



Inter-Sectoral Standard Operating Procedures for Child Protection and Family Welfare

Guidelines, Tools and Forms for Casework and Management





Ministry of Gender Children and Social Protection
Department of Children

Inter-Sectoral Standard Operating Procedures for Child Protection and Family Welfare (Guidelines, Tools and Forms for Casework and Management)

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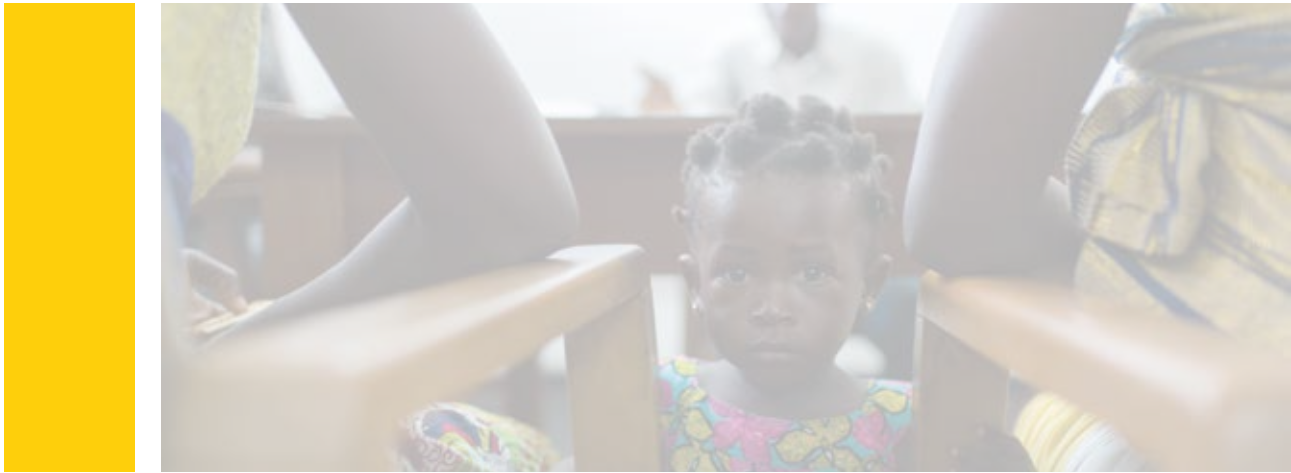
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FOREWORD

The Government of Ghana, through the Ministry of Gender, Children and Social Protection (MoGCSP) developed two overarching Child Protection Policies: the Child and Family Welfare Policy (CFWP) and the Justice for Children Policy (JfCP) to strengthen the child protection system in the country. It has over the years made significant improvement in strengthening its child protection mechanisms through the efforts of stakeholders, yet lacked the system where cases involving children will be addressed in a harmonized approach across sectors. This has led to a reduction in the quality of services and timely response to violence against children.

It is in this regard that the Government of Ghana with financial and technical support from UNICEF embarked on the process to develop an Inter-Sectoral Standard Operating Procedure (ISSOP). The ISSOP details the minimum standards for the management of violence, abuse, neglect, and exploitation of children across sectors. It has been developed in a participatory manner without disregard to existing child protection case management SOPs/Guidelines in the country. It also outlines referral procedures for the provision of complementary services for the child victim when the need arises.

The development of this ISSOP is therefore timely as it affords the Government of Ghana and other stakeholders a standardized approach to child protection case management. It is my hope that this document will be a valuable source of reference point for a guaranteed protection of the rights of children in the country.



Hon. Cynthia Mamle Morrison

(Minister for Gender, Children and Social Protection)

ACRONYMS

| | |
|---------|--|
| ACRWC: | African Charter on the Rights and Welfare of the Child |
| AHTU: | Anti-Human Trafficking Units |
| BWA: | Beneficiary Welfare Associations |
| CBO: | Community Based Organizations |
| CDO: | Community Development Officers |
| CERT: | Cybersecurity Incident Coordination & Response |
| CFP: | Community Focal Points |
| CFWP: | Child and Family Welfare Policy |
| CHN: | Community Health Nurses |
| CHPS: | Community-based Health Planning Services |
| CHRAJ: | Commission for Human Rights and Administrative Justice |
| CICWL: | Children in conflict with the Law |
| CLIC: | Community LEAP Implementation Committees |
| CNIIP: | Critical National Information Infrastructure Protection |
| CLU: | Child Labour Unit |
| COP: | Child Online Protection |
| COPC: | Children Outside of Parental Care |
| DHMT: | District Health Management Team |
| DOC: | Department of Children |
| DOVSU: | Domestic Violence and Victim Support Unit |
| D&GBV: | Domestic and Gender-Based Violence |
| DSW: | Department of Social Welfare |
| DSWCD: | Department of Social Welfare & Community Development |
| FBO: | Faith Based Organizations |
| GBV: | Gender-based Violence |
| GCO: | Guidance and Counseling Officer |
| GEO: | Girls' Education Officer |
| GES: | Ghana Education Service |
| GHS: | Ghana Health Service |
| GIS: | Ghana Immigration Service |
| GPS: | Ghana Police Service |
| HT: | Human trafficking |
| HERVIT: | Household Early Risk and Vulnerability Identification Tool |

| | |
|---------|--|
| ICT: | Information, Communication, Technology |
| ISSOP: | Inter-Sectoral Standard Operating Procedures |
| IWF: | Internet Watch Foundation |
| J4CP: | Justice for Children Policy |
| LESDEP: | Local Enterprises and Skills Development Programs |
| LEAP: | Livelihoods Empowerment Against Poverty |
| LIPW | Labour Intensive Public Works |
| LMS: | LEAP Management Secretariat |
| MDA: | Ministry, Department, Agency. |
| MDT: | Multidisciplinary Team |
| MMDAs | Metropolitan, Municipal and District Assemblies |
| MoC: | Ministry of Communications |
| MoGCSP: | Ministry of Gender, Children and Social Protection |
| MoELR: | Ministry of Employment and Labour Relations |
| NCSC: | National Cyber Security Centre |
| NCCE: | National Commission for Civic Education |
| NHIS: | National Health Insurance |
| OHLGS: | Office of the Head of Local Government Service |
| PCAM: | Parentage, Custody, Access and Maintenance |
| PTA: | Parent Teacher Associations |
| RCC: | Regional Coordinating Councils |
| RHC: | Residential Home for Children |
| SER: | Social Enquiry Reports |
| SFP: | School Feeding Programme |
| SP: | Social Protection |
| SWO: | Social Welfare Officer |
| TVET: | Technical, Vocational, Education and Training |
| UNCRC: | United Nations Convention on the Rights of the Child |
| WFCL: | Worst Form of Child Labour |

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CHAPTER ONE

**INTRODUCTION TO THE INTERSECTORAL STANDARD OPERATING
PROCEDURES FOR CHILD PROTECTION AND FAMILY WELFARE**

CHAPTER ONE

INTRODUCTION TO THE INTERSECTORAL STANDARD OPERATING PROCEDURES FOR CHILD PROTECTION AND FAMILY WELFARE

1.0 Background

The Government of Ghana is signatory to the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). These two instruments commit the Government to promote and protect the rights of children especially those in vulnerable situations experiencing violence, abuse, exploitation and neglect. Several initiatives through policy formulation, programming, research, monitoring and evaluation have been put in place to address the plight of children in vulnerable situations.

In 2015 and 2016, the Ministry of Gender, Children and Social Protection (MoGCSP) launched two overarching policies, i.e the Child and Family Welfare Policy (CFWP) and the Justice for Children Policy (J4CP). Subsequently in 2016, the helpline of Hope was launched with a short code 0800 800 800 and 0800 900 900 to strengthen reporting and response to child protection cases and in 2018, the Case Management Standard Operating Procedures for Children in Need of Care and Protection was developed.

Despite the commendable services offered by various social welfare institutions in Ghana, the timeliness and quality of services remains a challenge. While some sectors and institutions have developed their own SOPs, the lack of a comprehensive and standardized case management system has posed the following challenges to frontline workers:

- Limited understanding of the roles of various actors in the Case Management process;
- Inadequate understanding of the pathways for referring child protection cases;
- Inadequate knowledge of the case management principles, ethics and good practices;
- Limited appreciation of the relevance of community level Child Protection Case Management, and
- Underdeveloped monitoring and evaluation practices in Child Protection Case Management.

The absence of a comprehensive standardized case management reference point is the basis for developing this Inter-Sectoral Standard Operating Procedures (ISSOP) to serve as a national guideline for Child Protection and Family Welfare Case Management.

This ISSOP have been developed through series of stakeholders' consultations¹ and content of this

¹ As reflected in the document Stakeholder Analysis for the Development of Inter-sectoral Standard Operating Procedures for Child Protection Casework and Management (April, 2019), available from the Department of Children, Ministry of Gender, Children and Social Protection and through three multi-day workshops with this diversity of stakeholders. Agencies and organizations participating the workshops and developing the ISSOPs are listed in section VII.

document is consistent with global best practices and also complements existing child protection case management SOPs/Guidelines by combining the procedural guidance provided in various legal frameworks and sector specific manuals, action plans, and other relevant resources which are further discussed in Chapter 2 of this framework.

The ISSOP provides a harmonized framework of agreed standards, principles and procedures for all child protection and family welfare stakeholders to understand each other's roles and responsibilities. In addition, the ISSOP helps to hold stakeholders mutually accountable to each other and the beneficiaries they serve. It identifies specific procedures to the use of forms, tools and guides by the social services and other key stakeholders. The guides, tools and forms of this ISSOP have been designed to improve the quality of social services.

The ISSOP Framework is divided into six chapters. **Chapter one** provides the purpose, scope and target group as well as the context of child protection case management in Ghana. **Chapter two** discusses the legal environment for child protection and precisely explains children's protection rights and various child protection cases considered in the framework. **Chapter three** is devoted to institutional arrangement and roles of key stakeholders in Child Protection Case Management. **Chapter four** covers the principles, ethics, good practices and risks in child protection case management. **Chapter five** introduces the categorization of risks by level of harm, **Chapter six** explores the different pathways for managing specific child protection cases. Finally, **Chapter seven** discusses various forms, tools, guides and processes developed for inter-sectoral use in case management.

1.1 Categorization of child protection and family welfare cases

The categorization of following cases into the under listed was agreed by stakeholders at various consultations held for the development of this ISSOP.

The following are the eight categories:

1. Domestic and Gender-based Violence
2. Adolescent Pregnancy and Child Marriage
3. Child Labour and Trafficking
4. Children in Conflict and in contact with the Law
5. Children Outside of Parental Care
6. Parentage, Custody, Access and Maintenance; and
7. Social Protection
8. Child Online Abuse

For each case category, the legal and policy norms, reporting and service stakeholders reporting and response procedures are further explained.

Chapter six delineates the "Pathways" for how cases move through the child protection and family service and support system, beginning with reporting and then how response process should work across sectors. This resource helps the stakeholders to have a clear and common understanding of these details to better coordinate their work together.

1.2 Intended Users of the ISSOP for Child Protection and Family Welfare

This ISSOP has been developed to be used by all Government and Non-Governmental Institutions working for and on behalf of children. These include individuals and supervisors informal and Informal institutions that provide services to children who have suffered or are likely to suffer various forms of violence, abuse and exploitation or who are in conflict/contact with the law. The users of this ISSOP specifically include:

- Ministry of Gender, Children and Social Protection-Department of Social Welfare (DSW, Head Quarters and Institutions), Department of Children (Head Quarters and Regional Level), Human Trafficking Secretariat, Domestic Violence Secretariat, Officers of Social Protection Programmes (LEAP, Ghana School Feeding Programme, Single Window Case Management (The Helpline of Hope) etc,
- Department of Social Welfare & Community Development (DSWCD) Officers of the Local Government Service (RCC/MMDAs)
- Ghana Police Service – Domestic Violence and Victim Support Unit (DOWVSU), Anti-Human Trafficking Unit, and Community Policing
- Courts - Domestic Violence and Gender Based Court, Family Courts and Juvenile Courts
- Health facilities – Hospitals, Clinics, Polyclinics, Health Centers, CHPS Compounds
- Schools (Government and Private Schools)
- Non-governmental Organizations including residential Homes for Children
- Community Based Organizations (CBOs) and Faith Based Organizations (FBOs)
- Traditional Authorities
- Members of Child Protection Committees
- Private sector enterprises etc.

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CHAPTER TWO

THE LEGAL FRAMEWORK FOR CHILD PROTECTION IN GHANA

CHAPTER TWO

THE LEGAL FRAMEWORK FOR CHILD PROTECTION IN GHANA

2.0 Introduction

The roles and responsibilities of citizens and residents of Ghana to safeguard the rights and protection of children are enshrined in the laws of the country. This chapter covers the protection of the rights of children in Ghana and also documents the existing legal and policy framework for addressing violations of children's rights. The provisions are derived from domestic laws and legislation on child rights including the 1992 Constitution of the Republic of Ghana, the Children Act, 1998 (Act, 560) which is the major legal instrument that puts into effect the Constitutional provisions on child protection in line with international instruments aforementioned, the Criminal Code 1960 (Act 29), the Human Trafficking Act, the Criminal Offences Amendment Act and other laws mentioned in this ISSOP.

This chapter will also consider provisions as enshrined in Ghana's ratified international instruments such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the African Child (ACRWC) as domesticated through national legislation. Subsequent sections in this chapter discuss key laws and official policies, standard operating procedures and action plans underlying and informing the ISSOPs for all the case categories.

2.1 Laws

The Constitution of Ghana, 1992

The 1992 Constitution establishes the rights of the child and provided the framework for the enactment of appropriate legislation to protect the rights of children. Fundamental human rights and freedoms including provisions for child protection (particularly Article 28), also roles all main government services including CHRAJ, NCCE, House of Chiefs and right to legal aid. Some key Articles: Article 12: A juvenile offender must be held separately in custody or detention from an adult offender. Article 28: Child's rights to care, assistance, maintenance for development from parents; protection against exposure to physical & moral hazards and from work threatening to health; education or development; not be subject to torture or other cruel, inhuman or degrading treatment or punishment.

Commission on Human Rights and Administrative Justice Act, 1993 (Act 456)

The Act established the Commission on Human Rights and Administrative Justice (CHRAJ) as a national institution for the protection and promotion of fundamental rights and freedoms and administrative justice in Ghana. The Act also details the functions of the CHRAJ which includes investigate complaints of violations of fundamental human rights and freedoms, abuse of power and unfair treatment of persons by public officers in the exercise of their duties, with power to seek remedy in respect of such acts or omissions and to provide for other related purposes.

The Criminal Code, 1960 (Act, 29)

The Criminal Code is an act that consolidates and amends the laws relating to criminal offences. The Act stipulates the following as crimes or criminal acts:

- It is a crime for anyone keeping charge of a child under five years of age to abandon the child by leaving it at a hospital, or at the house of any persons, or in any other manner. Paraphrased from Section 96.
- Rape and defilement are serious criminal acts liable on summary conviction to imprisonment of between five or seven (in the event of defilement) to twenty-five years. Defilement applies to a child under sixteen years of age (Sections 97).
- Nothing is a crime which is done by a person under twelve years of age (Section 26)—When a Child is Incapable of Committing Crime.
- Corporal punishment by a parent or guardian: “no correction can be justified which is unreasonable in kind or in degree, (to) the age and physical and mental condition of the person on whom it is inflicted; and no correction can be justified in the case of a person who, by reason of tender years or otherwise, is incapable of understanding the purpose for which it is inflicted.” (Section 41).

The Children’s Act, 1998 (Act 560)

The Act reforms and consolidates the law relating to children, provides for the rights of the child and covers issues of parental duties and responsibilities, maintenance, adoption and fosterage. It also makes provision for the protection of children from exploitative labour and child marriage and stipulates responsibilities for care and protection of children. The Children’s Amendment Act, Act 937, 2016 makes further provisions in fostering and adoption and related matters.

Criminal Code, 1960 and Criminal Offences (Amendment) Act, 2012 (Act 849)

The Criminal Offences (Amendment) Act was enacted to amend the Criminal Code, 1960 (Act 29) to include the offences of unlawful use of human parts, enforced disappearance, sexual exploitation, illicit trafficking in explosives, firearms and ammunition, participation in an organised criminal group, racketeering and to provide for related matters.

Domestic Violence Act, 2007 (Act 732)

In 2007, the Ghanaian government created the Domestic Violence Act in an attempt to reduce violence against women. The Act has come to facilitate the relationship and the process of reporting bridging the gap between the formal and the informal at all spheres of society.

Alternative Dispute Resolution Act, 2010 (Act 798)

There are five Parts to the Act with detailed procedures listed under each: Arbitration, Mediation, Customary Arbitration, Alternative Dispute Resolution Centres, and Financial, Administrative and Miscellaneous Provisions – including establishment of an ADR Board and fund and reporting of ADR.

Local Governance Act, 2016 (Act 936)

This Act details the functions of the District Assembly and committees (Section 23), special protection to vulnerable persons (section 48), Inter-service/sectoral collaboration and cooperation with non-de-centralized entities (section 81), and Regional Coordinating Council include Social Protection, Children, Community Development and Women (section 196).

Data Protection Act of Ghana, 2012

The Act guided by the national Data Protection Commission. It includes provisions on consent and notification of use of personal information, retention and destruction of records as well as conditions of notification exempt under certain situations involving compromising law enforcement, national security and preparation for legal proceedings. The Act prohibits the processing of data which relates to children under parental control, or to the religious or philosophical beliefs, ethnic origin, race, trade union membership, political opinions, health, sexual life or criminal behaviour of an individual Section 37(1).

2.2 Policies

The Child and Family Welfare Policy (2014)

The Government of Ghana has established a relatively comprehensive legal framework for child protection, guided by the Constitution and the Children's Act 1998 (Act 560). This Child and Family Welfare Policy has been developed to address many of the issues and problematic areas of the existing Child Protection System. This Child and Family Welfare Policy seeks to establish a well-structured and coordinated Child and Family Welfare system that promotes the wellbeing of children, prevents abuse and protects children from harm. The overall goal of the Policy is to help formulate child and family welfare programmes and activities to more effectively prevent and protect children from all forms of violence, abuse, neglect and exploitation.

The Justice for Children Policy (2016)

The policy establishes the foundation for a well-structured and coordinated justice for all children system that promotes the wellbeing of children, and prevents harm, including violence, exploitation and abuse. It guides the decisions to achieve a fair and sustainable approach to children in contact with the justice system, whether they are victims of crime, witnesses, alleged offenders and offenders, or children involved in civil proceedings

Ghana National Gender Policy - Mainstreaming Gender Equality and Women's Empowerment into Ghana's Development Efforts (2015)

The policy concentrates on five policy commitments: empowerment and livelihood, rights and access to justice, leadership and accountable governance, economic opportunities, gender roles and relations. Key policy sections include promoting resource mobilization on legal aid for women, supporting the DV Act, establishing shelters, strengthening sectors on GBV and on trafficking issues.

3

CHAPTER THREE

**INSTITUTIONAL ARRANGEMENT AND ROLES OF KEY DUTY
BEARERS IN CASE MANAGEMENT**

CHAPTER THREE

INSTITUTIONAL ARRANGEMENT AND ROLES OF KEY DUTY BEARERS IN CASE MANAGEMENT

3.0 Introduction

Stakeholders involved in social services and support in child protection and family welfare come from both formal and informal sectors. These sections clearly identify their “Key Roles and Responsibilities” and also discusses “Linkages to the ISSOP”, that refers specifically to key aspects of how stakeholders work together through sharing of information, coordination of services and support to improve wellbeing outcomes for children and families. Nonetheless, it is recognized that the capacity may not yet exist for some institutions to undertake specific functions; however, it is important for relevant sector departments or agencies to build this capacity in order to comply with the standard operating procedure in the coming years.

3.1 Formal duty bearers

The formal sector refers to government and registered non-government organizations at national (Ministries, Departments and Agencies) and subnational levels (Metropolitan, Municipal, and District Assemblies). At the national level, Ministries are responsible for policy formulation, monitoring and evaluation and standards setting in the context of their respective sectors. Departments and Agencies subsequently implement policies and programmes of the Ministries.

A. The Child, Family, Social Welfare and Protection Sector

Ministry of Gender, Children and Social Protection (MoGCSP)

The Ministry of Gender, Children and Social Protection (MoGCSP) was created by an Executive Instrument 1 (E.I. 1) to coordinate and ensure gender equality and equity, promote the survival, social protection and development of children, vulnerable and excluded and persons with disability and integrate fulfillment of their rights, empowerment and full participation into National development

Under the Ministry are three Departments (Children, Social Welfare and Gender) and six agencies (Human Trafficking Secretariat, Domestic Violence Secretariats, National Council for Persons with Disabilities, National Household Registry, Ghana School Feeding Programme and the Livelihood Empowerment Against Poverty – LEAP coordinated by the Social Protection Directorate).

Department of Children (DOC)

The Department of Children (DOC) established under Act 701 has the responsibility of implementing programmes and projects for the survival, protection, participation and development of children through advocacy, research, inputting into policy formulation, networking and collaborating with stakeholders to improve the welfare and full integration of Children into the development process.

Key Roles and Responsibilities of DOC Staff

- Implement policies, programmes, projects and plans of the sector Ministry
- Monitor and evaluate the processes and impacts of plans and programmes
- Collaborate and network with MDAs, MMDAs, NGOs and CBOs to improve and enhance the socio-economic status and circumstances of children
- Undertake research towards improving the wellbeing of children
- Provide referral and on the spot counseling services
- Implement Ghana's International conventions, treaties and protocols in relation to children's development

Key Linkages to ISSOPs for Casework and Management for DOC Programme Officers

- Collaborate with all child protection institutions in programme planning, implementation and coordination including monitoring of child related programmes.
- Provide counseling to victims of abuse and referral to appropriate institution for service delivery.
- The DOC is the central agency for the collation and reporting of information to international treaty bodies such as the United Nations (UN) and African Union (AU).

Department of Social Welfare (DSW)

The Department of Social Welfare (DSW) is the service delivery department for child protection and family welfare. The Department of Social Welfare works in partnership with people in their communities to improve their wellbeing through the promotion of social development with equity for the disadvantaged, the vulnerable, persons with disabilities and the excluded.

The Department has three broad-based categories of responsibilities:

- Child Rights Promotion
- Justice Administration, and
- Community Care
- The functions of the Department are to:
- Develop and coordinate community-based rehabilitation programme for persons with disabilities
- Promote access to social welfare services for the disadvantaged, vulnerable and excluded groups and individuals
- Facilitate opportunities for NGOs to develop social services in collaboration with the communities
- Carry out DSW statutory functions in the field of Children's Right promotion and protection
- Secure minimum standards of operation of Day Care centers through registration, training and regular inspection under Children's Act (560) of 1998.
- Provide homes for the homeless, orphaned and abandoned children, and assisting in finding fit persons and foster parents to care for children whose mothers are seriously ill, hospitalized, in severe state of depression, incarcerated in prisons.

- Ensure income security among the disadvantaged, vulnerable and excluded through the Livelihood Empowerment Against Poverty programme (LEAP).
- Facilitate the adoption of children.
- Promote social, economic and emotional stability in families.

Key Roles and Responsibilities of DSW Officers

- Develop targeted social interventions for vulnerable and marginalized groups.
- To provide community-based rehabilitation programmes in all communities in the country for persons with disabilities.
- To provide professional social welfare services in all districts to ensure that statutory responsibilities of the Department of Social Welfare are carried out in the field of justice administration, child rights promotion protection and community care.

Key Linkages to ISSOPs for Casework and Management for DSW Officers

- Collaborate with all social services institutions in programme planning, implementation and coordination including monitoring of child related programmes.
- Provide counseling, psychosocial support and education to victims of abuse, trafficking and other social protection cases and gives referral to appropriate institution for service delivery.

Department of Gender

The Department of Gender is responsible for the implementation of policies for the promotion of gender mainstreaming across all sectors. Department of Gender exists to implement programmes and projects in relation to women's rights and empowerment through advocacy, research and education by networking and collaborating with partners and stakeholders; working with a well-resourced and cherished team to offer client focused services.

Key roles and responsibilities

- Implement policies, programmes, projects and plans of the sector Ministry;
- Monitor and evaluate both the processes and impact of plans and programmes;
- Collaborate and network with MDAs, NGOs and CBOs to improve and enhance the socio-economic status and circumstances of women;
- Undertake research towards improving the well-being of women;
- Provide referral and on the spot counseling services;
- Comply with Ghana's international obligations and ensure their integration into the development process; and
- Collect and compile documentation that contributes to the body of knowledge on gender and development.

B. Law Enforcement and Justice Sector

The Law Enforcement and Justice Sector is managed by the Ministry of Interior (***Ghana Police Service, Ghana Immigration Service, Ghana Prison Service***), Ministry of Justice and Attorney General's Department (***Courts, Legal Aid Board***), and the Commission for Human Rights and Administrative Justice (CHRAJ).

Ministry of Interior

At the national level, issues relating to children are coordinated by the Ghana Police Service, the Ghana Immigration Service and the Ghana Prison Service.

Ghana Police Service

The Ghana Police Service (GPS) is the main law enforcement agency in Ghana. The service is under the oversight of the Ministry of the Interior. Among the major functions of the GPS are the protection of life and property, prevention, detection and investigation of crime, arrest, detention, and prosecution of suspected criminals, and maintenance of public order.

The Domestic Violence and Victims Support Unit of the Ghana Police Service is a one-stop centre of services for victims of abuse and others. Child Protection casework and management is hence undertaken by DOWVSUs. DOWVSU can also be supported by *Anti-Human Trafficking Units* (AHTUs) at both regional and district levels, although not all districts have designated offices for these units.

Key Roles and Responsibilities of DOWVSU Officers

- Provide child and gender friendly safety and support services to victims and follow justice for children procedures for children in contact and, or conflict with the law
- Register and investigate cases of child abuse, exploitation and neglect
- Collaborate with some child protection institutions to undertake joint rescue operations
- Make arrests of offenders
- Prosecute offenders
- Play role in diversion of cases relating to juvenile offenders to appropriate institutions for remedy
- Provide Child Friendly Services for children in contact or conflict with the law

Key Linkages to ISSOPs for Casework and Management for DOWVSU Officers

- There is collaboration with some child protection institutions in the provision of basic services. For instance, provision of victims of abuse with medical forms to be completed by a recognized medical facility and used as evidence during prosecution and trial of offenders.
- Collaborate with Legal Aid Commission for the provision of legal representation and services for children in conflict and in contact with the law

- Collaborate with SWOs in all medium and higher risk and vulnerability cases.
- Removal and placement of children into safe care in situations requiring immediate safety if a SWO is not readily available to make such decisions.

Ghana Immigration Service

The Ghana Immigration Service (GIS) is an agency of the government of Ghana under the Ministry of the Interior. The GIS regulates examination and authorization of application for visas, entry and residence permits in Ghana, control of foreign nationals in Ghana, facilitation of Ghanaian passport application processing, border control and management, refugee registration, protection and management. The service advises on and ensures the effective implementation of all laws and regulations pertaining to immigration and related issues.

Ghana Prison Service

The Ghana Prisons Service is responsible for the safe custody of prisoners in Ghana, as well as their welfare, reformation and rehabilitation. It is under the jurisdiction of the Ministry of the Interior. Junior correction centres under Ghana Prison Service is for people who are under 18 years old and have been committed of criminal or civil offenses.

C. Ministry of Justice and Attorney General's Department and Judicial Service

The Ministry of Justice and Attorney General Office of Ghana is the lead ministry for Justice in the country with the support of the Courts (family tribunals, juvenile courts and Gender-based Violence Courts) whose functions are discussed below.

- Family Tribunals have jurisdiction over matters concerning parentage; child custody, access and maintenance; supervision and care orders for children in need of protection; and decisions on adoption and fostering.
- Juvenile Courts deal with civil or criminal matters of children.
- Gender-based Violence Courts have jurisdiction over civil and criminal matters that cover a wide range of serious violations against men, women and children including sexual and domestic violence and abuse, trafficking, labour and compulsion of marriage.

Key Roles and Responsibilities of Justice Sector Institutions and Personnel

- Provide assistance for the drafting, review and reform of legislation related to child and family welfare.
- Enhance the capacity of the Legal Aid Board to provide legal service for children.

Key Linkages to ISSOPs in Justice Sector:

- Collaborate with SWOs for Social Enquiry Reports (SERs) in situations where children are victims and in conflict with the law by taking into account the background and best interests of the child.
- Ensure child friendly procedures, particularly diversion, safe and respectful court environments, and timely processing of cases in order to reduce the risk of cases being dropped by complainants
- Refer cases to Legal Aid Attorneys when such support is needed with indigent cases such as in child maintenance, and for mediation to providers of Alternative Dispute Resolution

Commission for Human Rights and Administrative Justice (CHRAJ)

The Commission for Human Rights and Administrative Justice (CHRAJ) advocates and works to ensure and restore constitutional and legal rights for children and families seeking justice. CHRAJ attorneys and investigators respond to and investigate complaints, mediate in disputes, and/or seek legal enforcement of rights

Key Roles and Responsibilities of CHRAJ Caseworkers

- Respond to and investigate complaints of child rights violations
- Mediate in disputes and/or seek legal enforcement of rights
- Embark on public education and help share information of policies on children at all levels, particularly at sub-national level
- Help children and families access government services and support to which they are entitled, such as the right to an education

Key Linkages to ISSOP for CHRAJ

- Make referrals to other service providers for additional needs when necessary
- Provide notification to DSWCD of child protection and family welfare cases

D. Education Sector

Schools serve an important early warning mechanism of potential violence, abuse and exploitation of children such as children who are irregularly or not attending school, or have other participation or behavioural challenges in schools. The educational sector is a key child protection sector as it guards against emotional and physical violence and abuse of students from their peers, and staff who resort to inappropriate forms of discipline contrary to national policy and guidelines

Ministry of Education

The *Ministry of Education* exists at the national level to:

- Promote universal, quality primary education for children

- Reform curriculum to reflect child protection issues
- Build capacity of teachers and promote guidance and counseling in all educational institutions
- Put measures in place to identify, prevent and address child protection issues in educational institutions, e.g. the safe school programme.

The sector is represented across the country through the Ghana Education Service (GES), in schools both at regional and district levels. It is a key child protection sector as it guards against emotional and physical violence of students.

Ghana Education Service (GES)

The officers of the GES have a significant role in child protection and family welfare since they have the most frequent contact with school-aged children than officers of any of the other sectors. Schools are able to identify early signs of abuse, violence and exploitation of school children. Two key divisions/units of the GES that addresses issues relating to violence, abuse and exploitation of children in schools are the Girls' Education Unit and Guidance and Counseling Unit.

Girls' Education Officers (GEOs)

Key Roles and Responsibilities of GEOs

- Identify and assist girls who are at risk of dropping out of school due to overburdened domestic chores, sexual abuse, adolescent pregnancy, gender-based violence, etc.
- Provide advice to stakeholders to support girls so that they can attend school, participate actively and complete.
- Create awareness on the importance of girls education in order to improve girl's enrollment, retention, achievement and completion.

Guidance and Counseling Officers (GCO)

Key Roles and Responsibilities of GCOs

- Reach out and solve academic problems with students, challenges with their peers and emotional and family challenges
- Provide psychosocial support to students, such as through individual or group guidance or counseling
- Build capacity among teachers and students to identify when children are at risk of abuse, exploitation neglect, and need assistance.

Key Linkages to ISSOPs in Casework and Management for Girl Education Officers (GEOs) and Guidance and Counselling Officers (GCOs)

- Provide notification to DSWCD of their casework when early identification of risk and vulnerability of a child such as when challenges in their school participation appear.
- Make referrals to other service providers for additional needs cases identified may have
- Serve as part of a multi-disciplinary team for medium and higher risk child protection cases when children have education needs and can benefit from guidance, counseling and other support in schools
- Provide support to address student's need when identified.

National Commission for Civic Education (NCCE)

The National Commission for Civic Education (NCCE) is an independent institution set up under Article 231 of the Constitution of the Republic of Ghana. It works to promote and sustain democracy and raise awareness of Ghanaians on their rights and obligations, through civic education. This includes initiatives with children and youth on their rights. The NCCE works in all regional offices

E. Health Sector

Ministry of Health

This sector fulfils two key functions in child protection and family welfare:

- Provision of prenatal services to pregnant women, post-natal services to women and newborns and services to pre-school children through Child Welfare Clinics (immunization, vitamin A supplementation and growth monitoring)
- Providing emergency and on-going medical care to victims of violence, abuse and neglect

The sector is overseen by the Ministry of Health (MOH) with the Ghana Health Service (GHS) being the major public service delivery arm that operates through various health facilities that are required by law to meet the emergency medical needs of children and adult victims of abuse, violence and neglect at no cost to the victim if they cannot afford the services and/or do not have health insurance to pay for the costs. These expenses can be recovered through the National Health Insurance Scheme (NHIS) or the national Domestic Violence Fund administered through the Domestic Violence Management Board of the MoGCSP.

Ghana Health Service

The Ghana Health Service (GHS) implements the policies and programmes of the Ministry of Health through direct frontline personnel which include Doctors, Physician Assistants, Midwives, Nurses and Community Health Nurses (with expertise in maternal and child health and some with specialized training in nutrition and mental and public health; who also work through and support paraprofessional community health mobilizers), Midwives, Dentists, mental and public health specialists. These personnel exist at Hospitals at district, regional and tertiary levels; Health Centers; Polyclinics; and local clinics ("compounds") and health outreach points through the Community-

based Health Planning Services (CHPS).

The following are services provided by the GHS

- Provide preventative and responsive medical and forensic services in cases of child maltreatment
- Ensure that internal policies and standards are adapted and aligned with sector Policy
- Ensure regular collection and analysis of data and trends relating to cases of child maltreatment handled by health sector professionals
- Support victims of violence and link them with other relevant service providers
- Ensure free medical care and services for victims of child maltreatment, neglect and exploitation

Key Roles and Responsibilities of GHS Personnel

GHS personnel have the following roles in child protection:

- Identify and provide support to children seeking health services suspected of being at risk of harm or having already suffered abuse.
- Take a full history and medical examination of child survivors of violence to gather forensic evidence for prosecution.
- Provide medical treatment for child survivors of violence-injuries, sexually transmitted infections (post-exposure prophylaxis), and pregnancy (emergency contraceptives).
- Provide crisis and ongoing counseling to child survivors of violence.
- Provide comprehensive medical report on children attended to.
- Testify in Court in support of medical evidence presented in Court when summoned as a witness.

Key Linkages to ISSOPs in Casework and Management for GHS direct service staff

- Collaborate with other stakeholders especially the Ghana Police Service, for instance in reporting of suspicious cases of child abuse and violence.
- Notification and referrals are made possible through early identification of risk and vulnerability as Community Health Workers through the provision of services in CHPs compounds and visits to communities are able to notify and refer cases to appropriate service providers for support
- Representation in Courts: In addition to the provision of emergency medical assistance and also ensuring timely treatment, provision of medicines to victims of abuse, violence and exploitation, GHS staff after completing medical reports also make representation in courts to testify to completed medical forms

A SWO should be assigned to every hospital in Ghana with an ongoing presence to support children and their families facing abuse, violence, neglect and exploitation. A back up should be designated to ensure 24/7 coverage for all days of the year

F. Labour and Employment Sector

Ministry of Employment and Labour Relations

The Ministry of Employment and Labour Relations (MoELR) is mandated to formulate policies on Labour and Employment issues, develop sector plans, coordinate Employment and Labour related interventions across sectors, promote harmonious labour relations and workplace safety, monitor and evaluate policies, programmes/projects for accelerated employment creation for national development. The MoELR is the lead Ministry with the mandate to coordinate all child labour interventions in the country.

Child Labour Unit

The Child Labour Unit (CLU) under the Labour Department is an implementing division of the Ministry of Employment and Labour Relation (MoELR). The CLU is concerned with addressing issues of harmful child labour practices through awareness creation, promoting, reporting and responding to labour and exploitation of children, and also ensuring that programmes, strategies and approaches addressing child labour are aligned with child related policies. Labour inspectors at district level are in charge to identify, coordinate and monitor child labour issues.

Key Roles and Responsibilities of Labour Inspectors

- Identify and act upon reports of child labour
- Register cases of child Labour
- Investigate and reduce illegal activities of abusive employers, especially in harmful and the worst forms of child labour
- Ensure withdrawal of the child from labour where necessary

Key Linkages to ISSOPs for the CLU

- Collaborate with the law and Justice sector, and MMDAs to monitor and reduce incidence of child labour
- Collaborate with multi-disciplinary teams in strategies to rescue, if necessary, and rehabilitate children from situations of harmful child labour
- Collaborate and coordinate with DSW in skill and vocational development training Programmes as support to children and families to improve family livelihoods and reduce risks of child labour

G. Local Governance and Rural Development Sector

Ministry of Local Government and Rural Development (MoLGRD)

The implementation of child and family welfare programs have been decentralized at the MMDA levels and supported by the Office of the Head of Local Government Service (OHLGS). At the MMDA level, programmes and projects of the Department of Social Welfare (DSW) at the National Level is

implemented by the Department of Social Welfare and Community Development (DSWCD). This occurs through the Regional Coordinating Councils (RCCs) and its subsidiary Metropolitan, Municipal and District Assemblies (MMDAs) and other related structures such as Social Service Sub-Committees. The RCCs have functional responsibilities to harmonize, coordinate and monitor national level policies and programs with local level priorities while the MMDAs on the other hand protect the welfare and promote the rights of children within its area of authority, and also ensure that within its jurisdiction, governmental agencies liaise with each other in matters concerning children (**Section 16 of the Children's Act 1998, (Act 560)**)

Key Functions of RCCs/MMDAs

- Undertake local level policy formulation within the context of national sectoral policies
- Integrate development planning through sectoral coordination, resource mobilization and implementation of development policies and programmes
- Monitor and evaluate programmes and projects concerning children
- Ensure effective human and financial resources, and systems are in place to protect children and support family welfare

The District Social Welfare & Community Development

The District Social Welfare and Community Development (DSWCD) exists at the MMDA level to work in partnership with individuals, families, groups and communities in order to improve social wellbeing. This is done through active participation of all stakeholders in promoting development with equity. DSWCD Departments are staffed with Social Welfare Officers (SWOs) and Community Development Officers (CDOs) with specific and, in some functions, shared responsibilities in child protection and family welfare.

1. Social Welfare Officers

Social Welfare Officers (SWOs) are the main case managers in the child protection system at the decentralized level, particularly for medium and higher risk and vulnerability cases as identified in the Risk and Vulnerability Assessment and Response Guide in (**See Chapter Four**). They keep comprehensive case documentation and lead case conferencing and multi-disciplinary teams of specialists for these cases over the longer term. This includes ensuring an effective referral and follow-up process to a diversity of service providers as identified in the Pathways for Reporting, Referral and Response and the use of Referral Forms and Processes (see Chapter Five and Four). More experienced SWOs can also serve as case management supervisors and providing psychological first aid to victim.

In every district, at least one SWO should be on call 24/7 for all days of the year, with at least one back up, to respond to emergencies, such as joining the police in their response, providing psychological first aid to victims and arranging for alternative care as needed.

Key Roles and Responsibilities of SWOs

- Provide guidance and counseling to children and families to improve their mental health and psychosocial wellbeing
- Provide referral to other service providers for the provision of services that are not immediately met by the Department
- Inspect RHC and monitor the compliance of national standards

Other responsibilities are described in the case management SOPs for Children in Need of Care and Protection:

- Registration
- Assessment
- Planning (case plan, care plan)
- Implementation of the case plan
- Monitor the implementation of the case plan
- Close cases

2. Community Development Officers (CDOs)

CDOs provide support to SWOs by mobilizing communities in identifying child protection and family welfare needs. This includes involving traditional authorities and other local leaders in child protection and family welfare issues – particularly in raising awareness on rights and responsibilities and involving them in strengthening child protection prevention and responsiveness through the following four broad-based categories of responsibilities:

- Adult education
- Local Economic Development within the context of households and local communities
- Extension services
- Skill training (Technical, Vocational, Education and Training - TVET)

Key Linkages to ISSOP for Casework and Management for Community Development Officers

- Provide notification to DSWOs on cases identified through home visits and community engagements
- Assist in conducting home visit monitoring in follow-up to case management action plans coordinated by SWOs as part of their extension responsibilities

H. Communication Sector

The Ministry of Communication

The Ministry of Communications (MoC) has the core responsibility of initiating and developing national policies aimed at achieving cost effective information and communications infrastructure

and services. The Ministry's goal is to promote the development of Ghana into a knowledge-Based Society and a smart economy through the use of ICT. ICT capacity and infrastructure development are one of the core programmes under the Ministry. The Ministry is mandated to coordinate the implementation of the Child Online Protection Framework. The Framework provides the broader scope for ensuring child online safety including the prevention and response to all forms of online abuse and exploitation of children and this is executed by the National Cyber Security Centre under the broader National Cyber Security Policy.

National Cyber Security Centre

The National Cyber Security Centre (NCSC) is a national agency established in 2018 under the Ministry of Communication to coordinate cyber security issues across the country. The NCSC is responsible for Ghana's cybersecurity development including cybersecurity incidents response coordination within government and with the private sector. The NCSC is responsible for Awareness Creation & Capacity Building, Cybersecurity Incident Coordination & Response (CERT), Critical National Information Infrastructure Protection (CNIIP), **Child Online Protection (COP)** and International Cooperation, among others. The NCSC manages the cybercrime/cybersecurity incident reporting points of contact, which facilitates the reporting of child online abuse incidents. Such cases are analyzed and referred to relevant state agencies for redress.

Key Linkages to ISSOPs for NCSC

The NCSC under the national Cyber Security Awareness Programme dubbed the Safer Digital Ghana create awareness on the opportunities and dangers/risks associated with the use of Internet among the general public and particularly children. The NCSC is also facilitating the reporting of cybercrime and cybersecurity incidents including child online abuse and exploitation. NCSC provide support and referrals to other relevant service providers such as the police, social welfare and psychosocial support and counselling services among others.

Non-governmental Organizations

NGOs support child protection and family welfare through a diverse workforce. This ranges from case managers in a select number of well capacitated NGOs connected to international agencies and networks to caseworkers and volunteers sprouting from local communities to mobilize resources in support to the needs of vulnerable populations. They exist and operate both at the national and subnational levels providing specialized services in areas discussed in all the above sectors, and particularly in supporting child-centered community development, operating shelters and residential homes for children and supporting national priorities such as in anti-trafficking.

NGOs are formally registered with the government and thus must follow guidelines and standards as set forth by official policies in Child Protection and Family Welfare including these ISSOPs.

Key Roles and Responsibilities of

NGO Caseworkers

- Provide logistical, financial and technical support to government MDAs and MMDAs to effectively execute their child protection mandate
- Provide shelter for children at risk while the process of tracing their parents/guardians is on-going
- Pay for medical costs for cases requiring medical examination and treatment
- Trace families of separated and unaccompanied children and reintegrate them with their families

Example of standards applicable to NGOs:

Many Residential Homes for Children are run by private and non-governmental entities. All RHCs must be officially registered with the government. To guard against malpractice, the NGOs adhere to the National Standards for Residential Homes for Children in Ghana (2018) and there is accountability through the DSW/MoGCP and DSWCDs/MMDAs which are guided by Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana (2018).

Key Linkages to ISSOPs for NGOs

- Report possible signs of child protection risk and vulnerability situations when observed through home visits or awareness raising programmes to DSW/CDOs and DOWVSU for them to take up the case or other appropriate service providers for support and possible referrals.
- Provide notification and referral to DSWCDs of child protection and family welfare casework they are undertaking
- Work in conformity with and support to the key roles and responsibilities as outlined in each of the sectors identified in this ISSOP. The forms, tools and guides in this ISSOP should be used for these activities

3.2 Informal duty bearers

The informal sector involves leaders and volunteers across Ghana's Civil Society. This includes Traditional Authorities, Faith-Based Organizations (FBOs), groups and clubs with participating children and youth. The informal sector is aligned with and often receives support from the formal sector such as government agencies and NGOs to build capacity in community-based approaches to assist vulnerable populations.

Traditional Authorities

Important civil society leadership comes from Queen Mothers, Chiefs, and Elders who are collectively known as Traditional Authorities. The Constitution and many social and humanitarian policy frameworks² recognize the role Traditional Leaders play in child protection and family welfare in society. They mediate in child and family situations that do not necessarily or initially require direct intervention by state authorities and their institutions. They also respond to inter and intra-family dispute matters, such as maintenance and custody issues, and minor crimes when the victim does not wish, at the time, to file a complaint with the Police. This has special applicability to juvenile justice situations such as allegations of petty theft, fighting and property damage. Social Welfare Officers and

² Including the two policies comprising Ghana's child protection framework: The Justice for Children Policy and the Child and Family Welfare Policy, 2014

Police Officers do not necessarily need to be in the lead in these types of situations - particularly those at lower risk and vulnerability. However, when faced with challenges in resolving these cases, they should keep the formal agencies informed and/or refer the cases to the appropriate institutions

Key Roles and Responsibilities of Traditional Authorities

- Provide guidance and mediate low risk and vulnerability disputes and situations
- Mobilize resources in direct support to vulnerable children and families³

Key Roles and Responsibilities of Civil Society Leaders and Institutions assisting in child protection and family welfare situations at the community level

The role of Civil Society Organizations (CSOs) in the Child Protection sector is very important because of their immediate physical proximity to children, however, there are no clear legal provisions on such in case management beyond the identification, reporting and informal follow-up of cases. Their roles and responsibilities in this ISSOP include

Clarifying Traditional Authority involvement in child protection and family welfare cases:

Traditional Authorities help resolve situations when Police and Social Welfare Officers do not necessarily need to be involved. Generally, this is with lower risk cases when parties agree a situation can be handled without formal government involvement.

This comes with a responsibility of knowing when the formal sector needs to be involved. Medium and higher risk cases should be case managed by Social Welfare Officers and with Police involvement when there are potential crimes.

Under no circumstances should a Traditional Authority or civil society leader be involved in concealing the perpetrator of a crime for the benefit of the perpetrator. It is their obligation to assist victims to report alleged crimes, should they wish to do so, and use their power to prevent retribution or undue influence of perpetrators or their friends or families to stifle reporting of crimes by the victims.

Traditional Authorities and other civil society leaders, if involved in mediation, restitution and other casework, should have a basic understanding of child protection and domestic violence laws and regulations.

- Identify and possibly document cases of abuse, neglect, exploitation
- Report to DSWCD Officers, Community Child Protection Committees, etc on cases of abuse, neglect, exploitation
- Refer the child to the necessary services e.g. health, education, social welfare etc
- Raise awareness on child rights and protection with their constituencies and in their communities. This includes exhibiting behaviors and actions themselves exemplifying the spirit and intent of the child protection and family welfare laws, regulations and policies.
- Advocating directly for vulnerable populations such as families with single parents, disabilities or the destitute poor, to have greater access to government and NGO services and basic needs support mobilized from the community.
- Mediating in child and family situations that do not necessarily or initially require direct intervention by government authorities and their institutions.

³ Each child protection and family welfare case category has a Pathways for Referral, Response and Referral and a Typology that further outlines appropriate involvement of Traditional Authorities. See the eight case categories in appendices III of the ISSOPs.

This involvement responds to lower risk inter and intra-family dispute matters (see the Risk and Vulnerability Assessment and Response Guide for lower level cases).

- Providing guidance and moral support to children, youth and adults in their value formation, family and civic responsibilities.

Key Linkages to ISSOPs for Civil Society Leaders and Institutions

- Report situations to SWO&CD Officers or other appropriate service providers for support and possible referrals using ISSOP forms, tools and guides.

3.3 Key Roles and Responsibilities Shared by all Stakeholders

Key administrative and direct service stakeholders involved in child protection and family welfare, share a common set of roles and responsibilities as listed below.

1. Be guided by and understand child safeguarding policies so stakeholder offices, procedures and practices, employees, and volunteers are “doing no harm” to children including ensuring their dignity and protecting their confidentiality and personal data privacy. (See the Personal Data and Confidentiality Protocol described in Section III D and found in Appendix II)
2. Raise awareness in child rights and protection at every opportunity with communities and institutions stakeholders are engaged with. This includes clarity on laws and regulations, explanations on harmful developmental impact traditional and other practices have on children, families and on communities. This knowledge is a key first step in preventing child protection violations.
3. Each office, network, committee or institution is a potential entry point for reporting of a child protection situation. This can be through someone coming to an office, phone calls or emails. Each should have one or more designated focal persons who follow procedures and have skills to communicate with persons seeking information and/or facing a difficulty or crisis. This should include knowledge of and referral to the Helpline of Hope (0800 800 800 or 0800 900 900, or the SMS short code 8020) or alternative sources of timely assistance as needed if the Helpline is not open or relevant. Focal persons should have training and skills in psychological “first aid” for individuals who are distressed or experiencing trauma.

Do No Harm means making sure casework does not expose a child to further risk and harm. It also means caseworker takes advantage of a child or their family; the dignity and confidentiality of their clients is protected on data and information collection and sharing; avoiding unnecessary conflict with other individuals including shaming of the child and family, families or communities that could put the child or family at risk of violence, including acts of revenge; and preventing a child victim of violence or abuse having to suffer through repeated intakes and explanations of their situation due to lack of well-coordinated casework by service providers.

Psychological “First Aid” is a set of skills to reduce the distress children and/or their caregivers have from a traumatic event. This first aid, supported through training, is provided by individuals with experience with and understanding of children, good communication skills including reassurance and comfort, active listening so victims can voice their concerns and needs, and the ability to connect them to assistance most relevant and helpful to their needs.

4. Competency in identifying risk and vulnerability, particularly in its early stages to prevent them from growing, and then the procedures for what to do next. Depending on the situation and the stakeholder's position, procedural options include reporting to a supervisor, some initial direct assistance to the child or family, referral to a service provider best suited for an assessment and response, and/or if casework is involved to notify and update the DSWCD office. Especially important to this process are education and health sector staff with their significant community level presence, as well as NGOs and CSOs with their volunteer and staff presence at the community front lines.



4

CHAPTER FOUR

**GUIDING PRINCIPLES FOR CHILD PROTECTION, FAMILY AND
JUSTICE SERVICE CASE MANAGEMENT**

CHAPTER FOUR

GUIDING PRINCIPLES FOR CHILD PROTECTION, FAMILY AND JUSTICE SERVICE CASE MANAGEMENT

4.0 Introduction

This section describes principles guiding behaviour and actions of caseworkers and the leadership of the departments and organizations for achieving successful outcomes in child protection and family welfare

4.1 Core guiding principles

Do no harm

Casework is done in the best interests of children and families under the principle of “do no harm.” This is a prism to which every activity on behalf of a beneficiary should be assessed ensuring that these activities are designed to support the child and family without further exposing them to harm. Working in the best interests of children and preventing harm comes with reviewing these details through case conferencing, effective case supervision and regular joint training and capacity building among caseworkers from different sectors.

Example of “do not harm.” A child victim of violence or abuses should not have to repeat their story and psychologically re-live this nightmare to many different service providers. The child protection service professional managing a case prevents this from happening through a coordinated approach to information sharing and intakes with the victim. Information is provided to service and support stakeholders on a ‘need to know’ basis.

The best interests of the child

In line with the Article 2 (1) (2) of the Children’s Act, 1998 Act 560, the best interest of the child shall be a paramount consideration in any matter, and legal consideration by any court, institution or other body in any matter concerning a child. This starts with the understanding and clear protocols on management of personal data and confidential information by service providers. This is done on behalf of children and families in their best interests, understood as “clients”, particularly as casework and management become more inter-sectoral and multi-disciplinary. Mismanagement of personal data and confidentiality causes serious and long-term harm to children, families and their caregivers. The best interest principle should at all times guide all decisions made during the case management process

Non-Discrimination

This principle means the caseworker throughout the case management process must ensure that children are not discriminated against on the grounds of gender, race, age, religion, disability, health status, custom, ethnic origin, rural or urban background, birth or other status, socio-economic status or because the child is a refugee (Article 3 of Act 560) Case workers and institutions must undertake their responsibilities without being judgmental in the best interest of the child.

Accountability

The quality of service to vulnerable populations comes from responsiveness of state actors. Keeping to mutually agreed time frames and following a standard set of procedures enables greater mutual accountability among child protection and family welfare service providing stakeholders. Accountability to beneficiaries is based on involving them in decision-making whenever possible on actions and services that impact their lives. To ensure this, stakeholders need to prioritize casework within acceptable timeframes across sectors and also identify and overcome key bottlenecks that prevent successful results in casework.

Example of a key bottleneck Completing medical reports on abuse cases and then presenting this evidence in courts is challenging for hospitals. If resources are not provided to accomplish these tasks by medical staff, then a case may be dropped in the judicial process. A perpetrator of abuse and violence may still be at large in a community. Civil society loses confidence in the child protection system.

Inter-sectoral and multi-disciplinary Coordination

Most child protection and related family situations have multiple and varied risks, vulnerabilities and needs. Leaving one important risk or need unattended jeopardizes the impact of services dealing with another, and prospects for longer term wellbeing of the individual or family. Therefore, casework must be assessed and coordinated based on what is needed from each relevant social service sector (Welfare, Health, Law and order, Justice and human rights).

Information sharing processes, tools, forms and guides is the foundation for intersectoral cooperation and multi-disciplinary approaches. Therefore, to ensure effective application of this principle, there is the need for a designated caseworker (particularly in higher and medium risk and vulnerability cases) to ensure case coordination and documentation among the multi-disciplinary service and support providers.

Example: Police respond to an emergency and separate a child from a dangerous situation, social welfare attends to the short term shelter needs of a victim and the longer term capacity of the family for a child's reunification. Health providers address short term medical needs, including forensics, while educators work for the return and retention of the victim in school. Guidance is provided by all and counseling is by mental health specialists.

Case Management Cost Sharing

This principle is particularly important in resource-limited social service environments. There is no one single focal sector in child protection and family welfare. The cost of support to vulnerable populations must be shared across sectors. Governments struggle to fund direct services in child protection since the human needs and outcomes for these services are often not as easily identifiable, understood, nor measured as in other sectors. For example, in education success can be measured with attendance and graduation data, in health through immunization and mortality rates,

Example: Out of necessity, Police and Social Welfare Officers prioritize their time and efforts on medium and higher risk cases. Other sectors can take important initiative and leadership in lower risk cases, such as the education and health of children. Traditional Authorities and other community leaders play constructive roles in raising awareness on protection issues, advocating for cases in need of support and mediating disputes when appropriate.

in infrastructure development through better access to roads, water or power. Vulnerable children and families face considerable obstacles in being able to organize themselves into constituencies to successfully advocate for their rights and access services and support to which they are entitled by law. In this vacuum, all sectors must share resources and coordinate their efforts. When brought and coordinated together, there are considerable financial and human resources to devote to child protection and family welfare.

Prevention comes through early risk and vulnerability identification, reporting and support.

Child protection includes preventing risk and vulnerability from escalating to ever more harmful and complex levels. When they reach these levels the longer-term impacts on child and family wellbeing are more challenging to handle and reverse, including the harm done to children and families. Caseworkers in each sector, and the paraprofessionals and other welfare leaders at the community level with whom they are aligned, should understand their role and responsibility in early risk and vulnerability identification, have the basic training to detect this, and where and how to report needs for assistance. Community-based awareness raising activities in child rights and protection – including overcoming traditional and illegal harmful practices – is also essential for preventing violence, abuse, neglect and exploitation.

Observe Ethical Standards

Stakeholders in the Child Protection sector must adhere to professional ethical standards and practices such as codes of conduct, laws and policies, international norms and conventions that protects children, and other guidelines (including that provided in this document) that are fundamental to the delivery of services for the care and protection of children

4.2 Other Key Procedures and Processes for Casework and Management in Child Protection and Family Welfare

4.2.1 Designated Caseworkers, Case Management and Multidisciplinary Teams

The ISSOP Risk and Vulnerability and Assessment Guide described in Section Seven categorizes child protection and family welfare cases into higher, medium and lower risks. Higher and medium risk cases require Multidisciplinary Team (MDT) approaches across sectors in the casework.

- A designated caseworker, usually a SWO, is needed as the case manager to coordinate the team and ensure casework is properly documented and follow guidelines in the Case Management SOPs in Need of Care and Protection of Children.

A designated caseworker is the professional in the child protection system who is the point person to ensure documentation of the casework and, if a multidisciplinary team is involved, coordinates the team in achieving the wellbeing objectives for the case as the case manager.

- A caseworker should be designated whenever two or more service providers are involved in casework. Designated caseworkers do not need to be limited to SWO managing cases of medium and higher risks. For example, health and educational qualified caseworkers can take the designated lead in a case if its primary needs are closest to their sector – such as out of school children or pregnant adolescents with higher risk of health complications.
- The forms and tools in this ISSOPs are based, in part, consistent with the Case Management SOPs and developed for broader use by caseworkers and administrators throughout the social service workforce.

It is the duty of the designated caseworker

to identify the needs of a case and the plan for improvement in wellbeing, notify and update DSWCD of the casework, ensure the case is coordinated with other service providers, regularly monitor and document the case, make sure the case does not drop off due to lack of service and case coordination and minimize the number of intakes or meetings victims undergo so they do not have to traumatically repeat the details of their abuse, violence or neglect.

4.3 Overcoming the Key Bottlenecks for Effective Response

MMDAs, through their intersectoral coordinating committees or groups, plan for and build capacity in prevention and response in child protection and family welfare in their jurisdictions. Identifying and overcoming bottlenecks that limit responsiveness in services and support to vulnerable populations is an important responsibility in this process. Unless addressed, bottlenecks make it difficult to achieve the wellbeing outcomes. Each MMDA will have bottlenecks and challenges specific to their own areas. The inter-sectoral child protection and family welfare coordination entity can help. Assembly Members and civil service leadership identify these bottlenecks and develop the local policies and ordinances and allocate necessary resources to overcome them

To reduce bottlenecks to strengthen responsiveness in child protection casework:

1. MMDAs, Police and other government agencies review, allocate and set aside enough resources to meet the **transportation needs of caseworkers and victims** – both financial and prioritization in use of vehicles to be responsive particularly to medium and higher risk and vulnerability cases.
2. **Medical services for victims of abuse and violence** are not to be held up due to an inability of a victim to pay, in emergency situations or otherwise. Medical reports and their use is a key intersectoral effort with Police starting the medical reports, SWOs filing waivers for victims not able to afford expenses and hospitals securing reimbursement of its costs from the NHIS, the national Domestic Violence Fund and/or from contingency funds set aside by MMDAs for these needs.

Two pervasive, on-going and systemic bottlenecks that reduce responsiveness in child protection and family welfare are:

- a. The lack of transportation for both victims who cannot afford it, and for caseworkers to carry out their casework responsibilities, and
- b. The lack of financial resources to pay for the costs of medical reports from health centers and medical doctor representation in courts to provide evidence of abuse and violence. Without this support, these cases get drawn out and create higher risk. They might be dropped by the victims. Subsequently, justice is not served and communities children and families are less safe.

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CHAPTER FIVE

CATEGORIZATION OF RISKS BY LEVEL OF HARM

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CATEGORIZATION OF RISKS BY LEVEL OF HARM

This Guide⁴ provides a common framework for service providers across sectors to assess and respond to child protection and family welfare cases as part of the Intersectoral Standard Operating Procedures for Child Protection and Family Welfare; Tools, Forms and Guides for Casework and Management (ISSOPs).

In protecting and promoting the rights and welfare of children in need of care and protection, there is the need to identify risks to prevent threats from escalating and also reduce vulnerability gaps. This is done to meet the immediate and longer term needs of children and families. The social service workforce (SSWF) and key stakeholders in undertaking this function shall assess risk and vulnerability to cases to coordinate and prioritize inter-sectoral response to children in need of protection and related family welfare needs.

A Guide exists for each of the eight case categories in child protection and family welfare, as described and provided in the matrix below.

The Guide is used by child protection and family welfare caseworkers and administrators to:

- Identify lower, medium and higher risk⁵ cases to help prioritize response;
- Establish timeframes for reporting and response by service providers for each risk level;
- Describe response activities by service providers for each case category and risk level; and
- Identify who is responsible in the social service workforce for the response;
- Re-enforce mutual accountability between caseworkers and stakeholders;
- Provide a framework to quantify the types of cases, risk levels and a basis to document improvement in wellbeing for beneficiaries as their risks and vulnerabilities are reduced;

Vulnerability is a weakness or gap in protection like a young child unattended at home and thus vulnerable to accidents.

Threat of danger is a situation that may be out of control, imminent and likely to have severe effects

Risk is the potential for harm to occur, such as abuse, child marriage or illness.

Prevention is reducing risk. Examples are community awareness raising on the rights of children leading to changed parenting practices or strengthening family income to lower the risk of child labour or marriage.

Needs are what is essential for human wellbeing such as food, safety, education, health care, livelihoods and care.

Response is supporting what is necessary to lower risks, fill vulnerability gaps and meet needs.

⁴ The Guide format and much of its content comes from extensive consultation in Ghana and adapted from The Inter-agency Guidelines for Case Management and Child Protection, The Role of Case Management in the Protection of Children; A Guide for Policy, Programme Managers and Caseworkers, (2014), produced by the Global Protection Cluster, Child Protection Working Group and as found at www.cpwg.net

⁵ When the term lower (or medium or higher) risk is used in the Guide, it is to be understood as the same thing as lower (medium, higher) risk and vulnerability.

There are many factors underlying risk and vulnerability and then determining the effective responses. Therefore, it is important to understand the matrix resource as a guide, not a rigid mandatory set of instructions. Good casework and management, including the principle of “do no harm” requires some degree of flexibility to meet the individual and sometimes unique needs of a beneficiary.

The level of risks is organized into a matrix table as seen below according to the eight ISSOP case categories and used by caseworkers in child protection and family welfare along with the Pathway for Reporting, Referral and Response.

The Guide is applicable to all potential reporters and responders to situations of child protection and family welfare. This includes DOWVSU (Domestic Violence and Victim Support Unit) Police Officers, Social Welfare Officers in departments of social welfare and other case managers in specialized NGOs, Gender-based Violence (GBV) Focal Persons at health centers, and specialized Juvenile and GBV courts and Family Tribunals. It also includes staff assisting the general population such as in health and education services, registration and health insurance personnel, and other government and NGO personnel working to improve the lives and rights of vulnerable children and families at the community level. Key stakeholders are also community “frontliners” such as elected leaders, Traditional Authorities and local leaders like clergy, and community workers and volunteers with social and civic responsibilities.

Being safe means there are no present of imminent threats assessed for a child where they reside, and the caregivers can manage threats if they occur. Being unsafe is the lack of this, and outside assistance or intervention is required.

The issue of safety runs through all the risk levels and its assessment is based on three fundamental questions:

1. Has the client been recently maltreated, currently being maltreated or at risk of imminent harm?
2. What additional family and environmental factors may increase the likelihood of harm in the short term?
3. Are there strengths and protective factors in the family that can lower risk of and/or actual maltreatment and assure the client’s safety?

The Risk and Vulnerability Assessment and Response Guide is a key tool in assessing risks facing a child in need care and protection.

Category of Risks and vulnerability

The highest risk and vulnerability level is when there is a serious threat to the life and wellbeing of a child and required an immediate reporting and response. Police and Social Welfare should be engaged right away and intervention initiated within 24 hours. Timing is vital for safety, health, shelter and psychosocial support and also

Level 1 Higher Risk and Vulnerability

Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours

to document forensics in abuse, or family location needs for lost or abandoned children. Depending on the situation, the child is removed from danger often with the support of the Police, assisted at a medical facility if there is an emergency health concern and/or placed with a “fit person” (such as a shelter, relative or foster family) if not able to return home.

Level 2 Medium Risk and Vulnerability

Reported within within 48 hours and the response occurs no later than one week

Although medium risk level situations are serious, when a child is not in immediate danger and is assessed as being able to remain at home or their current location over the next week without significant harm or change in their existing condition, the case need to be reported within 48 hours and support services required within a week’s time by social welfare.

Level 3 Lower Risk and Vulnerability

Reported within one week and service well underway at least within one month

Lower risk level situations involve children whose basic safety and health needs are at least minimally being met and are not expected to change over a month’s period of time. However, their longer-term wellbeing and rights are at risk if support is not provided. Although identified as a lower risk, response is not optional or conditional and must occur.

Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes - No further response needed other than periodic monitoring, counselling and/or guidance as needed

The fourth column in the Guide (Outcome) identifies how the wellbeing of children and families improve as a result of response activities undertaken to reduce risks and meet needs either in the short or longer term. Concretely this often means improvement in physical and mental health, safety in living situations, living in a family versus institutional environment, strengthened livelihoods and returning and staying in school.

The *Risk and Vulnerability Assessment and Response Guide* is in a format as seen below – using Domestic and Gender-based Violence cases as an example. The content below is for illustration purposes and only a partial representation of information in the entire D&GBV matrix. The Guide should be updated periodically and used and used for assessment and response accordingly.

Example of a Risk and Vulnerability Assessment and Response Guide (Domestic and Gender-based Violence)

| Type of Risk & Response Required | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|---|--|---|--|
| Domestic and Gender-based Violence | <ol style="list-style-type: none"> Rape Defilement Any sexual contact between a child and an adult Serious injury to child as a result of domestic violence, including corporal punishment where there is significant bruising, blood, broken bones, torture, burning. Sexual exploitation of children | <ol style="list-style-type: none"> First time reports of sexual abuse, defilement or rape occurring at least 2 or more months prior to the first reporting and has not yet received any support Corporal punishment such as slapping, light caning, occurring in school Reports of gangs or youth or juveniles in the area creating risk for children in the family to move about, go to school Dangerous and reckless behaviour such as forced games, rough “play”, throwing children | <ol style="list-style-type: none"> Child is treated differently than other siblings and parent or care giver is negative towards the child (emotional harm), and child is experiencing signs of depression, despondency and is affecting behaviours including risk of negative behaviors | <ol style="list-style-type: none"> Child returns home and/or is living in a safe home environment Child is in safe long-term alternative care environment Perpetrator is found guilty of the crime; justice is served Child regularly attending school after abuse Child receiving regular counseling and psychosocial health improved Corporal punishment has abated; positive parenting is occurring |

| Type of Risk & Response Required | Level 1 Higher | Level 2 Medium | Level 3 Lower | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes |
|---|--|---|--|---|
| <p>Response D&GBV</p> <p>Note: at least one Social Worker focal person should exist at each hospital</p> | <p>DOWSU intervention, D1.</p> <ol style="list-style-type: none"> DSWCD contacted and at hospital, with initial assessment and assistance for medical report completion, shelter needs Hospital emergency services with medical DGBV focal person on hand at: forensics and medical form completed without delay so justice can be sought and cases do not “drop” Initiate PEP treatment within 72 hrs. for HIV/AIDS prevention | <ol style="list-style-type: none"> Either DOWSU or DSWCD is contacted initially, except for the school-based violence in which the school administration and counsellors are first approached, who then contact DOWSU or DSWCD, as needed If school is unresponsive then DOWSU and DSWCD are contacted. DOWSU or DSWCD complete initial assessment. DSWCD takes over case management, coordinating the MDT involving as necessary DOWSU, education, health, psychosocial support and Traditional Authorities or Clergy for intervention, mediation and monitoring | <ol style="list-style-type: none"> Cases can be reported to DSWCD, or initially to Traditional Authorities or other local leaders for response, including counselling, mediation and monitoring The Notification & Update Form is provided to DSWCD <p>(If challenges continue/persist, DSWCD should be contacted for consideration of a coordinated response)</p> | <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |

Medium and higher risk cases shall have a **designated caseworker** with responsibilities to coordinate the multi-sectoral activities of various service providers on the **case multi-disciplinary team**. This better ensures responsibilities are not dropped due to lack of coordination or direction in a case. The designated caseworker for child protection cases often will be a Social Welfare Officer from the DSW/DSWCD, though this social worker expertise also exists in some NGOs and other agencies of government. Medium and high-risk cases require use of a **case management process**. This entails a case file with standard processes and documentation of case demographics, child and family assessment, goals and objectives, action plans, case logs, forms such as those used for referral, beneficiary consent and indicators for identifying improvements of wellbeing and results of the casework process. For many or most **lower risk cases**, there will be one or two service providers involved in the case who can more easily coordinate with each other and the need for a full case management process may not be necessary

Documenting Wellbeing Outcomes

Wellbeing outcomes stem directly from establishing the goals in how the safety and the lives of children will be improved as a result of casework. Wellbeing outcomes are identified in the diagrams of the Pathways for Reporting, Referral and Response. A more detailed list of these indicators can be seen in the Risk and Vulnerability Assessment and Response Guide in the column labelled Level 4 (Risks Reduced, Needs Met; Results and Outcomes). For the Domestic and Gender-based Violence case category, examples of outcomes listed resulting from service and support to a child are

- The child is safe and living in an alternative care environment that is being monitored by social welfare;
- The child is returned to school and is regularly attending;
- The child psychosocial health improved based on guidance and/or counselling.

The forms and tools in this ISSOP provide a basis for documenting wellbeing outcomes for children and families through data collected on child protection and family welfare services.

All of the wellbeing indicators provided in this ISSOPs are not exclusive list of indicators; they can be documented from casework, and edited to describe a more precise indicator. Additional wellbeing outcomes can be identified, defined and documented. The Case Management SOPs in Need of Care and Protection of Children provides an opportunity to document wellbeing outcomes through the case planning and coordination process, and the rationale for case closure due to achieving results in protection of children and improving family welfare. The ISSOP Notification and Update Form is another opportunity to do this in the case updating and closure section of the form.

Wellbeing Outcome - a monitoring and evaluation term describing measurable changes in the quality of life of beneficiaries resulting from services and support provides to them. An example of such an outcome is nutritional support resulting in a child no longer being malnourished or an out-of-school child now regularly back in school due to efforts of school staff and support to parents. **Impact** is more system-wide change. An example is if child marriage is reduced in a region due to an awareness campaign and livelihood support to families. An **indicator** is anything that can be counted in a reliable way. This includes an outcome such as how many out-of-school children are returned to school or something as simple as how many “yes’s” or “no’s” have occurred on

Wellbeing outcomes must be clearly defined to properly document them. This includes establishing parameters such as how long a state of wellbeing needs to exist to count as a successful outcome. Examples are the outcomes from services leading to a child no longer engaged in hazardous labour and having returned to school. For example, how long does it need to be demonstrated that a child stays out of harmful labour and is retained in school for the risk to be sufficiently reduced?

Other examples of wellbeing outcomes, occurring through casework and management in Ghana, are:

- Child trafficking rescue and reintegration back into families and communities;
- Short term shelter is providing safety to abused children and adults;
- Arrest and prosecution of perpetrators of violence and abuse, thus providing greater safety to children, families and communities;
- Children in residential homes for children are traced back to their parents and successfully reunified through services supporting the child and family;
- The mental health of service beneficiaries is improving, such as greater functionality in daily lives, and reports of less depression and anxiety;
- Child labourers, street children and adolescent mothers return to and are staying in school with the assistance of service providers;
- Children in conflict with the law are being diverted from detention and longer-term involvement in the criminal justice system;
- The physical health of neglected children has improved and become stabilized and;
- Through child maintenance interventions, single parents are more financially secure and better able to provide for the basic needs of their children, including going to school.
- Indecent images of children online are pulled down and perpetrators arrested and punished

6

CHAPTER SIX

PATHWAYS IN CHILD PROTECTION CASE MANAGEMENT

CHAPTER SIX

Pathways in Child Protection Case Management

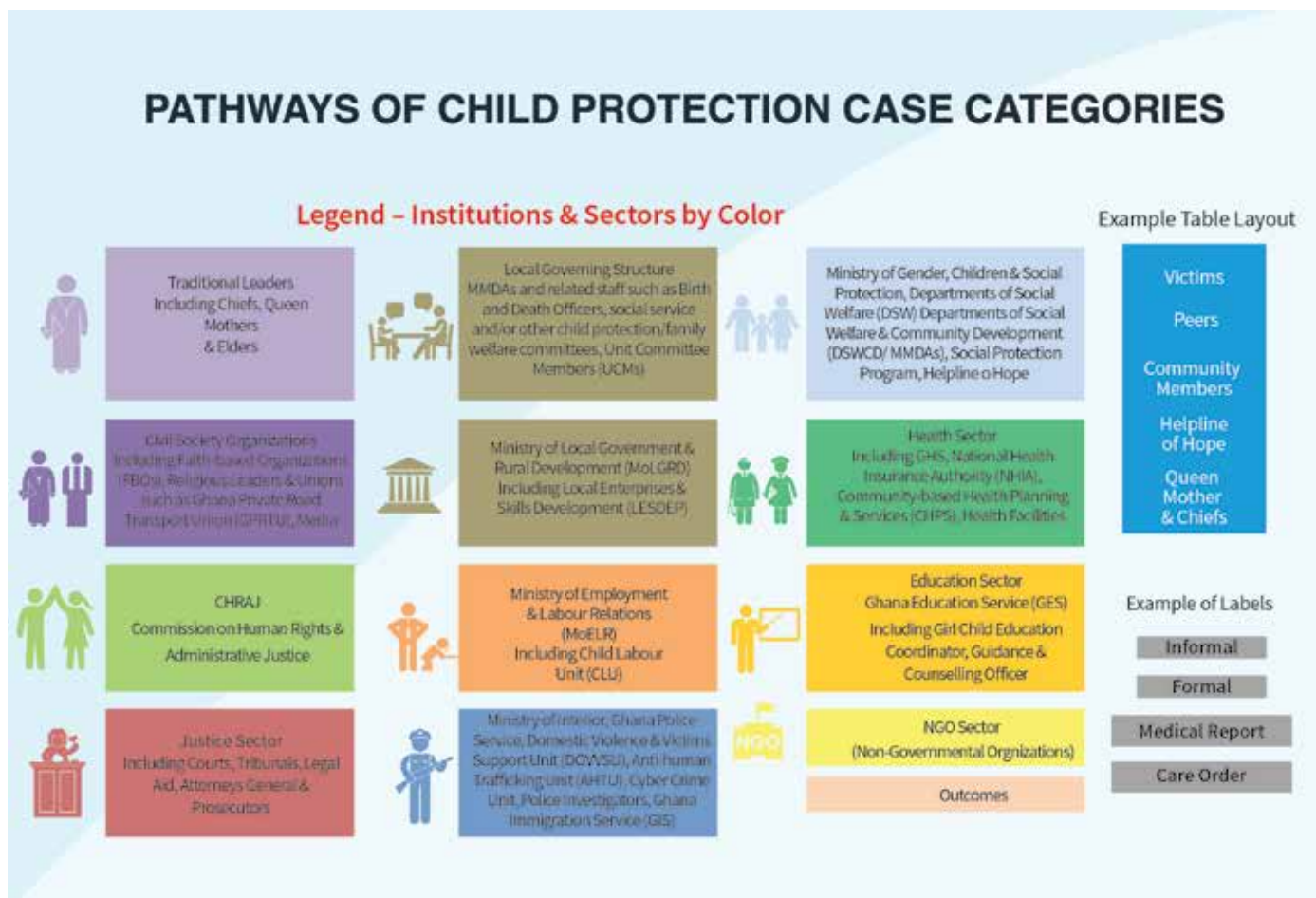
6.0 Introduction

This chapter describes the different pathways for managing cases around the eight child protection and family welfare case categories. Each case category has different types of cases. For example, Adolescent Pregnancy and Child Marriage, or Child Labour and Child Trafficking can be distinctly separate case types. However, they are clustered together due to generally having common legal, policy and best practice service norms.

ISSOP Pathways and Typology tools help to inform and guide the social service workforce in their casework and planning. They provide the correct terminology for all to use, the ability to reference the existing legal and best practice norms and illustrate through diagrams and descriptions how cases should move through the social service system across sectors to achieve results in protection and improvement in family welfare.

6.1 Summary of the Pathways for Reporting, Referral and Response Framework

Every Pathways diagram identifies key stakeholders and their actions at various stages as the cases move through the service and support system. Each service-providing sector is color-coded in the same way for each diagram as seen in the legend.



The Pathways diagram follows a consistent pattern:

- The diagrams move horizontally from left to right, as the case moves through the service and support system;
- The 'flow' of the case starts with a column showing the entry point identification, or first report, of a child protection or adverse family situation, such as from the family of a victim, schools or the Helpline of Hope;
- The first responders are next in the Pathways line. These vary according to the case category and degree of risk and vulnerability. The greater the urgency, the more Police are involved as the formal sector first responders. The lesser the risk, the more the institutions of civil society are responding to a case;
- Consistent with the Risk and Vulnerability Assessment and Response Guide, higher risk levels require immediate reporting and **a response within 24 hours**. Medium risk cases are reported **within 48 hours** and responded to within a week's time. Lower risk cases are reported **within a week** and the response begins within a month's time
- The next line of response is either an institution that is needed right away, such as a hospital or a shelter to protect a child or adult victim, and/or a Social Welfare Officer. For all cases, they provide case management of medium and higher risk and vulnerability cases, coordinating multidisciplinary approaches to benefit the victim, their families and mobilizing the community in support of cases. The Police and Judicial system carry case responsibilities if there is criminal activity associated with the case.
- The final column in the Pathways are the stakeholders at the community level providing services and support as, hopefully, the case is stabilized. These include schools, health care, counselling, livelihoods development and other support provided by stakeholders active in specific locations, particularly NGOs.

6.2 Pathways for Reporting, Response and Referrals



The above diagram is a generic or consolidated referral pathway for any child protection of family welfare issue. It has the following key principles:

- The entry points for identifying and reporting child protection and family welfare vulnerabilities and situations are diverse, ranging from victims and their families to more formal institutions which need to have the skills and vigilance in identifying risk and reporting it to the appropriate authorities’.
- Similarities exist in the routine of case managers in all sectors working for children, notwithstanding it is important to know where one’s responsibility commences, ends and another takes over. For instance, in a child protection situation, the Police is involved in the criminal aspect of the case when a law may have been broken whereas, the medium and higher-level risk cases, are otherwise referred to Social Welfare Officers (SWO) who must always be involved at every level to provide support to the social and family circumstances of the child. Thus, a basic SOP for Police is to contact SWOs as soon as possible with a description of the situation to initiate a coordinated team response based on the needs of the child. The inverse is also true: Police are to be contacted by SWOs or any other case worker when a potential crime occurs.



- Depending on the risk level and type of case, the first responder will be either Police, if there is a possible criminal offence, Social Welfare if the case is not necessarily criminal or responded to at the community level by other formal and informal stakeholders. The latter are lower risk cases that, at least initially, do not need the direct involvement of Police or Social Welfare. However, in these cases, DSW/CDOs are informed of casework using the ISSOP Notification and Update Form.
- The community-level stakeholders like health centers, schools, NGOs, CSOs, Traditional Authorities or other institutions such as CHRAJ, may be able to successfully address the needs of a case and close the case at their level.
- At the top of the diagram, as Police intervene in urgent situations of crimes including victims of any age affected by domestic and gender-based violence (DGBV), a SWO joins the case team within 24 hours and manages the social aspects of the case over the short to longer term as needed. Police interventions first ensure the safety of the victim and witnesses and facilitate access to emergency medical treatment if needed. Police starts the Medical Report process documenting abuse, violence and/or serious neglect. They carry on with their investigation as the case moves into the legal process, including prosecution, the courts and other Judicial Services as seen in the diagram.
- Meanwhile, for all risk levels, SWOs coordinate the service and support to children and other victims, and to children in conflict with the law and their families. As the case manager of the case, Social Welfare coordinate the implementation of the case plan with the different service providers listed in the diagram. Important services provided by SWOs in collaboration with NGOs and other service providers include for instance place a child in alternative care

preferably a family-based care placement, facilitating necessary, probationary duties, support in strengthening families including counseling, and reunification and monitor the reintegration of children and victims back into family environments and their communities.

Common ISSOP tools and forms for the social service workforce and key stakeholders support the Pathways reporting, referral and response process. (see the Annex: the Household Visit Early Risk and Vulnerability Tool, Notification and Update Form, Referral Form and Process, and Protocol for Inter-sectoral Personal Data and Information Sharing).

6.3 Specific pathways for managing various child protection issues

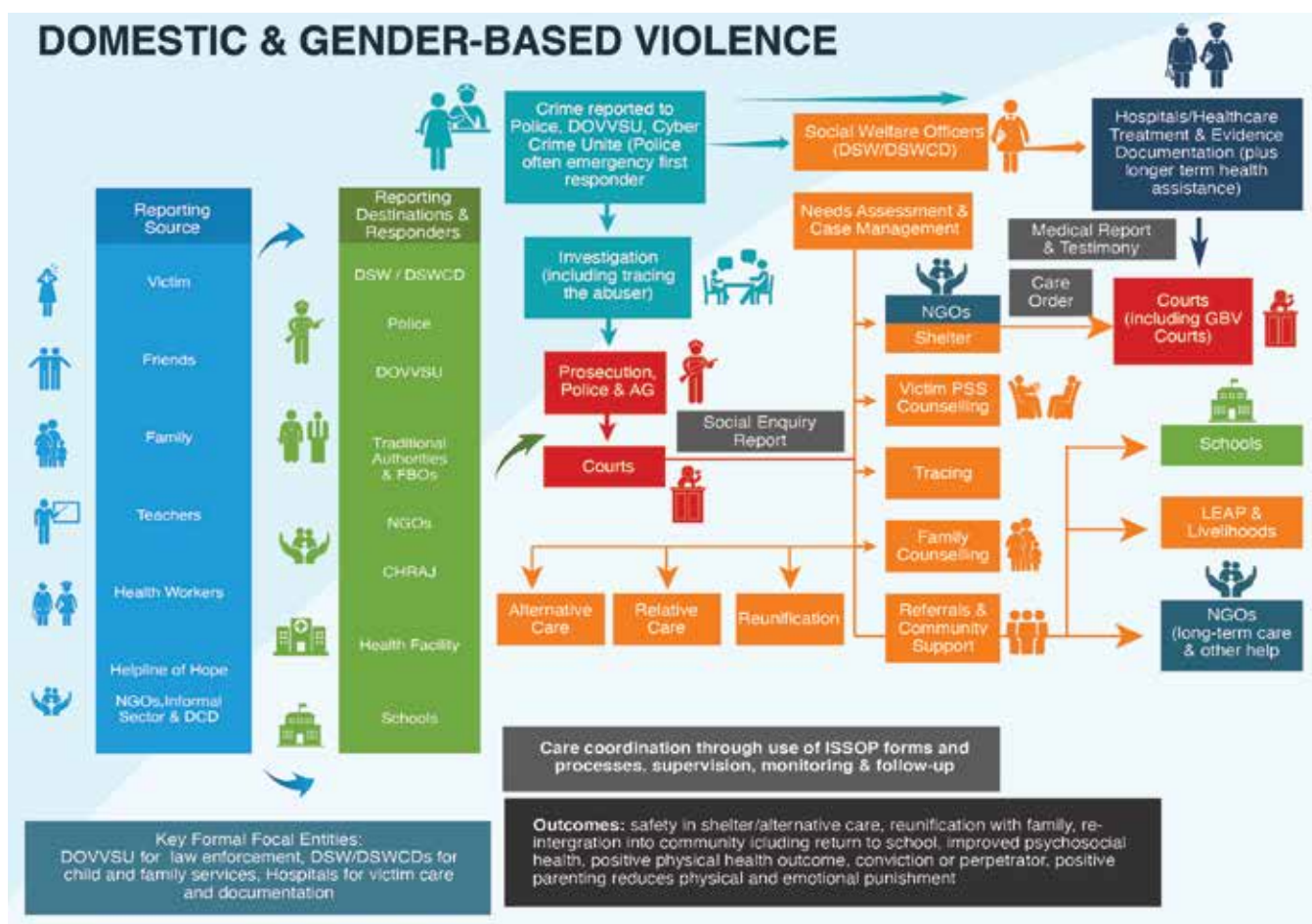
The pathways, provided in this framework and described in the chapter below, follow the same key principles and general pattern than the generic referral pathway above but are tailored to the specific case category and describes unique characteristics. The eight categories are:

1. Domestic and Gender-based Violence
2. Adolescent Pregnancy and Child Marriage
3. Child Labour and Trafficking
4. Children in Conflict with the Law
5. Children Outside of Parental Care
6. Parentage, Custody, Access and Maintenance; and
7. Social Protection and Other Similar Vulnerable Households
8. Child Online Abuse including sexual abuse and exploitation

6.3.1. Domestic and Gender-based Violence

Pathway Summary

Many forms of Domestic and Gender-Based Violence (D&GBV) are specified as crimes in the Ghanaian law. The Ghana Police Service, particularly DOWVSU, is the focal point to respond to Domestic and Gender-based Violence cases. They are the first point of contact to register the cases reported by a variety of sources. Should the victim require medical attention, the Police refer the cases immediately to the nearest medical facility and starts the documentation process through the medical report. Medical facilities shall provide free treatment to victims and submit the medical report to the courts as part of the evidence. The Police continues the investigation and supports the prosecution and court phases for justice. The Social Welfare Unit of the Department of Social Welfare and Community Development (DSWCD)/MMDA acts as the case manager and coordinates the provision of services to the child and family. This includes coordinating the placement of the child into alternative care if necessary, reintegration into schools, families and community as well as ensure quality services for the physical and mental health and livelihoods.



Key Legal Provisions

1. There is a wide range of D&GBV crimes described in the Criminal Code, 1960 and Domestic Violence Act 2007.
2. The Domestic Violence Regulations, 2016 (L.I. 2237) has procedures and forms such as on reporting, medical care, protection orders, training manuals, registration and accreditation of counsellors, shelter and social welfare services, rescue, rehabilitation, reintegration settlement and financial matters.
3. The Children's Act 1998 (Act 560) describes contravention of child rights causing physical and mental harm to the child.
4. The Criminal Code, 1960 on the use of force in correcting a child: no correction can be justified which is unreasonable in kind or in degree, and to the age and physical and mental condition of the person on whom it is inflicted; and no correction can be justified in the case of a person who, by reason of tender years or otherwise, is incapable of understanding the purpose for which it is inflicted.

Key Standards of Practice

1. Though DOVVSU/Police often receive the first report and are immediately involved in emergency response, they are joined as soon as possible by the focal SWO with 24/7 responsibility for social service coordination and longer-term case management.
2. Cases are not to be held up due to medical costs of D&GBV; they are provided free to victims

with payment details worked out later between service providers.

3. Schools use Positive Discipline toolkit; use of corporal and other degrading punishment in schools is banned.
4. Traditional Authorities and other local leaders mediate lower risk cases at request of complainants, assists victims when they want to complain to formal authorities; and facilitates reporting to formal authorities of medium and higher risk cases.
5. Because of sensitivity of situations in D&GBV, the Helpline of Hope is a vital reporting resource.

Roles and Responsibilities in Pathways of Key Sectors, Institutions and Caseworkers Civil

• Civil Society and Key Community-based Stakeholders in Child Protection

The informal sector, particularly the Traditional Authorities and faith-based leaders, NGOs, and elected officials are the second largest reporting destinations for D&BGV. DOWSU should be the first formal institution contacted by community-based stakeholders in emergencies, and DSW/DSWCD also brought into the case. Their primary roles are:

1. Raise awareness on D&GBV issues and reporting.
2. Avoid informal mediation when the case is criminal.
3. Assist in providing safety and getting victims to a medical facility if needed, and later assist victim in family reunification and community reintegration, especially schooling.

• Domestic Violence and Victim Support Units (DOVVSU)/Ghana Police Services

Reports and referrals should always go to DOVVSUs if they have a presence in the area or, in its absence, the general Police. Their key role are as follows:

1. Ensure safety and get the victim(s) to a medical facility as necessary.
2. Contact DSW/DSWCD for case management of social services including shelter, mental health and medical services.
3. Start the Medical Report process and continues with investigation, arrest, and prosecution.
4. Undertake investigation and prosecution for all forms of Domestic and Gender-based Violence in this typology, with the nuance in the law noted for Corporal Punishment

• Department of Social Welfare and Community Development/MMDA (DSWCD)

The roles and Responsibilities of DSWCD include the following:

1. SWO focal persons in hospitals ensure responsiveness in medical procedures, initial shelter needs and psychological 'first aid' along with the Police and health workers.
2. Lead the multidisciplinary team (MDT) coordination (for medium and higher risk cases) through case management in responding to risks and needs such as mental and physical

wellbeing, alternative care, supporting court processes through social enquiry reports, reunification with family, and community reintegration including inclusive education, and livelihoods and family economic strengthening.

- **Health**

Each health facility should designate a focal person responsible for ensuring abused children are quickly and comprehensively attended to in child and gender friendly spaces.

Health workers have three essential roles as follows:

- (i) Prevent abuse including early identification of risk and vulnerability;
- (ii) Ensure medical examinations and treatment; and
- (iii) Collect and provide evidence from victims to aid with investigation and prosecution of abuse and violence.

Suspicion of abuse and violence requires reporting and goes to DOWVSU and DSW/DSWCD (*see Child Protection Health Worker Guidelines for further information*)

- **Education**

In the education sector, key roles of school staff include the following:

1. Monitor children's behavior, appearance and attendance as indicators for D&GBV and related challenges.
2. Make clear policies and enforce practice to reduce exposure of children to risks by peers and/or staff
3. Raise awareness on child rights, promotion and protection, particularly Guidance and Counselling Officers for mental health, and Girl Education Officers for student access to education.
4. Ensure inclusive education and provide counselling for children affected by D&GBV returning or staying in school.
5. Notify, report and make referrals to DSW/DSWCD and DOWVSU based on case risks and needs.

- **Courts (Gender Based Violence Court, Juvenile Courts, Family Tribunals etc)**

These are specialized courts, currently at the Circuit Court level trained and equipped to handle criminal cases of violence against women and children including trafficking as covered under the Human Trafficking Act, 2005 (Act 694). They take cases of women and children including rape, defilement, female circumcision, abduction of a child, child stealing, carnal knowledge of (a person with a mental disability), indecent assault, unnatural carnal knowledge, incest, if a householder permits defilement, seduction of prostitution of a child, compulsion of marriage, and customary servitude. At the District Court level, Juvenile Courts take the cases of persons

under 18 years of age involving petty assault and threatening offences. Circuit and District Courts handle civil and criminal matters. Family Tribunals deal with D&GBV-related circumstances such as care orders and custody.

Where GBV has been established, all cases under the Domestic Violence Act, 2007 (Act 732) are to be dealt with by the GBVC and not only the more serious types such as physical violence and abuse, sexual abuse, economic abuse, emotional, verbal or psychological abuse; harassment (including sexual harassment); and any other behaviour or conduct that in any way harms or may harm another person, endangers their safety, health or wellbeing, undermines their privacy, integrity or security or detracts or is likely to detract from their dignity and worth as human beings occurring within domestic relationship. Domestic Violence Act, 2007 (Act 732) (1)

NGOs

The following are some roles of NGOs:

1. Provide shelter and residential care for victims of D&GBV in situations of victims not being safe or supported in their homes and/or local communities.
2. Raise awareness on child protection issues and reducing harmful traditional practices, early identification of risk and need, and refer cases to authorities if there is evidence or suspicion of violence and abuse.

Typology for Domestic and Gender-based Violence Cases

This Typology section references and defines common legal, policy and best practice service norms for the D&GBV case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

The following are from Sections 1 (Domestic Violence) and 2 (Domestic Relationship) of the Domestic Violence Act, 2007 (Act 732)

Domestic Violence: Domestic violence means engaging in the following within the context of a previous or existing domestic relationship:

- a) an act under the Criminal Code 1960 (Act 29) which constitutes threat or harm to a person under that Act;
- b) specific acts, threats to commit, or acts likely to result in:

i) physical abuse, namely physical assault or use of physical force against another person including the forcible confinement or detention of another person and the deprivation of another person of access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment;

ii) sexual abuse, namely the forceful engagement of another person in a sexual contact which includes sexual conduct that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity or a sexual contact by a person aware of being infected with human immunodeficiency virus (HIV) or any other sexually transmitted disease with another person without that other person being given prior information of the infection;

iii) economic abuse, namely the deprivation or threatened deprivation of economic or financial resources which a person is entitled to by law, the dispossession or threatened dispossession of moveable or immovable property in which another person has a material interest and hiding or hindering the use of property or damaging or destroying property in which another person has a material interest; and

iv) emotional, verbal or psychological abuse namely any conduct that makes another person feel constantly unhappy, miserable, humiliated, ridiculed, afraid, jittery or depressed or to feel inadequate or worthless;

c) **harassment** including sexual harassment and intimidation by inducing fear in another person;

d) **behaviour or conduct** that in any way

(i) harms or may harm another person

(ii) endangers the safety, health or well-being of another person,

(iii) undermines another person's privacy, integrity or security, or

(iv) detracts or is likely to detract from another person's dignity and worth as a human being.

Domestic Relationship

(l) A domestic relationship means a family relationship, a relationship akin to a family relationship or a relationship in a domestic situation that exists or has existed between a complainant and a respondent and includes a relationship where the complainant

a) is or has been married to the respondent;

b) lives with the respondent in a relationship in the nature of a marriage even if they are not or were not married to each other or could not or cannot be married to each other;

c) is engaged to the respondent, courting the respondent or is in an actual or perceived romantic, intimate, or cordial relationship not necessarily including a sexual relationship with the respondent;

d) and respondent are parents of a child, are expecting a child together or are foster parents of a child;

f) and respondent are family members related by consanguinity, affinity or adoption, or would be so related if they were married either customarily or under an enactment or were able to be married or if they were living together as spouses although they are not married;

g) and respondent share or shared the same residence or are co-tenants;

h) is a parent, an elderly blood relation or is an elderly person who is by law a relation of the respondent;

i) is a house help in the household of the respondent; or j) is in a relationship determined by the court to be a domestic relationship.

- (2) A Court shall in a determination under paragraph (i) of subsection (1) have regard to
- a) the amount of time the persons spend together,
 - b) the place where that time is ordinarily spent,
 - c) the manner in which that time is spent, and
 - d) the duration of the relationship.

(3) A person is in a domestic relationship where a) the person is providing refuge to a complainant whom a respondent seeks to attack, or b) the person is acting as an agent of the respondent or encourages the respondent.

Child Abuse: Contravention of the rights of the child which causes physical or mental harm to the child (Children’s Act, 1998 (Act 560)(124).

Corporal Punishment : A blow or other force, may be justified for the purpose of correction, as follows by a father or mother, or person acting as a guardian to their child being under 16 years of age for misconduct or disobedience, however “no correction can be justified which is unreasonable in kind or in degree, regard being had to the age and physical and mental condition of the person on whom it is inflicted; and no correction can be justified in the case of a person who, by reason of tender years or otherwise, is incapable of understanding the purpose for which it is inflicted.” [The Criminal Code and other offences Act, 1960 (Act 29)]

Corporal Punishment in Schools: The Ghana Education Service (GES) bans caning in primary and secondary schools both public and private in the country. The ban is aimed at promoting a safe and protective learning environment for children and also ensuring positive and constructive alternatives to correcting children.

Sections below are from Ghana Criminal Code, 1960, Chapter 6 – Sexual Offences]

Rape: (Section 97 and 98 of the Criminal Code, 1960 (Act 29) defines rape as the carnal knowledge of a female of sixteen years or above without her consent and whoever commits rape shall be guilty of a first-degree felony and shall be liable on conviction to imprisonment for a term of not less than five years and not more than twenty-five years⁶.

Defilement of Child Under 16 Years of Age: (Section 101 and 106 of the Criminal Code, 1960 (Act 29) defines defilement as the natural or unnatural carnal knowledge of any child under sixteen years of age. Whoever naturally or unnaturally carnally knows any child under sixteen years of age, whether

⁶ In Ghana, there is no “close-in age” exemption. If one child is 16 or 17 years of age and there is intercourse with another that is, say 15 and the act is done “willingly” by both parties, or between two adolescent children aged 15 or younger, technically this is defilement. However, when these situations come to light, prosecutions of these cases is rare and the situations are often resolved informally by stakeholders thinking at times, rightly or wrong, this is being done with the best interest of the children and families in mind.

with or without his or her consent commits an offence and shall be liable on summary conviction to imprisonment for a term of not less than seven years and not more than twenty-five years. Section 106 also indicates that an owner or occupier of a premises who induces or knowingly permits defilement on the premises is equally liable of the same penalty.

Indecent Assault: Section 103 of the Criminal Code, 1960 (Act 29) makes the following provisions 1) Whoever indecently assaults any person shall be guilty of a misdemeanour and shall be liable on conviction to a term of imprisonment of not less than six months; 2) A person commits the offence of indecent assault if, without the consent of the other person he a) forcibly makes any sexual bodily contact with that other person; or b) sexually violates the body of that other person in any manner not amounting to carnal knowledge or unnatural carnal knowledge.

Procuration (including prostitution): Section 107 of the Criminal Code, 1960 (Act 29) makes the following provisions:

Whoever a) procures any person under twenty-one years of age, not being a prostitute or of known immoral character to have carnal or an unnatural carnal connexion in Ghana or elsewhere with any other person; b) procures any person to become a prostitute in Ghana or elsewhere; or c) procures any person to leave Ghana with the intention that the person becomes an inmate of a brothel elsewhere; or d) procures any person to leave his usual place of abode (not being a brothel) in Ghana with the intention that the person becomes an inmate of a brothel in Ghana or elsewhere for prostitution; or e) by threats or intimidation procures or attempts to procure any person to have any carnal or unnatural carnal connexion in Ghana or elsewhere; or) by false pretenses or false representations procures any person not being a prostitute or of known immoral character to have any carnal or unnatural carnal connexion in Ghana or elsewhere; or g) applies, administers to, or causes to be taken by any person, any drug, matter or thing, with intent to stupefy or overpower the person as to enable any person to have a carnal or unnatural carnal connexion with the person shall be guilty of a misdemeanour.

Child prostitution: includes any sexual activity with a child, including intercourse, oral or anal penetration, and other forms of sexual touching, in return for exchange of benefits, such as cash given to another person on behalf of the child.

Causing or Encouraging the Seduction or Prostitution of a Child Under Sixteen: Section 108 of the Criminal Code, 1960 (Act 29) makes the following provisions:

1) Whoever having the custody, charge or care of a child under the age of sixteen years causes or encourages the seduction, carnal knowledge or unnatural carnal knowledge, prostitution or commission of indecent assault upon the child shall be guilty of a misdemeanour. 2) For the purpose of this section, a person shall be deemed to have caused or encouraged the seduction, carnal knowledge or unnatural carnal knowledge, prostitution or commission of indecent assault upon a person if he knowingly allowed the person to consort with, enter or continue in the employment of a prostitute or person of known immoral character. [Section 108]

Unnatural carnal knowledge: According to section 104 of the Criminal Code, 1960 (Act 29), this is sex with a person over 16 'in an unnatural manner' or with an animal. The punishment varies – without

consent a second-degree felony with sentence of 5-25 years, with consent, it's a misdemeanour with no maximum set. If it is with an animal, it is not a GBVC offence but can be handled under ordinary jurisdiction of GBVC. The Criminal Code 1960 (Act 29) under section 105 made provision for Incest, with sentence between 3-25 years.

Section 106 also made provision for Householder permitting defilement of a child on his premises with sentence of 20 or 25 years. Section 107, 108 and 109 of the same Criminal Code, 1960 (Act 29) still made provision for procurement, causing or encouraging the Seduction of prostitution of a child under 16, compulsion of marriage ("whoever by duress cause a person to marry against his or her will), shall be guilty of a misdemeanour.

Compulsion of marriage is also covered under Article 14 & 15 of the Children's Act 1998 (Act 560) which makes the sentence of a fine or to a term of imprisonment not exceeding one year or to both;

Allowing Persons under Sixteen to be in Brothels: Whoever, having the custody, charge or care of a child under the age of sixteen years, allows that child to reside in or frequent a brothel shall be guilty of a misdemeanour.

Sexual Exploitation: In Ghana, sexual exploitation is defined as including the participation of a person in prostitution or other sexual acts, or the production of pornographic material as a result of being subjected to threat, force, intimidation or other forms of coercion or any other practice in terms of which that person's participation is not voluntary [Human Trafficking Prohibition, L.I. 2219 Protection and Reintegration of Trafficked Persons Regulations, 2015]⁷

(1) Sexual exploitation is the use of a person for sexual activity that causes or is likely to cause serious physical and emotional injury or in prostitution or pornography.

(2) A person who sexually exploits

(a) another person other than a child commits an offence and is liable on summary conviction to a term of imprisonment of not less than five years and not more than twenty-five years; or

(b) another person who is a child commits an offence and is liable on summary conviction to a term of imprisonment of not less than seven years and not more than twenty-five years." [Criminal Offenses Amended, 2012, Act 849 Amended from the Criminal Offenses Act of 1960 (Act 29), Section 101A inserted after Section 101].

Exploitation shall include, at the minimum, induced prostitution and other forms of **sexual exploitation, forced labour, slavery or practices similar to slavery, servitude or the removal of organs.** (Human Trafficking Amendment Act, 2009 Section 2).

⁷ As cited in Standard Operating Procedures to Combat Human Trafficking in Ghana, with Special Emphasis on Child Trafficking 2017

Risk and Vulnerability Matrix for D&GBV cases

| <p>Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|---|---|--|--|---|
| <p>Domestic and Gender-based violence (D&GBV)</p> <ol style="list-style-type: none"> 1) Rape 2) Defilement 3) Incest 4) Any sexual contact between a child and an adult 5) Serious injury to child as a result of domestic violence, including corporal punishment where there is significant bruising, blood, broken bones, torture, burning 6) The need to visit a health clinic or medical facility due to domestic violence 7) Excessive and persistent domestic violence against a spouse or partner in the household causing emotional harm and risk in the household 8) Excessive persistent home or caregiver based corporal punishment 9) Persistent alcohol or drug abuse by older child or adult in household resulting in loud, aggressive and sometime violent behaviour | <ol style="list-style-type: none"> 1) First time reports of sexual abuse, defilement or rape that occurred at least 2 or more months prior to the first reporting and has not yet received any support 2) Corporal punishment such as slapping, light caning, occurring in school 3) Concern over gangs or youth or juveniles in the area that may create risk for children in the family to move about, go to school 4) Dangerous & reckless behaviour such as forced games, rough “play”, throwing children 5) DV that is “unreasonable in-kind or in-degree to the age, physical and mental condition of the person on whom it is inflicted” (DV Act) 6) Physical or emotional domestic violence preventing a child from going to school, though not thought to be excessive or persistent | <ol style="list-style-type: none"> 1) Child is treated differently than other siblings and parent or care giver is negative towards the child (emotional harm), and child is experiencing signs of depression, despondency and its behavior is affected, including risks of negative behaviors. | <ol style="list-style-type: none"> 1) Child returns home and/ or is living in a safe home environment 2) Child is in safe long-term alternative care environment 3) Person causing harm no longer has contact with the child or family. 4) Perpetrator is found guilty of the crime; justice is served 5) Child regularly attending school 6) Child attains basic education 7) Child receiving regular counseling and psychosocial health is improving 8) Corporal punishment has abated, positive parenting is occurring 9) Emotional violence has abated, positive parenting is occurring | |

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|---|---|--|---|
| | 10) Adults bullying and fighting with children, throwing items, destruction of property 11) Domestic violence, emotional or physical, to infant or toddler, or person with disability 12) Adults bullying and fighting with children, throwing items, destruction of property 13) Injury, cruel and inhumane treatment such as being chained or tied up, isolated in room for days, use of animals to scare 14) Sexual exploitation, or inducement to prostitution or pornography 15) Threats of sexual abuse, threats to kill or maim 16) Report of corporal punishing/sexual harassment or abuse or unprovoked beating by law enforcement /or a person in a position of trust | 7) Reports of sexual/gender inappropriate peer teasing, groping and other such activities in school or in the community by peers 8) Concern over negligent parent(s) leaving children alone with suspicious adults, those with bad reputations | | 10) Schools are safe 11) Neighborhoods are safer 12) Factors causing the emotional harm have been addressed, more positive parenting occurring |

| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|---|--|---|--|--|
| <p>Response D&GBV</p> <p>Note: ISSOP identify need for at least one Social Welfare Officer has regular on-going focal person presence at every secondary and tertiary hospital, and at least one SWO in every district is on call 24/7 for child protection emergencies of any kind – each with backups if not available</p> | <ol style="list-style-type: none"> 1) DOWSU intervention, DSW/ DSWCD contacted and at hospital, with initial assessment and assistance for medical report completion, shelter needs 2) Hospital emergency services with medical DGBV focal person available. Forensics and medical form completed without delay so justice can be sought and cases do not “drop” 3) Initiate PEP treatment within 72 hrs. for HIV/AIDS prevention 4) DOWSU as necessary arrests and investigates, involving DSW/DSWCD for MDT case management process begins for ongoing shelter, education, health and other needs 5) GBV Courts engaged 6) On-going psychosocial support and counseling from medical community and schools | <ol style="list-style-type: none"> 1) Either DOWSU or DSW/ DSWCD is contacted initially, except for the school-based violence in which the school administration and counsellors are first approached, who then contact DOWSU or DSW/ DSWCD, as needed 2) If school is unresponsive then DOWSU and DSW/ DSWCD are contacted 3) DOWSU or DSWCD complete initial assessment. DSW/DSWCD takes over case management, coordinating the MDT involving as necessary DOWSU, education, health, psychosocial support and Traditional Authorities or Clergy for intervention, mediation and monitoring | <ol style="list-style-type: none"> 1) Cases can be reported to DSWCD, or initially to Traditional Authorities or other local leaders for response, including for supportive guidance, mediation and monitoring. 2) The Notification & Update Form is provided to DSWCD. If challenges continue, persist, DSW/ DSWCD should be contacted for consideration of a coordinated response. | |

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately, response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|---|--|--|---|
| Suicide & Self- Harming | Attempted suicide Response: 1) Child taken to medical facility for health check up 2) DSW/DSWCD for case management coordination of mental health service to child and parents, including Counsellors at school | Child is self-harming Response: 1) Coordinated response between School Counsellors and Mental Health specialist | | 1) Mental health is improved, though child is regularly monitored 2) Self-harming has stopped |



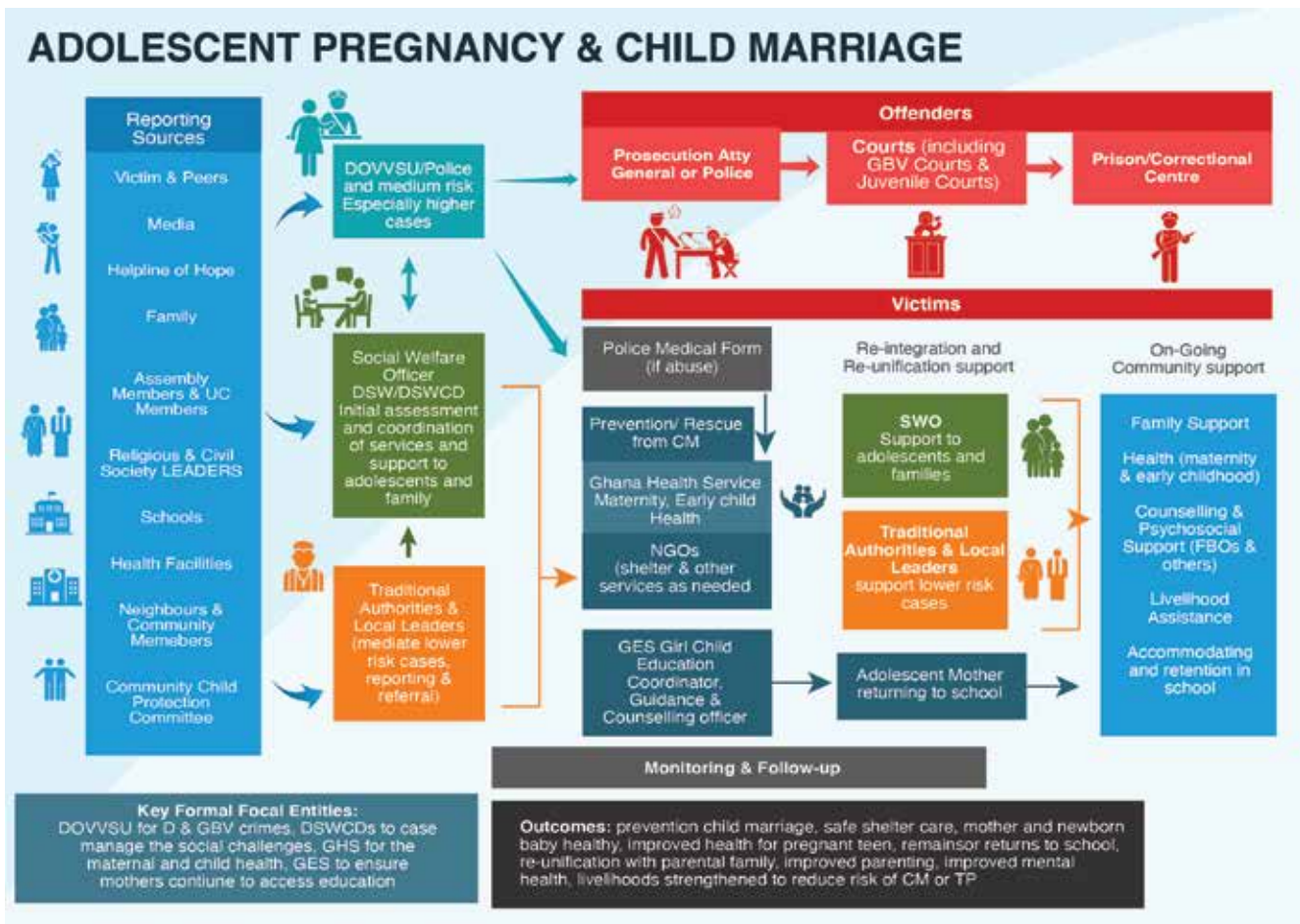
6.3.2. Adolescent Pregnancy and Child Marriage

Pathway Summary

Adolescent pregnancy (AP) is both a driver and consequence of child marriage (CM). To avoid shame and stigmatization, when a girl becomes pregnant, she is most often given in marriage or becomes party to a marriage, either formal or informal (cohabitation), to the boy/man. This can be either willingly or unwillingly. Even if the girl appears to be willing, any marriage below the age of 18 is not recognized by the state since the minimum age of consent to marriage in Ghana is 18 years. Forced marriage of any kind (both child and adult cases) is expressly forbidden under Ghanaian law with penalties. Adolescent pregnancy and child marriage are interrelated, and extremely dangerous to the mental, emotional and physical health of the mother and the infant. Adolescent pregnancy and child marriage are also closely associated with the domestic and gender-based violence (D&GBV) case category. Socio-cultural and economic factors, including family and parenting dynamics are closely linked to CM and AP:

- The Police Service (DOWSU) is the primary responder in emergency situations and pushing ahead the investigation of offenses into prosecution and court phases.
- Although cases may involve a law-breaking offense, many medium and especially lower risks are suited for first assessment and support through Social Welfare Officers (SWOs) and involvement of informal stakeholders such as Traditional Authorities.

- For AP, case coordination is vital with health and school services. AP mothers and their babies have high health risks requiring close attention by medical institutions. The adolescent is supported through the pregnancy with the aim of a healthy mother and baby. The mother is supported to reach her full potential as an adult, including minimizing stigmatization. The Ghana Education Service plays an important role in supporting the adolescent mother's return and participation in school.



Key Legal Provisions and Standards

- The 1992 *Constitution of Ghana*: a child is a person below the age of 18. Article 25 provides that “All persons shall have the right to equal educational opportunities and facilities and with a view to achieving the full realization of that right – a) basic education shall be free, compulsory and available to all.
- The *Children’s Act, 1998 (Act 560)*: the minimum age of marriage of whatever kind shall be 18 years and no person shall force a child to be betrothed, married or subject of a dowry transaction. (It is a criminal offence)
- The *Children’s Act, 1998 (Act 560)* specifies “no person shall deprive child access to education” and parents shall not deprive their children of their welfare and they have responsibility to protect, guide and care for them including necessities of health, life, education and shelter. (paraphrased)

4. *The Criminal Code, 1960*

The age of consent to sex is 16. If sex occurs below the age of 16, the perpetrator is subject to defilement. Above 16 years of age, if sexual intercourse is not consensual, rape occurs. Rape and defilement are first degree felonies under Ghanaian law.

5. *The National Gender Policy 2015*. A key strategy in the policy is to “Review and enforce re-entry policies for pregnant schoolgirls to enable them continue their education after delivery.”

6. *The National Strategic Framework on Ending Child Marriage, 2017-2026* (Objective 3): accelerates access of girls, including those who are pregnant or with a baby, to education, reproductive health, health services and other opportunities.

7. *Guidelines for the Prevention of Pregnancy Among School Girls and Facilitation of Re-Entry into School After Childbirth (2018)*, (Section 2) - “The focus of the GES is to prevent pregnancy among school children” through reporting, counselling, community sensitization, and promotion of safe schools. Section 3 - There is evidence that pregnancy occurs at all levels of schools in Ghana, and in all regions of the country. “It is the policy of GES to offer girls who drop out because of pregnancy another opportunity to complete their education.” The pregnant girl shall be granted mandatory three months leave of absence, and the parents/guardians sign a Letter of Commitment for the pregnant girl to return to school. Guidance and counselling shall be provided to the parents/guardians and the girl. The girl has to option to return to the same school. Transfer to another school should not be mandatory, except where the girl wishes to do so.

Roles and Responsibilities in Pathways of Key Sectors, Institutions and Caseworkers

• Civil Society and Key Community-based Stakeholders in Child Protection

The following are the key roles:

1. Raise awareness on AP and CM issues and guarding against traditional harmful practices.
2. Undertake case resolution through mediation and reconciliation of lower risk cases when it is in best interest of the child to do so.
3. Facilitate reporting of medium and higher risk cases – particularly those involving sexual assault to DOWVSU and DSW/DSWCD for case management coordination of social services for children and families.
4. Inform and work to prevent any child marriage or betrothal before the age of adulthood or forced marriage afterwards, nor deter reporting of assault.

Examples of cases and situations that social service stakeholders generally agree can be handled by Traditional Authorities include the following:

- (i) Report forced marriage after the age of 18 and if the 18th birthday is not within two months’ time
- (ii) Report dowry in a marriage arranged either forced or willingly but not occurring until after age 18. These situations are referred to DSW/DSWCD and or DOWVSU if situation not resolved to legal norms or to the satisfaction of the parties in dispute.

- **Departments of Social Welfare and Community Development/MMDA (DSWCD)**

For medium and higher risk cases SWOs lead the multidisciplinary teams (MDT) in responding to risks and needs including mental and physical wellbeing, alternative care, supporting court processes through social enquiry reports, reunification with family, and reintegration including inclusive education, and livelihoods and family economic strengthening. SWOs also coordinate and engage community-level stakeholders in family counseling and preparation, if in the best interest of the victim, for family re-integration or care through a relative or close friend. When DSWCDs are the first responders they bring DOWSU into the case as complaints and crimes become evident.

- **Ghana Police Service/ Domestic Violence and Victim Support Units (DOVVSU)**

Since child marriage is a crime and teen pregnancy is also associated with criminal activity under circumstances of defilement and assault, DOWSU and the Police are brought into these cases together with the victim, and the offender who may also be a juvenile. It is important that DOWSU/Police conform to child friendly standards (see SOPs for Child Friendly Policing). DOWSU should always contact DSWCD for case management of medium and higher risk cases. The Criminal Code and Children's Act identify crimes for investigation and prosecution by the Ghana Police Services, often upon the involvement and referral of DSWCD and/or other caseworkers such as in the health and education sectors.

- **Education**

The following are the key roles of school staff:

1. Monitor children's behavior, appearance and attendance as indicators for AP and CM and related challenges.
2. Raise awareness on child rights and protection, particularly Guidance and Counselling Officers for mental health, and Girl Education Officers for student access to education.
3. Ensure inclusive education and provide counselling for children returning or staying in school in situations of AP and CM.
4. Notify, report and make referrals to DSW/DSWCD and DOWSU based on case situations and needs.

- **Health Services**

Health centers may be the first formal institution to identify a child is pregnant, thus following are the roles of the Health Services:

1. Health workers both attend to the medical needs and also begin the reporting and referral process.
2. Ensure medical examinations and treatment; collect and provide evidence from victims to aid with investigation and prosecution of abuse.
3. Each health facility designates a focal person responsible so abused children are quickly and comprehensively attended to in child and gender friendly spaces.

- **NGOs**

1. Provide support in maternal and child health, livelihoods, education and other basic needs.
2. Undertake awareness raising on child rights and protection to reducing harmful traditional practices.
3. Undertake early identification of risk and need, and report or refer cases to proper authorities.
4. Provide shelter and residential care for ostracized TP cases and for mothers and their children when not accepted or safe and supported by their families.

- **Courts**

Gender-based Violence Courts at the Circuit Court level take many types of cases including sexual assault, abduction of a child, child stealing, and compulsion of marriage. Family Tribunals deal with D&GBV-related circumstance such as care orders which may involve TP and CM cases.

Typology for Adolescent Pregnancy and Child Marriage

This Typology references and defines common legal, policy and best practice service norms for the Adolescent Pregnancy and Child Marriage case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

Adolescents are categorized according to strategy documents and policy frameworks⁸ as being between the age of 10-19 years. Those between the ages 10-14 years are considered ‘early adolescents’ and 15-19 years as ‘late adolescents’.

Adolescent Pregnancy: A pregnancy occurring during adolescent age of between 10 and 19 years of age. Adolescent pregnancy may be subject to a violation of Ghanaian domestic violence laws, and considered defilement, rape or sexual abuse. The age of consent to sex is 16. If the victim is below the age of 16 this is defilement. Any form of sexual activity that is not consensual by the victim 16 years of age or above can be considered rape and/or sexual abuse and is subject to prosecution and penalties under Ghanaian law.

Child Marriage: “Child Marriage occurs when one or both of the parties involved in marriage are below the age of 18. Child marriage in Ghana can be either ‘formalized’ through a customary or religious practice but can also be an informal union (cohabitation). It can be characterized by age gap difference between the two parties but can happen also between close-in-age parties.”⁹

8 a) “Adolescent” Pregnancy is the term used vs. “Teen” Pregnancy since ‘teens’ excludes pregnancies that can happen before age 13 years. Adolescents are categorized between the ages of 10-19 in official Ghana frameworks such as the Adolescent Health Service Policy and Strategy (2016-2020), Ghana Health Services; and the 5 Year Strategic Plan to Address Adolescent Pregnancy in Ghana, 2018-2022, Ministry of Gender, Children and Social Protection.

9 Resource Guide on Ending Child Marriage in Ghana, 2016, MoGCSF

According to the Children's Act, 1998 (Act 560) Section 14:

- 1) No person shall force a child a) to be betrothed, b) to be subject of a dowry transaction, or c) to be married
- 2) The minimum age of marriage of whatever kind shall be 18 years

In addition, the Criminal Code, 1960 (Act 29) Section 109 provides that Whoever by duress causes a person to marry against his or her will shall be guilty of a misdemeanour.

Abduction: The Criminal Code, 1960 (Act 29) in section 92b provides that, a person is guilty of abduction of a female who, with intent to cause her to be married to any person – i) unlawfully takes her from the lawful possession, care or charge of any person; or ii) detains the female and prevents her from returning to the lawful possession, care or charge of any person.

Forced marriage is recognized as a practice similar to slavery when: “a woman, without the right to refuse, is promised or given in marriage on payment of a consideration in money or in kind to her parents, guardian, family or any other person or group”; “the husband of a woman, his family, or his clan, has the right to transfer her to another person for value received or otherwise”; or “a woman on the death of her husband is liable to be inherited by another person.” Additional information on forced marriage is provided in the SOPs to Combat Human Trafficking – With Special Emphasis on Child Trafficking. According to the 1962 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages: “Marriage shall be entered into only with the free and full consent of the intending spouses.”

In the context of trafficking, sexual exploitation takes many forms, including commercial sexual exploitation, prostitution, pornography, exotic dancing, sex tourism, child marriage, forced marriage, and child sacrifice. Victims can be men, women or children – both girls and boys. A person's initial consent to participate in prostitution should not be legally determinative: if they are thereafter held in service through psychological manipulation or physical force, they are trafficking victims and should receive benefits outlined in the Palermo Protocol and applicable domestic laws. Furthermore, a child's participation in sexual exploitation is never voluntary and therefore a child victim of sexual exploitation is a trafficking victim.

The Relationship between Child Marriage and Domestic & Gender-based Violence

- Child Marriage is a profoundly gendered concern. Adolescent girls are 20 times more at risk/ affected by child marriage than adolescent boys.
- Girls who marry before 18 are more likely to experience domestic violence than their peers who marry at a later age and are at risk of abuse and exploitation.
- Girl brides are prone to experience sexual abuse and as a result physical, emotional and post-traumatic stress complications
- Girls brides are often at higher risk of various forms of domestic violence being less able to negotiate domestic use of resources, personal freedoms, sexual relations and child-bearing spacing times - often due to age/ gender/power inequalities within household.

- Girls who marry before they turn 18 and become mothers are less likely to remain or return to school

The Relationship between Adolescent Pregnancy, Child Marriage and Health

- Pregnancy is consistently among the leading causes of death for girls aged 15-19 worldwide. Girls younger than 15 are five times more likely to die in childbirth than women in their twenties.
- Infant mortality is 60% higher from mothers younger than 18 than those older than 19.
- Girls 15-19 are at high risk of contracting HIV and STDs since they are often married to older men who have had other sexual partners.

Risk and Vulnerability Matrix of Adolescent Pregnancy and Child Marriage

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|--|---|--|--|---|
| Adolescent Pregnancy and Child Marriage Note: adolescent is considered 10-19 years of age | 1) Adolescent reported pregnant for the first time, is in labour and not under medical care | 1) Report of child below the age of 16 promised to be married within a month's time 2) Due to timelines and challenges of getting evidence, any other Adolescent Pregnancy and Child Marriage situations 3) See medium risk situations of rape, defilement and sexual abuse in D&GBV case category since these are associated with adolescent pregnancy, child marriage or betrothal of child marriage - and the challenges with getting evidence. | 1) Report of child being forced into marriage after the age of 18 and the 18th birthday is not within two months' time 2) Any reports of dowry in a marriage arranged either forced or willingly but not occurring until after age 18 | 1) See D&GBV risk reduction and outcomes as they apply to the pregnancy or marriage circumstance 2) A key outcome for these cases is children returning and remaining in school and achieving at least basic education 3) Mother and newborn baby are healthy 4) Report of pending child marriage is prevented 5) Parents/caregivers have more secure livelihoods or social protection preventing child labour and trafficking, meaning socio-economic improvement in household |

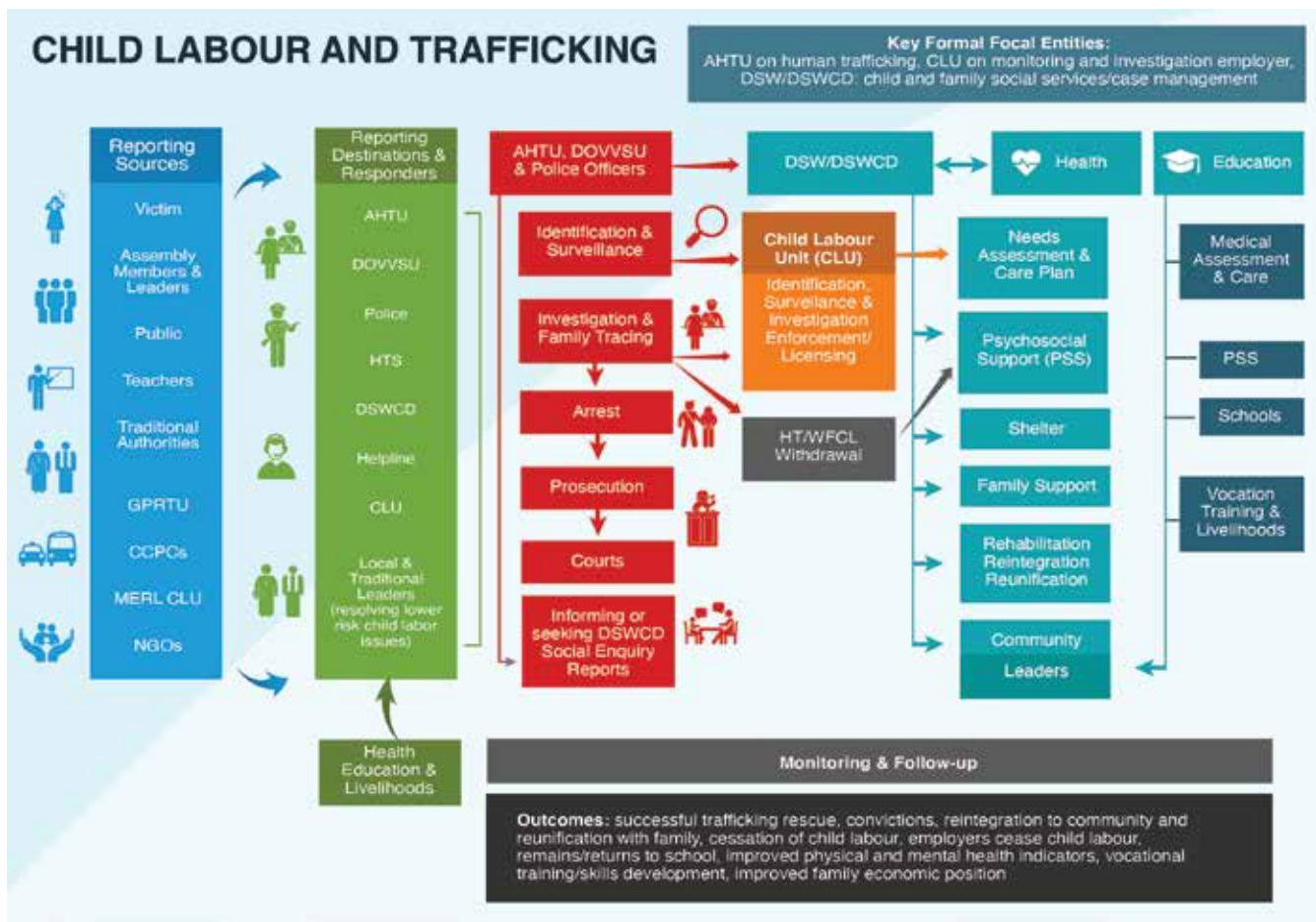
| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|---|---|--|--|
| <p>Response</p> <p>Adolescent Pregnancy/ Child Marriage</p> | <p>1) Hospital: adolescent in labour or at near term is a medical emergency since this poses serious risk to mother and child and must be taken to the hospital; DSW/ DSWCD contacted for assessment and case management including possibly DOWSU since case may be associated with defilement or sexual abuse. Timeframe of possible marriage also makes this urgent for prevention</p> <p>2) See D&GBV case category risk and vulnerability response, cases may require forensic examination and medical form procedures</p> <p>3) medical support for the adolescent pregnancy</p> <p>Case management services by the DSW/DSWCD for child marriage cases</p> | <p>1) DSW/DSWCD Social Welfare Officer for initial assessment and referral to DOWSU and or Traditional Authority as necessary</p> <p>2) Medical centers for treatment and forensics of possible D&GBV, and if the adolescent is pregnant for maternal and child health support</p> <p>3) Longer term medical maternal and childcare for adolescent pregnancy situations</p> | <p>1) Handled by Traditional Authorities or other local leaders</p> <p>2) Refer to DSW/DSWCD and or DOWSU if situation not resolved to legal norms</p> | |



6.3.3. Child Labour and Trafficking

Pathway Summary

Human trafficking (HT) is a serious crime, while engaging children in worst and hazardous forms of child labour is also a criminal activity. The Anti-Human Trafficking Unit (AHTU) of the Ghana Police Services is the focal responder to trafficking reports. The unit deals with investigation, rescue, coordination and prosecution. The DSW/DSWCD Social Welfare Officers (SWOs) in collaboration with AHTU (on trafficking cases) and with DOWSU and the Child Labour Unit (on labour issues) provide the child and family with social services. SWO case management is focused on ensuring children are attending school in coordination with Ghana Education Services; and families have opportunities to improve their livelihoods since poverty is an underlying dynamic to child labour. Trafficking and hazardous labour often require medical and psychological assistance from Ghana Health Services. Traditional Authorities and community leaders have an important role in preventing CL and HT through awareness raising on these issues and assisting with interventions for children to cease child labour and ensure that victims return to school.



Key Legal Provisions

1. The Children's Act, (1998) allows for light work for children at age 13. At age 15, children are allowed to be legally employed though not in hazardous activities. Under no conditions should work interfere with children's schooling and their physical and mental wellbeing.
2. Human Trafficking Act, (2005) and Human Trafficking Regulations, (2015) provide greater clarity and details on human trafficking offenses.
3. Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (C182): Ghana is a party to the Convention which stipulates in Article 3 the worst forms of child labour as comprising: (a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

4. SOPs to Combat Human Trafficking in Ghana – With an Emphasis on Child Trafficking (2017) – comprehensive resource including forms and tools for casework.
5. National Plan of Action for the Elimination of the Worst Forms of Child Labour, (2009) (this includes information on harmful child labour frameworks).
6. The Standard Operating Procedures and Guidelines for Addressing the Worst Forms of Child Labour in Ghana (2012).
7. National Plan of Action for the Elimination of the Worst Forms of Child Labour (2017-2021) with its strong emphasis on children enrolled and retained in school, livelihoods and household economic strengthening and social protection.

Roles and Responsibilities in Pathways of Key Sectors, Institutions and Caseworkers Civil

• Civil Society and Key Community-based Stakeholders in Child Protection

Their primary roles are awareness raising leading to behavioral change, prevent child labour and trafficking, early identification and response to lower risk cases (while at the same time notifying DSWCD) and reporting all medium and higher risk cases to the Police and DSW/DSWCD. Traditional Authorities, religious and other local leaders with lower risk CL interventions ensure children are in school and their families receive support and encouragement for this important outcome.

• Child Labour Unit (CLU)

The CLU's serves as the Secretariat to the National Steering Committee of child labour and has direct links with the District Labour offices. The CLU roles/responsibilities include the following:

1. policy and legislative development, training, advocacy and sensitization, coordination and monitoring of all child labour elimination programmes.
2. Foster collaboration and networking among partners/stakeholders, as well as monitoring of the child labour situation in Ghana.
3. Collaborate with all stakeholders, national and international, governmental and non governmental.

• Department of Social Welfare and Community Development/MMDA (DSWCD)

Social Welfare Officers (SWOs) case manage the social services of all medium and higher risk CL cases, coordinating with CLU inspectors and DOVVSU as needed, and all HT cases with AHTU officers. Where HT and WFCL rescue and reintegration are involved, SWOs lead team services and support in psychological 'first aid', alternative care, and reintegration into the community and if safe, supporting the family reunification process. Through the MDT approach with social service workforce and key local stakeholders SWOs coordinate support as per case plans in access to schooling; livelihoods, skill building/vocational training and strengthening economic situation of households; parenting education; and mental and physical health.

- **Anti-Human Trafficking Unit (AHTU)/Domestic Violence and Victim Support Unit (DOVVSU)/ Ghana Police Services**

They respond to emergency situations of accidents or other dire situations children in WFCL and HT may face. The HTU is notified and involved in all cases suspected of trafficking. HTU Officers coordinate surveillance, investigation, withdrawal, rescue, arrest and prosecution for the crimes, demonstrating there are serious consequences to perpetrators. Police always notify and refer CL and HT higher and medium risk cases to the DSW/DSWCD and/or the Department of Social Welfare (DSW) in the Ministry of Gender, Children and Social Protection.

- **Education**

The following are the key roles of school staff:

1. Monitor children's behavior, appearance and attendance as indicators for CL and HT.
2. Raise awareness on child rights and protection, particularly Guidance and Counselling Officers for mental health, and Girl Education Officers for student access to education.
3. Provide inclusive education and provide counselling for children returning or staying in school in situations of CL and HT.
4. Notify, report and make referrals to DSW/DSWCD and DOWVSU based on case situations and needs.

- **Health**

WFCL and HT constitute serious child abuse and the health facility abuse focal person is notified and ensures children are attended to and suspicion of debilitating CL or HT cases are reported to the Police and other cases to DSW/DSWCD. Medium and higher risk CL, and all HT cases often have serious physical and psychological consequences and health workers prioritize and address their needs free of charge.

- **NGOs**

Skill building, and livelihood support are important for CL and HT cases, since they are strongly associated with impoverished families. NGOs in some communities can assist in this support, tying it to children returning and remaining in school, and also with vocational training. Additional NGO roles are raising awareness on child protection issues and reducing harmful traditional practices, early identification of risk and need, and seeking assistance or referring cases to Traditional Authorities, Police, CLU and/or DSW/DSWCD whenever there is evidence or suspicion of CL or HT abuse. NGOs operate shelters: and HT rescue operations may require this support.

- **The Courts**

Gender-based Violence Courts at the Circuit Court level take up WFCL and HT cases and other violations often associated with this abuse, including rape, defilement, abduction of a child, child stealing, seduction of prostitution of a child, and customary servitude. When children are trafficked, the consent of the child, parents or guardian of the child cannot be used as defense in prosecution under the Human Trafficking Act, 2005 (Act 694), regardless of whether or not there is evidence of

abuse of power, fraud or deception on the part of the trafficker or whether the vulnerability of the child was taken advantage of.

Typology for Child Labour and Trafficking

This Typology references and defines common legal, policy and best practice service norms for the Child Labour and Trafficking case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

Child Labour:

According to Section 87 (5) of the Children’s Act, 1998 (Act 560) – No child is to engage in exploitative labour, defined “if it deprives the child of its health, education or development”.

Section 88 also indicates that no child is permitted to work between 8 p.m. and 6 a.m. whiles’

Section 90 provides that at the age of 13, a child is permitted to engage in light work which “constitutes work which is not likely to be harmful to the health or development of the child and does not affect the child’s attendance at school or the capacity of the child to benefit from school work.”

Section 91 also made the provision that at age 15, a child is permitted to be employed but not in **hazardous sectors**. Work is hazardous when it poses a danger to the health, safety or morals of a person. Hazardous work includes going to sea; mining and quarrying; portering of heavy loads; manufacturing industries where chemicals are produced or used; work in places where machines are used; and work in places such as bars, hotels and places of entertainment where a person may be exposed to immoral behaviour.

Worst Forms of Child Labour: According to the National Plan of Action for the Elimination of the Worst Forms of Child Labour (2017-2021):

- All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- Work, which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

According to section 3 of the International Labor Organization Convention 182, Worst Form of Child Labour, 1999 (C.182): All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, as well as forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; the use, procurement or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in relevant international treaties; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or moral.

Child Domestic Worker: a person who is not a member of the family of a person who employs him or her as house-help”. It involves performing domestic chores (e.g. cleaning/sweeping), caring for babies, running errands and going to market/shopping among others (The Labour Act, 2003 (Act 651) - Section 175.

Human Trafficking: The recruitment, transportation, transfer, harbouring, trading or receipt of persons for the purpose of exploitation within and across national borders by: The use of threats, force or other forms of coercion, abduction, fraud, deception, the abuse of power or exploitation of vulnerability; or giving or receiving payments and benefits to achieve consent. (Human Trafficking Amendment Act, 2009 (Act 784))

Exploitation; According to L.I. 2219 - Human Trafficking Prohibition (Protection and Reintegration of Trafficked Persons) Regulations, (2015) includes, at the minimum, induced prostitution and other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. Placement for sale, bonded placement, temporary placement, placement as service where exploitation by someone else is the motivation factor shall also constitute trafficking. (Reference from SOPs: li 2219) Additional clarification from SOPs: “ When someone else stands to gain from someone else’s exploitation.”

Coercion according to the Human Trafficking Act, 2005 (Act 694) (42) is a threat of serious injury to or physical restraint against a person; a scheme, a plan or pattern intended to cause a person to believe that failure to perform an act will result in serious injury/harm to or death of or physical restraint of themselves, a family member or a loved one: In the majority of the known trafficking-in-persons modus operandi, traffickers are compelled to engage in the coercive offences such as physical, sexual and psychological abuse for the reason that if the victims were not coerced, intimidated and supervised to varying degrees, they would walk away from their exploitation at the first opportunity. Coercion and supervision are usually essential elements of the trafficking modus operandi.

Sexual Exploitation: In Ghana, sexual exploitation is defined as including the participation of a person in prostitution or other sexual acts, or the production of pornographic material as a result of being subjected to threat, force, intimidation or other forms of coercion or any other practice in terms of which that person’s participation is not voluntary. Human Trafficking Prohibition (Protection and Reintegration of Trafficked Persons) Regulations, 2015 (L.I. 2219).

Section 101 A, Criminal Offenses (Amendment) Act, 2012 (Act 849) defines as follow:

- (1) Sexual exploitation is the use of a person for sexual activity that causes or is likely to cause serious physical and emotional injury or in prostitution or pornography.
- (2) A person who sexually exploits (a) another person other than a child commits an offence and is liable on summary conviction to a term of imprisonment of not less than five years and not more than twenty-five years; or (b) another person who is a child commits an offence and is liable on summary conviction to a term of imprisonment of not less than seven years and not more than twenty-five years. “

SOPs to Combat Human Trafficking with Special Emphasis on Child Trafficking: In the context of trafficking, sexual exploitation takes many forms, including prostitution, pornography, exotic dancing, sex tourism, forced marriage, child sacrifice, and child brides. Victims can be men, women or children. *A person’s initial consent to participate in prostitution should not be legally determinative: if they are thereafter held in service through psychological manipulation or physical force, they are trafficking victims and should receive benefits outlined in the Palermo Protocol and applicable domestic laws. Furthermore, a child’s participation in sexual exploitation is never voluntary* and therefore a child victim of sexual exploitation is a trafficking victim.

Forced Child Labour: Sometimes referred to as child labour trafficking, forced child labour is a form of trafficking in persons by subjecting a child to forced labour. Any person who engages in recruiting, harbouring, transporting, providing or obtaining a child for the purpose of forced labour commits this crime. Forced child labour includes situations in which the child is in the custody of someone other than an immediate family member who requires the child to perform work that financially benefits that person, as well as situations in which a parent provides a child to others who subject the child to forced labour in which the child does not have the option of leaving the employment. Children subjected to forced labour are usually inadequately cared for and not allowed to attend school and are often abused. (Refer to SOPs to Combat Human Trafficking in Ghana – with Special Emphasis on Child Trafficking).

Slavery (Criminal Code, 1960 (Act 29) Section 314): - Whoever – a) deals or trades in, buys, sells, barter, transfers, or takes any slave; or b) deals or trades in, buys, sells, barter, transfers, or takes any person in order that that person may be held or treated as a slave; or c) places or receives any person in servitude as a pledge or security for debt, whether then due and owing or to be incurred or contingent, whether under the name of a pawn or by whatever other name that person may be called; or d) conveys any person, or induces any person to come to Ghana in order that such person may be dealt or traded in, bought, sold, bartered, or become a slave, or be placed in servitude as a pledge or security for debt; or e) conveys or sends any person, or induces any person to go out of Ghana in order that that person may be dealt or traded in, bought, sold, bartered, transferred, or become a slave, or be placed in servitude as a pledge or security for debt; or f) enters into any contract or agreement with or without consideration for doing any of the acts or accomplishing any of the aforementioned purposes; or g) by any species of coercion or restraint otherwise than in accordance with the Labour Decree, compels or attempts to compel the service of any person, shall be guilty of second degree felony.

Debt Bondage: Sometimes used as a mechanism to control and coerce victims of trafficking in persons. In this situation, a person who is in debt facilitates the trafficking of another person to set off the debt, whether in part or full, or the debtor would render the victim, without the victim's reasonable consent, to be at the service of the creditor or the creditor's agents until the debt is paid - (SOPs to Combat Human Trafficking in Ghana, L.I. 2219.)

Kidnapping: In Ghana, a person is guilty of kidnapping when he/she: a) unlawfully imprisons any person and takes him/her out of the jurisdiction of the Court without his/her consent; b) unlawfully imprisons any person within the jurisdiction of the Court, in such a manner as to prevent him/her from applying to a Court for his/her release or from making known to any other person the place where he/she is imprisoned, or in such a manner as to prevent any person entitled to have access to him/her from discovering the place where he/she is imprisoned. (Ghana Criminal Code, 1960 (Act 29)).

Human Smuggling: The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident. (**UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, (2000) Article 3**).

Street Begging: This is an activity where children (including those who are physically challenged), stand at vantage places with the blind or deaf and dumb to plead for money or food. Some of these beggars work on contract basis (a form of bonded labour), but others are relatives or even children of the beggars. They may be found in areas of high traffic congestion during rush hours like at the major traffic lights in the cities or at car stations and other places where there is a lot of human traffic. Street begging is not allowed as it is considered a form of hazardous work.¹⁰

Street Hawking: Occurs mostly on the busy and rush hour streets in the commercial town where children sell all kinds of goods and provide services; they usually announce their products by shouting/mentioning the name of the product or chant in repetitive manner. These services range from cleaning the windshields of cars, sale of recharge cards to mobile phone users; goods such as sachet water, iced cream, confectionaries, and oranges.

Galamsey: Small-scale mining by using both traditional and crude or obsolete methods for mining certain ores or mineral (gold, diamond, rocks and sand); and children are found in small-scale mining activities. According to the Small-Scale Gold Mining Law (PNDCL 218) in 1989, "small-scale gold mining" is "The mining of gold by any method not involving substantial expenditure by an individual or group of persons not exceeding nine in number or by a cooperative society made up of ten or more persons." Characteristics of children found in this sector include mining during school hours, carrying tools for mining, calluses on hands and injuries, including eye problems as well as exposed to harmful and toxic chemicals.

¹⁰ Beggars and Destitute Act, 1969 (N.L.C.D 392)

Trokosi: This is a cultural practice where young virgin girls and women are sent to traditional shrines as reparations for the misdeeds of their relatives who had committed various crimes ranging from petty thefts to murder. Sometimes children are trafficked from Benin and Togo to Ghana and vice versa to atone for these sins. Sometimes virgin girls are sent to the shrines in exchange for protection for the whole family. The children sent to the shrines serve various terms of sentences but most of them remain at the shrines for a lifetime. They work, without pay, on farms belonging to shrine owners for as long as they remain in the shrines.

Risk and Vulnerability Matrix for Child Labour and Trafficking

| <p>Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|--|--|--|---|
| <p>Child Labour and Child Trafficking WFCL = Worst Forms of Child Labour D&GBV = Domestic and Gender-based Violence</p> | <p>1) All forms of Child Trafficking a) Some may be situations in which the life or health (physical or mental) of a child is in danger or imminent danger; the child, parent, relative or close friend expresses urgency due to an event that is about to happen and needs to be prevented – for example moving to a new location, forced into a brothel, cross a border for exploitative purposes. b) Others may not be in such immediate risk but nevertheless response is necessary in the form of planning and preparation for rescue/other responses 2) Worst form of child labour in which the life or health of the child is in imminent danger. 3) All forms of WFCL and Child Trafficking involving violence or sexual exploitation (see D&GBV) including domestic workers (house help).</p> | <p>1) All cases of WFCL not requiring an immediate intervention. 2) Children being forced to work. 3) Hazardous child labour situations not covered in the WFCL framework due to unique situations of children, such as disability. 4) All child labour cases in which child has dropped out of school. 5) Child hawking on the streets during school hours.</p> | <p>1) Parents are threatening to send the child to work 2) Attendance at school is not regular, child is not coming to school on time 3) Child is fatigued at school and having difficulties with studies, child’s appearance and health are not good 4) Child is seen in markets during school hours</p> | <p>1) The child is rescued 2) Child is no longer in WFCL or hazardous labour 3) Child is removed from exploitative situation Rehabilitation Factors #s 4-7: 4) Child is reintegrated/reunited into local community or with family or into alternative care 5) Child receives vocation training certificate and is employed in safe responsible livelihood consistent with the laws 6) Parents are in more secure livelihoods or social protection prevents child labour/trafficking 7) Psychosocial health is improved 8) Child is back in school for at least two consecutive semesters and enrolled in a third 9) Employers have ceased illegal child labour practices 10) Child traffickers and employers of WFCL face criminal penalties including jail and fines</p> |

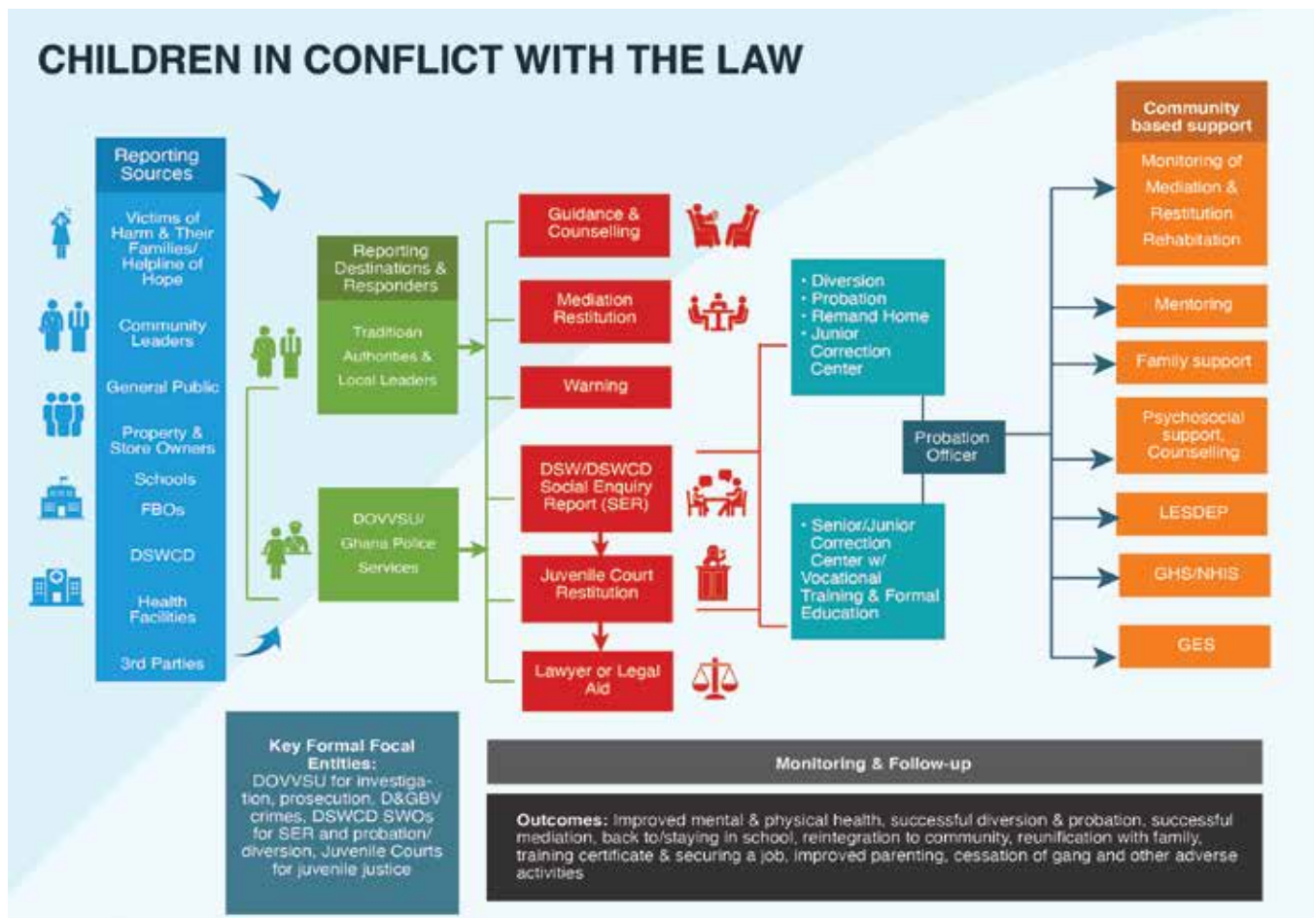
| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|---|--|---|---|
| Response Child Labour, and Child Trafficking | 1) Law enforcement is immediately engaged (including as necessary of DOWSU, GPS, Ghana Immigration Service, Human Trafficking Unit) 2) DSW/DSWCD is part of the rescue and removal, and leads coordination of comprehensive assistance, including immediate medical screening, counselling, and temporary shelter as necessary. 3) Child Labour Development Officers are engaged in the WFCL cases dealing with employers. 4) Health facilities are notified and stand ready to help. 5) School is notified for inclusive education planning. 6) Traditional Authorities are engaged to assist with reintegration and reunification, including monitoring. | 1) Same as higher risk, except for item 5, which can potentially be led by Girl Education Officer (GEOs) with other school staff including Guidance and Counselling Officers (GCOs) who may request assistance from DSW/DSWCD, Traditional Authorities, or other community leaders. If there are complex CP issues requiring health and law enforcement, then DSW/DSWCD becomes case manager. | 1) School GEOs, GCOs & administrators lead the casework. Depending on the situation and prior knowledge of the case, school may request assistance from DSW/DSWCD, Traditional Authorities. If there are complex CP issues requiring health and law enforcement, then DSW/DSWCD becomes case manager 2) Case associated with neglect, see response under Social Protection and Other Similar Vulnerable Households case category | |



6.3.4. Children in conflict with the Law

Pathway Summary

Reporting of Children in conflict with the Law (CICWL) cases come in primarily through victims of the juvenile offenders. The two primary reporting destinations are the Ghana Police Services and the informal sector of Traditional and Local Authorities which can mediate lower risk situations upon approval of the victim. The Police investigate the case and pushes it through into prosecution within the Juvenile Courts which are constituted to deal with all juvenile cases. Social Welfare Officers (SWOs) in DSW/DSWCDs provide the courts with Social Enquiry Reports to enable court decision take into consideration the family and other circumstances of the juvenile. The SWOs serve as probation officers in the event the case is diverted from a correctional facility and after detention. Traditional Authorities and probation officers, provide support to the juvenile and their family to prevent repeat offenses, ensure the rightful access to health and education, and provide social services as necessary and available to improve parenting skills and livelihoods.



Key Legal Provisions

1. According to *Ghana's Criminal Code, 1960*, "Nothing is a crime which is done by a person under twelve years of age."
2. When a child is charged jointly with an adult, all children under the age of 18 in conflict with the law fall under *The Juvenile Justice Act, 2003 (Act 653)*. They are handled by a Juvenile Court (including when charged jointly with an adult), unless meeting the criteria of Gender-based Violence Court.
3. *The Criminal Code and Juvenile Justice Act (JJA)* identify minor offenses as petty theft and assault and threats – and serious offenses as murder; rape; defilement; indecent unlawful harm and assault; aggravated robbery; drug offences; and offences related to firearms.
4. Ghana Police Service: Standard Operating Procedures for Child Friendly Policing, (2016)
5. Judicial Services of Ghana: Children before the Courts of Ghana: Towards a Child-Friendly Justice, Ghana, (2018).
6. Justice for Children Policy, (2015).

Key Additional Points in Pathways Diagrams per Institutions, Sectors and Caseworkers

- **Civil Society and Key Community-based Stakeholders in Child Protection**

Civil society is the largest reporting source of juvenile offenses. Traditional Authorities and other local leaders provide resolution to cases, through mediation and restitution, particularly on situations of petty theft and fighting, “streetism” and similar lower risk situations. These are situations in which the victim/victim’s family are amenable to this form of justice. Community-based stakeholders support juveniles and their families during diversion and probation processes, including civic responsibility-building activities and vocational training. For cases not resolved informally, including all medium and higher risk cases, the main reporting designation is DOWVSU. Civil society also refers to traditional, customary, family, religious and other informal mechanisms used to resolve minor disputes at the community level without overt legal implications or connotation. Traditional Authorities use mediation and arbitration to settle disputes referred to them by their subjects. They are respected in their communities and cases of justice for children are sometimes referred to them to resolve. In some instances they are not able to enforce some of their decisions and some of their means of resolution of disputes can sometimes be problematic. Furthermore, not all of them are permanently resident in their Traditional Areas but they can have their representatives available to handle matters in their absence. Informal resolutions tend to be restorative in nature, with a focus on reconciliation and restoring harmony in the family and community. Resolutions often include compensation to victim, and warnings and advice to the juvenile offender and his/her and parents to prevent re-offending and monitoring of the child. However, concerns have been raised that the best interest of child victims is not given sufficient consideration, and that the response to juvenile offenders sometimes involves very harsh corporal punishment.

- **Police/DOWVSU**

Criminal activities by juveniles are reported to the Police, especially those in urgent or emergency situations for both child victims and juveniles. They assess the situation, ensure immediate safety and health concerns are addressed and start the investigation. They initiate and inform the court process. DOWVSU is trained to be child and gender-friendly in their service structure to victims and offenders. When a child is an offender, DSW/DSWCD is always contacted for the case management process. In assessing juvenile situations, Police can issue a warning as appropriate, or also initiate a diversion process in collaboration with the DSW/DSWCD and confirmation by a Juvenile Court. If detention is necessary, all precautions are made for children not to be in cells with adults. Juveniles may have immediate health needs and Police or SWOs make sure there is access to medical care. Examples include complications with drugs, fights and health issues associated with “streetism”. There should never be discrimination on health services for the reason of a child’s possible criminal activity.

- **Departments of Social Welfare and Community Development/MMDA (DSWCD)**

For children under the age of 12 who cannot be charged with a crime, DSW/DSWCD is the lead agency for these cases, including their families. These may involve children on the street and/or neglectful or destitute family support situations. DSW/DSWCD provides case management services to all medium and higher risk CICWL cases and leads the MDT in addressing the risks and needs to the juveniles and their families or care givers. SWOs prepare Social Enquiry Reports (SERs) for the Juvenile Courts to inform their orders. SWOs also serve as Probation Officers to monitor juveniles in the community.

DSW/DSWCD works closely with DOWSU on CICWL cases, and with community-based stakeholders in supporting juveniles and families by counselling, value formation, education, health, livelihoods and household economic strengthening. This includes possible engagement of Local Enterprises and Skills Development Programs (LESDEP) and other vocational training initiatives.

- **Courts**

The Juvenile Court takes the cases of all juveniles based on the charge coming from Police and is informed by the Social Enquiry Reports of social welfare/probation officers. Noncustodial sentencing means CICWL are not committed to jail, correctional facility or a remand home. It can include fines, probation orders, and/or conditional discharges under the care of fit persons, parents, guardian or close relatives. This is suited for sentences such as minor offences. The Courts are required to advise children on their right to legal representation, including legal aid. Family Tribunals are involved with children in contact with the law in maintenance and custody proceedings. The Juvenile Court can help facilitate a juvenile justice case to Alternative Dispute Mediation with the participation of the parents or guardians of the juvenile. The law provides that all cases of children in conflict with the law must be completed within six months from the date of the child's first appearance before the Juvenile Court and any adjournment must not be for more than seven days.

If the juvenile is charged with rape, defilement or indecent assault the case is taken up at the Circuit Court-level Juvenile Court and preferably in a Gender-based Violence Courts. Diversion is not an option at this level for serious offences.

- **Education**

1. Monitor school attendance, behavior or appearance of children, including identifying children who may be involved with other juveniles and/or improper activities.
2. Provide support to CICWL and their parents or caregivers through counselling.
3. Report and refer cases to DOWSU and DSW/DSWCD as necessary.
4. Support CICWL in their retention in or return to schools.
5. Provide instruction to juveniles in correctional facilities.

- **Health Services**

The following are the key roles played by Health services:

1. Provide medical care to victims and offenders
2. Report evidence of violence and abuse. This may help identify a juvenile offender.
3. Ensure that Juveniles are not discriminated against in having equal access to mental and physical health assistance. This includes children on the street, in detention and those in correctional facilities who may have significant health risks and needs, particularly the need for counselling. This also applies to their parents or guardians who often are among the most vulnerable households in a community.
4. Provide care to any child in an emergency health situation whether or not payment can be made at the time care is needed.

- **NGOs**

These are some of the key roles of NGOs:

1. Support CICWL with value formation, vocational training, positive parenting, counseling and education.
2. Assist specialized target groups associated with CICWL such as children on the streets.
3. Report and refer cases of concern to DOWSU and DSW/DSWCD, and to other community institutions such as schools and health centers.

Typologies for Children in Conflict with the Law

The definition below references and defines common legal, policy and best practice service norms for the Children in Conflict with the Law case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support. The Typology is oriented to offenders not to the victims of juvenile offenders. For victims see other ISSOP typologies, particularly Domestic and Gender-based Violence.

Juvenile offender: A juvenile who has been convicted of an offence for which the court may impose a sentence of imprisonment for one month or upward without the option of a fine (Juvenile Justice Act, 2003 (Act 653) Section 60).

Young offender: A young person who has been convicted of an offence for which the court has power to impose a sentence of imprisonment for one month or upwards with the option of a fine (Juvenile Justice Act, 2003 (Act 653) Section 60).

Young person: A person who is eighteen years or above eighteen years but is under twenty- one. (Juvenile Justice Act, 2003 (Act 653) Section 60).

Justice system in Ghana refers to criminal, civil, and administrative justice – including customary, religious and alternative dispute resolution mechanisms. It covers victims, witnesses and “children coming into contact” with the system such as in custody disputes or at risk of juvenile activities such as involvement with questionable groups.

Age of Criminal Responsibility: Nothing is a crime which is done by a person under twelve years of age (Criminal Code, 1960, (Act 29) Section 26: When a Child is Incapable of Committing Crime). “All children under the age of 18 who are in conflict with the law must be dealt with in accordance with the Juvenile Justice Act, 2003, with the exception of children who have been charged jointly with an adult and children charged with an offence punishable by death (section 17). However, the Juvenile Justice Act, 2003 does not state clearly whether the child’s age, for the purposes of the jurisdiction of the Juvenile Court, is to be determined at the time of the alleged offence or at the time s/he appears before the court.” From Children before the Courts of Ghana, Towards a Child-Friendly Justice, Judicial Services of Ghana, 2018

Children in Conflict with the Law : Children alleged as, accused of, recognized as having committed a crime or other contravention or infringement of the law (Judicial Services of Ghana : Children before the Courts of Ghana, Towards a Child-Friendly Justice, (2018).

Child Friendly Justice: A justice system which guarantees the respect, confidentiality and the effective implementation of all children’s rights at the highest attainable level, giving due consideration to the child’s level of maturity and understanding and the circumstances of the case. It is, in particular, justice that is accessible, age appropriate, speedy, diligent, adapted to and focused on the needs and rights of the child, respecting the rights of the child to participate in and to understand the proceedings, respecting the private and family life and upholding the integrity and dignity of the child in a child friendly environment (Judicial Services of Ghana: Children before the Courts of Ghana, Towards a Child-Friendly Justice, (2018).

Justice for Children: Takes a broader approach than the traditional focus on juvenile justice and encompasses all aspects of the criminal, civil, and administrative justice system, including customary, religious and alternative dispute resolution mechanisms. It covers all proceedings affecting children, including children alleged as, accused of, recognized as having infringed the penal law; child victims and witnesses; and children coming into contact with the justice system for other reasons, regarding their care, custody or protection (Judicial Services of Ghana: Children before the Courts of Ghana, Towards a Child-Friendly Justice, (2018).

Minor offense – A criminal matter such as petty theft, petty assault and threatening offences; “offender” means juvenile offender or young offender (Juvenile Justice Act, 2003 (Act 653) Section 46).

Serious offences: murder; rape; defilement; indecent assault involving unlawful harm; robbery with aggravated circumstance; drug offences; and offences related to firearms (Juvenile Justice Act, 2003 (Act 653) paraphrased from Section 25 and 46).

Juvenile Courts: (1) The Chief Justice may designate any District Court as a Juvenile Court; (2) A Juvenile Court shall be composed of the Magistrate of the District Court as the presiding person and two other persons one of whom shall be a Social Welfare Officer and the other, a person of not less than 25 years both of whom shall be appointed by the Chief Justice on the recommendation of the Director of Social Welfare. (3) A Juvenile Court has power to hear and determine any matter civil or criminal that involves a person under the age of eighteen and shall for that purpose have and exercise all the powers of a District Court (The Courts Act 1993 (Act 459) (49).

Best Interest of a Juvenile: The best interest of a juvenile shall be a) paramount in any matter concerned with the juvenile; and b) the primary consideration by a juvenile court, institution or other body in any matter concerned with a juvenile (Juvenile Justice Act, 2003 (Act 653) Section 2): In other words, “Best Interest of the Juvenile” refers to the totality of the circumstances and conditions which are most congenial to the survival, protection and security of the juvenile and which most promotes and supports the juvenile’s physical, psychological and emotional development. It also means the least detrimental available alternative for safeguarding the growth, well-being and development of the juvenile.

Diversion: The referral of cases of children alleged to have committed offences away from the criminal justice system with or without conditions (Juvenile Justice Act, 2003 (Act 653) Section 60: to an alternative, child-appropriate process of determining the responsibility and treatment of the child on the basis of his/her social, cultural, economic, psychological or educational background. Sections 25 of the Juvenile Justice Act, 2003 (Act 653) provides the purpose for diversion as follows: 25 (a) to encourage the juvenile to be accountable for harm caused; b) promote an individual response to the harm caused which is appropriate and proportionate to the circumstances of harm caused; c) promote the reintegration of the juvenile into the family and community; d) provide an opportunity to the person or community affected by the harm caused, to express their views on the impact of the harm; e) encourage restitution of a specified object or symbolic restitution; f) promote reconciliation between the juvenile and the person or community affected by the harm caused; and g) prevent stigmatization of the juvenile which may occur through contact with the criminal justice system. In diversion juveniles shall have equal access to diversion options, and inhuman or degrading treatment shall not form part of the diversion programme.

Probation: This is a determination made by a juvenile court considered under the best interest of the child based on circumstances such as the nature of the offence, the character, antecedents and home surroundings provided in the social enquiry report. The language of the probation order is made in a way the juvenile understands, including the consequences of breaching the order. A probation order shall be valid for not less than six months or more than eighteen months. A juvenile offender under probation shall be under the supervision of a probation officer appointed for or assigned to the district where the juvenile offender resides (Juvenile Justice Act 2003 (Act 653) Section 31).

Remand of Juvenile: When a juvenile is not released on bail and the juvenile court orders committing the juvenile to the care of the juvenile's parents, a guardian, close relatives or any fit person who is willing to take care of the juvenile; or to a remand home situated within a reasonable distance from the court (Juvenile Justice Act , 2003 (Act 653).

Social Enquiry Report: A report requested by the Juvenile Court when the juvenile is charged with an offence, the contents of which the court takes into account when making an order. The SER is prepared by a probation officer who shall visit the home of the juvenile. It shall include particulars on the background of the juvenile, the present circumstances of the juvenile, the conditions under which the offence was committed and recommendations for sentence. The SER may include a recommendation for the order of the court.

Fit Person: A person of full age who is of high moral character and integrity and sound mind capable of looking after a juvenile and who has been registered by a probation officer or Social Welfare officer as being able to provide a caring home for a juvenile (Juvenile Justice Act , 2003 (Act 653) Section 60)

Recognizance: A communication of an obligation or bond to a juvenile before the juvenile is charged with an offence that the juvenile is to perform some action such as appear in court on a specified date and at a specified time, keep the peace or be of good behaviour (Juvenile Justice Act, 2003 (Act 653) Section 60). This is explained in Section 14 as follows: (1) Juvenile under arrest shall be released by the police on self-recognizance or a recognizance entered into by a parent, guardian, close relative or other responsible person, unless the offence of which the juvenile stands accused is a serious offence or if it is necessary to remove the child from certain associations. (2) If a juvenile is not released on recognizance, the police shall seek an order from a juvenile court to place the juvenile in a remand home or any place of safety designated by the Social Welfare Department of a District Assembly. (3) The order shall be made by the juvenile court within forty-eight hours after the arrest of the juvenile.

Non-custodial Cases: A noncustodial sentence is a punishment given by a court of law other than a term of imprisonment. Examples of non-custodial sentences include fines, probation orders, and conditional discharges. They are suited for sentences such as minor offences and misdemeanours. **The Juvenile Justice Act, 2003 (Act 653) Section 29** provides that a juvenile court may give a discharge order to an offender (conditionally or unconditionally or after s/he has given an undertaking), and release the offender on probation, commit the offender to the care of a relative or other fit person, send the offender to a correctional facility, order the offender to pay a fine, damages, or costs or direct an order towards the parent or guardian of the offender. **The Narcotic Drugs (Control, Enforcement and Sanctions) Act, 1990 (P.N.D.C.L. 236)** also provides for orders for the confiscation of property and forfeiture of proceeds of crime. In addition to the noncustodial sentences, **the Courts Act, 1993 (Act 459) Section 73** provides that a court with criminal jurisdiction may promote reconciliation, encourage and facilitate a settlement in an amicable manner. The offence for which an amicable settlement may be made must not be a felony (misdemeanours) and must not be aggravated in degree. The settlement may be made on payment of compensation or on any other terms approved by the Court. In the event of a settlement being affected, the court shall dismiss the case and discharge the accused person.¹¹

¹¹ Paraphrased from *The Ghana Law Hub* (online resource) December 10, 2018

Risk and Vulnerability Matrix for Children in Conflict with the Law

| <p>Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|---|---|--|--|--|
| <p>Children in Conflict with the Law – CICWL (Juvenile Justice cases) JJA=Juvenile Justice Act</p> | <p>1) Cases involving serious offenses as defined in the JJA as murder, rape, defilement, indecent assault involving unlawful harm, robbery with aggravated circumstance, drug offences, and offences related to firearms. 2) Though a “threatening offence” is classified in the JJA as a “minor offence” when they involve threats of sexual abuse, violence, severe harm or death - they are to be treated as higher risk.</p> | <p>1) Serious offenses except murder or sexual offense, or threats of these or severe harm, that DOVVSU/ Police determine can wait for response within a weeks’ time based on situation and if under some other form of control. For example, minor drug offenses or firearm accidental discharge without incident. 2) Minor offenses are described in the JJA as “criminal matters such as petty theft, petty assault and threatening offences.” If these matters are repeat offences, they are generally determined to be medium risk.</p> | <p>1) Minor offenses as described by the JJA such as “petty theft, petty assault and threatening offences” that are not such a serious or repeating occurrence that they can be at least initially be handled by Traditional Authorities or other recognized and credible civil society leaders in the community. 2) Involvement in gangs – particularly first for the first time - known or rumored to be involved in criminal activity, community disturbances, out of school youth.</p> | <p>1) Successful diversion from criminal justice system 2) Successful completion of probation period 3) Successful community reintegration after remand or correctional facility 4) Successful reunification with family or relatives after remand or correctional facility 5) Completion of vocational training and certification 6) Completion of basic education 7) Improved psychosocial wellbeing of juveniles and parents/ guardians</p> |

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|--|---|---|---|
| Response CICWL | 1) DOWSU, and in their absence other Police Officers, are immediately involved in higher risk cases. Because these cases involve children, DSWSD joins the MDT to case manage the social services, responsibilities of case representation to the Juvenile Court, remand homes and probation officer duties. Key among the case coordination activities are: a) Support for continuing education b) Value formation activities for juveniles in clubs, sports, FBOs, etc. c) Parenting skill development d) Counselling for children and/or parents/caregivers individually or group | 1) Same as for higher risk cases, with the exception of the time frame for reporting and response. 2) Cases in which the Police, Social Welfare Officers and Juvenile Courts may grant leniency and allow release into the community under probation orders. 3) For children under the age of 12 who cannot be charged with a crime, DSW/DSWCD is the lead agency for these cases, including their families. These may involve children on the street and/or neglectful or destitute family support situations. | 1) Traditional Authorities or other respected civil society leaders based on complainant wishes to mediate and draw up restorative agreements, and monitor progress 2) Notification and Update of casework to DSW/DSWCD and advise from DOWSU as needed. 3) Should cases not be successfully resolved referral of case to DOWSU and DSW/DSWCD for intervention and case management as needed. 4) For children under the age of 12 who cannot be charged with a crime, DSW/DSWCD is the lead agency for these cases, including their families. These may involve children on the street and/or neglectful or destitute family support situations. | Traditional Authorities and other local leaders work with DOWSU and other stakeholders such as Social Welfare Officers/Probation Officers and FBOs, on on-going, law and order issues involving juveniles in their communities, such as alcohol and drugs, gangs and the presence of dance and internet clubs where wrong doings may be occurring. Reduction of incidences of juvenile activity of this kind is a successful impact of these efforts. |

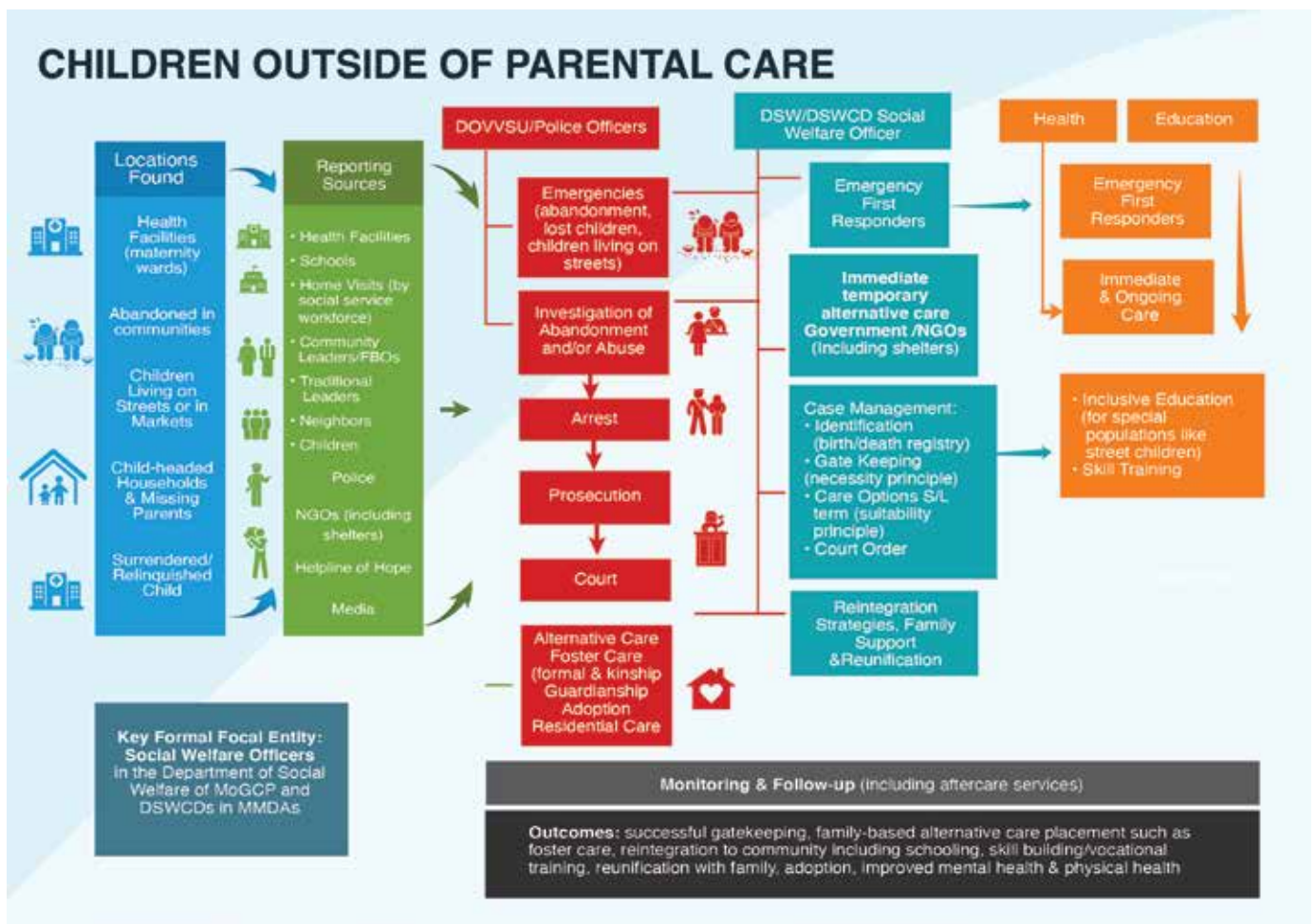


6.3.5. Children Outside of Parental Care

Pathway Summary

Children Outside of Parental Care (COPC) is a broad case category. Beyond children not living with their parents, it includes those outside of care by their guardians, such as close relatives, if they are the primary caregivers of the child. COPC casework also involves preventing the separation of children from parents or their guardians. COPC are abandoned, separated due to abuse or neglect, or with the inability of a parent or guardian to provide for their basic needs resulting in placing the child in alternative care such as in a residential home for children (RHC). Depending on this broad range of situations, the first responders are found in the top row of the diagram.

- The Police responds to emergency situations such as abandonment and abuse.
- DSW/DSWCD Social Welfare Officers begin their social services in these situations as soon as possible and work in close association with RHCs.
- If the cause of separation is a crime such as domestic and gender-based violence (D&GBV), Police investigate and pursue prosecution.
- DSW/DSWCD coordinates case management of COPC cases. A major priority in case management is preventing separation through family strengthening. If there is separation, services are geared toward reintegration of children back into their communities and families.
- Schools are vital for this caseload to help identify risk, but also ensure these vulnerable children are accessing education and specialized support from school staff.



Key Legal Provisions

1. No parent (married or not) shall deprive a child of his welfare. They have the responsibility to protect, guide, care and maintain their children and provide for their health, life, education and shelter (The Children's Act, 1998 (Act 560) section 6 and 47).
2. It is illegal to abandon a child (The Criminal Code 1960 (Act 29) section 96)
3. Additional laws to safeguard children in adoption and foster care are in The Children's Act, Amended (2016), L.I. 2360 on adoption, and L.I. 2361 on foster care.
4. Convention on the Rights of the Child (Article 20): A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. State Parties shall in accordance with their national laws ensure alternative care for such a child. Such care could include, inter alia, foster placement, adoption or if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

5. African Charter on the Rights and Welfare of the Child (Article 19): Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents. No child shall be separated from his parents against his will, except when a judicial authority determines in accordance with the appropriate law, that such separation is in the best interest of the child.
6. Children’s Act, 1998 (Act 560), (excerpts from Sections 6 and 47) says no parent whether they are married or not at the time of the child’s birth or if they continue to live together shall deprive a child of his welfare. They have the responsibility to protect the child, provide good guidance, care and maintenance for their development, and supply the “necessaries of health, life, education and reasonable shelter for the child.”
7. The UN Guidelines for the Alternative Care of Children (2009) introduces the necessity principle which means reasonable options for supporting the parents have been pursued preventing their separation, and alternative occurs only if it is really needed. This process is called ‘gatekeeping’. Children’s safety is an important consideration. The suitability principle is applied when determining the type of alternative care is in a child’s best interest. Longer term residential care for children poses significant developmental risks for children, thus priority is given to family and community-based solutions, though it is recognized that shelter and residential homes for children (RHCs) may be appropriate as short-term options while family-based care is pursued, including family reunification.
8. The Children’s Act, 1998 (Act 560) was amended in 2016 to amend Ghanaian law on adoption and foster care, and in 2018 new regulations came into force on adoption (L.I. 2360) and foster care (L.I. 2361).
9. Ghana’s Care Reform Initiative (CRI), coordinated through the Department of Social Welfare of the Ministry of Gender, Children and Social Protection began in 2007 to promote family-based care, deinstitutionalize and reintegrate children back into family-based care, prevent unnecessary child-family separation, and strengthen gatekeeping measures and standards for continuing residential care homes.
10. Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana (2018), and National Standards for Residential Homes for Children in Ghana (2018) – both from the Department of Social Welfare, Ministry of Gender, Children and Social Welfare.

Roles and Responsibilities in Pathways of Key Sectors, Institutions and Caseworkers Civil

• Civil Society and Key Community-based Stakeholders in Child Protection

1. Stakeholders at the community level support households with vulnerable caregiving situations such as single parent households or care by the elderly and those in alternative care including key services of health, education and livelihoods.
2. Connect families to DSW/DSWCD for social service support and to DOWSU in situations of abandonment or D&GBV.

3. Abduction is a crime, however, as agreed by stakeholders, Traditional Authorities can be effectively support the following:
 - (1) Kinship care – supporting the placement of a child with relatives or close friends of the family when the parents of the child are not able to take care of the child, and
 - (2) family strengthening supporting with community resources vulnerable families at risk of separation.

- **Departments of Social Welfare and Community Development (DSWCD)**

Social Welfare Officers are the case managers of COPC cases and the focal sector for alternative care. In emergency situations, SWOs secures alternative care for children, to be confirmed later by the court. Key functions are: work with courts in care orders through social enquiry reports, ensuring proper registration of RHCs and preparation of foster families, case management leading to family-based care including reunification and re-integration back into community. Prevention of separation by strengthening vulnerable households is also an important role for DSW/DSWCD.

- **DOWVSU/Police**

Police provides emergency services in rescuing abandoned children, assisting lost and found children and children on the streets who may or may not be living at home. When COPC are in a situation of abuse, DOWVSU responds immediately to ensure their safety provide medical assistance and starts the criminal investigation process (see D&GBV Pathways description). DOWVSU also works closely with and refers all COPC cases to DSW/DSWCD.

- **Family Tribunal**

The Family Tribunal is a specialized District Court for dealing with civil cases relating to children. Pursuant to the Children's Act, 1998, the Family Tribunal has jurisdiction over matters concerning: parentage; child custody, access, and maintenance; supervision and care orders for children in need of care and protection; adoption order and fostering. They issue the care orders for children based on information in social enquiry reports and SWO recommendations.

- **Ghana Education and Health Services**

Education and health are two vital needs of COPC cases. Both school and health staff have essential roles in identifying COPC cases, or those at risk of being outside of parental or relative care and refer the cases to the DSW/DSWCD for social service support.

- Health services are key to strengthening families and all COPC in formal care, such as in RHCs who need regular checkups and access to quality health care.
- All children in RHCs should be attending schools; thus all schools must provide inclusive education to COPC and as necessary guidance and counselling support to children, parents and other care givers.

Typology for Children Outside of Parental Care

This Typology references and defines common legal, policy and best practice service norms for the COPC case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

Alternative Care is care for children who are not under the custody of their parents. It is divided between residential care (including shelters) and family-based care. It can be considered formal such as through a guardianship, registered residential home for children or registered foster care – or informal such as kinship care. Adoption bestows children with their full rights as children cared for by the parents who have adopted them. (MoGCSP: Case Management Standard Operating Procedures for Children in Need of Care and Protection, (2018).

Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (MoGCSP: National Standards for Residential Homes for Children in Ghana, (2018).

Orphan is a child having lost both parents. It is also sometimes used to describe a child having lost one parent, often in situations when the surviving parent is either not caring for the child or struggling or incapacitated to care for the child.

Family-based care: Family-based care is the alternative care of children in a family environment. Family-based care includes: Kinship care (living with relatives); and Foster care (living in a home with a foster parent, who provides round-the-clock care – in the same capacity as a biological parent), and Adoption: legal responsibilities as parent of a child who is not one's biological child.

Formal care: All alternative care in which placement has been ordered by a competent administrative body or judicial authority. Placements in residential care without the necessary authorization are illegal.

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

Kinship care: Family-based care within the child's extended family.

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Reunification: Reunification refers only to the physical return of the child to the family.

Residential Care: Residential care: Care provided in any non-family-based group setting, such as shelters for emergency care, transit Centres in emergency situations, and all other short- and long-term residential facilities, including group homes (from UN Guidelines for the Alternative Care of Children, 2009). Residential care may be considered as a temporary alternative care solution for some children in emergency situations and with no other means of support but only as a last resort if no immediate placement in the community is found. The goal of residential care must be to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative within the shortest amount of time.

Residential Homes for Children “Approved Residential Home” – A residential home for children which is run by Government or a non-governmental home licensed by the Minister where children are given temporary substitute family care (Children’s Act 1998, (Act 560) Section 125).

Foster Care: A foster parent is a person who is not the parent of a child but is willing to undertake the care and maintenance of the child (Children’s Act, 1998 (Act 560) Section 63, and Children’s Act, Amendment (2016). According to section 20 of the Foster Care Regulation (L.I. 2361). A child shall not be placed in foster-care unless:

- (a) the child is abandoned, relinquished, abused, neglected or an orphan
- (b) the child is awaiting placement for adoption
- (c) there is not an immediate adoption option
- (d) the adoption process is disrupted
- (e) the child is under temporary placement with a fit person,
- (f) foster-care is the preferred choice of care for a child
- (g) the family members of the child are temporarily or permanently unable or unwilling to provide care or protection for the child.

The financial or material poverty shall not be a justification for placing a child in foster care but shall be seen as a signal to the Department to provide support to the family.

Adoption: According to Section 75 of the Children’s Act, 1998, (Act 560), a) the rights, duties, obligations and liabilities including those under customary law of the parents of the child or of any other person connected with the child of any nature whatsoever shall cease; and b) the adopter of the child shall assume the parental rights, duties, obligations and liabilities of the child with respect to custody, maintenance and education as if the child were born to the adopter.

Adoptability of a child: According to Section 2 and 17 of the Ghana Adoption Regulations, L.I. 2360, (2018),

1. A child is adoptable on the follow conditions:

- (a) if the child is in need of an adoptive family; and
- (b) where the parent or guardian is
 - (i) known (and), and the parent, guardian or Department (of Social Work and Community Development) has consented to adoption in respect of that child; or
 - (ii) unknown (and), the Regional Director of the Department where the child habitually resides has consented to adoption in respect of that child.

2. A child is in need of an adoptive family if the child is under a Care Order and

- (a) the child cannot be kept in or reunited with the family of that child; or
- (b) there is a basis under the Act for severing the links of the child with the parent, guardian or relative; and
- (c) an assessment of the child by the Technical Committee has established that the child will benefit from a family environment and adoption is the preferred option of care.

Guardian relinquishing/giving consent to child adoption: A relative of a child or a person who has a relationship with the child under special circumstances and has rights and responsibilities towards providing the needs of the child and has the consent of the heads of family of the father and mother of the child to give the child up for adoption (Adoption Regulations, LI2360).

Relative adoption: The transfer of the rights, responsibilities and obligation in respect of a child to a person related to the child by blood, adoption or marriage with consent from the parent, guardian or relative of the child (Adoption Regulations, L.I 2360).

Abandonment of Infants: According to Section 96 of the Criminal Code, 1960 (Act 29), “Whoever, being bound by law, or by virtue of any agreement or employment, to keep charge of or to maintain any child under five years of age, or being unlawfully in possession of any such child, abandons the child by leaving it at a hospital, or at the house of any persons, or in any other manner, shall be guilty of a misdemeanour.” Criminal Code, 1960 Section 96.

For the purpose of adoptability, a child is considered abandoned where a) a person leaves the child with an unknown person and does not return; b) the child is left in a health facility without the parent, c) the child is left alone in a public place without care; d) the child is left in a questionable place that suggests neglect; or e) the child is left in a residential care facility for at least a year without the parent, guardian or relative of the child visiting the child or showing any interest in caring for the child and the Department i) is unable to trace the parent, guardian or relative of the child; or ii) has given notice to the parent, guardian or relative to show interest in the child as set out in Form 3 of the Schedule without any response. Furthermore, from Section 28 (5) of the Adoption Regulations, 2018 (L.I 2360) – If “the parent, guardian or relative of a child in need of care and protection cannot lot be

located within a period of six months from the time the Department assumes responsibility for the child, the Department shall present the name of the child and the circumstances of abandonment to the Authority for determination of adoptability of that child.” Ghana Adoption Regulations, L.I. 2360, (2018) – Section 28 (2).

Children on the Street/Streetism/Children Living on the Streets/Children in Street Situations:

According to section 18 of the Children’s Act, 1998 (Act 560) a child is in need of care and protection, if:

(f) is wandering and has no home or settled place of abode or visible mean of subsistence, and

(g) is begging or receiving alms, whether or not there is any pretence of singing, playing, performing, offering anything for sale or otherwise, or is found in any street, premises or place of begging or receiving alms”.

The study on Street Children in Greater Accra, Ghana, undertaken in 2011 by the Department of Social Welfare defines Street Children as “Children who are under 18 years, are born on the street, live with parents on the street; migrated to the street; or urban poor children or Street Mothers who survive work on the street.”

“In the past, the terms used to describe children in street situations have included “street children”, “children on the street”, “children of the street”, “runaway children”, “throwaway children”, “children living and/or working on the street”, “homeless children” and “street-connected children”. In the present general comment, the term “children in street situations” is used to comprise: (a) children who depend on the streets to live and/or work, whether alone, with peers or with family; and (b) a wider population of children who have formed strong connections with public spaces and for whom the street plays a vital role in their everyday lives and identities. This wider population includes children who periodically, but not always, live and/or work on the streets and children who do not live or work on the streets but who regularly accompany their peers, siblings or family in the streets. Concerning children in street situations, “being in public places” is understood to include spending a significant amount of time on streets or in street markets, public parks, public community spaces, squares and bus and train stations. It does not include public buildings such as schools, hospitals or other comparable institutions.” (U.N. Convention on the Rights of the Child, Committee on the Rights of the Child, General Comment No. 21 (2017) on Children in Street Situations).

Missing Child: there is no definition or legal reference to a missing child in Ghanaian law. Informally, this term can be connecting to many things including: a child who is lost, a run-away child, a child who is kidnapped (see Child Labour and Trafficking typology), or one who is stolen or abducted (see Parentage, Custody, Access and Maintenance typology).

Fit Person: A person of full age who is of high moral character and integrity and of sound mind capable of looking after a child, is not a relative of the child and has been registered by a probation officer or social welfare officer as being able to provide a caring home for a child (Children’s Act, 1998, (Act 560) Section 125).

Risk and Vulnerability Matrix for Children Outside of Parental Care

| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately, response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|--|---|---|---|
| <p>Children at Risk of or Being Outside of Parental Care (COPC), including Alternative Care and Abandonment</p> <p>RHC= Residential Home for Children</p> <p>Formal care = residential or shelter care, guardianship, foster care</p> <p>Informal care= kinship care not under guardian-ship, non- registered foster care</p> | <p>1) Any child found abandoned, lost or are “unaccompanied minors” – meaning they are separated from both parents and other relative and not being cared for by an adult, who by law or custom is responsible for doing so.</p> <p>2) Any child in serious safety and medical emergency (i.e. children on the street, homeless children, children with mentally disabled parents, children exposed to substance abuse/abducted/trafficked children/children found in child labour/hazardous labour)</p> | <p>1) “Separated children” - those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives - this may include children accompanied by other adult family members. A medium risk if there is a significant care, including shelter, or medical need (not in the higher risk category)</p> <p>2) Children in formal and informal care where DGBV is reported, having occurred at least 2 or more months prior to the first reporting and has not yet received any support (see DGBV section)</p> | <p>1) Children being cared for by relatives or very close friends of the family (kinship care) who are reporting difficulty in caring for the child, regular education and health provision, lack of adequate supervision or care, juvenile situations</p> <p>2) Children on the street, known to have families but amount of time staying with the families or relatives is not known</p> <p>3) Children in foster care requiring regular on-going support until permanency is secured</p> | <p>1) Child presented to shelter or RHC receives gatekeeping services to prevent institutionalization or returns to home in short period of time to adequate family care</p> <p>2) Child’s medical situation stabilized</p> <p>3) Child in family-based alternative care: formal foster care or kinship care assessed to be safe and meeting child’s needs</p> <p>4) Child regularly attending school, if necessary, with inclusive/special education plans to meet needs</p> |

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|--|--|--|--|
| | 3) Children in formal care or informal care where DGBV is reported and having occurred less than 2 months ago (see DGBV section) 4) Children living in homes used as brothel for prostitutes 5) Missing Person/Child | 3) Report of significant neglect of children in formal and informal care (e.g. in an RHC or shelter including hungry and sick children, lack of caregivers to monitor safety, children are not receiving education). | 4) Aftercare from fostering or RHC requiring support to point of resiliency and independent care 5) Neglectful situation in an RHC whereby education, health care, play activities is erratic and presents risks that need to be responded to | 5) Youth successfully transitioned into semi-independent living or independent living 6) Child successfully reunified with family or close kinship and/or guardianship arrangement after longer term period 7) Children are successfully adopted, nationally or inter-country (meaning post placement reports indicate wellbeing of child, attachment and placement) 8) Child in temporary care of licensed quality RHC |

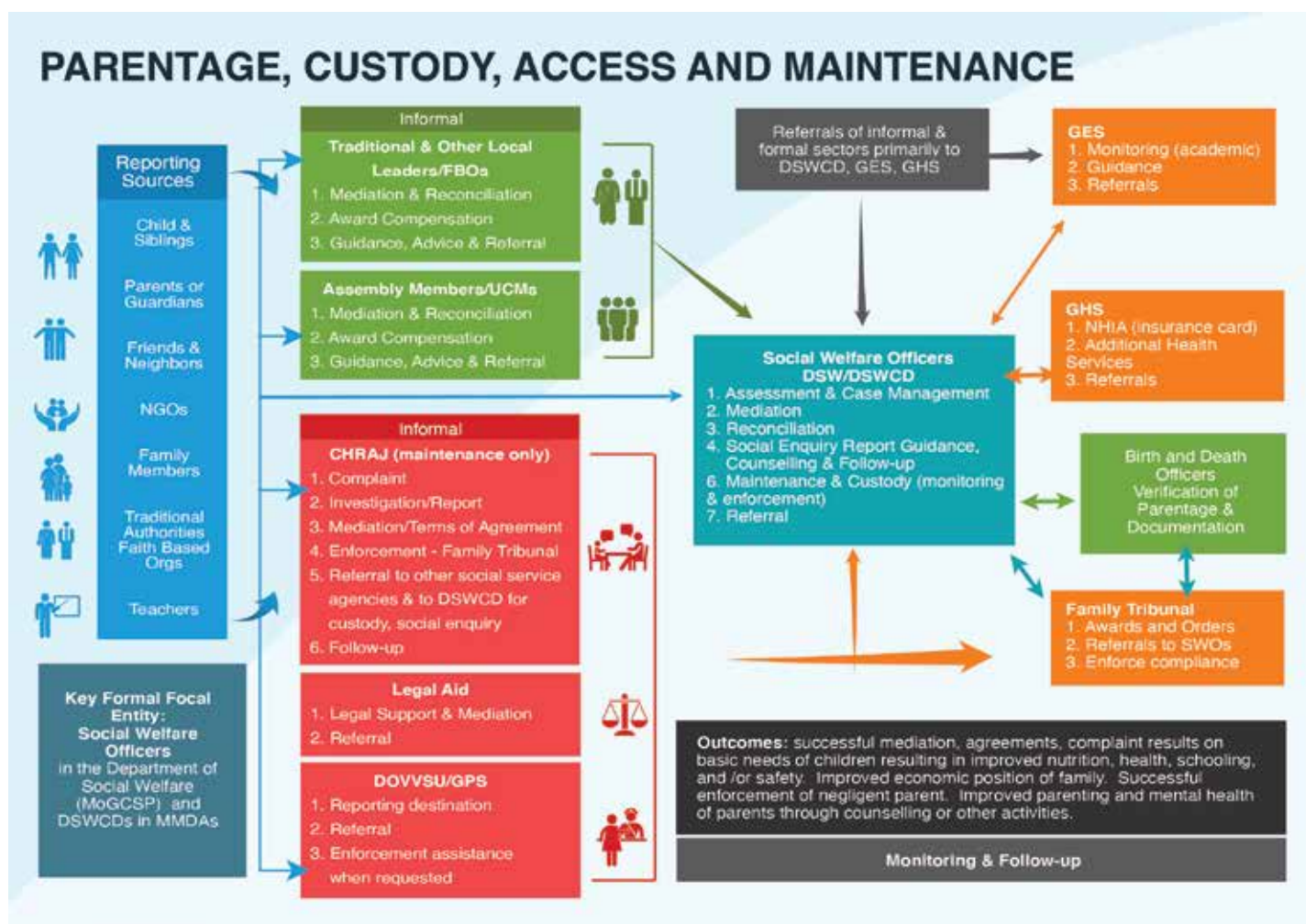
| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|--|---|--|--|
| <p>Response COPC, Alternative Care</p> <p>Note: for all COPC cases, with the exception of more established and secure kinship care, DSW/DSWCD follows a case file and management process leading to permanency in the care plan.</p> <p>Reporting abandoned or homeless children is critical for the child's health and to prevent abuse. This comes from an informed and aware community.</p> | <p>1) DOWSU and DSW engaged immediately responding with emergency service ensuring child receives urgent medical care, particularly for a child under 5 years of age or with serious medical condition.</p> <p>2) Investigation of abandonment and other possible crimes such as abuse begins. DSW is at the hospital to initiate the social welfare aspects of these cases.</p> <p>3) Health center stabilizes the health of the child</p> <p>4) RHC, shelter or fit person is identified for short term care and DSW/DSWCD ensures this and longer-term care through Family Tribunal court orders based on SER</p> | <p>1) Generally, DSW/DSWCD starts as the lead responder for these cases and brings in DOWSU, health, education and other service providers as needed and as the case management process proceeds.</p> | <p>1) Local community-based institutions and actors like education and health centers, CDOs and 2nd tier CP stakeholders like Traditional Authorities, clergy and local authorities are essential to COPC. For lower level risk cases, such as more vulnerable kinship care circumstances they may take the lead in identifying these families and supporting them to avoid risks like juvenile, offense situations, access to health, education and livelihoods.</p> <p>2) Kinship care is pervasive through Ghana. Many of these situations are not considered in the risk categories. However, it is important for a system to exist that documents kinship care and under what arrangements this exists, what the status of the care is, if there is a birth certificate, etc. In these cases, care providers should be documenting their support and submitting to DSW/DSWCD registration and update forms.</p> | |



6.3.6. Parentage, Custody, Access and Maintenance

Pathway Summary

Parentage, Custody, Access and Maintenance (PCAM) cases ensure and enforce the rights and basic needs of children are safeguarded when there are disagreements and negligence in parental duties to children. Resolution of child maintenance disputes is the largest single child protection caseload nation-wide. SWOs are legally mandated to provide PCAM services; however, CHRAJ and Legal Aid also support parents with maintenance complaints. Additionally, informal sector leaders such as Traditional Authorities help in mediating parental disputes. When higher risk cases or those with multiple needs are identified, these stakeholders should always make referrals to SWOs. Police are involved in these cases both as a point where complaints are made, when there is the risk or actual situations of crimes associated with parental behaviors, and as an enforcement mechanism when a parent defies the ruling of the Family Tribunal case orders. Many families in the PCAM caseload are vulnerable, such as a single-parent household in poverty with challenges in supporting the basic needs of children. As with other child protection situations, these families and children may need the added assistance of teachers, health workers and other staff in schools and medical centers



Key Legal Provisions

The key laws for this case category come from The Children’s Act, 1998 (Act, 560) Part III – Parentage, Custody, Access and Maintenance, and the Criminal Code, 1960 (Act 29).

1. **Section 6 of the Children’s Act, 1998 (560)** says no parent shall deprive children of their welfare whether parents are married or not. They have responsibility to protect their children, provide good guidance, care and maintenance for their development, and supply for their necessities of health, life, education and reasonable shelter for the child. **The Act** also designates Family Tribunals as the specialised district level court for civil cases involving children, including child custody and maintenance.
2. **Alternative Dispute Resolution Act, 2010 (Act 798):** within the context of ADR, this law guides mediation processes and can be applied to access, maintenance and custody disputes (See also *Children before the Courts of Ghana, Towards a Child-Friendly Justice, 2018, Judicial Services of Ghana*).

Roles and Responsibilities in Pathways of Key Sectors, Institutions and Caseworkers

• **Civil Society and Community-based Key Stakeholders in Child Protection**

Many PCAM issues are resolved in the informal sector through mediation, agreement and compensation processes arranged through community leaders, including Traditional Authorities. When these informal stakeholders are involved in PCAM resolution they should complete and send the ISSOP Notification and Update Form to DSWCD to alert them of their involvement and, if and when disputes are settled, provide DSWCD with the Terms of Settlement. Stakeholders in the informal sector should refer cases to Social Welfare Officers if they are not able to achieve resolution to maintenance, custody and access disputes. They also can support vulnerable households struggling to meet the basic needs of their children – particularly many female-headed households with children abandoned by fathers. The Criminal Code (child abduction and stealing) and Domestic Violence Act referenced in the Typology identify crimes for investigation and prosecution by the Ghana Police Services. When parties fail to comply with the mediated agreement it is sent to the Family Tribunal for enforcement. When the defaulting party is recalcitrant in the Court Order in a custody case, the Court may order the Police to remove the child and bring the child to the custodian through the Court.

Examples of cases and situations that social service stakeholders generally agree involvement by Traditional Authorities and other local leaders such as the in the faith community is mediation and resolution to child maintenance and access disputes

• **Departments of Social Welfare and Community Development/MMDA (DSWCD)**

Social Workers at DSW/DSWCDs are the main referral destinations for PCAM cases. They are the focal government caseworkers for these cases. SWOs case manage situations of greater risk, including those involving significant neglect and possible D&GBV. SWOs mediate agreements between parents and work closely with Family Tribunals as they determine compensations and orders, informed through SWO social enquiry reports. Case coordination is often necessary with community service providers such as verifying or arranging birth registration, access to NHIS and with schools to support children's attendance and participation. PCAM disputes create psychological distress, including challenging behavioral issues, so guidance and/or counselling is often needed by parents and children.

• **The Commission on Human Rights and Administrative Justice (CHRAJ)**

Through their human rights mandate CHRAJ specializes in maintenance cases, as does Legal Aid. Casework starts with a complaint directly from the aggrieved party (sometimes a child, not just the parent) or an entity representing them such as an NGO. CHRAJ investigates and establishes a mediation process leading to a term of agreement. When cases are settled by CHRAJ, this should be reported to DSWCD in the ISSOP Notification and Update Form. Follow up, including enforcement advocacy with courts occur if terms are not being followed including orders for arrest of an offender. CHRAJ refers cases involving custody and/or other greater risks to DSWCD, and to DOWSU/Police when there are threats or evidence of D&GBV or other criminal activity.

• **DOWSU/Ghana Police Service**

DOWSU/Police are also contacted by PCAM aggrieved parties when they want to file a complaint, want help when a party is not cooperating in an agreement, and/or there may be criminal matters

for policework, such as violence, abuse, theft or use of drugs. DOWSU refers and works closely with DSW/DSWCD who coordinates the social service casework including support to the Family Tribunal. If enforcement is needed as a last resort, Police can be asked to visit or arrest the offender based on a court order.

- **Family Tribunal and Alternative Dispute Resolution**

Family Tribunals receive PCAM cases if issues are not resolved through mediation through the other service providers. For example, they make awards of parentage and access. Their orders are informed by SERs and recommendations from SWOs. As cases come to Family Tribunals from sources other than SWOs, the Tribunal may refer to the SWOs for a SER or for other needs. Tribunals can enforce their orders, including seizure of assets or salary, and order arrests.

- **Ghana Education and Health Services**

Education and health are two of the biggest basic needs in many PCAM cases because parents caring for children struggle in meeting basic needs of children. They also have responsibilities to identify risk and vulnerability due to parental disputes and challenges and make referrals to SWOs or CHRAJ for assistance.

Typology for Parentage, Custody, Access and Maintenance

This Typology references and defines common legal, policy and best practice service norms for the Parentage, Custody, Access and Maintenance case category. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

Neglect and domestic violence are associated with this typology because these factors may enter into custody decisions. Discrimination is relevant since children affected in parental, custody and other family disputes should have equal access to their rights under the law. Abduction and child stealing are associated since disaffected parents in custody or related disputes may resort to these practices.

Child maintenance is an ongoing periodic payment made by a parent for the financial benefit of a child following the end of a marriage or other relationship.

Confirming parentage is the legal process for determining the father as parent of a child and the conveyance of legal rights and privileges to the children. More broadly it relates to providing basic emotional, social and economic ties between the parent and child.

Parental Duty and Responsibility: Sections 6 of the Children's Act, 1998 (Act 560) provides for the following: (1) No parent shall deprive a child of his welfare whether

- The parents of the child are married or not at the time of the child's birth;
- The parents of the child continue to live together or not.

- (2) Every child has the right to life, dignity, respect, leisure, liberty, health, education and shelter from his parents.
- (3) Every parent has rights and responsibilities whether imposed by law or otherwise towards his child which include the duty to
 - (a) protect the child from neglect, discrimination, violence, abuse, exposure to physical and moral hazards and oppression;
 - (b) provide good guidance, care, assistance and maintenance for the child and assurance of the child's survival and development;
 - (c) ensure that in the temporary absence of a parent, the child shall be cared for by a competent person and that a child under eighteen months of age shall only be cared for by a person of fifteen years and above except where the parent has surrendered his rights and responsibilities in accordance with law.
- (4) Each parent shall be responsible for the registration of the birth of their child and the names of both parents shall appear on the birth certificate except if the father of the child is unknown to the mother. Children's Act, 1998, (Act 560) Section 6

Duty to Maintain a Child: 1) A parent or any other person who is legally liable to maintain a child or contribute towards the maintenance of the child is under a duty to supply the necessaries of health, life, education and reasonable shelter for the child. 2) For the purpose of this section, education means basic education (Children's Act, 1998, (Act 560) Section 47).

Child Maintenance: is an ongoing, periodic payment made by a parent for the financial benefit of a child following the end of a marriage or other relationship. Child maintenance is paid directly or indirectly by an *obligor* to an *obligee* for the care and support of children of a relationship that has been terminated, or in some cases never existed. Often the obligor is a non-custodial parent. The obligee is typically a custodial parent, a caregiver, a guardian, or the state.

Child Custody and Access: According to section 2.5B of the Local Government Service Social Welfare and Community Development Training Manual, (March 2014), child custody and guardianship are legal terms which are used to describe the legal and practical relationship between a parent and his or her child, such as the right of the parent to make decisions for the child, and the parent's duty to care for the child.

Forms of Custody ¹²

Alternating custody – is an arrangement whereby the child/children live for an extended period of time with one parent, and then for a similar amount of time with the other parent. While the child/children are with the parent, that parent retains sole authority over the child/children.

¹² Local Government Service Social Welfare and Community Development Training Manual, March 2014

Shared custody – is an arrangement whereby the child/children live for an extended period with one parent, and then for a similar amount of time with the other parent. Opposite to alternating custody, both parents retain authority over the child/children.

Joint custody – is an arrangement whereby both parents have legal custody and/or physical custody. Sole custody – is an arrangement whereby only one parent has physical and legal custody of the child/children.

Split custody – is an arrangement whereby one parent has full-time custody over some children, and the other parent has full custody over the other children.

Third-party custody – is an arrangement whereby the children do not remain with either biological parent and are placed under the custody of a third person.

Custodial Parents¹³

A **custodial parent** is a parent who is given physical and/or legal custody of a child by court order.

A **child-custody determination** means a judgment, decree, or an order of a court providing for the legal custody, physical custody, or visitation with respect to a child. The term includes a permanent, temporary, initial, and modification order. The term does not include an order relating to child support or other monetary obligation of an individual. Where the child lives with both parents, joint physical custody is ordered, and both parents are custodial parents. Where the child will only live with one of the parents, sole physical custody is ordered, and the parent with whom the child lives is the custodial parent, the other parent is the non-custodial parent.

Non-Custodial Parents¹⁴

A **non-custodial parent** is a parent who does not have physical and/or legal custody of his/her child by court order.

Fit person: a person of full age who is of high moral character and integrity and of sound mind capable of looking after a child, is not a relative of the child and has been registered by a probation officer or social welfare officer as being able to provide a caring home for a child. (Children's Act, 1998 (Act 560), Section 124)

¹³ Local Government Service Social Welfare and Community Development Training Manual, March 2014

¹⁴ Local Government Service Social Welfare and Community Development Training Manual, March 2014

Neglect or Negligent Treatment¹⁵: Neglect means the failure to meet children’s physical and psychological needs, protect them from danger, or obtain medical, birth registration or other services when those responsible for children’s care have the means, knowledge and access to services to do so. It includes:

- **Physical neglect:** failure to protect a child from harm,[6] including through lack of supervision, or failure to provide the child with basic necessities including adequate food, shelter, clothing and basic medical needs
- **Psychological or emotional neglect:** including lack of any emotional support and love, chronic inattention to the child, caregivers being “psychologically unavailable” by overlooking young children’s cues and signals, and exposure to intimate partner violence, drug or alcohol abuse; neglect of children’s physical or mental health: withholding essential medical care;
- **Educational neglect:** failure to comply with laws requiring caregivers to secure their children’s education through attendance at school or otherwise;

Discrimination: All persons shall be equal before the law. A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status. For the purposes of this article, “discriminate” means to give different treatment to different persons attributable only or mainly to their respective descriptions by race, place of origin, political opinions, colour, gender, occupation, religion or creed, whereby persons of one description are subjected to disabilities or restrictions to which persons of another description are not made subject or are granted privileges or advantages which are not granted to persons of another description (Constitution of the Republic of Ghana, (1992) Article 17).

Domestic and Gender-based Violence: In Section 1 (c) the meaning of domestic violence includes: “harassment including sexual harassment and intimidation by inducing fear in another person.” Section 1 (d) is also relevant: “behaviour or conduct that in any way, i) harms or may harm another person, ii) endangers the safety, health or well-being of another person, (iii) undermines another person’s privacy, integrity or security, or (iv) detracts or is likely to detract from another person’s dignity and worth as a human being (Domestic Violence Act, 2007 (Act 732).

Abduction: According to Section 92 of the Criminal Code, 1960 (Act 29) whoever is guilty of an abduction of any child under eighteen years of age shall be guilty of misdemeanour (Criminal Code, 1960 (Act 29) Section 91). The possession, control, care, or charge of a child by a parent, guardian, or other person shall be held to continue, notwithstanding that the child is absent from his actual possession, control, care, or charge, if the absence is for a special purpose only, and is not intended by the parent, guardian, or other person to exclude or determine such possession, control, care, or charge for the time being; but a person is not guilty of abduction by taking or detaining a child unless he knew, or had grounds for believing that the child was in the possession, control, care, or charge of some other person.

15 Convention on the Rights of the Child General Comments No. 13 (2011), Legal Analysis of Article 19 clause (1) and (2) of the Convention

Child-Stealing: Whoever steals any person under fourteen years of age, whether with or without his consent, shall be guilty of a second-degree felony - Section 93, Criminal Code, 1960 (Act 29). A person is guilty of stealing another person who unlawfully takes or detains him, with intent to deprive him of the possession or control of him any person entitled thereto, or with intent to steal anything upon or about his body, or with intent to cause any harm to him (Criminal Code, 1960 (Act 29) - Section 94(1).

For the purposes of this section, it is not necessary to prove that the person stolen had been taken from the possession, care, or charge of any person, if it is shown that some person, other than the accused person, was entitled to the control or possession of the person stolen (Criminal Code, 1960 (Act 29) - Section 94(2).

Risk and Vulnerability Matrix for Parentage, Custody, Access and Maintenance

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|--|--|--|---|
| Child Parentage, Custody, Access and Maintenance (PCAM) | 1) Any of the higher risk cases in which children may need to be separated from a parent or guardian, such as in Domestic & Gender-based Violence (DGBV) or severe neglect as found in the Social Protection and Other Similar Vulnerable Household (SPOVH) and Children Outside of Parental Care (COPC) risk and vulnerability guides. This includes: 2) a child in custody with a drug addict/alcoholic and there is severe safety, nutritional and other health risks. 3) Leaving children 5 years of age or younger alone 4) A child in custody with a mentally disabled parent who does not allow access to a child. | 1) Child lacking proper care support associated with medium level risks involving D&GBV, SPOVH, COPC and Children in Conflict with the Law. 2) Neglectful situations involving drug and alcohol issues of the primary caregiver of a child such as absence from the home leaving children aged 5–10 years unprotected or children 11 years and older home alone for significant periods of time children not (or irregularly) attending school or irregularly having their basic health needs met including immunizations and being moderately malnourished | 1) Cases where a parent is struggling to meet the basic needs of children due to inadequate or negligent maintenance support of another parent (usually a father) who has left, is absent, separated or divorced. Basic needs include regularly attending school, nutritious food, adequate shelter, medical care. 2) Custody issues creating emotional distress for the children and challenges in the proper care of children by the parents. | 1) Successful mediation reduces family conflict 2) PCAM agreements are concluded and are being followed in child best interest 3) Risks reduced and basic needs strengthened due to PMAC support & case management services, including stronger socio-economic position of caregiving family, and improvement in children's health, nutrition, schooling and/or safety. 4) Successful enforcement of actions against negligent parent 5) Documentation of MDT involvement in case review follow ups |

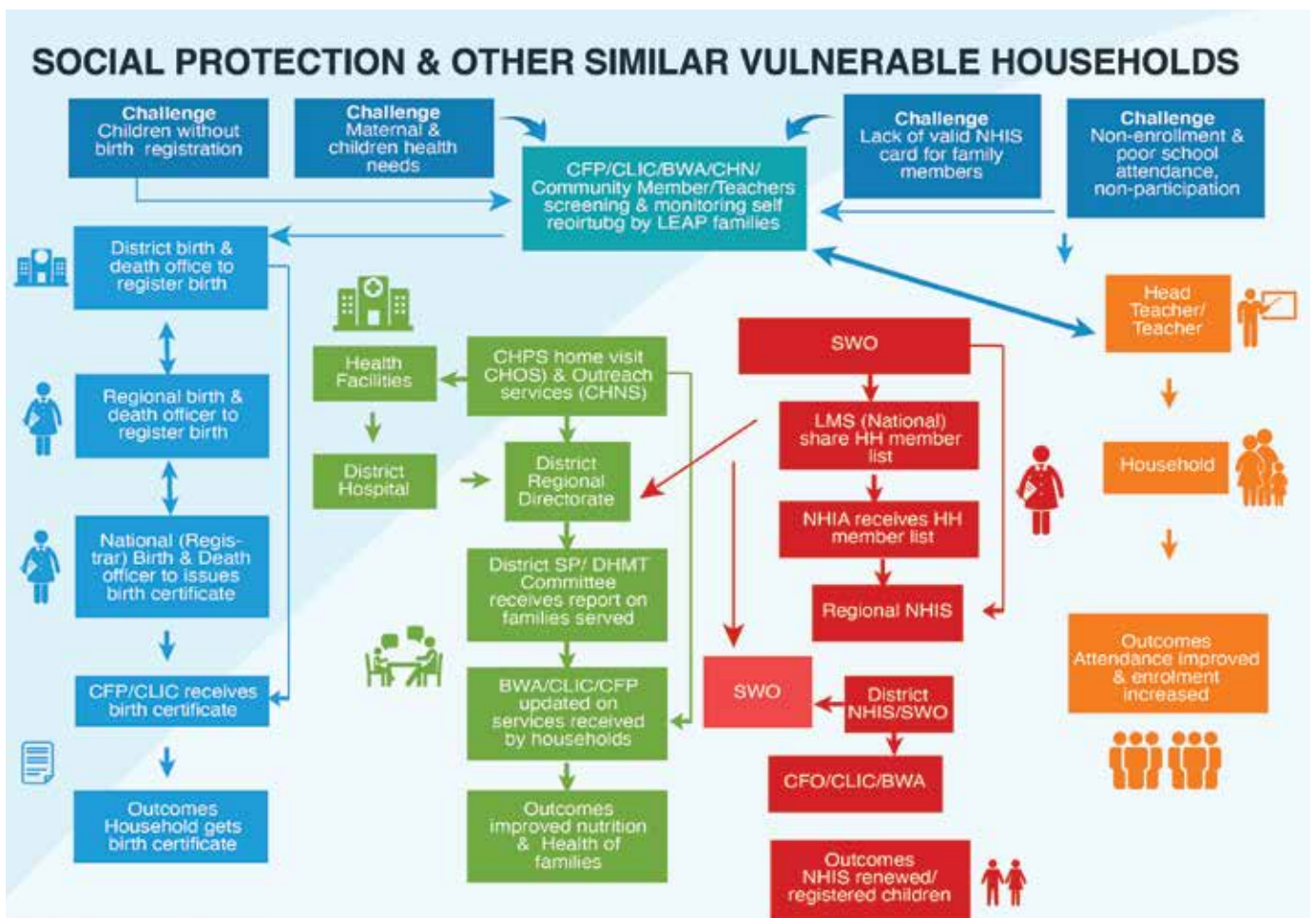
| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|---|---|--|--|
| <p>Response</p> <p>PCAM</p> | <p>DSW/DSWCD takes the lead in response and in cases involved as they are legally the focal agency for PCAM.</p> <p>All higher risk cases require an MDT approach. This include DOWSU/GPS in D&GBV or illegal drug situations</p> | <p>1) DSW/DSWCD takes the lead in response and, like with higher risk cases, coordinates an MDT that may include education and health support to the child and family members, in addition to the DOWSU/GPS and Justice Services such as the Family Tribunal</p> <p>2) DSW/DSWCD may be working in collaboration with CHRAJ (on maintenance cases) or Legal Aid (maintenance and custody cases) in the complaint and mediation process</p> <p>3) The Family Tribunal and/or Alternative Dispute Resolution come into decision making and mediation to resolve PCAM issues</p> <p>4) When parties fail to comply with the mediated agreement it is sent to the Family Tribunal for enforcement. When the defaulting party is recalcitrant in the Court Order in a custody case, the Court may order the Police to remove the child and to be to the custodian through the Court.</p> | <p>1) CHRAJ is an important provider of maintenance support services for lower risk cases, or in coordination with DSW/DSWCD in medium risk cases.</p> <p>2) Traditional Authorities (TAs) and other local leaders such as in the faith community, are involved in lower risk maintenance and access situations. These are stakeholders with respect and standing in local communities and with the parents to mediate and resolve these cases with notification and updating to DSWCD</p> <p>3) DSW/DSWCD is contacted and referred cases when TA assistance is not resulting in improved care and protection of children and family, and DSW/DSWCD coordinates with other service providers such as Family Tribunal and DOWSU as necessary</p> <p>4) Services coordinated as needed with others in the SSWF at the local level provide services and support in health, education, livelihood and other needs</p> | |



6.3.7 Social Protection

Pathway Summary

This case category recognizes there are many child protection and family welfare risks and vulnerabilities of families enrolled in social protection programs. However, there are also many other families with the same profiles not able to be enrolled in these programs to which many of the same service and support pathways and Typology apply. The Pathways diagram corresponds to addressing the risk and vulnerabilities of children and families identified in the “Regularly Occurring Challenges for Social Services”.



For this case category, this resource combines a case category Typology with the Pathways for Reporting, Referral and Response.¹⁶ The Typology references and defines common legal, policy and best practice service norms for ISSOPs. Its purpose is to ensure the SSWF and other key stakeholders have a common understanding of these details to enhance coordination of activities and the quality of services and support.

Key laws and policies

- **Ghana Social Protection Policy**, (Nov. 2015): The policy has context, situational analysis, institutional framework and relationships, mechanisms for policy delivery; and describes five flagship programmes: Livelihoods Empowerment Against Poverty (LEAP), Labour Intensive Public Works (LIPW), School Feeding Programme (SFP), National Health Insurance (NHIS) Exemptions and Basic Education Capitation Grants.
- Social protection is a key strategy in Ghana’s Transformation Agenda or the *Coordinated Programme of Economic and Social Policies (2014-2020)* as guided by Ghana’s National Social Protection Policy (2015). As of the development of the ISSOPs social protection is not yet framed by a law. Access to health insurance is framed by the National Health Insurance Act of 2003, (Act 650).

¹⁶ Other ISSOP case categories have separate Pathways and Typology sections.

Key Risks and Vulnerabilities

Along with the chronically poor, socially vulnerable population categories include victims of domestic violence, homeless persons, people living on the street, and female-headed households; and economically at risk migrants, orphans, widows, the elderly and vulnerably self-employed.

LEAP Background and Registration

LEAP households access cash grants disbursed bi-monthly and sign up for free to Ghana's National Health Insurance System (NHIS). Social Welfare Officers (SWOs) help coordinate these processes in collaboration with the frontline community service providers identified in the next section. SWOs can also continue to assist individuals and households facing child protection and other challenges.

Frontline Community Service Providers

Specifically tied to LEAP, depending on the location and programme set-up are Community LEAP Implementation Committees (CLICs), Community Focal Points (CFPs) and Beneficiary Welfare Associations (BWA).

Other key service providers for SP program beneficiaries and similar vulnerable households are Community Health Nurses (CHNs) operating out of the Community-based Health Planning Services (CHPS), school staff and volunteers such as Girl Education Officers (GEOs), Guidance and Counselling Officers (GCOs), and members of Parent Teacher Associations (PTAs). CHPS has compounds that can be visited by clients for health services and staff outreaching into the community such as nurses including specialists in mental health, and nutritionists.

Traditional Authorities and other civil society leaders, government civil servant and elected leaders at the community level, can also support vulnerable households by making social services accessible and relevant to their needs. NGOs also are integral to providing livelihoods, training, education and other socio-economic support in many communities.

All these key stakeholders have responsibilities to identify risks and needs of vulnerable families in their communities, particularly during house visits, and then facilitate connecting families to sources of support.

Children without Birth Registration

Parents are legally required to secure birth registration for their children. Not having a certificate is a risk since the identity of the child is not officially documented and can complicate casework such as in maintenance, custody and alternative care situations, and in delaying access to important services such as health or education.

Frontline service providers should always verify if birth certificates exist for vulnerable families. If families are not certain about registration or they do not have certificates, then they should be assisted in verifying and securing them. The process begins with a referral to the district *Birth & Death (B&D) Officer* in the Metropolitan, Municipal and District Assembly (MMDA) office who advises on if a birth certificate exists, or the application for securing a certification. If there is a complication, the B&D Officer must notify the family, and or frontline service provider connected to the family, and work towards resolution. Once successful, the family and or service provider is notified and the certificate can be fetched. LEAP beneficiaries are eligible to have waivers to birth registration fees, as are other vulnerable families unable to pay fees. The DSWCD verifies social protection program or poverty status for this to occur.

Maternal and Child Health Needs

Healthy pre-delivery, delivery and post-delivery support is a national priority for Ghana, particularly for families in need of social protection-type support. This includes awareness raising for pregnant women to have regular checkups and staying healthy, particularly in their nutrition needs. Related priorities for this target group are free delivery at medical centers, exclusive breast feeding at least through six months, free ante-natal care and healthy sanitation practices.

CHNs are the primary service provider to these mothers and babies, though all social protection frontliners are expected to monitor, encourage and directly help, if necessary, beneficiary access to health services and follow good practices. CHNs document the status of these cases through health reports and keeping social protection coordinators at the community-level informed. If there are complications, CHNs quickly move cases into district hospitals and involve district health officials who take the cases and report details to the district Social Protection Committee through the District Health Management Team (DHMT). CHNs stay informed for continued monitoring and assistance at the community level up to what are hopefully healthy deliveries and development of children through immunizations, preventing malnutrition (including stunting), and on-going care resulting in good physical and emotional health.

The Lack of Valid NHIS Cards

Health risks to families are reduced when they have valid NHIS cards. In addition to having access when ill, this enables preventative health measures, such as regular checkups for maternal and child health situations, for the elderly and others with chronic mental or physical health needs. Households may not have valid cards for several reasons. SP and other similar vulnerable households may not understand or value insurance and its health benefits. Some households run through their eligibility period and cards need to be renewed, or replaced.

Non-SP households not able to afford the insurance premiums, can have their poverty status assessed by Social Welfare Officers, who can then submit the paperwork for receiving free health insurance.

It is the duty of all SP frontliners, not just the CHNs, to advocate for households to hold valid and current cards, and to facilitate this process as needed for those unable to do this for themselves.

For new registration, the LEAP Management Secretariat (LMS) leads the process by submitting the records of all LEAP households to the National NHIS to authorize their registration. The National NHIS passes the list through the regional to the district level NHIS office for execution. At the district level, the SWOs lead the process of NHIS enrolment. This occurs by facilitating transportation of LEAP households to central locations where there is internet access for online enrolment. Beneficiaries may need assistance in getting to the locations where enrollment occurs. This is coordinated by SWOs with LEAP frontliners in communities. Enrollees receive information on timelines for receiving cards and procedures to follow in successfully receiving and keeping the cards current.

If eligibility expires, cards are lost or there are other complications – and if the beneficiary needs assistance to regain status – it is the duty of SWOs to facilitate this process. They can receive a referral to do this. In cases of card renewal, the SWO can bypass going through the national offices to do this and submit paperwork directly to district NHIS offices to receive the card. When this is not possible, SWOs submit paperwork to the national LMS which verifies the LEAP status of the household, and then forwards their verification to the NHIS for approval. The approval moves to the District NHIS office and onward either directly to the household, or Departments of Social Welfare and Community Development (DSWCDs) at the MMDA level or frontline institutions with community outreach capacity to ensure the household has the card.

Attendance and Retention in Schools

Basic education is compulsory for children in Ghana. LEAP is designed, in part, to support children in vulnerable families to enroll at the right age and stay in school through regular attendance. Enrollment, generally, is not a significant challenge except for pockets of households living in rural and severely disadvantaged communities. However, dropping out of school and lack of regular attendance is a greater challenge. This can be caused by child protection and health issues such as teen pregnancy, child marriage, child labour and neglect.

The Ghana Education Service (GES) is the primary service and support provider for children to be participating in schools. Cases are identified by teachers and also through attendance records. Or the school may receive a referral from other service providers such as SP frontliners who identify school-aged children not regularly participating in school. Girl Education Officers (GEOs) follow up on reasons why children have dropped out or have irregular attendance, and advocate and support their return, including coordination with other service providers if necessary supported by. Guidance and Counselling Officers or social workers if existing at schools.

GEOs can organize community support to address needs, such as CHPS, or through SP program frontliners and community leaders. DSWCDs are notified, and cases are referred to SWOs when greater risks are identified. Services and support may be needed in situations such as activities for young persons, possible abuse, disabilities, harmful child labor preventing school attendance, and parental neglect. Community level workers are responsible for reporting risk and working through their supervisors and local leaders to ensure the challenges of SP program and vulnerable families are being addressed.

Risk and Vulnerability Matrix for Social Protection and Other Similar Vulnerable Households

| <p>Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|--|---|--|--|
| <p>Social Protection and Other Similar Vulnerable Households (SPSVH) LEAP = Livelihoods Empowerment Against Poverty (one of Ghana's Social Protection programs)</p> | <p>1) Severe illness, injury, physical or sexual abuse of child or neglect identified placing the life of child or anyone in the household at risk 2) Significant neglect or negligence of parents or caregivers placing children at risk including children five or under being home alone and uncared for, at risk of accidents and abuse</p> | <p>1. Pregnancy in third trimester without health insurance 2. Child under 5 years of age detected to be malnourished (moderate and low, measure through mid-upper arm circumference (MUAC) table 3. Significant neglect or negligence of parents or guardians placing children at risk including children approximately 6 - 10 years being home alone and uncared for, at risk of accidents and abuse, or children 11 years and older home alone for significant periods of time</p> | <p>1) Lack of birth registration card 2) Lack of NHS access/card 3) Child not in school or irregular attendance 4) Late enrolment of children in school 5) Pregnancy identified in first tri-mester and mother relatively healthy but not receiving checkups 6) Defaulting from routine preventive child health services and lack of combined maternal and child health records book</p> | <p>1) See risk reduction as applicable for other case categories 2) Children have parental or guardian presence at home to ensure their safety, health and emotional wellbeing 3) Strongly tied to SPSVHs are: a) Children enrolled in school at the right age b) House members have valid NHS cards c) All routine preventive health services updated</p> |

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|--|--|---|---|
| | 3) Pregnant women with danger signs, such as severe headache, bleeding swollen feet pain, malnourished, significant illness such as malaria, anemia, pregnancy induced hypertension, severe abdominal pains, severe vomiting, convulsions, dizziness, bag of waters breaks before expected date, other foul discharges, high temperature, decreased or increased movement of the unborn baby 4) Severe malnutrition 5) New-born sickness 6) Children under 5 years with illness danger signs such as vomiting, bloody diarrhea, refusing/ inability to breast feed or drink, lethargy, unconsciousness, convulsions, swollen feet 7) See higher risks in all of the other risk and vulnerability matrices applied to household members | 4. See medium risks & vulnerabilities for all case categories above as applied to members of households 5. Old and physically and/or financially unable persons in charge of children, 6. PLWAH or persons with TB who do not adhere to treatment plans 7. Persons with debilitating sicknesses in charge of children | 7) Lack of livelihoods for able bodied adults in the family who can work without jeopardizing care or wellbeing of family | d) All household members, especially children have birth certificates e) Nutrition and other health situations are improved and meet acceptable standards f) Livelihoods are improved so children and family members are healthy and all children are in school |

| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|---|---|---|--|--|
| <p>Response</p> <p>SPSVH</p> <p>CHPS = Community-based Health Planning Services</p> <p>CLIC = Community LEAP Implementation Committee</p> <p>BWA = Beneficiary Welfare Association</p> <p>NHIS= National Health Insurance Scheme</p> <p>PTA = Parent Teacher Associations</p> <p>MMDA = Metro-politan, Municipal, District Assembly</p> | <p>1) Immediate transport to the hospital if life in danger or serious medical condition</p> <p>2) All cases involving neglect, violence, abuse and exploitation have case management support from DSW/DSWCD. Medical case without evidence of these are managed by the health sector.</p> <p>3) See higher risks and vulnerabilities for all other case categories for household members</p> | <p>1) See medium risks and vulnerabilities for all case categories above as applied to members of households</p> <p>2) Health conditions of mother and child are the primary responsibility of the health sector (community transport system @ CHPS Zone, Community Health Management Team) & KSCP to facilitate services and transport as needed, and in coordination with local community support, up into the district health centers or tertiary hospitals as needed.</p> | <p>Frontliners responding in communities are LEAP focal persons, members of CLIC & BWA, Child Health Nurses including Nutritionists and mental health specialists, school staff & PTA. As they identify the risks and needs, they assist households accessing:</p> <p>1) NHIS card: through the DSWCD office</p> <p>2) Maternal and child health, including District Hospitals as needed</p> <p>3) Birth registration through MMDA Birth and Death Officers</p> <p>4) Out of school, attendance issues: the school professional staff including Girl Education and Guidance and Counselling officers and PTA members</p> <p>5) Livelihood needs: through NGOs, skill building and vocational training and other localized programs</p> | |

6.3.8 Child online abuse including sexual abuse and exploitation

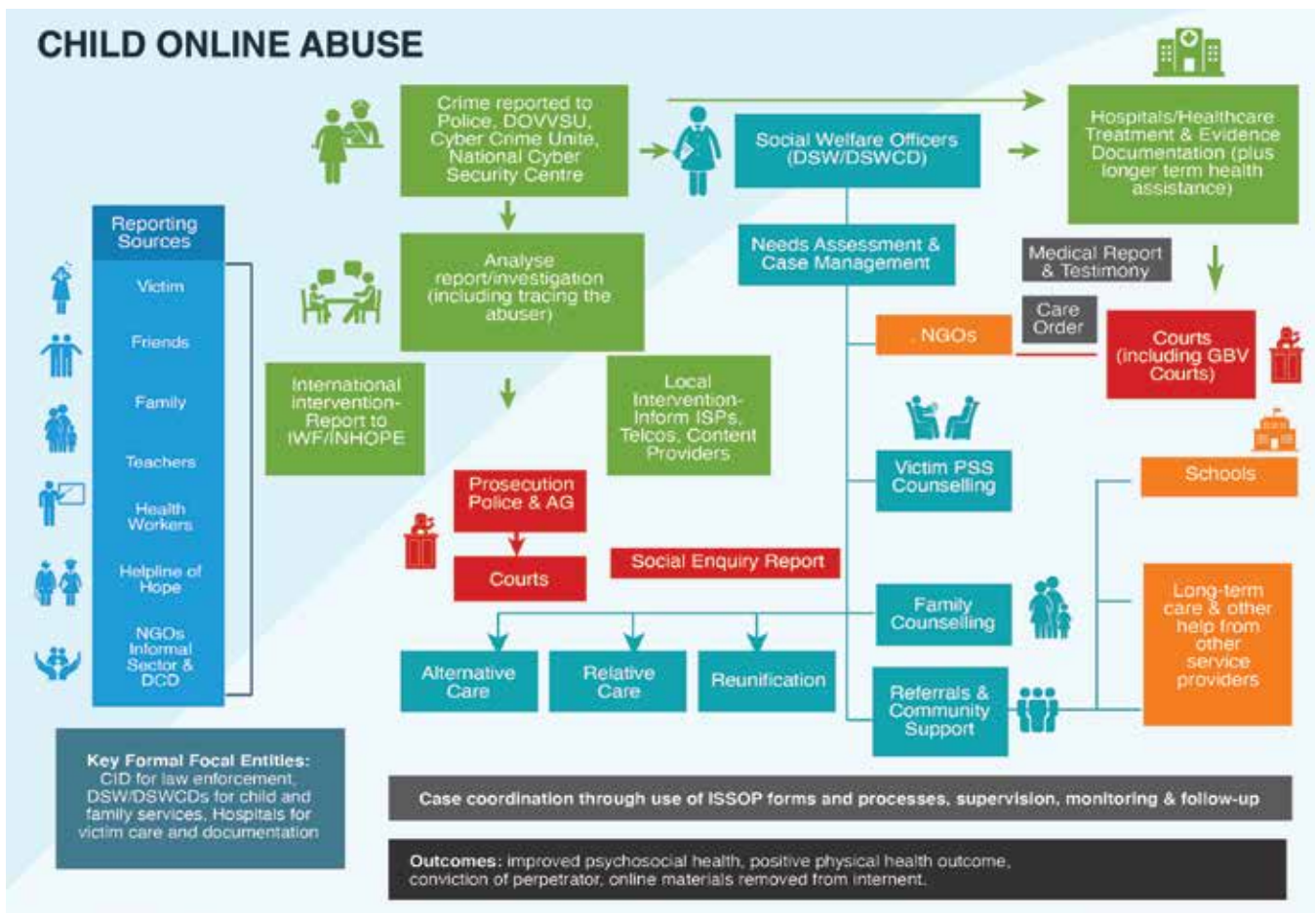
Pathway Summary

Many forms of child online abuse are specified as crimes in Ghanaian laws. The Ghana Police Service, through the Cybercrime Unit of the Criminal Investigation Department is the focal point to respond to Child Online Abuse including sexual abuse and exploitation. They are the first point of contact to register the cases reported by a variety of sources including the Cyber Security Incident Point of Contacts managed by the National Cyber Security Centre (NCSC). Should the victim require medical attention, the Police refer the cases immediately to the nearest medical facility and starts the documentation process through the medical report. Medical facilities shall provide free treatment to victims and submit the medical report to the courts as part of the evidence. The Cybercrime Unit continues the investigations by retrieving related devices facilitating the crime for forensic analysis to support the prosecution of offenders in court. The Computer Emergency Response Team (CERT) at the NCSC works closely with the Cyber Crime Unit on such reported cases to remove any child sexual abuse images online if such contents are hosted on a local URL/ site. If the content posted online is hosted on a site outside the jurisdiction of Ghana, the CERT team would require collaboration with international partners such as Internet Watch Foundation (IWF) or INHOPE to pull such contents down from the internet.

The Social Welfare Unit of the Department of Social Welfare and Community Development (DSWCD)/MMDA) acts as the case manager and coordinates the provision of services to the child and family. This includes counselling and psycho-social support as well as referral to other services providers depending on the needs and assessment of the client.

A paper titled “**Addressing violence against children online and offline**” authored by Daniel Kardefelt-Winther and Catherine Maternowska, acknowledged that most violence that children experience occurs in the physical spaces where they live, learn, play and work. Increased internet access and use by children across the globe has added to the **online environment**. It is however important to note the inter-relationships between violence perpetrated against children in the physical spaces (offline) and those that occur in the online environment. The purpose is to convey that technology is an integrated part of people’s lives and that in many cases attempts to separate online violence from offline violence can be challenging and misleading. For example, in a scenario where a child is sexually abused in the home and the act is photographed. The pictures are sold online and widely shared. Will this constitute a case of online sexual violence, or sexual violence in the home? Again, studies of violence against women and girls suggest that harassment from the offline world often extends into the online world, the reverse is true as well: online grooming or abuse can translate into real world harms.

Consequently, even though online violence brings unique challenges that may require specialized responses, approaching online violence and other forms of violence as distinct phenomena may miss out the opportunity to identify solutions that can simultaneously address multiple forms of violence, online and offline. It is therefore important to situate online related violence within the broader child violence prevention and response mechanism to ensure holistic interventions.



Key legal provisions

Cyber Security Bill (2019)

The Cyber Security Bill has made provisions in the following areas to protect children in the online space,

- Prohibition to take, produce or procure indecent images, photographs or virtual recordings of a child for the purpose of its publication through a computer system.
- Publish, stream or including live streaming of indecent images or virtual recordings of a child through a computer or electronic device
- Possess indecent images or virtual recordings of a child on a computer or electronic record storage medium
- Grooming for the purposes of sexual abuse
- Aiding and abetting of child grooming for the purposes of sexual abuse
- Cyber Stalking of a child
- Sexual extortion
- Non-consensual sharing of intimate images, including threat to distribute intimate image or prohibited virtual recording.

Children's Act ,1998 (Act 560) Proposed Amendments

- Amendments proposed include provisions on child sexual abuse and child pornography

Criminal Code Amendments

- Proposed Amendments include redefinition of child prostitution to align with article 2(b) of the Optional Protocol to the UNCRC
- Introduction of a separate and distinct offence penalizing the possession, production, distribution and sale of child pornography

Electronic Transaction Act ,2008 (Act 772) – Proposed Amendments

- Insertion of new provision on “the use of the internet to groom or lure a child for the purposes of sexual abuse”
- Insertion of new provision on sexual extortion of a child and an adult.
- Insertion of new provision on non-consensual sharing of intimate images – (Revenge Porn)
- Insertion of new offence on threats to distribute the intimate image or prohibited visual recording
- Consideration for the revision of the current offence of child pornography Section 136 - (For example - Indecent images and photographs of children should override existing definitions and use of Child Pornography)

Key Additional Points in Pathways Diagrams per Institutions, Sectors and Caseworkers

• Civil Society Organizations and Key Community-based Stakeholders in Child Protection

Primary roles of these stakeholders are raising awareness on child online abuse issues and reporting. Mediation is to be avoided when the case is criminal. Cybercrime Unit/National Cyber Security Centre should be the first formal institutions contacted by community-based stakeholders, besides DSW/DSWCD should be informed about the case to enable them initiate proper case management procedures and provide the needed support. These stakeholders assist in providing safety and getting victims to a medical facility if needed, and later assisting victim with support.

• Domestic Violence and Victim Support Units (DOWVSU)/Ghana Police Services

Reports and referrals could go to DOWVSUs if they have a presence in the area or, in its absence, the general Police. Police will refer the case to the Cyber Crime Unit of the Criminal Investigation Department. Their key role is being the first responder to ensure victim's safety and access to a medical facility as necessary. If not already done, DOWVSU always refer the case to DSW/DSWCD for case management of social services including mental health and medical services. Police starts the Medical Report process and continues with investigation, arrest, and prosecution. If the content posted online is hosted on a site outside the jurisdiction of Ghana, the CERT team at the National Cyber Security Centre would require collaboration with international partners such as Internet Watch Foundation (IWF) or INHOPE to pull such contents down from the internet.

- **Department of Social Welfare and Community Development/MMDA (DSWCD)**

SWO focal persons in hospitals ensure responsiveness in medical procedures, and psycho-social support along with the Police and health workers. For medium and higher risk cases, SWOs lead the multidisciplinary team (MDT) coordination through case management in responding to risks and needs such as mental and physical wellbeing, supporting court processes through *social enquiry reports*, and community reintegration including inclusive education, and livelihoods and family economic strengthening.

- **Health**

Health workers have three essential roles: prevent abuse including early identification of risk and vulnerability; ensure medical examinations and treatment; and collect and provide evidence from victims to aid with investigation and prosecution of abuse and exploitation. Each health facility designates a focal person responsible for ensuring abused children are quickly and comprehensively attended to in child and gender friendly spaces. Suspicion of abuse requires referral to DSW and GPS.

- **Education**

School staff have key roles in monitoring children's behavior, appearance and attendance as indicators for abuse either offline and/or online. Children are exposed to risks in schools by peers and/or staff that can also be replicated online. School administrators are expected to make clear policies and enforce practice to reduce these risks. Schools have primary role in raising awareness on child rights and protection including online safety. The Guidance and Counselling Officers offer support for psychosocial support and mental health. They are directly involved in ensuring safe education and providing counselling for children affected by bullying and cyber bullying. Schools notify, report and make referrals to DSW/DSWCD and DOWSU based on case risks and needs.

- **Gender-based Violence Courts**

These are specialized courts equipped to handle criminal cases of violence against women and children. They take cases of women and children including rape, defilement, female circumcision, abduction of a child, child stealing, carnal knowledge of (a person with a mental disability), indecent assault, unnatural carnal knowledge, incest, if a householder permits defilement, seduction of prostitution of a child, compulsion of marriage, and customary servitude. At the District Court level, Juvenile Courts take the cases of persons under 18 years of age involving petty assault and threatening offences. Circuit and District Courts handle civil and criminal matters. Family Tribunals deal with D&GBV-related circumstances such as care orders and custody.

Where GBV has been established, all cases under the Domestic Violence Act, 2007 are to be dealt with by the GBVC and not only the more serious types. It is defined to cover physical violence and abuse, sexual abuse, economic abuse, emotional, verbal or psychological abuse; harassment (including sexual harassment); and any other behaviour or conduct that in any way harms or may harm another person, endangers their safety, health or wellbeing, undermines their privacy, integrity or security or detracts or is likely to detract from their dignity and worth as human beings occurring within domestic relationship (Domestic Violence Act, 2007 (Act 732) (1).

GBVCs also take cases relevant to their mandate covered under the Human Trafficking Act, 2005 (Act 694) – It is an offence to convey, send or to receive any person for the purposes of trafficking and includes a minimum sentence of 5 years imprisonment without the option of a fine. Other offences related include the supply and conveyance of a trafficked person and failure to provide information on trafficking to the Police.

Typology for child online abuse

1. **Child Online Abuse:** This is a unique form of child abuse due to its virtual and distance nature. It does not happen face-to-face nor does it necessarily require physical contact. However, this can result in negative face-to-face consequences on the child. Online abuse can occur in many forms such as cyberbullying, cyberstalking, cyber grooming, sextortion, sexting among others.
2. **Online Child sexual Abuse:** Online sexual abuse can be any form of sexual abuse of children which has a link to the online environment. Thus, online sexual abuse can take the form of, for instance, sexual molestation and/or harassment through social media or other online channels. Child sexual abuse also takes on an online dimension when, for instance, acts of sexual abuse are photographed or video-/audio-recorded and then uploaded and made available online, whether for personal use or for sharing with others. Each repeated viewing and/or sharing of such recorded material constitutes a new violation of the rights of the child.
3. **Sexual Extortion:** Also called “sextortion”, is the blackmailing of a person with the help of self-generated images of that person in order to extort sexual favours, money, or other benefits from her/him under the threat of sharing the material beyond the consent of the depicted person (e.g. posting images on social media)
4. **Grooming” or “online grooming:** Grooming/online grooming” refers to the process of establishing/building a relationship with a child either in person or through the use of the Internet or other digital technologies to facilitate either online or offline sexual contact with that person.
5. **Child sexual abuse material/child sexual exploitation material:** The term “child sexual abuse material” is increasingly being used to replace the term “child pornography”. This switch of terminology is based on the argument that sexualized material that depicts or otherwise represents children is indeed a representation, and a form, of child sexual abuse, and should not be described as “pornography”. Pornography is a term primarily used for adults engaging in consensual sexual acts distributed (often legally) to the general public for their sexual pleasure. Criticism of this term in relation to children comes from the fact that “pornography” is increasingly normalized and may (inadvertently or not) contribute to diminishing the gravity of, trivializing, or even legitimizing what is actually sexual abuse and/or sexual exploitation of children.

6. **Sexting:** has been defined as the “self-production of sexual images” or as the “exchange of sexual messages or images” and “the creating, sharing and forwarding of sexually suggestive nude or nearly nude images through mobile phones and/or the internet”. Sexting” is a commonly used term, and a frequent practice among young persons. It is often a consensual activity between peers, although research has shown that girls feel pressured or coerced into it more often than boys. When sexting leads to abuse or exploitation, it is crucial that the fact that the material is self-generated does not result in blaming the child for what happens or in holding the child criminally liable for the production of child sexual abuse material.
7. **Live streaming of child sexual abuse /live online child sexual abuse:** This occurs when live online child sexual abuse is often transmitted to viewers through “streaming” over the Internet. This means the data are transmitted instantaneously to the viewer, who can watch and engage while the abuse is occurring. Nevertheless, live online child sexual abuse often represents a dual abuse of the child. She/he is coerced to participate in sexual activities, alone or with other persons—an act that already constitutes sexual abuse. The sexual activity is, at the same time, transmitted live through ICT and watched by others remotely.
8. **Cyberbullying:** the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature. It includes sending, posting, or sharing negative, harmful, false, or mean content about someone else.



Risk and Vulnerability Matrix for Child Online Abuse and Sexual Exploitation

| Type of Risk, Vulnerability & Response Required MDT=Multi-disciplinary Team | Level 1 Higher Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours | Level 2 Medium Reported within 48 hours and the response occurs no later than one week | Level 3 Lower Reported within one week and service well underway at least within one month | Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes No further response needed other than periodic monitoring, counselling and/or guidance as needed |
|---|---|--|--|---|
| All Forms of Child Online Sexual Abuse and Exploitation | <ul style="list-style-type: none"> • Live streaming of child sexual abuse • Sextortion/ sexting • Non- Consensual distribution of photos/ videos • Selling of materials | <ul style="list-style-type: none"> • Online grooming for sexual purposes • Exposure of indecent material images • Child Sexual Abuse Material (Pornography) | <ul style="list-style-type: none"> • Initial contact with victim • Establishment of emotional connection • Providing the needs of the child | <ul style="list-style-type: none"> • Child Sexual Abuse Materials blocked and taken down • Offender apprehended and person causing harm no longer has contact with the child or family. • Perpetrator is found guilty of the crime; justice is served • Child receiving regular counseling and psychosocial health is improving • Child regularly attending school and living a normal life • Parents and Significant adults in child's life empowered to support child |

| <p>Type of Risk, Vulnerability & Response Required</p> <p>MDT=Multi-disciplinary Team</p> | <p>Level 1 Higher</p> <p>Significantly harmed and/or with urgent safety and health risk or needs: reported immediately; response no later than 24 hours</p> | <p>Level 2 Medium</p> <p>Reported within 48 hours and the response occurs no later than one week</p> | <p>Level 3 Lower</p> <p>Reported within one week and service well underway at least within one month</p> | <p>Level 4 – Risks Reduced, Needs Met; Wellbeing Outcomes</p> <p>No further response needed other than periodic monitoring, counselling and/or guidance as needed</p> |
|--|---|---|--|--|
| <p>Cyber Bullying</p> | <ul style="list-style-type: none"> • Cyberstalking • Cyber-Harassment • Posting defamatory information about victim to either ruin their reputation or relationships with other people. • sending angry (often with offensive language) messages to victim • openly revealing sensitive or personal information about someone without their consent for purposes of embarrassing or humiliating them • Sharing explicit images of victim online | <ul style="list-style-type: none"> • Hate/ offensive comments directed at the victim | <p>Exclusion: for example, the child might be excluded/uninvited to groups while they see other friends being included, or left out of message threads or conversations that involve mutual friends.</p> | <ul style="list-style-type: none"> • Bully site is blocked and unable to contact victim • Site is regularly monitored • Child is empowered and knows what to do e.g. reporting channels and procedures. • Child receiving regular counseling and psychosocial health is improving • Steps has been taken to prevent cyberbullying from happening in the future. e.g management of the information they share online and with who, or by blocking, deleting and filtering within networks and email . • Parents and Significant adults in child's life empowered to support child |
| <p>Sexting</p> | <ul style="list-style-type: none"> • Child shares images of themselves at the request of others • Recorded images shared by boyfriend or girlfriend • Images are used in child exploitation materials • Lack of consent in sharing the content of abusive images | <ul style="list-style-type: none"> • Child records images with devices • Child gets gratification from sexual relationships | <ul style="list-style-type: none"> • Child motivated by peers | <ul style="list-style-type: none"> • Cooperation with internet service providers to prevent circulation of content online • Awareness raised among children and caregivers about the risk and consequences of sexting |

7

CHAPTER SEVEN

FORMS, TOOLS, GUIDES AND PROCESSES

CHAPTER SEVEN: FORMS, TOOLS, GUIDES AND PROCESSES

INTRODUCTION

The forms, tools and guides in this framework are official resources approved by government ministries and departments for use across sectors providing services and support in child protection and family welfare.

Five ISSOP forms, tools and guides for hands-on use by service and support providers are described in this chapter.

1. Tool to prevent risks from escalating through early identification of risk and vulnerability during household visits;
2. Form to document and notify the government of initiation and updating of casework
3. Form and process for referrals when additional assistance is needed for a case
4. Protocol for safeguarding personal data and confidentiality of clients

These four resources along with the Pathways and Typologies in Chapter six comprise the core forms, tools and guides for intersectoral casework and management for child protection and family welfare.

The intersectoral standard operating procedures forms, tools and guides are official resources approved by government ministries and departments for use across sectors providing services and support in child protection and family welfare.

7.1 Forms, tools and Guides

7.1.1 Household Early Identification of Risk and Vulnerability in a Household Visit

Every stakeholder should be able to identify early warning signs in child protection and family welfare. Caseworkers and other community-based stakeholders in formal and informal sectors make household visits for health, education, social welfare including social protection program and other purposes. The Household Early Risk and Vulnerability Identification Tool assists in this process when a caseworker is conducting a house visit.

During these visits, there is an opportunity to observe and closely interact within the social and physical situation of its inhabitants, and potentially identify issues of risk and vulnerability that might otherwise not be apparent outside the household. If identified and responded to, early risks and vulnerabilities can be prevented from escalating to more of an emergency. Earlier identification and response usually mean the support comes at a lesser cost both financially and to the overall wellbeing of individuals.

The response after identifying a need can be varied. The service provider can provide guidance to the household during the visit. This may include encouraging members of the household to directly access a service themselves if this is a viable option, such as go to a CHPS compound. Or the caseworker can report the risk/vulnerability to their supervisor and/or to another service provider to provide follow up support.

When conducting a visit to a household and a family, it is a standard operating procedure for the social service workforce to observe, assess and as necessary respond to child protection and other related risks and vulnerabilities in the household to prevent these situations from escalating.

The *Household Early Risk and Vulnerability Identification Tool* (HERVIT) provides guidance to this process. HERVIT is not a checklist to be filled out while a caseworker is in a household since the household may feel uncomfortable and not be as forthcoming with information or access to parts of the home. Rather, the caseworker reviews the tool before the house visit to remind him or herself what to observe (after some use, this may not be necessary as the caseworker becomes more familiar with the tool), and then records observations on the HERVIT form after a house visit to:

- Establish a record of the visit
- Document observations and,
- Establishes a follow up process on support for the household

HERVIT requires training through a supervisor of caseworkers. The capacity building for the tool should be done together in a group of caseworkers and supervisors across sectors coordinated by regional or district child protection and welfare authorities.

There are ten wellbeing “domains” in the HERVIT, and sub-items under each domain. The domains and examples of sub-items are listed below:

1. **Dwelling type**, condition and safety (such as the infrastructure, appliances, location)
2. **Water, Sanitation and Hygiene** (including toilets)
3. **Social Living Arrangements** (such as the sleeping arrangements and issues of privacy and safety)
4. **Evidence of Abuse and Violence** (such as scars, injuries, solitary or precocious behaviors)
5. **Physical Health** (such as chronic or acute illness, pregnancy, lack of mosquito nets)
6. **Mental Health** (such as bed wetting, nightmares, anxiety, social withdrawal)
7. **Disability** (such as mobility, sight or speech impairments, cognitive challenges)
8. **Clothing** (such as embarrassing for children going to school)
9. **Children Out of School** (such as doing domestic chores, helping single parent households)
10. **Child Labour** (injuries, appearance, at home during school hours)
11. **Child Marriage** (such as history of this for other girls in the family, adolescent pregnancy)

HERVIT observations are recorded into a format similar in format to the table below with examples given

| Domains of risks and vulnerabilities | Examples of risks and vulnerabilities | Able to Observe? Yes/No | Specific Information on Household | Action Taken/ Follow up Needed |
|--------------------------------------|--|-------------------------|--|---|
| Dwelling | <ul style="list-style-type: none"> • Space adequacy • Vulnerable location • Poor and dangerous infrastructure | Yes | Exposed electrical wires pose risk of shock to children and/or fire | Advised family to repair with proper and safe electrical outlets and cords and where to go for help |
| Social Living Arrangements | <ul style="list-style-type: none"> • Number of persons in household and space adequacy • Non-relative adult living in household • Sleeping arrangement and risk of abuse • School aged children at home during school days and hours | Yes | Non-relative adult male partner of the children's mother is living in the household. The couple is not married and he is unemployed and evidence he is drinking. While talking with the family I found that he is at home a lot while mother is out working posing some possible risk to adolescent girls in the household | Will speak to mother when she comes to the clinic next week about this risk |

7.1.2 Notification and Update Form

Quantifying child protection and family welfare casework across sectors and service providers is essential for a properly functioning national system. Ghana is moving toward a harmonized electronic inter-sectoral data gathering system, however, this is a complex process requiring capacity building including dependable

Notifying and updating DSWCDs on child protection and family welfare casework is an official intersectoral standard operating procedure for the social service workforce.

technologies and a trained workforce to do this. Until this is operational, the ISSOP Notification and Update Form shall be used by caseworkers across sectors to gather and report data. The Notification and Update Form centralizes reporting of casework by stakeholders to enable data collection and effective system planning for child protection and family welfare. **The form is used for lower level risk and vulnerability cases**, as found in the *Risk and Vulnerability Assessment and Response Guide*. In those cases, DSWCD is *notified* through the form that a case is handled and services are provided by another agency. In those cases, DSWCD is not required to handle the case or lead the provision of

services. Agencies include Community Health Workers; staff of Ghana Education Services (including Girl Education and Guidance and Counselling Officers), CHRAJ, Legal Aid and NGO caseworkers. Other users of the form, with the proper training, are stakeholders at the front lines in a community that may be assisting cases such as Traditional Authorities and community leaders providing mediation and other support.

Examples of casework and assistance that can be notified and updated on the Form are:

- Maintenance
- Custody
- Other type of Parental Dispute
- Access
- Alternative Dispute Resolution
- Legal Aid (Representation)
- Child in Need of Going Back to School
- Adolescent Mother Getting Back to School
- Health issues
- Birth Certificate
- NHIS (enroll)
- NHIS (renewal)
- Child labour
- Street Child
- Child at Risk of Servitude
- Malnourished Child
- Child with Disability
- Sanitation
- Adolescent Pregnancy
- At Risk of Child Marriage
- At Risk of Other Gender-related Abuse
- Maternal and Child Health Complication
- Mentoring
- Livelihoods
- Parenting Skills
- Child behavior
- Child Mental Health
- Counseling/Support
- Short Term Shelter

- Kinships caregiver support
- Guardianship caregiver support
- Minor Juvenile Activity
- Neighborhood crime/safety issues
- Child not seen recently
- Household has Inadequate Shelter
- Kinship care
- Any other lower risk cases that do not pose a threat to the child and family

The **Notification and Update Form** is provided to the DSWCD. The DSWCD then compiles and reports this information to local intersectoral child protection committees (or other similar like Social Service sub-committee) to the region and ultimately to the DOC of MoGCSP which has the national responsibility for compiling and reporting this data.

With information from the form and data from other sources, child protection and family welfare trends can be systematically monitored. Proper filling out the form provides information on the various types of cases, distribution of cases across Ghana, which stakeholder is providing the support and who is reporting child protection and family welfare situations. The data allows for analysis of trends and provides evidence for effective planning for human and financial resource allocations where the need is most demonstrated.

Upon receiving the **Notification and Update Form**, DSWCD may have questions or suggestions for the service provider or may contact the service provider about contributing to the support being provided. DSWCD may also share the information to other important child protection and family welfare service providers, particularly DOWVSU, if the provider should know about a case or can potentially add support to the casework.

There are three parts to the Notification and Update Form:

- The initial notification;
- Any significant updates; and
- Closure of the case once the risk has been reduced and need is met; or for some other reason, such as the family moving.

What the form is not to be used for:

- Urgent situations with high risk safety concerns – these situations require direct and immediate contact and referral with the police, health or other service providers; and
- Requests for help since these requests come from referral forms (see next section) including requests such as for financial assistance, transportation, enrolment into LEAP, and employment.

7.1.3 Referral Form and Process

A functioning referral system is vital to a well-coordinated inter-sectoral response system to child protection and family welfare situations. A referral is a formal request for assistance to a case from one social service provider to another. It documents an official request for assistance. To be effective referrals require clear communication and information sharing formats, including background on the case for assistance to be reasonably considered, timeframes for response and feedback to the initiator of the referral.

Use of referrals is an official intersectoral standard operating procedure for the social service workforce to officially document and follow up on requests for assistance from one service provider to another for child protection and family welfare cases.

In the absence of an existing institutional referral form, the form in this ISSOP should be used by social service workforce. It is not intended to replace existing functional referral forms and processes.

Use of the Referral Form and process requires training by an experienced caseworker supervisor. Building capacity for use of the form should be together in a group of caseworkers and supervisors across sectors coordinated by regional or district child protection and welfare authorities.

What should be in a referral form:

1. Date of submission of the referral request;
2. Name and demographics of the beneficiary being supported including sex, age, occupation and contact information;
3. Who the form is from and contact information from the sender and institution;
4. Basic reason for the referral;
5. If needed, a necessary deadline for response;
6. Feedback mechanism to acknowledge receipt of referral;
7. Request for report on follow-up and feedback;
8. Consent from beneficiary, as needed;
9. Record of how the referral is delivered; and
10. Authority figure, stamp to make referral official and to strengthen accountability for action.

Guidelines in using the Referral Form

- The Referral Form is not to be confused with the Notification and Update Form which informs DSWCD of services being provided by a formal or informal service provider
- The form should be used for requesting assistance and services from both formal and informal institutions (including trained informal groups) involved in child protection and family welfare
- The form **should not be used** for the following:
 - Urgent requests for assistance in emergency situations (High level risk cases) when reporting and response needs to be immediate. These types of cases cannot wait for a referral

form to be received and processed. However, it should be followed up with a referral process as the management and planning for the case is developed

- o Enrolment into LEAP, since eligibility is determined through a different process
- o This is not a referral form to obtain a job; however, a referral can be used for job training or another form of livelihood assistance for the beneficiary.
- o “Passing off” one’s responsibility to another organization when the sending organization can provide the service, there is little likelihood the recipient can respond and/or does not have a mandate to respond as per ISSOP roles and responsibilities.

Important Procedures:

- 1) Usually referrals will be through the delivery of a hard copy;
- 2) Send forms only through emails when a secure and reliable system is available and confidentiality systems are in place;
- 3) Persons sending and receiving hard copies must be authorized officers, officials and/ or technical social service staff;
- 4) Copies of referrals shall be kept in confidential locations and in files where personal data is protected;
- 5) The receiver of a referral shall verify receipt through the Form below for this purpose; and
- 6) Verification of follow-up to the service can be requested from the sender of the referral and shall be honored as appropriate and within the rules of confidentiality and personal data protection.

Timelines for response:

- If needed, the initiator of the referral can identify timelines for response. These should be consistent with the degree of risk and vulnerability (See the *Risk and Vulnerability Assessment and Response Guide*) for determining this. The form should not be used for assistance requests in urgent situations unless it will not cause harm to a case.
- For **medium risk cases receipt of the form is to be acknowledged within 48 hours with response within one week.**
- For lower risk cases, acknowledgement of receipt is to be within **two weeks and response within one month**

7.1.4 Protocol for Inter-sectoral Data Protection and Information Sharing

Purpose

This protocol is part of Ghana’s Inter-sectoral Standard Operating Procedures for Child Protection and Family Welfare. It provides principles, procedures for the social service workforce to protect children and their families (hereafter called ‘clients’) in the collection, use and sharing of client personal data and confidential information.

It is in conformity with Ghanaian laws and internationally recognized best practices to ensure their personal safety and rights, including confidentiality. The Inter-sectoral Data Protection and Information Sharing Protocol is hereafter referred to as “The Protocol” in this document. Client data shall only be disclosed to authorised persons in institutions who have signed the Agreement (see below) in The Protocol.

Core Principles to The Protocol

Those who collect, process and keep personal data and confidential information do so on behalf of the client and use in their best interests.

The Convention on the Rights of the Child (CRC)

The CRC, to which Ghana is bound to, provides children with a specific right to privacy. *Article 16* of the CRC states “[n]o child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation,” and reaffirms that “the child has the right to the protection of the law against such interference or attacks.”

Need to Know Principle

The Protocol is based on the “need to know principle” as identified in the *Inter-Agency Guidelines for Case Management and Child Protection (2014)*, *The Role of Case Management in the Protection of Children: A Guide for Policy and Programme Managers and Caseworkers*, January 2015, produced by the Global Child Protection Working Group.

This principle limits sharing information considered sensitive. Information is shared only with individuals requiring information to protect the client and with as few individuals as possible. Respecting confidentiality requires service providers to protect information gathered about clients and to ensure it is accessible only with a client’s explicit permission, or without their permission consistent with the laws of Ghana. For agencies and caseworkers, this means collecting, keeping, sharing and storing information on clients in a safe way and according to agree upon data protection procedures and policies.

Service providers should not reveal children’s names or any identifying information to anyone not directly involved in the care of the client. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work.

Importantly, confidentiality is limited when caseworkers identify safety concerns and need to reach out to other service providers for assistance or where they are required by law to report crimes. These limits must be explained to children, parents or caregivers in an informed consent or assent processes. Supervisors and caseworkers should work together closely to take decisions in such cases where confidentiality needs to be broken, consistent with Ghanaian laws and policies.

Key Terms and Definitions in The Protocol

“Institutions” are defined as Ghanaian government ministries, services, departments, offices and service structures; U.N. and other international multi-lateral organizations, officially registered non-governmental organizations providing services and support to clients, and officially recognized civil society organizations and traditional leadership providing services and support to clients.

“Personal data” generally means biographical data such as name, sex, marital status, date and place of birth, registration number, place of living/address, family members and occupation. It can also describe social, economic or cultural condition or situation of a specific individual or family or household unit that may be sensitive in nature and is protected through the laws of Ghana and used in the best interest of the client.

“Personal identifying data or information” ties information to specific persons who are potentially identifiable by their name, appearance or place of living.

“Confidentiality” means ensuring that information disclosed to service providers by a child, their family members or caregivers is not used without their consent or against their wishes and is not shared with others without his or her permission, except in exceptional circumstances, or required by law.

Confidentiality is in the **“best interest of a child”** or other client when it prevents the misuse of information about them for purposes beyond their control, including for purposes leading to their exploitation, stigmatization and abuse – either intentionally or unintentionally. It also helps to ensure that their views and opinions are heard and respected at all times.

“Informed consent” means any freely given and informed indication of an agreement by the client to the processing of his/her personal data, including sharing of data and confidential information with other service providers of institutions who are signatories to The Protocol. Consent is also encouraging the client to actively participation in the casework and management provided to them. This means clear explanation of the casework, and the roles and responsibilities of service providers, clients and/or their families or guardians. The opportunity is given to the client and/or a member of their support group, depending on who has decision making capacity, to provide verbal or written consent or assent to the casework plans and activities.

“Assent” occurs with persons not able to directly give consent. Work with children or adults not capable of giving consent requires the consent of the parent or legal guardian and thus the assent of the subject.

The Data Protection Act, 2012 (#843)¹⁷

Key provisions in the Act, consistent with the needs in child protection and family welfare, are:

- Article 17: Persons processing data shall be lawful and have a specific purpose in gathering data and must safeguard the data.
- Article 18: The data collection shall not infringe on the privacy rights of the data subject.
- Article 19: Personal data may only be processed if the purpose for which it is to be processed, is necessary, relevant and not excessive.
- Article 20: Prior consent for processing personal data is required, with certain exemptions including when it is otherwise authorized by law, to protection a legitimate interest of the subject, required for proper statutory duty.
- Article 21: Indirectly collected personal data is allowed in certain instances including for the prevention, detection, investigation, prosecution, punishment or enforcement of an offence or breach of law, of a law.
- Article 25: Personal data retention is not allowed for a period longer than is necessary to achieve the purpose of which data is collected, with certain exemptions, including those required or authorized by other laws (Article 24) and to prevent or mitigate a serious or imminent threat, including to public health or safety, the life or health of the data subject or another individual.
- Article 28: Controllers of data shall take the necessary steps to secure integrity of personal data including loss or damage to data and unlawful access to or unauthorized processing of personal data.
- Article 35: Individuals shall be informed in an intelligible way what data is being collected and the purpose for its collection.
- Article 37: Personal data shall not be processed on the religious or philosophical beliefs, ethnic origin, race, trade union membership, political opinions, health, sexual life or criminal behavior of an individual (see exemptions above). unless it is by an institution of which the individual is a member (Article 38).
- Article 62: Personal data relating to physical, mental health or mental condition and educational status shall not be disclosed except as required by law and for details related to a pupil at an educational institution.
- Article 39: Individuals can request in writing to the data controller to cease and not process data if it causes or is likely to cause unwarranted damage or distress to the individual. The data controller has twenty-one days after receipt of a notice to inform the individual in writing on whether there is an intent to comply with the request. The decision can be appealed to the national Data Protection Commission which can determine if the request is justified and order compliance by the data controller. Individuals have similar rights to rectify, block, erase or destroy data collected (Article 41).

¹⁷ The above articles are paraphrased from the Data Protection Act (2012). The signatories of the Protocol pledge to read the Data Protection Act and seek clarification as needed from Ghana's national Data Protection Commission. The Act is found at:
<https://www.dataprotection.org.gh/sites/default/files/Data%20Protection%20Act%20%2C%202012%20%28Act%20843%29.pdf>

- Article 43: If an individual suffers damage or distress through the contravention by a data controller of the Act, that individual is entitled to compensation for damage or distress caused by a data controller.

Sectoral and Institutional Personal Data and Confidentiality Standards and Guidelines

The following is a list and brief description of a variety of personal data and confidential information standards and guidelines as found in Ghanaian Acts, policies, standard operating procedures and other similar resources. These have greater articulation tailored to the specific mission and activities of agencies and the institutions associated within a specific sector. Among these are:

- *Public Records and Archives Administration Act, 1997*, (Act 535), directs public institutions at the national, regional and district levels to maintain the integrity, approve access to, transfer as necessary and follow/implement data retention schedules of semi-current records (*Section 10 and 11*). After thirty years, access to all records will be granted to the public except for records deemed to be in the ‘interest of national security’ (*Section 17*). There are no specific provisions on records involving children.¹⁸
- *The Juvenile Justice Act, 2003* provides guidance on confidentiality and privacy, such as the expunging juvenile records. Section 3 of the Act guarantees a juvenile’s right to privacy during arrest, investigation, trial or any other stage of the cause or matter. It prohibits the release of information for publication that may lead to the identification of the juvenile and if this happens it is punishable by the law. The Act states effective witness protection requires strict adherence to confidentiality and privacy.
- The *Justice for Children Policy 2015* aims to strengthen the collection of disaggregated data on children in the justice system, the police, through the Ministry of the Interior. The data is to be shared with the Ministry of Gender, Children and Social Protection (‘MoGCSP’ and other relevant stakeholders) without breaching confidentiality (Section 7.2.2). The Policy also requires cross-sectoral collaboration to improve information sharing and case management practices. The Department of Children of the MoGCSP has the responsibility to collect and analyze data and information on children in the justice system (Section 7.2.1). This requires police records related to crime involving children be compiled, removing identifying features (names and addresses), and forwarded to the Department of Children, which has lead responsibility for developing a National Research Statistics and Information Directorate on justice for children¹⁹.
- The *Commission on Human Rights and Administrative Justice Act* in Section 17 requires officials of the commission to maintain confidentiality on matters coming to their knowledge and in the performance of their functions through an Oath of Secrecy. The Commission can investigate

¹⁸ This description is adapted from *The Police Record Keeping of Data Management on Cases Involving Children*, 2016

¹⁹ *Police Record Keeping, Op.cit.*

violations of fundamental rights and freedoms and unfair treatment by a public officer which, in theory, can include violations in confidentiality and privacy.

- The *Human Trafficking Act, 2005* and *Domestic Violence Act, 2007* protect the identify of victims and makes it an offence punishable through penalties to publish information revealing identification of victims, without “leave” of the court. The *Domestic Violence Act* prohibits publication of reports of proceedings except with leave of the Court (Section 25, 1) and protects the identity of victims (Section 25, 2).²⁰
- Standard operating procedures for anti-human trafficking, residential care and child protection case management have confidentiality provisions. The latter includes a confidentiality forms for caseworkers, caregivers and interpreters and clients to sign.
- Witness Protection Bill establishes a Witness Protection Agency to provide for a Witness Protection Programme and related matters. One of the key functions of the proposed Witness Protection Agency is to collate, analyze, store and disseminate information related to witness protection (Section 4 (g)). Section 28 (3) of the Bill enjoins the Attorney General to issue necessary directives, in accordance with United Nations guidelines in matters involving child victims and child witnesses of crime to ensure comprehensive child protection. In Section 57, the Minister is further mandated to make regulations by legislative instrument for the efficient and effective implementation of the Act and for the protection of children.²¹

The Agreement on Data Protection and Confidentiality

Institutions in Ghana sharing client personal data and confidential information agree to the following basic components to The Protocol, as evidenced by

- their signing The Protocol,
- ensuring the understanding and training of staff and associated the paraprofessionals who have the need to know and share personal data and confidential information.

By signing The Protocol each institution commits to the following procedures for client data protection and confidentiality:

1. To be in conformity with and complement
 - Ghana’s Data Protection Act, 2012 (see below).
 - The data protection and use guidelines and procedures as found in other Acts and official policies, standard operating procedures or other similar resources. (see patricidal list below)

²⁰ Last sentence from *Police Record Keeping, Op.cit.*

²¹ *Police Record Keeping, Op.cit.*

2. The following are requirements for the ethical use, protection and confidentiality of personal data and confidential information about children, families and caregivers:
 - a. Under no circumstances shall data and information be used to stigmatize or discriminate, particularly relating to disability, sexual or other abuse, HIV/AIDS or other health, social or economic status.
 - b. Under no circumstance shall there be any personal or institutional gain or advantage by a service provider or any associate or contact of a service provider, through sharing of client information, or leveraging services to the client. All parties guarantee that none of their staff members will at any time disseminate such information for personal or institutional advantage.
 - c. Under no circumstances shall there be client information provided to the media unless the request is approved and supervised by an official or authority specifically authorized to provide this information in the best interest of the client, consistent with The Protocol.
 - d. Under no circumstance, shall the identities of children nor any aspect of protection issues concerning them, their families or caregivers be revealed to anyone in any institution that has not agreed to and signed The Protocol unless approved and under the supervision of an official or authority specifically authorized to provide this information in the best interest of the client, consistent with The Protocol.
 - e. Hard copy paper files of client information, including case files and referral information shall be under secure lock and key with the service provider person(s) responsible for the information. Access to this data and information is limited only to those with permission to see the information on a need to know basis in their duties to protect and best serve clients.
 - f. When transferring paper files by hand, this should be done only between people responsible for the information and who work for institutions that are signatories to The Protocol. The transfer of the file shall be secure in a sealed box or sealed envelope.
 - g. Soft, electronic copies of client information shall be password protected with access granted to individuals specifically authorized to see and work with this information. Passwords should be changed on a regular basis. Memory sticks should be passed by hand between people responsible for the information and be password protected, and the file erased immediately after transfer
 - h. Confidential identifying information of a sensitive nature should never be left on a computer screen in a room where others have access. Rooms containing paper or electronic information should be kept securely locked when the person responsible for the information leaves the room.
 - i. Computers should be fitted with up-to-date anti-virus software so as to avoid corruption and loss of information. It is the responsibility of an IT Manager to make sure that anti-virus software is maintained and updated on all computers that host personal data and documents such as case files, and databases that are being kept.
 - j. Confidential and client information shall be shared through texting, over the internet through emails, what's app and other communication modalities, when this electronic transfer of information is managed through secure system with necessary passwords and/or encryption under identified controls and management of administrators trained and certified to do so.

In the absence of such a system, electronic sharing of information shall be done with extreme caution, recognizing the sensitivity of the information. For example, after sending and receiving information and securing confidential storage of it, emails and texts should be deleted from the devices.

- k. Child protection and family welfare client information can only be provided to official Ghanaian statistical gathering units, such as the Ghana Statistical Service, through personnel authorized and trained to do this, consistent with The Protocol.
- l. All institutions incorporate components of The Protocol into their written data protection and confidentiality policies and procedures, including an obligation to uphold personal data and confidentiality policy in the staff contracts. Each caseworker in direct contact with clients, or access to personal data and confidential information shall read and sign a copy of The Protocol. This should be accomplished within one year's time.
- m. All institutions signing The Protocol shall identify a data and information safeguarding focal point within their organizations who is responsible for training, implementation and monitoring of The Protocol.
- n. Authorized persons gathering personal data and confidential information should explain to client whenever possible why they are gathering it, how it will be used and by whom.
- o. Under normal circumstances, and when in the best interest of the child, informed consent is required from children 12 years of age and above, and by the assent of their parents or caregivers for children under this age but with a reasonable attempt to explain to a child the purpose of gathering personal information. Staff of institutions should use an informed consent form, consistent the format found in The Protocol. Key components to the informed consent process are below. The client is:
 - shown the case file and/or form and has explained to them its purpose and how it will be used;
 - asked if there are any questions or any areas not understood or needing clarification;
 - offered a copy of the file or form;
 - if consent is not possible, though the client is not in opposition to the forms or services, the service provider writes an explanation on the form or case file as to the circumstance; and
 - If consent is refused, then the caseworker consults with a supervisor about next steps in the case and if it is in the best interest of the client to proceed.

Police and judicial services have specific situations and procedures for securing consent from criminal offenders or those alleged to have committed a crime. Therefore, the informed consent procedures in this Protocol may not apply.

- p. Sharing personal data and confidential information in casework is permissible among staff of institutions who are signatories of The Protocol.
- q. Under normal circumstances and in the best interest of the child, clients have the right to access and review information and case file held about them. Institutions holding information should therefore make provisions for them to be able to access their information and do so in a manner that is safe and confidential as a situation may require.
- r. Discussions of clients and their personal information shall be anonymous unless the discussion

is among staff of institutions who need to know the identity of the client, in the best interest of the child and/or the adult client.

- s. Original documents (such as birth certificates) should be scanned and then returned to the client. Original documents should not be stored in paper files so that destruction of paper files can be done without any hesitation in the event of an emergency evacuation/relocation.
- t. To guard against damage or improper use of personal and confidential data, in the event of an emergency, evacuation or relocation, management of institutions with personal data and confidential information must ensure there are proper IT backups to the data and paper files are moved to a safe location. When moving database assets and paper files is not possible, management should ensure assets are destroyed and papers burnt if necessary, based on a management judgment call, on the best interest of the child and of benefit to clients.

7.1.4 Utilizing the Forms, Tools, Guides and Processes

The child protection and family welfare system and its SSWF have many responsibilities to juggle, hereby finding it challenging to systematically prioritize work, particularly in an environment requiring coordinated activities between sectors with the holistic approaches needed for positive wellbeing outcomes. In this environment documenting wellbeing outcomes is also challenging but must be done to validate the casework.

The Guide and the pathways process are the framework of reporting, referral and response for child protection and family welfare stakeholders to work within and to hold each other accountable. These are not tools to be rigidly followed. They are intended to be guides with the recognition each case has distinct characteristics and the casework is adjusted accordingly, with rationale documented in the case file.

The use of Intersectoral Standard Operating Procedure procedures, tools, forms and guides are identified in the following activities and situations which often occur in child protection and family welfare cases.

Table: Guide for utilizing forms, tools and processes

| Activity | Tool to be used | Procedure to be undertaken | Result |
|---|--|---|---|
| A case has been identified and reported | Risk and Vulnerability Assessment and Response Guide | <ul style="list-style-type: none"> • Review the tool and guide | The guide will help categorizing child protection situations by the most common categories and prioritizes the timelines for response based on levels of higher, medium and lower risk and vulnerability. |

| Activity | Tool to be used | Procedure to be undertaken | Result |
|---|---|--|---|
| <p>SSWF conducts a household visit either as a regular process or due to a request for help or referral</p> <p>A child protection and family welfare service provider starts to provide services to an individual or household requiring at least several intakes and follow up</p> | Household Early Risk and Vulnerability Identification Tool Notification and Update Form | <ul style="list-style-type: none"> • Review the tool • Complete tool and discuss with supervisor for next steps if challenges are observed • Complete form • Send completed form to DSWCD office in the district where the beneficiary lives • DSWCD registers the case and provide service/support if needed • If the need for referral, DSWCD complete a referral form and submit to receiving institution for service provision/support • Receiving institution update form Notification form and submit same to DSWCD • If the case is closed due the needs being met or for some other reason, document the process using the notification form and submit to DSWCD | Helps to prevent risk and vulnerability from escalating into greater human tragedy and more difficult and expensive casework and management processes Child protection data collated and documented for system-wide monitoring and planning purposes |
| A service provider to a child protection and family welfare case requests assistance for the case from another service provider in another department or sector | Referral Form | <ul style="list-style-type: none"> • Complete form and submit to the other service provider | Coordination strengthened and services provided to clients. |

| Activity | Tool to be used | Procedure to be undertaken | Result |
|--|-----------------------|---|--|
| Documenting personal information about an individual or a family is done by a caseworker. The client should be aware of the purpose of this documentation, have input into the services and support they receive, and understand how the information and the client will be confidential | Informed Consent Form | <ul style="list-style-type: none"> • Discuss process with client • Client should read complete and sign the agreement as found in the Personal Data and Information Sharing Protocol (This includes when a case management file is being opened, intake information is being documented such as in maintenance cases and other forms or documentation is occurring) | <ul style="list-style-type: none"> • Informed consent is part of a larger process of safeguarding personal data and information sharing among child protection and family welfare service providers • there is greater confidence that personal data/information can be shared without violations in confidentiality |

7.1.5 Case Scenario Example

A health worker from a CHPS compound does a visit to the home of a family with children sick with a bad respiratory virus. The family is headed by a single mother. It is poor with both older and younger children. Prior to doing the house visit, the CHPS nurse reviews the ISSOP **Household Early Risk and Vulnerability Tool (HERVIT)**. After the house visit she documents on the form the older child, age 15, is home. She is not sick but seems depressed. When the mother is asked how this daughter is doing, a vague response comes about some wrong-doing several months ago with the mom's adult male cousin, but she won't explain much more. This is noted on the *HERVIT*, along with other health details to follow up on. The nurse discusses the situation of the daughter with her supervisor. Both the nurse and supervisor decide to go together on the next visit in a week to explore this further.

The CHPS office provides a **Notification and Update Form** to DSWCD to document they are providing on-going services to this case and checks the categories on the form "risk of gender-related abuse" and "child out of school" on the form, along with "maternal and child health concern."

Upon the second visit, the health staff encourages the mother and daughter to consider reporting possible sexual abuse to DOWSU, though they are very hesitant to do so out of fear and shame in the extended family. However, they agree the health office can make contact with the DSWCD, who will not appear as threatening as the police. A **Referral Form** is provided to the DSWCD for this case. A female SWO officer arranges for a meeting with the mother and child. A thorough assessment is done, and more risks and vulnerabilities are uncovered (**not just the possible abuse of the child but sometimes there is harassment by the father of the mother**). A case management file is opened for this case by the SWO and the ISSOP informed consent process is followed with the mother and her daughter.

The SWO identifies this case as a medium risk case in the DGBV case category after double checking with the ISSOP **Risk and Vulnerability and Response Guide**, and reviews both The Guide and the ISSOP **Pathways for Reporting, Referral and Response** to set up the case action plan. The SWO contacts DOWVSU and briefs the officer. A female DOWVSU officer is successful in arranging for an initial meeting with the mother and daughter. Out of this, a restraining order is secured against the father, while at the same time proceedings are started with the SWO to enforce more regular maintenance support to the family from the father. Since the older daughter has been out of school for about six weeks and two other younger children are not participating actively in school, school authorities are also brought into the case and an ISSOP **Referral Form** is sent.

The SWO has established a **multi-disciplinary team** for this medium-risk complex case involving one of the health workers, DOWVSU and a Girls Education Officer from the local school system. The CHPS office updates the **Notification and Update Form** identifying the lead casework has been transferred to DSWCD SWO who is the **designated caseworker** to this case. The MDT meets to discuss the case and its goals and periodically over a six month period after the initial planning meeting. Case objectives are established on restoring and maintaining good health in the family and strengthening all school age children going to and remaining in school. The family remains reluctant to file a complaint against the cousin or pursue a medical evaluation about possible sexual abuse. However, with further support this remains a possibility and DOWVSU will remain connected to the case. The nurse has confirmed the daughter is not pregnant and does not have any STDs.

In the six month period, services and support has resulted in the older daughter returning to school and is receiving support from the Guidance and Counselling Officer. A maintenance support case is opened by the DSWCD SWO against the father and the family starts to receive more regular income. These improvements are all documented in the case file as **wellbeing outcomes**.

A

APPENDIX 1

FORMS AND TOOLS FOR CASEWORK AND MANAGEMENT

Inter-sectoral Standard Operating Procedures
for Child Protection and Family Welfare

**Household Early Risk and Vulnerability Identification Tool
Intersectoral Standard Operating Procedures
for Child Protection and Family Welfare**

Name of the outreach and/or other caseworkers making the house visit:

Name of institution the caseworker represents: _____

Day & Date: _____

Time of visit: _____

Location (Name of community, district and region):

House number/address/plot number:

Who is present at household at the time of the visit:

(names, approximate age, relationship and contact details of head of household)

Observation Checklist and Risk and Vulnerability Identification

| Domains of key risks and vulnerability | Examples of risks, vulnerabilities | Able to observe? Yes/No | Specific Information on risk or vulnerability to children, residents, family (if observed or discussed: identify the risk, vulnerability, need) | Action taken or follow-up needed (discussion, guidance at household, need for community-based assistance, referral to other services) |
|--|---|----------------------------|---|---|
| 1. Dwelling type, condition, safety | Space adequacy for number of people in household (reference to whether a single room, number of rooms, if a compound house, flat, apartment, etc.) | | | |
| | Vulnerable or dangerous location (e.g. Illegal, congested and crowded area, neighborhood with crime, marked for demolition) | | | |
| | Poor or dangerous infrastructure in household impacting wellbeing (e.g. ventilation, windows, bed types, sturdiness of structure) | | | |
| 2. Water, Sanitation, Hygiene | Toilets, bathrooms, drainage systems, water sources, food storage, garbage, possible disease or bacteria carrying sources | | | |
| | 3. Social living arrangement in household | | | |
| 4. Evidence of abuse or violence | Number of persons in household and space adequacy, privacy concerns, place to study | | | |
| | Other non-relatives in household, ages, burdens on host family | | | |
| | Relatives in household, such as elderly or children in kinship care or boarders | | | |
| | Sleeping arrangements and risk of abuse: emotional, physical or psychological (i.e. adult partners, ages and sex of children, non-relatives) | | | |
| | Scars, injury, bruises, being withdrawn, adolescent pregnancy, overly friendly child (precocious), victims or perpetrators of bullying; abuse of non-relative, foster or kinship cared children | | | |

| Domains of key risks and vulnerability | Examples of risks, vulnerabilities | Able to observe? Yes/No | Specific Information on risk or vulnerability to children, residents, family (if observed or discussed: identify the risk, vulnerability, need) | Action taken or follow-up needed (discussion, guidance at household, need for community-based assistance, referral to other services) |
|--|---|----------------------------|---|---|
| 5. Physical Health | Evidence of chronic or acute illness, malnutrition/stunting, wellness appearance of children below the age of 5, especially infants and toddlers, the elderly who may need assistance | | | |
| 6. Mental health | Bedwetting, nightmares, withdrawn, fatigued, anxious, crying, yelling, aggressive toward children, aggressive toward adults, not focused, easily distracted | | | |
| 7. Disability | Mental or physical, mobility, speech or sight impairment, cognitive challenges, elderly with mobility or other issues | | | |
| 8. Clothing | Condition of footwear (or no shoes) and other clothing, such as holes or dirty appearance possibly affecting schooling or other social interactions, evidence of child labour | | | |
| 9. Children Out of School | Single-headed household with large family, school-age children in house during school hours, school-age children taking care of younger children such as girls ages 12-15 at home and not in school | | | |
| 10. Child Labour | Injuries from hazardous work, children being exploited in labour for economic gains including those in kinship care or non-relative children | | | |
| 11. Child Marriage | Learning that other girls in family or relatives married at early age, rings, evidence of pregnancy | | | |

Additional information

Information on risks and other conditions not covered in above sections, other sensitive information

- 1.
- 2.

Priorities for follow-up to house visit

- 1.
- 2.

Name of person filling out the form:

Signature

Date

**Notification and Update Form
Intersectoral Standard Operating Procedures
for Child Protection and Family Welfare**



This form is used by Ghanaian government caseworkers and authorities, licensed non-governmental organizations and Traditional Authorities trained and authorized under the Intersectoral SOPs in Child Protection to notify DSWCD of opening, updating and closure of casework.

Date:

Case Number:

This form is

- A new notification of casework
- An update of casework
- Closure of casework

| FROM | |
|--------------------------------|--|
| Name | |
| Department/Office/Organization | |
| Address | |
| Telephone | |
| Email | |

| TO | |
|-------------------|--|
| Designation | |
| Office | |
| Department/Agency | |
| Address | |
| Telephone/Email | |

| Name of beneficiary | Surname/Other Names | DOB/Age | Sex: |
|---------------------|---------------------|---------|------|
| Address | | | |
| Language | | | |

| Mother's Name | | Surname/Other Names | DOB/Age |
|--|--|------------------------------|---------|
| Address | | | |
| Telephone number | | | |
| Email address | | | |
| Occupation | | | |
| Father's Name | | Surname/Surname/Another Name | DOB/Age |
| Address (include District & Region) If different address | | | |
| Telephone number | | | |
| Email address | | | |
| Occupation | | | |
| If Fit Person, Caregiver, Guardian (if different from parents) | | Surname/Given Name | DOB/Age |
| Address (include District & Region) | | | |
| Telephone number | | | |
| Email address | | | |

| Other individuals in Family | | | |
|-----------------------------|----------|-----|------------|
| Name | Relation | Age | Occupation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**We are providing assistance to the beneficiary/family in the following:
(please tick all boxes that apply)**

- Maintenance
 Custody
 Other type of Parental Dispute
 Access
 Alternative Dispute Resolution
 Legal Aid (Representation)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Child in need of going back to school | <input type="checkbox"/> Adolescent Mother Getting Back to School | | |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> NHIS (enroll) | <input type="checkbox"/> NHIS(renew) |
| <input type="checkbox"/> Child Labour | <input type="checkbox"/> Street Child | <input type="checkbox"/> Child at Risk of Servitude | <input type="checkbox"/> Cyber Abuse |
| <input type="checkbox"/> Maternal and Child Health Complication | <input type="checkbox"/> Malnourished Child | <input type="checkbox"/> Child with Disability | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Adolescent Pregnancy | <input type="checkbox"/> Child at Risk of Child Marriage | <input type="checkbox"/> At Risk of Other Gender-related Abuse | |

Note: if child marriage is imminent and teen pregnancy is in late term, report immediately to formal authority and follow up with this form

- | | | |
|---|---|---|
| <input type="checkbox"/> Skills Training | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Livelihoods |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Child behavior | <input type="checkbox"/> Child Mental Health Counselling/ Support |

Note: examples of child behavior or assisting in parent skill development are assisting in disputes between parents, disagreements or problems between adults and children or between children, substance abuse, anger management, reduction in inappropriate punishment

- | | | |
|--|---|---|
| <input type="checkbox"/> Short Term Shelter | <input type="checkbox"/> Kinships caregiver support | <input type="checkbox"/> Guardianship caregiver support |
| <input type="checkbox"/> Minor Juvenile Activity | <input type="checkbox"/> Neighborhood crime/safety issues | |
| <input type="checkbox"/> Child not seen recently | <input type="checkbox"/> Household has Inadequate Shelter | |
| <input type="checkbox"/> Other, | specify: | |

Brief background of situation

When the casework/support started, any additional information about the support being provided, expected timeframe of support...

Case Update

Examples: the beneficiary has returned to school, but the attendance and performance is irregular so we are continuing to provide support; the child maintenance support is not regular, so we are continuing to mediate; we have been receiving support from (an NGO, or another government service provider) and we are working together

Our service and support are terminated because the need has been met

Explain: be specific. Examples: an identity certificate is secured, child regularly attending school, child labour has stopped and child is regularly attending school, child no longer at risk of child marriage, tension in home reduced and there is better parenting, inappropriate punishment has stopped, pregnant or new mothers and infants are healthy and regularly receiving health checkups

The service and support are terminated for another reason

Explain: Examples: the beneficiary or family has moved, the family is no longer cooperating, we have run out of reasons to continue supporting the family, we have transferred the case to another organization for help (name of organization, contact numbers)

Note: this is not a request for assistance form, for request of assistance use a referral form or in the case of an emergency contact the police, health facility or other form of support

Consent of the beneficiary

Not needed because

(explain).....

I am aware of this Form being provided to the Department of Social Welfare and Community Development and the purpose of the Form and agree it can be provided. The information will be protected and confidential in line with the laws and policies of the Republic of Ghana.

Signature of beneficiary or their guardian

date

Thumbprint (jurat):

Thank you for receiving this Notification and Update form.

Sincerely,

Signature

Name

Position title.....

Address of organization.....

Phone number for contact.....

Referral Form
Intersectoral Standard Operating Procedures
for Child Protection and Family Welfare



This is a form of the Ghana Inter-sectoral Standard Operating Procedures in Child Protection. It is used by Ghanaian government caseworkers and authorities, licensed non-governmental agencies and Traditional Authorities authorized under the policy for children, their families and caregivers to get the support they are entitled to by law.

Date of submission:

Referral or Beneficiary Case Number:.....

Not Applicable, do not have one (if organization, agency has these)

Name of person being referred: Name of child and parent/guardian.....

.....

A standard identification number: (identify) of the person being referred.....

Contact information of person/family being referred

Complete address (or block/location if no formal address).....

Phone number (specifically whose number, parent/guardian/child).....

How is this referral being made (check box)?

Hand delivered by agency Hand delivered by beneficiary Hand delivered by parent/
guardian of child

By post/courier service By Telephone (only through secure, confidential process)

Email (through secure, confidential network)

Referral being submitted by:

(which institution, authority is making the referral)

Name

(The Director or Chief of the department, agency or organization providing the service)

Department/Agency/Unit/Organization/.....

Position.....

Address.....
Phone.....
Email:.....

Referral to:

Department/Agency/Unit or Organization.....
Name if available.....
Address

Is this a follow-up to an earlier request for help in person, over the phone or texting or letter?

No Yes, if yes...

- ▶ Was this for an urgent situation and this referral is as a follow-up to document the request for assistance? No Yes
- ▶ When did this occur? (date and approximate time).....
- ▶ Was this a request for a non-urgent situation and this referral is as a follow-up to document the request for assistance? No Yes
- ▶ When did this occur? (date and approximate time).....

How the referral entity (sender) learned about the need of this family?

Home visit Self reporting Contacted us by phone/text

Is a regular beneficiary of our services (i.e. LEAP, NGO, special program)

Others:

explain:.....

Main Reason(s) for Referral

(tick as appropriate)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Petty Crime | | |
| <input type="checkbox"/> Assault/physical abuse | <input type="checkbox"/> Sexual harassment/abuse | <input type="checkbox"/> Adolescent Pregnancy, specify below | <input type="checkbox"/> Child Marriage, specify below |
| <input type="checkbox"/> Suspicious/inappropriate visitors around household | <input type="checkbox"/> Abduction (under 18, including elopement) | | |

- Neglect: Children left alone home, not safe
- Neglect of children, other specify below
- Alcohol or drug abuse
- Non Maintenance (Child)
- Custody of child
- Malnutrition
- Other serious health issues, specify
- Serious sanitation issue specify below
- Lack of Birth Certificate
- Lack of Health Insurance
- Lack of another document (specify below)
- Parent/Guardian sick, non-available, child at risk of orphan-hood, child-headed household, specify
- Child in harmful labour
- Child not going to school
- Child on the street
- Mental health issues, specify below
- Cyber Abuse
- Disability Needs, specify below
- Child not seen recently
- Need for Shelter
- Other, specify:.....

Specify, provide additional information about this situation:

(only “need to know” details, provide only the information necessary for the beneficiary to start receiving assistance, not sensitive details that are not relevant to the assistance needed, e.g. for how long the situation has been going on, and possibly what caused it).

This referral needs to be followed up, latest by?

- One week
- Two weeks
- one month

Reason(s) for timeline:

.....

.....

Please complete and return the attached Referral Response Form and return it to us in the means specified at the end of the Referral Response Form

Sincerely,

Signature

Name

Supervisory Approval

Name of Supervisor of Referring Organization/Institution and Title

Office Stamp or Seal:

Signature

Date

Please return this form to: (sender of original referral form, write in)

**Referral Response Form
Intersectoral Standard Operating Procedures
for Child Protection and Family Welfare**



.....
.....
.....

(The Director or Chief of the department or organization providing the service, the name of the agency, department , organization and address of where the referral response form should go to)

Date:.....

We have received your referral with reference number.....to assist client named

.....
.....

We understand that you would like us to provide the following services:

.....
.....
.....
.....
.....

Response Status, At this time, we are (please tick one)...

Able to provide service

Put on a waiting list We expect to respond by:

.....

Not able to respond Reason:

.....
Further details on our services and support to the beneficiary:

We commit to provide support by:

.....(date)

Additional details on what we will do:
(including length of time of services and support)

Thank you,

Signature

Name of person filling out the form and title)

Telephone:.....

Email:.....

We are returning this form through:

- Hard copy delivered by a representative of this office to the officer making the referral request
- Postal Mail specific to the officer specifically making the referral request
- Secure attachment to an Email or Phone

Informed Consent Form for Client Intersectoral Standard Operating Procedures for Child Protection and Family Welfare



Format for use with case files and other forms as applicable in the ISSOPs

I understand that the information in this form/file (identify) is:

1. Intended to help me and/or my family with assistance in planning and coordinating services and support;
2. To be kept confidential according to national laws to protect children and families, and not harm, embarrass or discriminate against me and/or my family;
3. Explained to me and I have been given the opportunity to ask questions to better understand its use; and
4. Available for me to see and have a copy of it, or parts of it that are of interest to me.

From the client(s)

Note: to be signed by the parent or guardian of a child under the age of 12, and by persons 12 and older and/or in the presence of their parent or guardian if so requested by the parent or guardian and in the child's best interest.

Signature or Thumbprint

date

Name:.....

Signature or thumb print of parent or guardians of child/youth

date

Name:.....

Declaration of the case worker:

I have read and explained the content of this form/file to the client and I have been given the consent to proceed.

Name of caseworker:.....

Office of caseworker:.....

I was not able to secure consent

(explanation as to why).....

This informed consent form is placed in the case file of the client.





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