



Care Reform Roadmap in Ghana 2024-2028



Care Reform Program Ghana

#FamilyBestPlaceForChildren

#BeAFosterParent

#SupportFamilyStrengthening

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Foreword

The Ministry of Gender, Children, and Social Protection (MoGCSP) is mandated to ensure that all children in Ghana live in supportive, protective, and caring environments that enable them to develop to their full potential. Global agreement is now widespread that children should grow up safe and protected in families rather than in institutions, which can be harmful in a variety of ways. In Ghana, the Government has developed an ambitious program of care reform and family strengthening that has seen many children reunited with families and communities since 2007. This program is rooted in Ghanaian cultural values, which places a strong emphasis on family care. Interventions have included legislative reform, strengthening of the social welfare workforce, development of alternative family-based care options, such as foster care, for children in need as well as strengthening community gatekeeping mechanisms to prevent unnecessary family separation. The Care Reform Programme seeks to reduce dependence on institutional care systems for vulnerable children and transition towards a variety of inclusive family and community-centered childcare services.

This Roadmap is a commitment of the Government and people of Ghana to shape the future of children in Residential Homes and those at risk of institutional placement and family separation in Ghana. The Ministry agrees with the goals and objectives of the roadmap and pledges its support to its implementation. It is a bold and ambitious plan to improve the care and protection of vulnerable children in family settings based on the principle that every child deserves a family and that the best place for a child to grow up is in a loving and supportive home.

The roadmap has three main strategic actions, which seek to strengthen the institutional capacity of the Department of Social Welfare to oversee the Care Reform Roadmap implementation, enhance the availability of quality care and protection services for vulnerable children at the sub-national level, and empower families to prevent unnecessary family separation and harmful practices.

The development of the Care Reform Roadmap (2024-2028) is timely since it would afford all Social Welfare and Community Development Officers at the District level, Regional and National Social Welfare Officers the needed action and guidance to allow children to grow up with their families in a safe and nurturing environment.

The MoGCSP deeply appreciates all individuals and stakeholders who supported the development of the roadmap, especially UNICEF and USAID, for their technical and financial support.

I am confident that this Care Reform Roadmap will provide a clear direction to strengthen the Care Reform Programme and promote the rights of vulnerable children in Ghana.

Hon. Dakoa Newman

Representative of the President - Ministry of Gender, Children and Social Protection

Acronyms

CAA	Central Adoption Authority
COVID-19	Coronavirus 2019
CRI	Care Reform Initiative
CRP	Care Reform Programme
FCF	Foster Care Fund
CSO	Civil Society Organization
DCOF	Displaced Children and Orphans Fund
DSW	Department of Social Welfare
DSWCD	Department of Social Welfare and Community Development
FBO	Faith-based Organization
GSS	Ghana Statistical Service
GoG	Government of Ghana
ISS	Integrated Social Services
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MMDAs	Metropolitan, Municipal and District Assemblies
MLGDRD	Ministry of Local Government, Decentralization and Rural Development
MoGCSP	Ministry of Gender, Children and Social Protection
MoV	Means of Verification
NPO	Non-Profit Organization
OHLGS	Office of the Head of Local Government Service
RHCs	Residential Homes for Children
SOP	Standard Operating Procedure
SWIMS	Social Welfare Information Management System
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

Glossary

Alternative Care: Care for children who are not under the custody of their biological parents. Alternative care can be formal or informal, family-based care, or residential care.

- **Foster Care:** Family type of care organized by the State for a child in need of care and protection. It is a way of providing family life for children who cannot live with their own parents.
- **Residential Care:** Care provided in any non-family-based group setting including orphanages, children's homes, children's villages and shelters.

Biological Parents: The family into which the child is born. In this context it refers to both parents if they are together, or the mother, or the father.

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

Case Plan: A written plan that outlines the set of actions that the social worker (or other service provider) will undertake to assist an individual child and/or family in response to concerns raised about their physical, emotional, social, or economic wellbeing (vulnerabilities) based on a comprehensive assessment.

Child: A person below the age of eighteen years.

Family-based care consists of the following:

- **Kinship care:** Family-based care within the child's extended family or with close friends of the family known to the child. Kinship care arrangements are also sometimes referred to as informal foster care.
- **Adoption:** Adoption provides a permanent alternative care solution for a child who cannot be with his/ her biological parents.

Foster Parents: Adults licensed by the State who provide temporary physical care, nurture and emotional support in their home to children placed with them for planned, goal-directed services which will support the ultimate permanent life plan of a child.

Foster Care Agency: A private agency which trains foster parents, supervises and monitors foster care placements.

Foster Care Fund: A fund used to cover some of the additional expenses that foster parents might incur for children, especially children with special needs.

Formal Care: All alternative care in which placement has been ordered by a competent administrative body or judicial authority.

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 friends (informal kinship care) 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 an administrative or judicial authority or a duly accredited body.

Permanency Plan: Permanency plan is a safe and nurturing relationship that can be expected to last for a lifetime. For children in foster care, permanence also means developing and sustaining connections to important people in their lives. The process of achieving permanency begins with long-term planning for the child through the development of a permanency plan, which states the goal to achieve, with timelines. The permanency plan also includes services and supports to put into place what the child's team will be using to achieve the permanence goals. This plan is reviewed every six months while the child is in foster care.

Social Service Workforce: The Global Social Service Workforce Alliance (GSSWA) defines the social service workforce as a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure health development and wellbeing. The social service workforce focuses on preventive, responsive and promotive services. The social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including, but not limited to social workers, social educators, social pedagogues, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers.

EXECUTIVE SUMMARY

The Care Reform Roadmap (2024-2028) presented in this document outlines the comprehensive plan and strategic actions for the Care Reform Programme (CRP) in Ghana. The Ministry of Gender, Children, and Social Protection (MoGCSP) has taken the lead in ensuring that all children in Ghana are provided with supportive and caring environments that enable their full potential.

The roadmap begins by highlighting the current status of children without parental care in Ghana, including those in residential care, foster care, and kinship care. It also addresses the challenges and opportunities faced in providing adequate care for vulnerable children, particularly those in street situations.

The goal of the roadmap is to establish a framework that promotes the wellbeing of children and strengthens family-based care options. The strategic objectives focus on enhancing the institutional capacity of social welfare, improving the quality of care and protection for vulnerable children, and empowering families to prevent unnecessary family separation and harmful practices.

The roadmap emphasizes the importance of de-emphasizing reliance on Residential Homes for Children (RHCs) and shifting towards integrated family and community-based childcare services. It recognizes that every child deserves a family and that the best place for a child to grow up is in a loving and supportive home.

To achieve these objectives, the roadmap proposes strategic actions that include legislative reforms, strengthening the social welfare workforce, and promoting alternative family-based care options such as foster care. It also highlights the need for monitoring and evaluation to track progress and ensure the effectiveness of the implemented measures.

The roadmap acknowledges the collaboration and support of various stakeholders, including UNICEF, USAID, Civil Society Organizations, and Faith-Based Organizations. Their contributions have been instrumental in the development of the roadmap.

In conclusion, the Care Reform Roadmap represents a commitment by the Government of Ghana to shape the future of children in alternative care. It sets forth a bold and ambitious plan to improve the care and protection of vulnerable children by prioritizing family-based care and strengthening the social welfare system. The Department of Social Welfare with support from Ministry of Gender, Children, and Social Protection and other relevant stakeholders is dedicated to implementing this Roadmap and promoting the rights of vulnerable children in Ghana.

1.0 Introduction

Ghana was the first Country in the world to ratify the United Nations Convention on the Rights of the Child, (UNCRC) 1989. The CRC recognizes the right of every child to grow up in a loving and supportive home for a better future. The importance of family is recognized internationally through UNCRC and the UN Guidelines on Alternative Care for Children. The UNCRC Article 7 recognizes the right of every child to grow up in a family environment to know and be cared for by their parents.

In addition, Article 20 provides that a child temporarily or permanently deprived of their family environment, or in whose own best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State and that State Parties ‘shall in accordance with their national laws ensure alternative care for such a child to enable the child to grow up in a loving, caring and supportive environment.’

Section 5 of the Children’s Act 1998, (Act 560) states that “No person shall deny a child the right to live with his parents and family and grow up in a caring and peaceful environment unless it is proved in court that living with his parents would;

- (a) lead to significant harm to the child; or
- (b) subject the child to serious abuse; or
- (c) not be in the best interest of the child.

It also recognizes that where a competent authority determines in accordance with the laws and procedures applicable that it is in the best interest of the child to separate the child from his or her parents, the best substitute care available shall be provided for the child.

In 2006, the Government of Ghana (GoG) began the establishment of the Care Reform Initiative (CRI) with the objective of promoting family-based care, deinstitutionalization and reintegration of children, strengthening alternative family-based care, and preventing unnecessary separation of children from their families.

Since the commencement of CRI, efforts have been made to reduce the number of children in formal institutional care and to ensure that foster care and adoption processes are transparent and robust. Led by the Department of Social Welfare (DSW) of the Ministry of Gender, Children and Social Protection (MoGCSP), the main achievements have been around setting standards and procedures for licensing of Residential Homes for Children (RHCs) and closing RHCs which are not compliant with the Children’s Act, 1998 (Act 560), and Childcare Regulations (LI. 1705), 2003; Children’s (Amendment), Act 2016, (Act 937). This process was further articulated in the National Standards for Residential Homes for Children in Ghana (2018) and the Standard Operating Procedures for Inspection, Licensing, and Monitoring of Residential Homes for Children in Ghana (2018). Guidelines for Deinstitutionalization of Residential Homes for Children (2020) were further developed to complement the above-mentioned SOPs.

In 2017, GoG introduced a Five-Year Roadmap for the Closure of Residential Homes for Children in Ghana (2017-2021). The roadmap set a target of 50 licensed RHCs with 2,000 children by 2021. In 2019, 130 known licensed and unlicensed RHCs were recorded with over 3,600 children. In early 2021, GoG, through UNICEF support, conducted an assessment to track progress on the roadmap and understand challenges and bottlenecks in implementing the CRI.

2.0 Status of children without parental care in Ghana

According to the Ghana Multiple Indicator Cluster Survey (MICS) 2017/2018, 16.6% of children in Ghana (girls 17.9%; and boys 15.3%) aged 0 to 17 years are not living with their biological parents. However, close to 94% of all children are still living in a household that is headed by another family member. There are differences in the living arrangements of children according to age, with 7.6 % of children from 0 to 4 years not living with biological parents, while 96% of these children are living in a household that is headed by a family member other than biological parents.

2.1 Status of children in residential care

In Ghana, residential care has historically been the main option for formal alternative care of children when parents or extended families are unable or unwilling to provide for them. The period between 1996 and 2006 saw a dramatic increase in the number of RHCs, rising from 13 to 148, housing about 4,000 children¹. In response, GoG launched CRI in 2007 to prevent unnecessary separation, close down sub-standard RHCs and reintegrate children with families.

In 2016, with support from the Displaced Children and Orphans Fund (DCOF)/USAID and UNICEF, MoGCSP conducted the Mapping of Residential Homes for Children in Ghana to identify the “hot spots” - high concentration of RHCs and children in RHCs. The study revealed 115 RHCs in Ghana as of October 2016, caring for 3,586 children. Just over half of all RHCs (53 percent) were located in three regions:

- Greater Accra – 21%;
- Ashanti – 18%; and
- Volta – 14%.

Majority of children in RHCs is found in these three regions:

- Greater Accra – 30%;
- Ashanti – 22%; and
- Central – 12%.

The 2016 study highlighted the challenges of Districts and Regions in tracking and monitoring of:

- RHCs that were earmarked for closure and required to reintegrate children in the facility.
- RHCs that were closed and the whereabouts of children formerly in the facility.
- RHCs that were required to implement actions to comply with the National Standards (2010) for licensing or closure.

¹ Department of Social Welfare and Orphan Aid Africa, Orphanage Census in Ghana, 2006

Following this study, in 2017, GoG introduced a Five-Year Roadmap for the Closure of Residential Homes for Children in Ghana (2017-2021), with more focus on providing clear procedures and guidelines on monitoring, inspection and licensing of RHCs through the Standard Operating Procedures for Inspection, Licensing and Monitoring Residential Homes for Children (2018) and the revised 2010 National Standards for Residential Homes for Children in Ghana in 2019. The 2017 Roadmap set a target of 50 licensed RHCs with 2,000 children by 2021.

To track progress in implementing the reform and to better plan for an acceleration of efforts, DSW and UNICEF in collaboration with Ghana Statistical Services (GSS) with support from USAID conducted a study on Children Living in Residential Care in Ghana: Findings from a survey of wellbeing in 2019 (published 2021). The study revealed that 3,530 children were living in 139 RHCs. Out of these RHCs, only one-third of RHCs were found to have a valid license, and almost 1 in every 4 RHCs in Ghana were either not registered with DSW or not in compliance with registration requirements. Moreover, the geographic spread of RHCs in Ghana remained uneven, with more than half of all RHCs countrywide located in two regions, Greater Accra and Ashanti.

Ghana has 139 residential homes for children, which are largely concentrated in the Greater Accra region

Number of residential homes for children in Ghana, by region

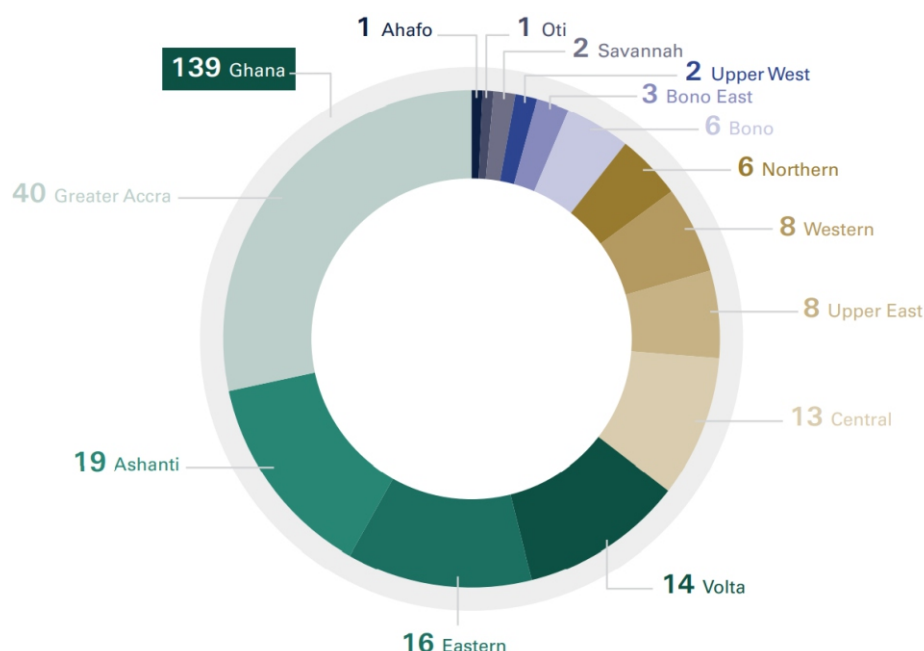


Figure 1: Number of residential homes for children in Ghana, by region

Source: *Children Living in Residential Care in Ghana: Findings from a survey of wellbeing* | UNICEF Ghana, (2021)

Critically, the survey revealed that two (2) in three (3) children living in residential care had at least one living biological parent, while 60% still had contact with parents or relatives. In contrast, the Child and Family Welfare Policy (2015) says that the **placement of children in residential care should be only used as a last resort and children should remain there for not more than six months.**

The survey revealed that children in RHCs in Ghana have been there for nearly ten (10) years, on average. Over 75% of children have stayed for more than one year. However, close to 90% of children who exited were reunified with their families.

While the majority of RHCs had paid staff, only about half conducted Police or background checks on personnel and volunteers. Close to half of the RHCs with volunteer workers hosted foreign nationals. According to the National Standards on RHC, volunteers should not take care of children in residential homes, but one (1) in seven (7) RHCs were found to have only volunteer caregivers.

In many cases, these children have been institutionalized as a result of poverty, violence, abuse, neglect, substance abuse, or the death or illness of a parent, and often lack access to education, health care, and family support services. More than half of children in RHCs were reportedly exposed to violent forms of discipline.

While some of the basic needs of children living in RHCs were met (i.e., drinking water, sanitation, and going to schools), data also revealed some adverse impacts on health, nutrition, education, and children's cognitive and social development:

1. About 40% under age five (5) living in RHCs were moderately or severely stunted.
2. Only one-third of children in RHCs were found to have foundational reading skills, while a much lower proportion had foundational numeracy skills.
3. Close to one (1) in four (4) children living in large RHCs did not receive any stimulation or responsive care.
4. One (1) in five (5) children had difficulty functioning in at least one domain.
5. One (1) in five (5) older adolescents were involved in a physical fight inside the RHC within the past year.

It was worth noting that just over half of the children in residential care have an assigned caseworker, while about one-third had no individual care plan. Around one (1) in three (3) children lacked a care order for their placement in an RHC.

Compared to 148 RHCs in 2006, the 2019 survey revealed that the number of privately run RHCs across the country has decreased to 139. This positive development can be attributed to the work carried out under the Care Reform Initiative over the years. However, it was also discovered that about one in five homes have been open for less than six years, despite the fact that DSW has not registered any new RHC since 2016. It is noteworthy that many RHCs are voluntarily reducing the number of children they admit, which has resulted in an overall decrease in the number of children in residential care – from around 4,500 in 2012 to around 3,500 in 2019, according to the survey results. According to the data received from DSW in December 2023, the number of RHCs had been further reduced to 117, housing 3,430 children (Female 1,576 and 1854 Males).

Table 1: Regional Snapshot of RHCs and Children in RHCs

NO.	REGION	NUMBER OF RHCs	NUMBER OF CHILDREN		TOTAL
			MALE	FEMALE	
1	AHAFO	1	17	9	26
2	ASHANTI	20	293	304	597
3	BONO	6	57	52	109
4	BONO EAST	2	16	13	29
5	CENTRAL	11	256	211	467
6	EASTERN	10	160	136	296
7	GREATER ACCRA	36	669	530	1199
8	NORTH EAST	0	0	0	0
9	NORTHERN	5	103	103	206
10	OTI	1	30	10	40
11	SAVANNAH	1	17	18	35
12	UPPER EAST	8	66	62	128
13	UPPER WEST	3	20	23	43
14	VOLTA	7	65	58	123
15	WESTERN	6	85	47	132
16	WESTERN NORTH	0	0	0	0
	TOTAL	117	1854	1576	3430

Source: DSW, December (2023)

2.2 Status of children placed in foster care

In Ghana, the CRP includes strengthening of formal foster care as an alternative family-based care option aimed at ensuring that children grow up in a loving and caring environment. In 2018, the Foster Care Regulations were passed, following which the Foster Care Operational Manual and the Foster Parent Training Manual were published in 2018, and the National Standards for Foster Care in Ghana were released in 2020. Since then, DSW has engaged in activities aimed at building a pool of trained foster parents in the district, with placement of children taking place through Regional Foster Care Placement Committees.

As of December 2023, Ghana has 16 Regional Foster Care Placement Committees with 1,477 licensed foster parents nationwide and 417 children placed so far. A regional breakdown of the data available is presented below.

Table 2: Regional Snapshot of Foster Parents and Children in Foster Care

NO.	REGION	FOSTER PARENTS		TOTAL	CHILDREN PLACED IN FOSTER CARE		TOTAL
		MALE	FEMALE		MALE	FEMALE	
1	AHAFO	0	0	0	0	0	0
2	ASHANTI	65	328	393	80	79	159
3	BONO	10	40	50	0	1	1
4	BONO EAST	0	0	0	0	0	0
5	CENTRAL	14	44	58	16	7	23
6	EASTERN	16	171	187	17	21	38
7	GREATER ACCRA	87	378	465	61	55	116
8	NORTH EAST	0	0	0	0	0	0
9	NORTHERN	9	40	49	3	3	6
10	OTI	0	0	0	0	0	0
11	SAVANNA	0	0	0	2	0	2
12	UPPER EAST	13	32	45	5	3	8
13	UPPER WEST	12	61	73	2	9	11
14	VOLTA	23	38	61	12	7	19
15	WESTERN	21	75	96	13	21	34
16	WESTERN NORTH	0	0	0	0	0	0
	TOTAL	270	1207	1477	2930	206	417

Source: DSW, December (2023)

There are challenges associated with data collection, management, and monitoring of licensed foster parents. During the consultation with the 16 Regional Heads of Social Welfare in November 2022, all Regions reported that they have very limited resources to conduct monitoring visits to foster parents and children placed in foster care. Lack of resources also meant that not many identified potential foster carers could benefit from training and go through the licensing process. There was no precise data available about the average time that a child spends when placed in foster care.

The scale-up of foster care placements has been slow for several reasons, including unmet needs for financial support to foster parents, which can undermine the willingness to foster children, and the limited capacity of caregivers to foster children with special needs. DSW does not provide direct financial support to foster parents but may provide in-kind support and reimbursement of expenses, especially for those caring for children with disabilities.

Recent evidence highlighted that lack of financial support is a key issue for foster parents and may serve as a deterrent for prospective foster parents.

The Children's Act (Amended, 2016) Act 937 requires that Government set up a dedicated Foster Care Fund with an allocation of at least GHS 1 million per year, with a further GHS 1 million to the DSW to cater for children in need. Section 72 of the Children's Amendment Act 2016 and section 76 require the establishment of the funds and their management, respectively. Yet, this fund is not available as of December 2023.

2.3 Status of children reunified into Kinship Care

The DSW, with support from UNICEF, developed the Deinstitutionalization (DI) Guidelines to enhance a coordinated approach to tracing and reunification of children into their families. As a result, 401 children made up of 212 males and 189 females were reunified with their families and are integrating well as of December 2023. 58 children are also currently in independent living.

Table 3: Regional Snapshot of Children Reunified in 2023

No.	Region	No. of children reunified		Total
		Male	Female	
1	Ahafo	1	2	3
2	Ashanti	39	43	82
3	Bono	0	0	0
4	Bono East	16	13	29
5	Central	57	27	84
6	Eastern	2	3	5
7	Greater Accra	53	64	33
8	North East	0	0	0
9	Northern	6	4	10
10	Oti	10	1	11
11	Savannah	3	1	4
12	Upper East	4	4	8
13	Upper West	1	14	15
14	Volta	13	2	15
15	Western	7	11	18
16	Western North	0	0	0
	Total	212	189	401

Source: DSW, December (2023)

2.4 Challenges and Opportunities

Data and evidence: The absence of a real-time, functional administrative system for tracking children in residential care and inspection of RHCs is the first critical gap in implementing the reform. MoGCSP and its partners have developed a digital Social Welfare Information Management System (SWIMS), which is used in 160 districts as of early 2023. However, it does not necessarily include all children in residential care, as some of the MMDAs where RHCs are located are yet to be introduced to SWIMS. SWIMS is a digital case management tool used to help DSW officers and RHCs better manage child protection cases, including children without parental care, and generate routine data on their situation. In some MMDAs, based on the request from districts, RHCs were trained by DSW to use SWIMS to ensure that every child has a case management file.

Financial and human resource: When asked, almost all National, Regional and District DSWCD officers reported that the number one challenge is the inadequate Government budget allocations to DSW, which places a substantial constraint on the ability of National, Regional and District DSWCD staff to conduct regular inspections of RHCs and supervision of foster parents and accelerate deinstitutionalization. The COVID-19 containment measures also made it hard for staff to conduct visits to RHCs. The socio-economic impact of COVID-19 and the cost-of-living crisis, with fluctuating exchange rate and fuel price, have further made these monitoring and inspection visits difficult. The delay in launching of the Foster Care Fund is also a big challenge to provide adequate monitoring and support for the care reform programme.

An additional critical gap in resources is human resources. Following the implementation of decentralization in Ghana, the Department of Social Welfare and Community Development (DSWCD) was created under each of the 261 MMDAs as one department. They are responsible for providing services related to child and family welfare and child protection, including the implementation of Care Reform. However, as of 2020, there were 2,582 employees employed nationwide, far below the minimum of 5,789 set out by the Office of the Head of Local Government Services (OHLGS), representing a shortfall of 55% nationwide².

Opportunities exist, as considerable interventions have been made to strengthen the existing social service workforce through the Integrated Social Services (ISS) approach since 2019. Embedded in the Local Governance Act, 2016 (936), ISS seeks to strengthen inter-sectoral collaboration between social welfare, social protection, and health actors at the decentralized and national levels. As of December 2023, through ISS, DSWCD officers and their allies (including police, education, etc.) from 170 MMDAs have been trained on alternative care, Inter-sectoral Standard Operating Procedures for Child Protection and Family Welfare, Case Management Standard Operating Procedures for Children in Need of Care and Protection and the Social Welfare Information

² [CHILD PROTECTION BUDGET BRIEF for web \(unicef.org\)](https://www.unicef.org/governance/publications/child-protection-budget-brief)

Management System (SWIMS). The OHLGS has also integrated family-based care into the official in-service Training Manual for Social Welfare and Community Development Officers.

As of December 2023, 126,441 children-in-need have benefited from various social services through ISS since 2020. Over 365 children placed in foster care and 57 children in Adoption benefited from family-based care services from 2018 to June 2023. These cases are managed and monitored through the Social Welfare Information Management System (SWIMS), a digital case management system to document, report and retrieve to facilitate intersectoral referrals of child protection cases.

Enforcement of regulations: As explained above, decentralized child protection and social welfare service delivery mechanisms remain significantly under-resourced to effectively monitor the situation of children in RHCs, enforce regulations, and support the successful reintegration of children living in institutional care into appropriate alternative care solutions. New RHCs continue to be opened and, as of 2021, only 48 percent were operating with a valid license, despite ongoing efforts for the closure of several unlicensed RHCs and deinstitutionalization of children in them in line with their best interests.

Community gatekeeping and social norms: Gatekeeping mechanisms to prevent unnecessary family separation remain weak, with social norms continuing to play a major role in residential care being viewed as necessary and positive for children in communities. This includes the belief that children – especially children with disabilities - will receive better care and education in institutions. Without adequate responses in place to address the socio-economic determinants of unnecessary family separation (i.e. poverty, lack of education and lack of social welfare support) and without sufficient resources to sustain follow-up, reunified children can be at risk of harm, re-admission into residential care or having their basic needs unmet.

It is worth noting that Ghana has a strong culture of relatives and community members providing and caring for vulnerable children. The Care Reform Roadmap should build on these existing traditional values in informing social services and programme interventions to promote family-based care, especially kinship care.

Children with disabilities: In Ghana, only a limited number of RHCs admit children with special needs and even less provide quality care. RHCs that admit children with special needs but without sufficiently specialized quality care should be encouraged to upgrade their services. Data on the number and status of children with disabilities placed in RHC is limited. A Training Manual for Caregivers of Children with Disabilities was developed in 2020 to support RHCs and foster parents in caring for children with disabilities.

2.5 Children in street situations

The status of children in street situations in Ghana is a complex and challenging issue. There is no one-size-fits-all answer, as the experiences of these children vary greatly depending on their individual circumstances. However, some of the most common problems faced by children in street situations in Ghana include lack of access to education, exploitation, health problems, and social isolation.

The Government of Ghana has taken some steps to address the issue of street children. In 2003, the Government passed the Children's Act, which prohibits the exploitation of children and sets out the rights of children. The Government has also rolled out several strategies to provide assistance to children in street situations. On 13th April 2022, the Caretaker Minister, Hon Cecilia Abena Dapaah of the Ministry of Gender, Children and Social Children and Social Protection, established an **Inter-Ministerial Committee** consisting of relevant Ministries. A **Technical Committee** was established on 13th April 2022 and tasked to develop a plan to address the menace of street beggars.

On 7th June 2022, the Embassy of Niger, in collaboration with the Ghana Immigration Service (GIS) and other relevant stakeholders, safely repatriated One Thousand Three Hundred and Twenty (1,320) Nigeriens to their home country.

The National Strategic Plan for Street-Connected Children in Ghana has been developed to ensure that street-connected children have access to essential services to become responsible citizens. The annual commemoration of the International Day for Street Children (IDSC) sensitizes the public on issues of street-connected children and encourages families to be responsible.

The implementation of the decentralization system in Ghana mandates Metropolitan Municipal and Districts Assemblies to protect children within their jurisdiction as enshrined in Section 16(1) of the Children's Act 1998 (Act 560). Children in street situations are vulnerable children who mostly pass through the various residential homes for children in the country before they are reunified with their families. This care reform Roadmap would afford all Social Welfare and Community Development Officers at the District level, and Regional and National Social Welfare Officers the need to allow children to grow up with their families in a safe and nurturing environment and not RHCs.

3.0 Goal, strategic objectives, principles and actions

3.1 Goal

The goal of the Care Reform Programme Roadmap is that by 2028, more children, especially those living in institutions (including long-term residential care homes), living without adequate parental care, or at risk of separation, benefit from family reintegration and family-strengthening support and are protected by a strengthened child protection system.

More concretely, the roadmap aims to safely reintegrate at least 30% of children living in RHCs into their families and communities in all regions.

3.2 Strategic objectives

The Care Reform Programme Roadmap (2024-2028) has the following strategic objectives:

1. Strengthen the institutional capacity of the Government of Ghana to oversee, regulate, coordinate, monitor and sustain the care reform at all levels.
2. Enhance the availability, accessibility and quality of care and protection service delivery by the Government and its partners at the decentralized level.
3. Empower families for reintegration, resilience building and prevention of unnecessary family separation and harmful practices.
4. Empower all key stakeholders to document cases relating to alternative care into the Social Welfare Information Management System.

3.3 Principles and Approaches

It is recognized that not all care institutions are harmful to children, and small group homes, in particular, can sometimes play an important role in meeting the needs of certain groups of children. Institutional care, in general, rarely provides a high standard care, which is not in the best interest of the individual child, so should *always be the last resort*. Particular priority should be given to ensuring that children under the age of three can stay with their own families or have access to family-based care.³ The intention of the Roadmap is not to close down all RHCs in Ghana, but rather to ensure that for children for whom family or kinship care is not an option, a continuum of quality temporary, long-term and permanent alternative care options are available, including foster care and adoption and, as a last resort, residential care.

Hence, this Roadmap takes a phased approach by emphasizing the reduction of children in RHCs to 30% of the current number of children (3,430). This will be done through either the closure of RHCs or directives to licensed RHCs to reduce the number of children in their care so as to achieve the standard of not more than 30 children in a facility. RHCs that operate in Ghana must comply with the 2018 National Standards, which include providing care in smaller family-type facilities (caring for a maximum of 30 children) and not large institutions offering boarding school and dormitory style caregiving arrangements, as is currently the case with most RHCs.

³ Keeping children out of harmful institutions: Why we should be investing in family-based care. Save the Children Fund. 2009

Regions with a high concentration of RHCs will be prioritized for this Roadmap to (1) ensure that no more RHCs are established in the district; (2) make a concerted effort to close sub-standard and unnecessary RHCs in these districts; and (3) prioritize the provision of other family-based care services such as supported kinship care and formal foster care.

The Guidelines for Deinstitutionalization of Residential Homes for Children (2020) aim to support RHCs in transitioning to family-based care by outlining an eight-step process for deinstitutionalization and recommendations for community services aimed at children and their families to prevent family breakdown. It also seeks to enhance family reintegration, support families in need or those who care for children with disabilities and strengthen alternative family-based care options.

Children aged 0 to 3 are most vulnerable to the negative effects of long-term residential care and therefore, placement of these children in kinship care or formal foster care should be prioritized. The CRP Roadmap prioritizes reintegrating these children, including those in the three government facilities. If reintegration or formal foster care is not an option for these children, then adoption could be pursued.

RHCs offering short-term emergency care will also be fully supported, monitored and followed up through the implementation of this Roadmap. The high number of long-term care institutions suggests that these facilities are not being used as a temporary or a last resort, despite the well-known problems associated with keeping children in institutions for lengthy periods backed by numerous research. Ghana has more than sufficient long-term residential care institutions, but facilities specialized in short-term care are lacking. The transformation of long-term care into short-term care facilities should also be considered as an option.

Given that it is more difficult to place children with disabilities in foster care or adoption, special efforts will be placed for children with disabilities and their families to ensure the principle of equity. Efforts to understand their situation in RHCs will be implemented, and indicators related to children with disabilities will be included in the M&E framework. Building on existing social drive campaigns such as the Ghanaians Against Child Abuse (GACA) and the Child Protection Community Facilitation Toolkits, social and behaviour change initiatives will be amplified to ensure the realization of the right of children with disabilities to a loving and caring family.

Stronger emphasis will be placed on RHCs inspection and monitoring through an improved data management system. Regular data collection, information management and reporting system related to children without parental care in all settings will be critical to closing existing data gaps and ensuring quality care arrangements for all children, including children with disabilities.

The closure of RHC must always be in the best interest of children and not result in more harm to them. To ensure this, the closure of RHCs requires a carefully planned case management process, with timelines, to ensure that children in the RHC are either successfully reintegrated with their families or placed in foster care or adoption (as a last resort). District Social Welfare Officers are required to assist RHC with profiling children to determine reintegration or other permanency arrangements and to facilitate the implementation of reintegration/permanency plans.

The CRP Roadmap builds on GoG's child protection system strengthening efforts. As such, this Roadmap underscores the importance of investment in the availability, resources and capacity of the social service workforce at both the national and decentralized levels to provide childcare and protection services. Development agencies will be encouraged to support programmes and projects that take a holistic and inclusive approach to the child protection system and family strengthening, prioritizing quality family-based care arrangements, and moving away from institutionalization. Any programmes supporting children with disabilities and vulnerable children need to align with this Roadmap and promote inclusive, accessible and quality community services, including child protection, social protection, health, nutrition, education, disability inclusion, youth empowerment and employability.

Lastly, the Roadmap recognizes the principle of hearing children's voices. The UNCRC states that every child must have the opportunity to participate in his or her own development. In the context of alternative care, this means allowing each child the right and the opportunity to participate in decisions related to his or her care and living arrangements according to age, evolving capacities, language and context. Children have the right to be treated fairly. Children must have opportunities to raise concerns when there are difficulties in the alternative care arrangements.

3.4 Implementation activities

SO1: Strengthen the institutional capacity of the Government of Ghana to oversee, regulate, coordinate, monitor and sustain the care reform and child protection system at all levels.

- 1.1 Strengthen a high-level Steering Committee to oversee the care reform and a Technical Committee to implement and monitor the Care Reform Roadmap and documenting all cases into SWIMS. A costed work plan will be developed under the leadership of DSW annually to support the implementation of this Roadmap together with key stakeholders.
- 1.2 Disseminate the Roadmap and sensitize all stakeholders, including international aid organizations and development agencies, on the harmful impact of institutionalization and direct them to support child protection system strengthening and family strengthening approach.

- 1.3 Develop and enforce a regulation prohibiting the establishment of new residential care institutions and new intakes. (Develop a gatekeeping policy)
- 1.4 Enforce regular inspection of RHCs and review of licenses and prevent emergency, temporary shelters from turning into long-term RHCs.
- 1.5 Enforce regular supervision of foster parents.
- 1.6 Ensure a strong child safeguarding policy through the enforcement of the SOPs for licensed RHCs.
- 1.7 Ensure that all RHCs meet standard at their facilities to care for children with special needs.
- 1.8 Create a functioning CRP information management database that collects and analyses accurate, regular and reliable data to track and monitor the implementation of the care reform, linking with SWIMS.
- 1.9 Conduct an evaluation of the impact of the CRP to inform future interventions and secure increased and sustainable government funding for care reform.
- 1.10 Organize annual review meetings to assess the progress of the CRP
- 1.11 Reduce the number of RHCs especially in areas of high concentration.

SO2: Enhance the availability, accessibility and quality of care and protection service delivery at the decentralized level.

- 2.1 Integrate CRP priority activities into the regions and districts' costed annual work plan.
- 2.2 Sign formal work plans for the reintegration of children between MoGCSP and target RHCs in agreement with the region and respective MMDAs and integrate key activities into annual action plans.
- 2.3 Build capacity of the social service workforce (Government, relevant agencies and CSOs) on DI, case management, closure of RHCs, ISS, SWIMS, etc., through regular training, coaching, supervision and monitoring.
- 2.4 Review and update existing guidelines, SOPs, tools and training manuals to ensure the inclusion of children with disabilities and ensure their usage in all situations, including emergencies.
- 2.5 Using a thorough, individual case management approach, provide integrated social services to reintegrate all children in RHCs into their families or place them in appropriate alternative family-based care and conduct regular monitoring.

2.6 Recruit, train and certify foster care families (including emergency foster careers) and regularly review family performance contracts.

2.7 Conduct research to understand the situation of children with disabilities in institutions.

SO3: Empower families and children for reintegration, resilience building and prevention of unnecessary family separation and harmful practices.

3.1. Provide appropriate cash plus support to reintegrated families and foster careers to complement social welfare services, stabilize child placement and prevent family separation.

3.2. Strengthen evidence-based social behaviour change and community engagement campaigns to prevent child abandonment, violence and child institutionalization and promote positive parenting.

3.3. Sensitize communities on the care reform and the benefit of family-based care, including for children with disabilities, through the use of child protection toolkits and engagement with community, religious, traditional and youth leaders.

3.4 Strengthen community-based mechanisms to monitor child wellbeing and support prevention, identification and community reintegration efforts.

3.5 Transform target RHCs into community-based child-centered facilities (ECD centers, daycare centers, after-school programmes for the youth and children with disabilities, etc.)

3.6 In partnership with the business sector, provide young people with care experiences and other vulnerable young people such as teen mothers, and persons with disabilities with life and social skills training, community reintegration support, employability/job aid support and continued education opportunities.

4.0 Expected results

The roadmap intends to achieve the following results by 2028:

- At least 1,500 children in RHCs are safely reintegrated into family-based care and receive good-quality case management and support.
- 30% of the total number of children living in RHCs currently will be reduced.
- All children in RHCs have a case plan recorded in SWIMS.
- Less children under 3 years old will be in RHCs, especially for special and emergency care.
- No new RHCs are opened and authorized to operate.

- All RHCs are inspected at least four times per year and necessary follow-up action is implemented to improve, close or transition to community-based services.
- At least twenty (20) RHCs are closed and facilities used for community services.
- Gatekeeping mechanisms are in place to limit the unnecessary placement of children in RHCs.
- Families and community members understand the harmful effect of institutionalization and family separation and are empowered to protect and provide adequate care for children in their communities, including for children with disabilities.
- Information management database is established to track and monitor the implementation of the CRP Roadmap, including RHCs and foster care inspection, in linkage with SWIMS.

5.0 Monitoring and Evaluation

Indicator	Baseline (2023)	Target (2028)	MoV (Means of Verification)
Goal: By 2028, more children, especially those living in institutions (including long-term residential care homes), living without adequate parental care, or at risk of separation, benefit from family reintegration and family strengthening support and are protected by a strengthened child protection system.			
Number of children in RHCs reunified with family or in family placement nationwide	401	1,500	Data from RHCs, Data from SWIMS
Number of RHCs in the Country (licensed, unlicensed, earmarked for closure)	117	70	Data from District Social Welfare Office (DSWO)
Number of children in RHCs, including children with disabilities	3,430	2,401	Data from RHCs, Data from DSWO
Objective 1: Strengthen the institutional capacity of the Government of Ghana to oversee, regulate, coordinate, monitor, and sustain the care reform and child protection system at all levels			
Number of Districts integrated CRP activities into the costed annual work plan	170	261	Annual Work plans, Reports
Number of Regions integrated CRP activities into the costed annual work plan	16	16	Annual Work plans, Report
Number of RHCs inspected per year	60	117	District Social Welfare Unit, SWIMS

Number of MMDAs using SWIMS to manage CRP	170	261	Data from SWIMS
Objective 2: Enhance the availability, accessibility and quality of care and protection service delivery at the decentralized level			
Number of children in RHCs with individual case plan	1,200	2,401	Data from DSWO, Data from SWIMS
Number of social service workforce and stakeholders trained on standards, SOPs and guidelines on family-based care and protection	400	1,800	Training reports
Number of foster parents with valid license in the register	1,477	3,000	Foster Parent register
Number of reintegrated children receiving ISS support	120	1,500	Reports from Regions, Data from SWIMS
Objective 3: Empower families and children for reintegration, resilience building and prevention of unnecessary family separation and harmful practices			
Number of families supported with family strengthening support, including (cash plus, food support)	400	1,500	Support from Foster Care Fund LEAP RHCs, NPOs
Number of families reached with social behaviour change and parenting programmes, preventing violence against children and family separation	194,070	250,000	Reports from CP Toolkits App, Data from programmes
Number of RHCs transformed to child-friendly community services	5	20	Reports
Number of young people leaving RHCs received social and life skills training, job aid support and/or continued education support	58	500	Reports from Districts, RHCs, Evidence of support

Whenever possible, data must be disaggregated by age, sex and ability.

6.0 Roles and responsibilities of stakeholders

Roles and responsibilities of Ministries, Departments and Agencies.

No.	Ministries, Departments and Agencies (MDAs)	Roles and Responsibilities
1.	DSW (MoGCSP)_	Coordinate and lead implementation.
2.	CAA	Collate data on adopted children.
3.	MoLGDRD	Align care reform programme with their plan of action.
4.	OHLGS	Recruit the right staff for Social Welfare and retraining of staff.
5.	Ministry of Finance (MoF)	Provide funding to the programme.
6.	NDPC	Advise on development planning policy and strategy.
7.	Ministry of Education	Formulate education policies and set standards.
8.	Ministry of Interior	Ensure adequate protection of life and property.
9.	Ministry of Health	Formulate health policies and set standards for the delivery of health care in the country.
10.	Regional Offices	Coordinate and supervise implementation within the district.
11.	MMDAs	Preparation and approval of development plans to regulate/control physical development.
12.	National Health Insurance Authority	Provide financial risk protection against the cost of quality health care for all residents in Ghana.
13.	Traditional/Religious Authorities	Maintaining moral order.
14.	CSO partners	Support the implementation of the plan and policy development through dialogue and advocacy.
15.	UN and Development Partners	System strengthening, capacity building, technical and financial assistance, and partnerships.
16.	Department of Children	Improve the welfare and full integration of Children into the development process through advocacy, research, and other development projects.
17.	DOVVSU	Investigate all offences related to Vulnerable Groups; Handle cases involving Gender-based Violence including Domestic Violence and child abuse. Handle Juvenile offences. Prosecute all these offences where necessary.
18.	Private Sectors	Alignment of their corporate social responsibility programmes with the roadmap, and financial assistance.

The regions and their districts will develop an operational plan to support the implementation of the roadmap. Strategic activities from the roadmap should be included in their costed annual action plan, and performance will be monitored through the annual progress reports. The strategic activities will be implemented in line with the regional and district child protection system strengthening approach and the Integrated Social Services (ISS).



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