At present the strategy and reform initiatives do not address all the underlying causes for family separation and institutionalization of children.

2 Limited implementation and enforcement of the law. There is a need for more investment and commitment to the enforcement and implementation of the law, by building the capacity and raising awareness and understanding of law enforcement officials, social workers, community members and implementing partners.

3 Limited understanding and lack of evaluation to assess the impact of the reforms on children living without family care. It is recommended that the Government of Ghana and partners undertake a quantitative and qualitative assessment to analyse the 'success rates' of family reintegration, closure of institutional care, pilot foster care programmes and other interventions. This will enable the government to fine-tune its approach and improve support services if necessary.

4 In order for DSW to fulfil its care mandate and functions, additional capacity building in case management, referral mechanisms, monitoring and evaluation (M&E), and family-based care procedures are necessary. There is a need for greater advocacy to expand both the human and financial capacity of the DSW.

Table 7 (continued)

5   Other than the DSW, there is limited commitment within other departments and at higher levels of government. This is made more problematic given the absence of a sector-wide approach to child protection, care planning and policy development. The development of the national Child and Family Welfare Bill is an opportunity to create such a sector-wide approach.

6   Government and NGOS need to build a stronger coalition to increase coordination and partnership around the issue. Ghana can learn from promising practices that have emerged in the region around alternative care networking and coordination.

7   Regulation, inspection and oversight of residential care facilities continue to be weak as informal and unregistered facilities are continuing to open across Ghana. In addition, inspection and closures of residential facilities has been slow and ineffective in many areas. The government needs to prioritize licensing and monitoring of residential care as a means to stem the flow of children entering these facilities. In this respect it can learn from models in the region and globally.

8   Gatekeeping mechanisms are non-existent. Care-reform initiatives need to place particular focus on developing and implementing strong gatekeeping mechanisms.

9   The effectiveness of reintegration efforts is not clear due to lack of ongoing monitoring, support and understanding of the family context before reintegration. Further analysis is needed to evaluate the well-being outcome for children who have been reintegrated back with their families.

10 Family support services are limited, while the system focuses on rescue and response rather than prevention. Family support services should be strengthened, with LEAP better linked with the CRI via guidance documents.

11 There is limited understanding of and support for informal care arrangements. Studies have shown concerns that, in some instances, children in informal care may be exposed to exploitation and abuse. Recognition of community-based and informal care practices is needed, along with support and oversight of such practices by government, non-governmental and community structures.

12 The range of alternative care options is limited; the system is residential-care based rather than being family based. The Government of Ghana and partners need to turn their attention to strengthening the range of family-based care options available to children, including: foster care (interim and long-term), kinship care, independent support living arrangements and domestic adoption.

13 Public awareness and perceptions around alternative care continues to be a major issue. Large segments of the population continue to believe that residential care and inter-country adoption are good options for vulnerable children to access services. The government and its partners need to come together and prioritize advocacy efforts, learning from models in the region and around the world.

14 There is a lack of a national government emergency preparedness plan for child protection and care. It is critical for the government agency, NADMO, with support from key partners (e.g. UNICEF) to develop a national preparedness plan for child protection, with a particular focus on preventing and responding to family separation and the provision of family tracing and reintegration, as well as emergency foster care and other interim care services during an emergency.

15 Children and youth exiting care are not supported effectively. Ghana can learn from other countries in the region, such as Kenya, as well as promising practices globally in ensuring that children and youth have a voice and they are prepared for independent living.

16 Children with special needs are not supported effectively. The majority of children with special needs reside within residential care facilities or on the streets. There is a need to address this important population group by: collecting data on children with special needs and at risk of living outside of family care; scaling-up foster-care programmes for these children; training residential care staff, caregivers and families; and ensuring that the specific needs of this group of children are included in all future government alternative care strategies, regulatory frameworks and guidelines.

17 Despite the moratorium in place on ICA, there are still some unregulated adoption practices. The government needs to reform the adoption system with the establishment of a central authority, ratification of the 1993 Hague Convention and approval of the draft adoption guidelines. It is critical that the adoption reform is mainstreamed and linked to the wider care reform and child protection systems strengthening initiatives.

18 Data on children living outside family care are limited, and information management systems are only nascent. As noted in the CRC Concluding Observations, it is urgent that a coordinated information management system be established. Similarly, a case management system is also necessary and a key component within the reform process.

19 In order to have a sustainable impact, government and non-governmental stakeholders should take a more realistic and time-bound approach in line with the available resources, attitudes and perceptions towards alternative care, and capacity currently available in Ghana. Reform initiatives should build on positive indigenous models of childcare and adapt international models to be in line with the Ghanaian context. Thus, there is a need to be more realistic about the timeline for change and what can be done within incremental periods. Stakeholders also need to take a more holistic, systematic approach.

11 Endnotes

1   The 'Guidelines for the Alternative Care of Children' were welcomed by the UN General Assembly in 2009. The guidelines are a framework to guide governments and partners to promote, facilitate and guide the progressive implementation of the Convention on the Rights of the Child in this particular area of concern. For more information visit: <http://bettercarenetwork.org/BCN/initiatives.asp>, accessed 2013.

2   UNICEF website, 'African Charter on the Rights and Welfare of the Child', <www.unicef.org/esaro/African_Charter_articles_in_full.pdf>, accessed 2013.

3   The World Bank, 'Country Profile, Ghana', <http://data.worldbank.org/country/ghana>, accessed 7 June 2013.

4   Ministry of Women and Children's Affairs and UNICEF Ghana, *A Situational Analysis of Ghanaian Children and Women: A Call for Reducing Disparities and Improving Equity,* October 2011, p. 19. [Hereinafter 'SITAN'].

5   Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, p xi–xii.

6   Ibid. p xi–xii.

7   Ibid. p xi–xii.

8   UNICEF, Child Frontiers, Crrecent and Government of Ghana, *Mapping and Analysis of Ghana's Child Protection System,* 2012. See also: Galama, Afra, 'The NGOs are breaking down our system: Vulnerable children, NGOs, and the proliferation of orphanages in Ghana', July 2010, master's thesis: Anthropology of Mobility, Radboud Universiteit, Nijmegen; Saka, M. Ebenezer, and Samuel Kofi Badu-Nyarko, 'Where are the HIV/AIDS Orphans? Exploring Characteristics of Vulnerable Children in Public Residential Care in Ghana', *Journal of Global Social Work Practice,* vol. 4, no. 1, May/June 2011; The Way Forward Project, 'The Way Forward Project Report', Congressional Coalition on Adoption Institute (CCAI), <http://www.bettercarenetwork.org/BCN/details.asp?id=31077&themeID=1003&topicID=1020> accessed 10 September 2012; Government of Republic of Ghana, National Plan of Action for Orphans and Vulnerable Children, 2010–2012 (extended to 2015); Ayerteey, Ellen B.D. et al., 'Telling the Untold Story: A Study on the Situation of Orphans and Vulnerable Children in Ghana', Centre for Social Policy Studies, University of Ghana, report submitted to Department of Social Welfare, Sponsored by UNICEF Ghana Office, August 2011.

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10 Republic of Ghana, Ghana Audit Service (2013), Performance Audit Report of the Auditor General on the Regulation of Residential Homes for Children (Orphanages) by the Department of Social Welfare. <http://www.ovcghana.org/auditreport.html>

11 A quick Google search for 'orphan volunteerism Ghana' comes up with countless websites and opportunities for foreign volunteers to 'volunteer in orphanages'.

12 Lisa Lovatt-Smith, personal communication, OrphanAid Africa.

13 UNICEF et al., Mapping and Analysis of Ghana's Child Protection System. See also: Government of Republic of Ghana, Department of Social Welfare, National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010; The Care Reform Initiative, Accra, Ghana, <http://www.ovcghana.org/what_is_cri.html>, accessed 2013 [hereinafter CRI website].

14 In 2009–2010, police investigated an unregistered care facility after the rape of an eight-month-old boy and discovered that 27 of the 32 children were not orphans. A government study found that up to 90 per cent of the estimated 4,500 children in residential care facilities had at least one parent and only eight of the 148 organizations were licensed. In the news article, UNICEF officials were quoted: *"Children's welfare was secondary to profits and it is thought less that one-third of income goes on to child care."* Ian Birrell, 'Before you pay to volunteer abroad, think of the harm you might do: A damning report says that well-intentioned westerners do little to alleviate the lot of poverty stricken children in developing countries', *The Guardian,* 13 November 2010, <http://www.guardian.co.uk/commentisfree/2010/nov/14/orphans-cambodia-aids-holidays-madonna>, accessed 10 May 2013.

15 Selman, Peter, 'Intercountry Adoption from Africa 2003–2011', presentation, 2012 (on file with consultant).

16 African Child Policy Forum, 'Africa: The New Frontier for Intercountry Adoption', 2012. See also: Ghana Business News (GBN), 'Social Welfare Department Defines Conditions for Placing Children in Orphanages', 15 March 2013, <http://www.ghanabusinessnews.com/2013/03/15/social-welfare-department-defines-conditions-for-placing-children-in-orphanages/>, accessed 2013; China Adoption Talk, 'Blog: Ghana Working Toward Hague Convention Ratification', 4 June 2012, <http://chinaadoptiontalk.blogspot.com/2012/06/ghana-working-toward-hague-convention.html>, accessed 2013; United Nations Committee on the Rights of the Child, Concluding Observations Ghana, CRC/C/GHA/CO/2, March 2006a, <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGHA%2fCO%2f2&Lang=en>, accessed 30 May 2013.

17 In December 2012, UNICEF collected and analysed government data on the number of children in residential care for a global headcount of children in residential care. The data noted come from this analysis (not yet published).

18 Ghana Business News (GBN), 'Social Welfare Department Defines Conditions for Placing Children in Orphanages'. Article is referencing the DSW 2006–2007 study, supported by OrphanAid Africa.

19 Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, footnote 36, p. 15.

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22 CRI website.

23 Ibid.

24 Although the DSW developed LEAP and CRI around the same time, they were not actually working in tandem. LEAP is much better funded, staffed and resourced than the CRI. In addition, it was several years before CRI was able to liaise with LEAP to support deinstitutionalized families.

25 CRI website. See also UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System.*

26 See: UNICEF Country Office Annual Report, 2013, <http://www.unicef.org/about/annualreport/files/Ghana_COAR_2013.pdf>, accessed 2013.

27 United Nations, 'Guidelines for the Alternative Care of Children', 2009, <www.unicef.org/protection/alternative_care_Guidelines-English.pdf> accessed 2013.

28 Key informant interview with DSW.

29 In December 2012, with assistance from UNICEF, DSW analysed records on the number of children in residential care for a global headcount of children in residential care. These data were gathered from the national-level Department of Social Welfare (DSW) and Greater Accra region only, with the assumption that data from other regions would have been shared at the national level. However, this may not always be the case and the data may not reflect all cases and issues at the regional level. Source: UNICEF Ghana, personal communication.

30 DSW, personal communication, 24 February 2013.

31 Government of Republic of Ghana, National Plan of Action (NPA), 2010–2012 (extended to 2015). <www.crin.org/docs/GHANA%20OVC%20NPA.pdf>, accessed 2013.

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34 Key informant interview with DSW.

35 Key informant interviews with DSW.

36 Key informant Interview with UNICEF.

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38 Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, p.19.

39 Ibid. p xi–xii.

40 Ibid. p. xi–xii.

41 Ibid.

42 Ibid.

43 Better Care Network (BCN), *Ghana: Children's Care and Living Arrangements Demographic Health Survey (DHS) 2008,* 2013.

44 Ibid.

45 Ibid.

46 Ibid.

47 Ibid.

48 Ibid.

49 Ibid.

50 Apt, N.A., E.Q. Blavo and S.K. Opoku, S.K., 'Problems and Prospects of Street Children', ch. 6 in *Street Children in Accra: A Survey Report,* Department of Sociology, University of Ghana, produced for the Department of Social Welfare and Save the Children Fund (UK), n.d., <http://www.thewayforwardproject.org/file_uploads/G03%20Problems%20and%20Prospects%20of%20Street%20Children.pdf>, accessed 2013. See also Apt, N.A., E.Q. Blavo and S. Wilson, *Children in Need – A study of children in institutional homes in Ghana,* Parts 1, 2 and 3, Social Administration Unit, University of Ghana, Legon, April 1998.

51 The World Bank, 'Data & Research: Ghana's Kayayei – Carrying the family load', <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:23394672~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html>, accessed 2013.

52 Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, p. 97, citing the report MoWAC and UNICEF, Children in Ghana, p. 136

53 These frameworks include: the Children's Act (2011) and Ghanaian Residential Care Regulations.

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57 Government of Republic of Ghana, Department of Social Welfare, National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010 [hereinafter the 'Residential Home Standards']. See also Galama, 'The NGOs are breaking down our system'.

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58 Republic of Ghana, Ghana Audit Service (2013), Performance Audit Report of the Auditor General on the Regulation of Residential Homes

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61 Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, footnote 36, p. 15.

62 Personal communication with OrphanAid.

63 DSW data, compiled with support from UNICEF Ghana. This data comes from reports from district and regional offices of the Department of Social Welfare to the National Office.

64 As of January 2013, DSW shifted to MGC&SP due to changes with the political institutions. Prior to 2013, DSW was housed within the Ministry of Employment and Social Welfare (MESW). MESW is now the Ministry of Employment and Labour Relations (UNICEF Ghana, personal communication, September 2013).

65 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System.*

66 DSW, personal communication, 24 February 2014. As noted in the email communication, the drafters of the Children Act 1998 were to a large extent guided by customary/traditional practices and the principle of diversion. This draws on the diverse role traditional community structures play in resolving matters affecting children in the community and ensuring community harmony as a result. In addition, traditional structures are recognized as alternative dispute resolution mechanisms providing non-judicial disposition avenues. A potential conflict in the administration of child justice has been the tendency for traditional authorities to mediate in serious offences such as defilement/rape, which the Children's Act does not permit them to handle.

67 DSW, personal communication, 24 February 2014.

68 A Queen Mother is not necessarily the respective chief's mother – more often they are uncle and niece, aunt and nephew, cousins etc. Queen Mothers and Female Chiefs in Ghana play a central role in traditional governance in communities. For more information see: <http://www.unicef.org/wcaro/english/4501_7734.html>, accessed July 2014.

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70 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System.*

71 School of Social Work Association of Ghana (SSWAG) website, <http://10times.com/organizers/school-social-work-association-of-ghana-sswag>, accessed 23 September 2013.

72 Laird, Siobhan E., 'African Social Services in Peril: A Study of the Department of Social Welfare in Ghana under the Highly Indebted Poor Countries Initiative', *Journal of Social Work,* vol. 8 no. 4, 2008, pp. 377–398; Thompstone, G., 'Social service workforce strengthening: Lessons from mapping child protection systems', PowerPoint Presentation, 2012.

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74 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System*.

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76 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System*.

77 The Way Forward Project, 'The Way Forward Project Report'.

78 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System; Laird, 'African Social Services in Peril'.

79 OrphanAid Africa, 'Protecting Children Through Care Reform', OrphanAid (now OAfrica) website: <https://www.oafrica.org/>, accessed 2013. Also Lisa Lovatt-Smith, President of OrphanAid Africa [hereinafter 'OrphanAid'], personal communication, 18 September 2013.

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83 Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, p. 101.

84 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System*.

85 Ibid.

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91 UNICEF Ghana office, personal communication.

92 Ghana News Agency, 'Social Welfare Department define conditions for placing children in Orphanages', March 2013, <http://ghananewsagency.org/print/57606>, accessed 23 September 2013.

93 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System;* Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN.

94 Government of Republic of Ghana, Children's Act (Act 560), 1998.

95 Section 109(3) stipulates that it is the responsibility of the staff of the children's home or probation and social welfare officer to assist the child to be reunified with his/her family and to conduct follow-up visits. However, the Children's Act does not provide further provisions to implement family reintegration and reunification. In practice, children's homes rarely support family reunification and reintegration.

96 United Nations, 'Guidelines for the Alternative Care of Children'.

97 Key informant interview with DSW.

98 OrphanAid Africa staff members, personal communication with the author.

99 The Way Forward Project, 'The Way Forward Project Report'; See also: Government of Republic of Ghana, National Plan of Action (NPA).

100 The Way Forward Project, 'The Way Forward Project Report'.

101 United Nations CRC, Concluding Observations Ghana; See also The Way Forward Project, 'The Way Forward Project Report'; UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System*.

102 Key informant interview with DSW.

103 Key informant interview with NGO staff.

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105 Children's Act, Sect. 109.

106 OrphanAid Africa, personal communication.

107 Key informant interview with DSW.

108 UNICEF, personal communication, 24 February 2014.

109 The Children's Act and NPA OVC both recommend that if the child has been separated from his/her parents or needs to be removed from his/her home for safety reasons, arrangements should made for temporary alternative care, with preference given to family or foster care.

110 Saka and Badu-Nyarko, 'Where are the HIV/AIDS Orphans?'.

111 The four categories of the social assistance and social insurance programmes are: social assistance programmes (education grants, public work programmes, agriculture support and microfinance); social insurance programmes, including the flagship National Health Insurance Scheme (which covers 60 per cent of the population); social service programmes (e.g. targeted school feeding, supplementary feeding for pregnant and post-partum women and infants, and a community-based rehabilitation programme); and the conditional cash transfer programme (Ministry of Women and Children's Affairs and UNICEF Ghana, SITAN, p. 26–27).

112 Key informant interview with DSW.

113 Ibid. p. 26–27

114 Key informant interview with NGO staff.

115 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System*.

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117 United Nations CRC, Concluding Observations Ghana.

118 Ghana Business News (GBN), 'Social Welfare Department Defines Conditions for Placing Children in Orphanages'. Article is referencing the DSW 2006–2007 study, supported by OrphanAid Africa.

119 UNICEF Ghana, personal communication.

120 Key informant interview with Amici dei Bambini.

121 Ibid.

122 DSW, personal communication, 24 February 2014.

123 Key informant interview with Amici dei Bambini.

124 Key informant interview with OICI.

125 The reintegration package includes the following items: clear file, exercise books (2), pencils, pens (1 packet), coloured pencils (1 packet), plastic plates (2), stainless steel spoons (2), plastic cups (1 litre), plastic basin (10 litres), aluminium sauce pans (one set of 3 sauce pans), plastic mats (1 large), blankets (1 standard size), plastic buckets (1 standard size), towel (1 large), toothbrush (2 soft), toilet soap (2 bars), key carbolic soap (2 bars), plastic comb (1 set of assorted sizes), laundry detergent (1 large bag) and mosquito net (1).

126 Key informant interview with DSW.

127 Key informant interview with international organizations and NGO representatives.

128 Section 109(3) stipulates that it is the responsibility of the staff of the children's home or probation and social welfare officer to assist the child to be reunified with his/her family and to conduct follow-up visits. However, the Children's Act does not provide further provisions to implement family reintegration and reunification. In practice, children's homes rarely support family reunification and reintegration.

129 Galama, 'The NGOs are breaking down our system'.

130 Ibid.

131 Key informant interview with Bethany; this point was also noted in interviews with OICI, OrphanAid Africa and Amici.

132 Key informant interview with OICI.

133 Key informant interview with DSW.

134 In December 2012, UNICEF collected and analysed government data on the number of children in residential care for a global headcount of children in residential care. The data noted come from this analysis (not yet published).

135 Personal communication with OrphanAid.

136 Children's Act, 1998, Sect 20(2) and Part IV.

137 The Way Forward Project, 'The Way Forward Project Report'; Saka and Badu-Nyarko, 'Where are the HIV/AIDS Orphans?'; UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System;* Modern Ghana, 'Abolish Orphanages – NGO Urges Government, 28 January 2011, <www.modernghana.com/news/314285/1/abolish-orphanages-ngo -urges-govt.html>, accessed 30 May 2013; Aremeyaw, Anas, Ghana Web, 'Undercover in the Orphan's Home of Hell', 10 September 2010, <www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel. php?ID=189565>, accessed 30 May 2013.

138 Key informant interview with UNICEF.

139 Lawrence Ofori Addo, MoWCA, Social Protection, LEAP Coordinator.

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142 Ayerteey, Ellen B.D. et al., 'Telling the Untold Story: A Study on the Situation of Orphans and Vulnerable Children in Ghana', Centre for Social Policy Studies, University of Ghana, report submitted to Department of Social Welfare, Sponsored by UNICEF Ghana Office, August 2011.

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145 UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System.*

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152 United Nations CRC, Concluding Observations Ghana.

153 Key informant interview with Bethany Christian Services and Amici dei Bambini.

154 United Nations CRC, Concluding Observations Ghana.

155 Key informant interviews with UNICEF, Amici dei Bambini and Bethany Christian Services.

156 Key informant interviews.

157 It is important to note that DSW staff do not document the number of adoption cases referred to them.

158 According to communication with UNICEF, there are no specific timeframes mentioned in the moratorium. Stakeholders are advising the Government of Ghana to proceed slowly with the reforms and not to rush into removing the moratorium.

159 US Department of State, Bureau of Consular Affairs, Intercountry Adoption, 'Alert: All Adoption Cases with the Ghanaian Department of Social Welfare are Subject to Suspension'.

160 Acknowledging the weaknesses in adoption services, the DSW has organized a number of technical committee meetings to review the institutional, administrative and regulatory practices and mechanisms within which adoption is practised in Ghana. The committee concluded that there is a need to develop national adoption guidelines, which outline principles, roles and responsibilities, safeguarding practices, placement and monitoring. The adoption guidelines are in draft format and were expected to be finalized by 2013 at the time of writing.

161 While there has not been a nation-wide, endemic emergency, such as civil war, Ghana has experienced pockets of insecurity and emergency situations, as illustrated by the Northern Ghana food insecurity.

162 Key informant interview with UNICEF and follow-up communication.

163 Ibid.

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Annexes

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Annex 1

Overview of process and steps for collecting information

Identifying countries

The first step in the process was identifying countries in sub-Saharan Africa that have implemented significant child-care reform efforts. The consultants first conducted an initial assessment of sub-Saharan Africa and identified 13 countries that are or have been involved in child-care reform initiatives. The team used a four-topic matrix, which included the following components of child-care reform:

1 Presence of legal and policy framework for child protection, childcare and alternative care;
2 Completion of systems mapping or child-care assessments;
3 Presence of networks, inter-sectorial collaboration; and
4 Presence of concrete actions related to child-care reform.

The 13-country list included countries representative of: East and Southern Africa and West and Central African regions, a range of socioeconomic status, emergency and non-emergency settings, and Anglophone and Francophone countries. The matrix was sent to UNICEF East and Southern Africa and West and Central Africa Regional Offices as well as Save the Children Africa Regional Office for review and selection of four to eight countries. Based on feedback from UNICEF, Save the Children and BCN, the consultants narrowed the initial list to seven countries: Kenya, Rwanda, Ghana, Liberia, Sierra Leone, Benin and Côte d'Ivoire.

The second step consisted of a literature review of relevant documentation of the seven selected countries. This included a comprehensive review of:

• Published literature, including peer-reviewed journal articles;
• Grey literature; national and regional policy, standards and legislative documents; and conference materials, presentations and outcome documents (e.g., the 2011 'Way Forward' conference, the 2011 US Government 'Evidence Summit on Children Outside of Family Care', the 2010 Leiden 'Conference on the Development and Care of Children without Permanent Parental Care',[178] the 2009 Nairobi 'Family-Based Care Conference', the 2009 'Wilton Park Conference', the 2012 'Inter-country Adoption Conference' in Addis Ababa, and the 2012 'Conference on the Strengthening of Family and Alternative Care in the French-speaking sub-Saharan Africa');
• News articles from international and national media outlets; and
• Country child-care and child protection systems assessments conducted by universities, UN agencies, NGOs, the CRC Committee and Hague Secretariat.

The literature review was supported by Internet searches, a call for grey literature via the BCN, OVC Support, the Coalition for Children Affected by AIDS (CCABA), the Inter-Agency Task Team (IATT), Child Rights International Network (CRIN), Child Protection in Crisis Network (CPC) Network, Faith to Action

Initiative and other information exchange platforms, and communication with key actors/organizations working in alternative care including UNICEF country office staff, the BCN Steering Committee and Advisory Group members, NGOs, donors, academics and researchers.

In order to guide the literature review and the process of mapping the child-care reform in each country, the consultants developed a country analysis matrix. The matrix includes over 50 childcare-related themes and topics (see below). The matrix helped identify the available information in regards to the country's legal and policy framework, childcare/protection system, preventive services, formal and informal alternative care services, adoption (domestic and inter-country), care during an emergency situation, and public awareness, advocacy, and networking around family strengthening and alternative care.

A general checklist and a brief synthesis were also developed to help in summarizing the care-reform situation in each country. The following core child-care issue areas, which are linked to and influenced by the 'Guidelines for the Alternative Care of Children' (UN, 2009), framed the checklist:

1 Enactment and enforcement of the legal and policy framework;
2 Preventive services;
3 Availability and range of family-based alternative care services;
4 Domestic adoption;
5 Inter-country adoption;
6 Networks and partnership; and
7 Public awareness and advocacy.

Based on the analysis, three countries were selected for the country profiles: Rwanda, Ghana and Liberia. These countries showed the most information and evidence of promising policies and practices in the region. While the three countries were selected as the initial countries to be documented, it is foreseen that additional countries will be documented within the region and other regions in the future.

Collecting country information and data
Once the three countries were identified, a more detailed literature review was conducted, including: published and 'grey' literature; documentation, data and reports from government, BCN, UNICEF and relevant organizational and technical specialists across the three countries; a review of all relevant country laws, policies, standards and regulations; and a review of alternative care tools and training materials. The materials were drawn from BCN, UNICEF, country-level alternative care networks, internet searches, as well as the resources indicated above in use for the global scan. The literature review built upon pre-literature review findings and informed the country field visits. Telephone consultations with key global and

regional-level stakeholders and technical experts with in-depth knowledge of the country context supplemented the literature review. Almost 50 documents and websites were reviewed for the Ghana report (see Section 12).

Once the desk review and key informant interviews were finalized, a five-day field visit to each country was conducted in order to meet with key stakeholders and undertake focus group discussions (FGDs) and key informant interviews with country-level child-care actors to expand on the initial information gathered through interviews and literature review. The key informants included representatives from the respective government ministries, foster-care and adoption agencies, non-governmental organizations, faith-based and community organizations, care associations and networks, and academic institutions, as well as children, families and caregivers (see Annex 2 for a full list of key informants interviewed in Ghana in May 2013).

The objectives of the country visit included the following:
• Confirm information collected during the desk review;
• Collect updated data on specific issues related to child-care reform;
• Review recently published documentation, resources, guidelines, tools, and information on key actors that might not have been included in or were inaccessible during the desk review phase;
• Hold focus group discussions and key informant interviews with key stakeholders to collect their views on specific aspects of the care-reform process, including children and caregivers;
• Create opportunities to hear voices not necessarily represented in the documentation (e.g., care leavers, caregivers, children and families, faith-based groups, community members); and
• Attempt to gather information that was identified as knowledge 'gaps' during the desk review.

Data collection matrix

Description and purpose of the matrix:

Child-care reform process. The questionnaire will help identify the available (as well as missing) information in regards to the country's legal and policy framework, child-care/protection system, preventive services, formal and informal alternative care services, adoption, care during an emergency situation, and public awareness, advocacy and networking around this issue. The starred questions are core questions that we hope to answer for each country.

Sources used to develop the matrix: 'Guidelines for the Alternative Care of Children' (UN, 2009); The Assessment Tool for the Implementation of the UN 'Guidelines for the Alternative Care of Children' (Nigel Cantwell, for SOS Children's Villages International, 2012); Child Protection System Mapping and Assessment Toolkit (Maestral International, LLC for UNICEF, 2010).

Availability of reports, research and general information about alternative care		
Question	List and describe	Sources
1* Are there country-level child protection systems or child-care assessments; reports, studies, research, websites on alternative and childcare available for the country?		
2* If reports are available what are the main issues, challenges and successes highlighted in the reports about child-care reform in the country?		

Country-level legal and policy framework		
Question	List and describe	Sources
3* Has the country ratified key child protection human rights instruments (CRC, Hague Convention etc.)? Please list the instruments and dates of ratification.		
4* Are there laws, policies, guidelines and regulations and standards specific to childcare and alternative care?		
5* In general, is the country's legal and policy framework in line with the CRC and Alternative Care Guidelines principles (i.e., best interests of the child)?		
6* Does the legal and policy framework reflect the Hague Convention for the Protection of Children and Co-operation in Respect of Adoption, especially the subsidiarity of inter-country adoption to domestic family-based care options?		
7* Is there a government-approved strategy for bringing about deinstitutionalization of the alternative care system? — In general — For children under 3 to 5 years — With a target timeframe		
8* Are there existing efforts to reform the child-care/alternative care policy and legal framework?		
9 Does legislation require the implementation of specific measures and services to prevent family separation?		
10 Does legislation require the implementation of given processes and measures to ensure that the suitability of family-based alternative care for a child is considered before envisioning placement in a residential facility?		
11 Is the process of leaving and aftercare supported in the law?		

Description of child protection/child-care system

Question	List and describe their roles and responsibilities in service delivery, advocacy and networking	Sources
12* Description of the population of children living outside of family care or at risk. This should include description of the particular threats to children and families that lead to children living outside of family care (i.e., HIV, disability, armed conflict, disaster, trafficking, labour, abuse etc.).		
13* Description of the key social welfare workforce groups/cadres and service providers of children in alternative care, including government, NGOs, FBOs, for profit. Also mention if these service providers work together and if there are collaborative mechanisms in place for this type of coordination.		
14* Description of other actors involved in alternative care: alternative care networks; youth or care leavers network; foster parents association; etc.		
15 Are children and caregivers actively engaged in policy and programming that directly affect them and does the legal and policy framework support this?		
16 Description of key donors supporting child protection and alternative care.		
17 Describe the political will and commitment of the government in relation to child-care/alternative care. E.g., Executive Branch leadership; alternative care in national development plans etc.		
18 Does the national budget include line item on child protection and specifically alternative care?		
19 Is there a national information management system specific to child protection, in particular collecting data on children in alternative care?		

Preventive services

Question	List and describe	Sources
20* Describe the range of services and the quality of services that are available to prevent family breakdown and separation, e.g., cash transfers, daycare, respite care, income-generating activities, PSS, etc.		

Formal alternative care services

Question	List and describe	Sources
21* Are there data or credible estimates of the number of children placed in formal alternative care? E.g., residential care, formal foster care, small group homes, etc.		
22* How many children are in residential care versus family-based alternative care (i.e., formal foster care, formal kinship care)?		
23* What is the range of formal alternative care options available to children?		
24* Are there legally recognized alternative care options specifically for: emergency care; short-term care, long-term care?		
25* Are there national reform efforts in place to try to strengthen and expand family-based alternative care service provision?		

Formal alternative care services

Question	List and describe	Sources
26 In general what is the capacity of government and non-government actors to properly carry out various forms of alternative care service delivery?		
27 Are there trainings and capacity-building initiatives to address capacity/skill gaps for the social welfare workforce and for caregivers?		
28 What are the main reasons/driving factors for placement in alternative care? How and who has documented this?		
29 Are there clear gatekeeping mechanisms and admission policies and procedures in place for residential care? Foster care? Other types of alternative care?		
30 Are children given clear care plans and monitored throughout placement? Residential care? Foster Care? Other types of alternative care?		
31 To what extent are children in alternative care being reintegrated into their families or communities of origin?		
32 Are children/youth provided with preparation and support upon leaving/exiting care? Please include who provides this preparation and support, if known.		
33 Are formal alternative care facilities authorized, registered, inspected, and monitored by authorizing bodies on a regular basis?		
34 Are there standards of care developed, disseminated and utilized in the formal alternative care facilities?		
35 What types of formal alternative care services are available for children with special needs?		
36 What is the quality of formal foster care in general?		
37 What is the quality of residential care in general?		
38 Are there general and widespread concerns about rights violations of children in formal care settings?		

Informal alternative care services

Question	List and describe	Sources
39* Are there data or credible estimates of the number of children placed informally outside the parental home? E.g., with grandparents, with other relatives, with local community, in sibling groups (child-headed households) etc.		
40* Has the state taken any initiatives to establish or improve support or oversight of informal arrangements? E.g., — Voluntary registration of informal carers — Provision of financial allowances — Making available/increasing access to support services — Combating exploitative practices		

Adoption (domestic and inter-country)		
Question	**List and describe**	**Sources**
41 Are there general and widespread concerns about rights violations of children in informal care settings?		
42* Are there data or credible estimates of number of children placed in domestic adoption? Inter-country adoption?		
43* How widely is domestic adoption practised? If practised widely, what are the reasons and good practices? If not practised widely, what are the challenges?		
44* How widely is ICA practised? What are the main issues and concerns in terms of ICA?		
45* If there are concerns with adoption practices, are there reform efforts to address these issues?		

Care during an emergency		
Question	**List and describe**	**Sources**
46* Has the country recently experienced an emergency? If so, how has it responded in terms of alternative care? Challenges? Successes?		
47* Has the emergency resulted in child-care reform efforts? If so, please describe.		

Public awareness and advocacy		
Question	**List and describe**	**Sources**
48* What are the key child-care advocacy initiatives in place?		
49* Is there any national awareness-raising campaign specific to childcare? If yes, please describe.		
50* What is the role of media in childcare and awareness raising? Role of government? Civil society?		
51 Has the government and/or civil society organized conferences or workshops on this issue for key stakeholders?		
52 What is the general public perception on childcare provision, role of residential care, availability and acceptance of other alternative care options, etc.?		
53 Have there been any documented and publicized abuse, exploitation and neglect of children in alternative care?		

List of key stakeholders interviewed for Ghana

	Name of informant	Title and place of work
1	Victoria Natsu	Deputy Director of DSW (since the country visit in May 2013, she has been transferred to the National Trafficking Secretariat with the Ministry of Gender, Children and Social Protection)
2	Helena Asamoah	Head of the Care Reform Initiative, DSW (since the country visit in May 2013, her position has changed to new Acting Director of the Department of Children)
3	Lawrence Ofori Addo	Ministry of Women and Children's Affairs, Social Protection Unit, LEAP Coordinator
4	Johanna Eriksson Takyo	Chief of Child Protection, UNICEF
5	Iddris Abdallah	Child Protection Specialist, UNICEF
6	Knowledge Chikondo	Operations Director, World Vision International
7	Mabel Akuyo Adobor	Sponsorship Business Manager, World Vision International
8	Gregory Dery	Coordinator for Advocacy, Child Protection and Gender, World Vision International
9	Miracle Damanka	Acting Director, OrphanAid Africa
10	Solomon Obeng	Program Manager (Interim Country Director), Bethany Christian Services
11	Naa Adjorkor Mohenu	Country Director, Bethany Christian Services
12	Ida Mary Boahin	Case Worker, Bethany Christian Services
13	Cherity Ebe Fialley	Case Worker, Bethany Christian Services
14	LoredanaS aponaro	Country Representative, Amici dei Bambini
15	Lucy Owusu Darko	Deputy Country Representative/Technical Advisor (HIV/AIDS), Opportunities Industrialization Centres International (OICI)
16	Regina Boakye	Programme Officer, Opportunities Industrialization Centres International (OICI)

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