NATIONAL STANDARDS FOR FOSTER CARE IN GHANA
National Standards for Foster Care in Ghana

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FOREWORD

There is widespread global agreement that children should grow up safe and protected in families rather than in harmful institutional care. In Ghana, the government has developed an ambitious programme of care reform and family strengthening that has seen many children reunited with families and communities since 2007. This programme is rooted in Ghanaian cultural values, which place a strong emphasis on family care. Interventions have included legislative reform, strengthening the social welfare workforce and developing alternative family-based care option for children in need of alternative care. One of them is foster care.

After the Amendment of the Children's Act, and the passage of the Foster Care Regulations in 2018, the Ministry of Gender, Children and Social Protection together with the decentralized structures have embarked on the implementation of the program by recruiting, training and licensing foster parents across the country. Now that children have been placed with those foster parents, it is imperative that social welfare officers closely monitor the well-being of these children and provide continuous support to the foster parents.

We are pleased to make these Standards for Foster Care available to all stakeholders engaged in the protection, care and support of children where foster care provision may be required. These Standards are intended to guide social workers and other service providers in monitoring foster care services. The primary aim of these Standards is to ensure that the best interests of the child are sought when a child is placed in foster care.

The MoGCSP recognises the necessity of civil society partnerships for carrying the load of managing foster care placements, and for successful networking with foster parents. We are optimistic that these Standards will lay the foundation for ensuring that foster care is a viable alternative care solution for children in need of care and protection.

The MoGCSP is deeply appreciative of all the individuals and organisations that supported the development of these standards. The development of these standards would not have been possible without the technical support received from UNICEF and the financial support from USAID/DCOF. The MoGCSP is, as always, profoundly grateful for the support and partnership with our Development Partners.

Gbeawu Daniel Y. Nonah
Ag. Director Department Of Social Welfare
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SECTION 1: CARING FOR CHILDREN IN FOSTER CARE

Standard 1: Care of Children

Children in foster care are cared by foster parents through a relationship based on affection, understanding and respect and which promotes healthy spiritual, emotional, physical, sexual and intellectual development of the child

Criteria for Achieving Standard:

1. The number of children cared for in the host family does not exceed the approved number of children on the placement agreement. The maximum of children cared by the foster parent should not exceed seven, including biological children and other children. However, in the case of emergency, additional children can be admitted through Department of Social Welfare as and when the capacity allows.

2. Every child is placed in the care of a qualified foster parent who is responsible for all major care activities e.g. personal care, meals, homework, recreation and emotional bonding and support.

3. Foster parents care appropriately for the child and do their best to help the child to achieve his/her full potential with no preference for or special treatment of either gender or biological children.

4. Foster parents and biological parents must have mutual respect for each other including their respective cultural and religious background. Foster parents are open to the child’s background, and to cooperating with the child’s family of origin and other people who are important to the child, except when this cooperation is not in the child’s best interest.

5. Foster parent pay individual attention to the child and make a conscious effort to build up trust with and to understand the child. Foster parents always communicate with the child openly, honestly and respectfully.
Standard 2: Qualified Foster Parents

Foster parents are trained, have a valid license and can be entrusted with the care of children unrelated to them.

Criteria for Achieving Standard:

1. Foster parents (married or unmarried) must comply with the eligibility criteria for foster parents and be at least 21 years old.

2. Foster parents are trained to have the skills required to provide high quality care and meet the needs of the foster child. Essential knowledge and skills include:
   - Basic parenting skills, including building trusting and caring relationships with children.
   - Positive behaviour management.
   - Prevention of transmittable diseases and first aid.
   - Reunification – specifically the role of foster parents in supporting this process.
   - Recording of significant events in children's logbooks.

3. Foster parents have knowledge of normal child development, and an ability to listen to and communicate with children in a manner appropriate to their age and level of understanding. Foster parents are able to understand and promote the children's development towards adulthood and interdependent living.

4. Foster parents attend regular development and refresher training opportunities to enhance parenting skills.

5. Foster parents are able to prove their financial viability and sustainability and have sufficient resource to care for their own family members and the foster child.

6. Foster children, their pictures and their personal stories are never used for fundraising purposes.

7. Everyone residing in the premises has documented clearance from the police OR in the absence of this, two references from citizens from the community with high moral character and proven integrity who have known them for over 5 years and a written self-declaration that they do not have a criminal record and are fit to work with children.

8. Everyone residing in the premises have documented health screening. Foster parents must be medically examined for communicable diseases. If a foster parent is found to have a communicable disease, appropriate actions should be made to ensure the well-being of the child.
Standard 3: Child Safeguarding and Protection

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

Criteria for Achieving the Standard:

1. Prohibited disciplinary practices are never used including corporal punishment and humiliating treatment such as verbal abuse. Children are assisted to develop socially acceptable behaviour through positive behaviour management methods including encouragement, positive reinforcement and constructive response of foster parents to inappropriate behaviour.

2. Foster parents found guilty of violating children’s rights, abusing or physically harming children are dealt with in accordance with the relevant laws.
Standard 4: Child Participation

Children’s right to participation in all aspects of their care is upheld. Children are included in all decisions that affect their life according to their age and maturity. These include decisions about their current placement, choice of religion, contact and reintegration in their families, transition to any other placement, leaving care and preparation for independent living.

Criteria for Achieving the Standard:

1. Children participate in the development and implementation of all aspects of their Care Plans including decisions about contact with their parents/families and reunification or other permanency plans.

2. Children are encouraged to participate in decision-making in relation to their placement in foster care and structured forums are provided for this participation. This can be in the form of regular house meetings, in which children can freely express their opinions and there is evidence that their opinions are taken seriously.

3. The ethnicity, culture and religion of the majority of children in the family must not be forced on others. Children are allowed to practice their own religion and traditions as long as this does not harm other residents in the family.
Standard 5: Education

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

Criteria for Achieving Standard:

1. Children are provided with the necessary resources to participate in school including appropriate school uniforms, books, stationery and contributions to school outings and excursions. Time and space for homework are also provided.

2. The learning process of the children is closely monitored and school reports and certificates are included in their files or displayed in the home to encourage them. Where needed, the children are encouraged to participate in extra classes to ensure that they can remedy any deficits in their educational career due to the situation before they were placed in foster care.

3. Children with learning difficulties or other special needs receive special education and, if possible, are provided with additional equipment (Braille computer, hearing equipment, etc.) to guarantee that they can reach their full potential.

4. Children of school going age who are not in school participate in a temporary educational program during normal school hours, and foster parents work with DSW, Foster Care Agencies and Ghana Education Service to secure appropriate educational provision. If children had dropped out of school, appropriate measures are taken to provide them with vocational or skills training to improve their chances to compete for job opportunities in the future.
Standard 6: Health and Nutrition

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

Criteria for Achieving Standard:

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

2. Foster parents ensure that all children in their care undergo medical examination at the time of placement and regular medical checkups thereafter.

3. Foster parents ensure that all children are insured under the National Health Insurance Scheme.

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

5. Children receive appropriate personal hygiene, health and substance abuse prevention education. Safe reproductive health education, including HIV prevention, is a priority for children above the age of seven years. Children are actively discouraged from smoking, alcohol, illegal substance or solvent abuse and under-age sexual activity. They are given opportunities to discuss these issues openly and honestly with foster parents, social workers and with their peers. This education can be provided in groups or individually as needed.

6. Foster parents prepare nutritious and balanced diet for the child. A nutritionist should be consulted for dietary recommendations for malnourished children, children with disabilities or chronic illnesses, or other special dietary requirements.

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

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

9. Children are provided with suitable change of clothing
Standard 7: Psychosocial Development

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

Criteria for Achieving Standard:

1. Activities and assistance that support the children’s psychosocial development are based on the individual needs of the children and are laid down in each child's Care Plan.

2. Children are supported to overcome trauma and establish self-esteem and resilience. Where needed, children are referred to specialists/therapists or relevant programs to help them overcome trauma. They are assisted to make effective use of the help available.

3. Children are supported to make life books and/or memory boxes to ensure that their roots and background are known, and they understand why they are in the alternative care.
**Standard 8: Play and Leisure**

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

**Criteria for Achieving Standard:**

1. Children have sufficient time to play in their daily routine. Children are encouraged and enabled to make and sustain friendships with children of their own age in the community.

2. Foster parents ensure that every child has access to indoor toys and games and outdoor play equipment that is age-appropriate and supports the development of the child in all aspects. Children have access to a selection of suitable and age-appropriate print media (e.g. books and magazines) and electronic media including television and the Internet.

3. Children with disabilities and/or special needs are provided with appropriate toys for stimulation and opportunities to play and relax.

4. Children are encouraged and given opportunities to take part in outside activities including sporting and leisure interests. Trips out to events for enjoyment or interest are encouraged and organized by foster parents.
Standard 9: Death of a Child

The death of a child in foster care must be investigated and determined by professionals. Funeral arrangement must be made in collaboration with all stakeholders and based on the child’s tradition and religious affiliations.

Criteria for Achieving Standard:

1. Foster parents must immediately inform DSW when a child is diagnosed as terminally ill or has died.

2. All infant and child deaths in foster care need to be investigated in a systematic and standardized method by the Criminal Investigation Department of the Ghana Police Service. The cause of death is determined after a thorough investigation and autopsy by a medical examiner and coroner.

3. When a child in foster care dies, DSW has the responsibility for ensuring counselling for the foster and biological families. Foster and biological parents and DSW ensure that provision is made for funeral arrangements upon the death of a child in foster care.
SECTION 2: CASE MANAGEMENT OF CHILDREN IN FOSTER CARE

Standard 10: Care Plans and Reviews

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

1. The Care Plan should be developed by DSW Officers within four weeks of the child's placement. The DSW Care Plan template should be used to guide the development of this Care Plan with the involvement of the child, the foster parents and the child's biological family where possible and appropriate.

2. The Care Plan must include plans for the reintegration of the child with biological family within the shortest period possible.

3. The Care Plan must be reviewed and updated every three months, with the involvement of the child, the foster parents and the child's biological family where possible and appropriate. A record of any revisions and updates must be kept on the child's file.
Standard 11: Reunification with biological family

Foster parents openly promote and are actively involved in supporting DSW to reunify children with their biological families within the shortest period possible.

Criteria for Achieving Standard:

1. Regular supervised family contacts are encouraged to facilitate the reintegration of the child with parents or family.

2. Children and their families are given maximum support from foster parents, foster care agencies, DSW to prepare for reunification through visits, counselling and preparation of their personal belongings in accordance with their reintegration plan.

3. Foster parents co-operate with DSW and foster care agencies in providing after-care supervision services to families in order to help facilitate the child's smooth reintegration.
Standard 12: Independent Living

Children are prepared for independent living throughout the duration of their placement and are offered independent living activities from age 15 years.

Criteria for Achieving Standard:

1. While the focus should always be on reintegrating children or placing them in adoption within the shortest possible time, children are continuously prepared for independent living throughout their stay in foster care and empowered to cope and adapt to life’s challenges in the outside world.

2. Children aged 15 years and older are actively prepared and supported for leaving care. Foster parents ensure that the young people leaving the home have all their personal documents including birth certificate, National Health Insurance Card and Identity Document/Card.
Standard 13: Case recording

The Department of Social Welfare should ensure that an up-to-date comprehensive and confidential case record is maintained for each child in foster care detailing the nature and quality of care provided and contributing to an understanding of his/her life events.

Criteria for Achieving Standard:

1. Each child has an individual file which contains the following documents:
   • Care orders
   • Social Enquiry Report
   • Emergency contact information of biological family
   • Care Plan with reviews and updates
   • Case notes
   • Progress reports from schools
   • Medical records and important health information on the child
   • Birth Certificate
   • And any other relevant documents

2. Each child has a personal logbook. Logging is done on a regular basis by foster parents. The logbook is kept in the possession of foster parents. The information in the logbook is used for case reviews and updating the child's Care Plan.

3. Personal information about the child, including information about health status and his/her biological family, is treated in a respectful manner and not revealed to persons outside the foster family without the child's permission. Confidentiality of children's records is maintained including health records, background reports, care orders, reports about pending investigations and any highly sensitive information. All files are kept in a safe place, ideally a weatherproof cabinet, under lock and key to which only authorized persons have access.

4. DSW maintains records of children who have been - reunified and/or left care for independent living for at least five years after the case is closed.

5. Standard 14: Reporting on children in foster care
Standard 14: Reporting on children in foster care

Foster parents monitor the progress of children in care and report to DSW and other relevant stakeholders in the life of the child.

Criteria for Achieving Standard:

1. Foster parents maintain monitoring records on children and report quarterly to DSW.

2. Significant events are reported to DSW within 24 hours of the event. Significant events include the death of a child, injury or illness requiring hospitalization, suspected abuse of a child in foster care and abscondment of a child.

3. When any change occurs in the child's life that may have an effect on the child's placement or future (e.g. serious illness, death of parent or guardian) foster parents notify DSW within 24 hours of the event.
SECTION 3: HOME AND PREMISES OF FOSTER PARENTS

Standard 15: Home of Foster Families

Foster parents provide a safe environment in which the children can live, play, do their school work and enjoy family life. The environment ensures privacy for the children and safety of their personal belongings.

Criteria for Achieving Standard:

1. The home of foster parents must be a safe, healthy environment and fit to accommodate their own family as well as the child placed with them. What is appropriate depends on the general living conditions of the people in the area. The house provides a comfortable living environment and is well-maintained to protect against environmental hazards, pests and intruders.

2. There is sufficient space in the bedrooms to comfortably accommodate children. Each child has his/her own cot or mattress for sleeping, with a mosquito net around the bed or placed on the windows.

3. If the house accommodates children with disability or special needs, the design of the house should include any necessary and reasonable adaptation to meet the needs of these children. This could include adaptations such as ramps for children in wheelchairs, widening of bathroom doors, handrails in bathrooms etc.
Standard 16: Safety of premises and home

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

Criteria for Achieving Standard:

1. The house complies with basic health and safety requirements.
2. The house is situated away from public toilets, rubbish dumps, main roads and anything that may pose a health or safety hazard to the children.
3. The house and grounds are kept clean, in good repair and free from hazards.
4. The house has at least one fire extinguisher.