Mapping of Residential Care Facilities for Children in Sierra Leone

June 2008

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ACKNOWLEDGEMENT

I would like to express my profound thanks to UNICEF for offering me the opportunity to conduct this research. In particular I would like to thank the former Head of Child Protection, Donald Robertshaw and Maud Droogleever Fortyun, who is now head of the child protection unit, for their supervision and support. In addition I would like to thank Mike Charley, Batu Shamel, Shaun Collins, Hannah Kargbo and Eugenia Flangoh all of the Child Protection Section for their support to this research.

I am also grateful to the UNICEF drivers who worked with me on this research especially Lamin Kamara and Emmnauel Jaward who sometimes worked beyond normal hours to make sure that I was able to meet with and interview all the respondents.

I also want to acknowledge the support of staff of the Ministry of Social Welfare Gender and Children's Affairs for organizing the interviews at district level, in particular the Principal Social Development Officers (North, South and Eastern Regions) and Social Development Officers (Tonkolili, Port Loko, Moyamba and Kono) and Probation Officers (Makeni, Kono, Bo and Kenema) for working with me as part of the research team.

I would like to express thanks to Andrew Dunn, Consultant for UNICEF on his joint supervision of this project (with Maud Droogleever Fortyun).

And finally I want to thank the children and heads of residential care institutions listed in this document that were kind enough to spare their time to talk to me and allow me to examine the facilities in their homes.

I hope this report will be used to improve the quality of care for vulnerable and excluded children in residential care institutions in Sierra Leone.

ABBREVIATIONS

AIDS – Acquired Imuno-deficiency Syndrome
AMA – African Muslim Agency
BIR – Bilal Ibn Rabal
CBO – Community Based Organization
CEDA – Community Extension Development Association
CFRO – Christian Faith Rescue Residential care institution
COTN – Children of The Nation
CPO – Child Protection Organization
CRA – Child Rights Act
CRC – Child Rescue Center
CRC – Convention on the Rights of the Child
CSDO – Chief Social Development Officer
DDR – Disarmament, Demobilization and Reintegration
FHM – Family Homes Movement
FSU – Family Support Unit
HANCI – Help A Needy Child International
HIV – Human Imuno Deficiency Syndrome
IDP – Internally Displaced Person
INGO – International Non-Governmental Organization
JCCC – Jonathan Child Care Center
LOA – Love One Another
LRDO – Life for Relief and Development Organization
MDG – Millennium Development Goal
MECH – MODU Educational Center Home
MECWS – Movement to Educate Children in Work Situations
MICS – Multiple Indicator Cluster Survey
MODEP – Ministry of Development and Economic Planning
MUSAC – Mankind United to Save African Children
MSWGCA – Ministry of Social Welfare Gender and Children's Affairs
NGO – Non-Governmental Organization
NNGO – National Non Governmental Organization
PLANC – Port Loko Aid for Needy Children
PO – Probation Officer
SDO – Social Development Officer
SLANGO – Sierra Leone Association of Non-Governmental Organizations
SOS – Save Our Souls
TCTCT – The Cotton Tree Children's Trust
UN – United Nations
UNICEF – United Nations Children's Fund

USA – United States of America
USD – United States Dollars
VEC –Vulnerable and Excluded Children

INTRODUCTION

Sierra Leone is one the world's poorest countries, ranked 177/177 in 2007 on the Human Development Index and has an estimated population of five million, 51% of whom are children. 11.3% of these children (283,000) are orphans having lost one or both parents[1] as a result of the ten year civil war, low life expectancy in the country, HIV/AIDS and a host of other factors. 20.3% of the child population does not live with their biological parents who are alive[2].

Poverty coupled with ignorance of children's rights, many of which are now enacted in the Child Rights Act, poor parenting skills, the absence of child friendly bye laws at community level, culture and a host of other factors have excluded Sierra Leonean children from adequate access to education and health care, water and sanitation facilities, emotional support and other basic services and has made them vulnerable to varying degrees of exploitation and abuse. While Sierra Leonean children are generally at risk of various forms of abuse and exploitation whether living with or away from biological parents, orphans seem to be at a greater risk as found out by the Vulnerability and Capacity Research conducted in 2006 by UNICEF.

Efforts to address the country's poverty especially meeting the Millennium Development Goals (MDGs), as they pertain to children, remain a serious challenge. In addition to orphans and children living away from home there is also a large number of other vulnerable children including children living in the street, those living in a household headed by an elderly person or a child, those living in households where adults are terminally sick or households in dire poverty. Children growing up in such circumstances are 'vulnerable children'. 18.2% of Sierra Leonean children are considered as vulnerable (MICS III, 2005). The MICs III also identified 26.7% of Sierra Leonean children as orphans and vulnerable children.

The MSWGCA which is responsible for all child welfare and protection issues including vulnerable and excluded children (VEC) is not able to coordinate and monitor the provision of services to VEC. This is mainly because the MSWGCA lacks basic information on NGOs working for VEC and on children's residential care institutions in particular.

[1] According to the MICS III report (2005)
[2] There is a lot of movement of children within the extended family system as parents send their children from rural areas to relatives in urban areas to access better education and social services. Figure from MIC III, 2005

To help the ministry perform its duties the VEC task force was established in 2004 that provides the forum for coordination. The task force was established with the support of UNICEF.

The Task Force has identified the need for a mapping of NGOs working for VEC, their interventions, how many children they reach, etc. This can be the basis for the Ministry to better monitor and coordinate the work of the NGOs and identify gaps in the care for VEC.

Furthermore the Task Force identified an urgent need for a nation-wide mapping of existing facilities caring for children on an overnight basis, including information on their policy, standards, their sources and means of funding, staffing, record keeping, the number of children, reasons for their admission, quality of care provided for them and children's access to social services in residential care institutions. The research was also to look at the authority of institutions to care for children and the standards and guidelines used in the management of residential care institutions.

Results from these two mapping exercise will be used in cooperation with residential care institutions to develop minimum standards of care and protection. A regulatory framework will also be developed, guiding the implementation of the minimum standards, and the licensing and monitoring of the institutions by the government

At the same time, reintegration of children in child care institutions back into their communities will be dealt with on a case by case basis and in the best interest of the child. Also community based solutions for caring for VEC will be promoted to prevent children from entering into children's institutions in the first place.

EXECUTIVE SUMMARY

This research focused on the mapping of residential care facilities for children and collected qualitative and quantitative information on services provided for children in these institutions. The research looked closely and critically at how child care institutions collaborated and coordinated with the MSWGCA and other service providers, their authority to operate and care for children in their custody and the extent to which children's well being is realized within their institutions.

The results from this mapping exercise have been inputted into a database that will be used by the ministry to monitor and track how children enter into institutions; the reasons why; their length of stay; quality of care plans developed for addressing their specific problems; efforts at family tracing and their reunification with family and/or extended family.

Key findings:

- There are no national guidelines or regulations that organizations providing residential care for children. Organizations use internally developed guidelines and policies.
- Children in institutions have access to: health care; quality education either in the residential care institution or in the community; and have opportunities to play and interact with peers within the home and in the community; and generally live in hygienic environments
- Documentation on the children is very poor, there are no care plans, no plans for tracing family or extended family, no plans for establishing contact between children and parents who do not visit, no care reviews and no exit strategies for children especially those above the age of eighteen.
- Child care institutions have neither court orders for children in their care, nor are they licensed by the MSWGCA to care for children on an overnight basis.
- There are forty eight residential care institutions in Sierra Leone; nineteen in Western Rural; fourteen in Western Urban; seven in Northern Province; six in Southern Province; and two in Eastern Province
- There are one thousand eight hundred and seventy one children (one thousand and seventy boys and eight hundred and one girls) in forty eight residential care institutions in Sierra Leone.
- Thirty nine residential care institutions provide long term care; four provide short term or interim care; two place children into community group homes and; three place children in international adoption
- MSWGCA is unable to effectively monitor children in residential care institutions

Main conclusions:

- Activities of institutions caring for children are unregulated because of the lack of national policy or specific guidelines on residential care for children. As a result there is disparity in the quality of care provided for children in different homes nationwide. The Child Rights Act 2007 provides District Councils and MSWGCA with the legal mandate to rectify this situation.
- Child care institutions are mostly able to provide quality basic needs of children (food, shelter, clothing, health and education).
- There is very little social work support for children in institutions. As a result children have stayed for long periods in institutions and have been deprived of their right to live in a family.
- Without legal authorization for caring for children from the courts or from MSWGCA it can be concluded that child care institutions are caring for children illegally and without any monitoring by the government.

Recommendations

The key recommendations from this research are:

- To develop and pilot minimum standards of care and protection and regulations for residential care facilities in Sierra Leone through a participatory approach with heads of institutions.
- To license all institutions wishing to provide care for orphans and other vulnerable children and which live up to the minimum standards.
- MSWGCA and District Councils with support of UNICEF to provide training of Probation Officers and Social Workers in residential care institutions documentation, case management and family tracing and reunification.
- To conduct a case by case review of the situation of children in residential care institutions and promote family reintegration or community based fostering where possible.

METHODOLOGY

The research was conducted nationwide using the following methodology:

1. Conducting literature review
2. Interviewing of management and social work staff of residential care institutions
3. Physical examination of residential care facilities
4. Focus group discussions with children
5. Examination of documentation on children in residential care facilities

Review of existing literature

Literature pertaining to residential care facilities in Sierra Leone and in other countries was reviewed in preparation for the field research. In addition, reports on earlier researches supported by UNICEF on various topics of vulnerability of children were also reviewed. A list of reviewed literature is provided in the bibliography.

Interviews with managers and key staff of residential care facilities

After identification of the residential care institutions, formal interviews were conducted with management and staff of these facilities in the western area and in eight districts, where they are located. Data was collected on service provision, care, registration, policies and standards, staff and children in residential care facilities.

In addition SDOs and Probation Officers of the Ministry of Social Welfare Gender and Children's Affairs were also interviewed, informally, in all of the districts covered. Interviews with residential care staff were conducted by the consultant and a Probation Officer in the district while the interviews with MSWGCA staff were conducted by the consultant and a UNICEF Project Officer. Questionnaires used for the interviews are attached as annexes to this report.

Table1. List of organizations interviewed in the mapping of residential care facilities in Sierra Leone

Location	Organizations interviewed
Freetown Urban	MSWGCA; Don Bosco Fambul; El Shaddai; COTN; TCTCT; Hope's Promise; All As One; Kids Action, Sierra Leone; Savior of the World Children's Center; MUSAC; Wellington Orphanage; St. George's Orphanage; Children's Voice Home of Salvation; Murialdo Homes; Children in Crisis; BIR; Cherith International; CEDA; CFRO Freetown; SOS Children's Village; HANCI, CFRO and FHM
Freetown Rural	FHM; Ansarul Islamic Orphanage; Mannaheim Orphanage; Children in Need of Care; Mercy Children's Orphanage; Christian Mission Home of Champions; First Step Orphanage; Living Way Orphanage; Queen Esther Orphanage; Assalam Orphanage; Allen Town Based Orphanage; Lowe Fur Lowe; Waterloo District Council; Traditional Leader Committee in Waterloo; and Residential Care Institution Network in Waterloo, DOVE's Village of Hope for Children
Bo	MSWGCA; JCCC; CRC; HANCI; SOS; LOA; St. Mary's Home; HANCI
Moyamba	MSWGCA; Needy and Disadvantaged Children's Home; Neneh's Home Movement for Needy Children; and Government Hospital
Kenema	UNICEF; MSWGCA; Ben Hirsch Home for Disadvantaged Children; Al Khudus School; AMA
Kono	MSWGCA; SOS Canada House
Makeni	UNICEF; MSWGCA; SOS Children's Village; School for the

	Hearing Impaired; HANCI; Missionaries of Charity
Kamakwei	CFRO; CFRO School
Port Loko	MSWGCA; PLANC, Sankore Orphanage, Murialdo Home
Magburaka	MSWGCA
Mile 91	LRDO; MECWS
Kambia	MSWGCA, MECH

Focus group discussions with children in residential care institutions

Groups of ten to twelve children randomly selected (including boys and girls), were engaged in informal discussions in twenty of the residential care institutions nationwide. The focus group discussions were mainly around children's perception of the quality of care provided in the homes and verification of the information provided by staff especially on children's personal information and future plans for the children.

Physical assessment of residential care facilities

A physical assessment was conducted of each residential care facility. Dormitories, beds, water and sanitation facilities, food, personal effects (clothing, books and photographs), kitchen, play area and equipment, first aid kits, sick bays, libraries, schools and offices were thoroughly examined by the research team in each location.

Examination of documentation available on children

In each of the residential care institutions visited, all documents pertaining to children – intake, review reports, care plans and children's personal files in hard copy and electronic format were examined. Quantitative and qualitative data was requested from each residential care institution for inputting into a database which will be submitted as part of this report.

TIME FRAME

July 2007 – August 2007

Orientation for MSWGCA Social Worker on the use of research forms for this research

Research of residential care facilities for children in Western Urban and Rural areas

Presentation of progress report on research to UNICEF

September 2007 – October 2007

Research of residential care facilities for children in Southern, Eastern and Northern Provinces of Sierra Leone

Workshop on Development of minimum standards and regulations for residential care facilities in Sierra Leone

Inputting of data from research into a national database for children in residential care institutions in Sierra Leone

November 2007
Submission of working or interim report on research of residential care facilities in Sierra Leone

December – January 2008
Research of residential care facilities that were missed earlier

March 2008
Second workshop with residential care facilities, MSWGCA and Local Councils, on the finalization and adoption of the minimum standards of care and protection

June 2008
Submission of final report

LIMITATIONS

The period for the mapping exercise coincided with the general elections in Sierra Leone which was preceded by violence in the main district and regional headquarter towns between various political parties. As a result of this violence the UN security cancelled all non essential travel outside of the capital, Freetown. As the mapping exercise was a non essential activity, it could only be carried out at the end of September when elections activities concluded and the travel ban was lifted.

In many of the residential care facilities there was no documentation on children and so the research team had to document every single child in the home. Many of the children did not remember important personal details such as date of birth, age, locations and address of parents and so initial data recorded was incomplete and could not be analyzed meaningfully. Follow up visits had to be made to residential care institutions especially in Freetown to review and upgrade data on children and this was very time consuming, delaying the presentation of the final report. In the case of residential care institutions in the provinces it was difficult to contact staff on telephone or email to upgrade or validate children's information.

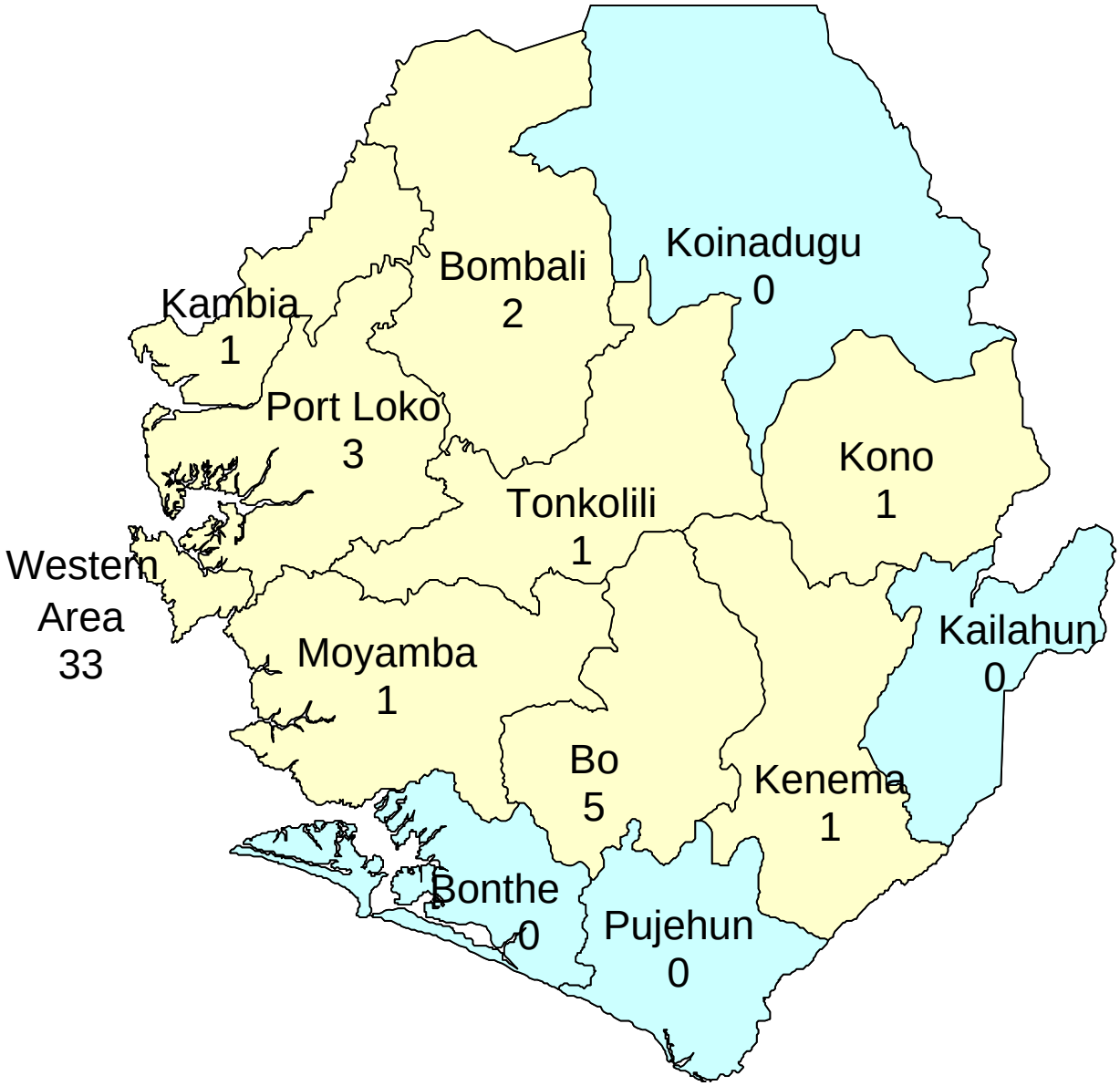
The exercise in the provinces was conducted during school time when some children were at school. In many cases forms were left with heads of residential care institutions to complete. It was difficult retrieving the forms from some of the residential care institutions and this delayed inputting and analysis of data.

FINDINGS

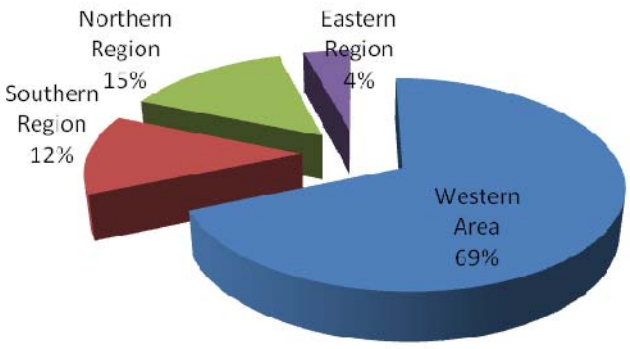
Distribution of residential care institutions in Sierra Leone

This study identified forty eight residential care institutions that provide care for children on a permanent twenty four hour basis. The western area (urban and rural), has a much higher proportion of residential care facilities than the northern, southern and eastern regions. The map below shows the geographical distribution of residential care institutions in Sierra Leone

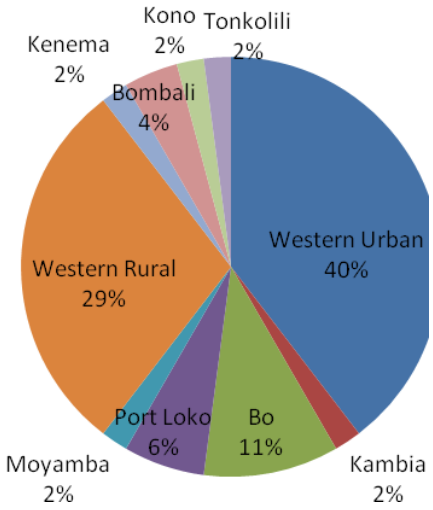
Map of Sierra Leone showing the location of Residential Care Institutions



By region the Western Area has the highest number of residential care institutions, thirty three and accounts for 69%, followed by the Northern Region with seven or 15%, with the Southern Region accounting for six or 12%. The Eastern Region has the lowest number of residential care institutions, two or 4%.



By district, Western Urban (Freetown) has the highest number of residential care institutions, nineteen, and accounts for 40% of the national total followed by Western Rural with fourteen or 29%. Bo district follows with five residential care institutions accounting for 11%; Port Loko with three residential care institutions making up 6% and Bombali with two residential care institutions or 4 % of the national total. Kono, Kenema, Tonkolili, Kambia and Moyamba account for one or 2% of residential care institutions each.



In Freetown it was very difficult to identify locations of residential care facilities as some of them had moved from the addresses where they had registered and had failed to update the MSWGCA on their new locations[3]. Residential care institutions in Freetown are generally located in very isolated places and mostly unmarked by

[3] El Shaddai, Kids Action Sierra Leone (which had also changed its name from Mission East Trust) CEDA, Savior of the World's Children's Center and Salvation Home Voice of Children.

signposts. It is possible that a couple of residential care institutions could have been missed as a result of this[4].

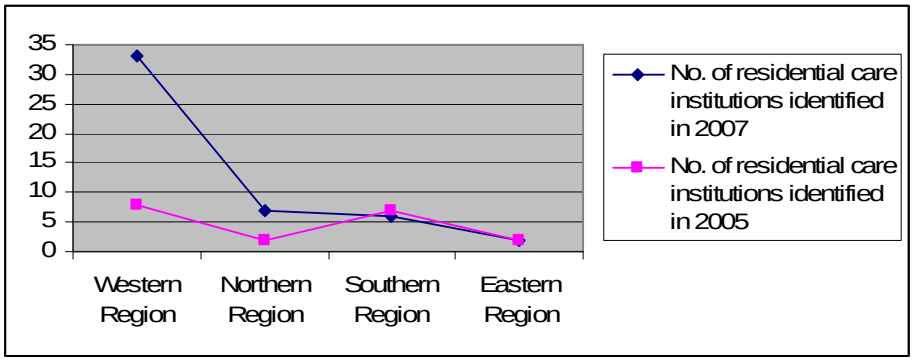
Unlike the situation in the Western Area, it was relatively easy to locate residential care institutions in the district as their addresses were registered with the MSWGCA staff.

When compared to the result of a similar research conducted by the MSWGCA in 2005, there seems to have been a considerable growth in the number of residential care institutions in Sierra Leone especially in the Western Area. However the data from the research conducted by the ministry can be queried as this current research identified residential care institutions that were established before 2005 but not listed among the homes identified by the ministry at the end of the research. Table two shows the numbers of residential care institutions identified in each of the regions in 2005 and 2007.

Table 2 – Results of the research of residential care institutions carried out by MSWGCA in 2005 and UNICEF in 2007.

Region	No. of residential care institutions identified in 2007	No. of residential care institutions identified in 2005
Western Region	33	8
Northern Region	7	2
Southern Region	6	7
Eastern Region	2	2
Total	**48**	**19**

Comparison of researches carried out in 2005 and 2007



[4] One residential care institution registered with the MSWGCA in 2000, the Huntingdon Residential care institution could not be located. It is possible also that there are some residential care institutions which have started but not yet registered but this is only speculation.

In 2005 both residential care institutions identified in the Northern Region by the Ministry were located in Makeni town. One of the two closed down and a new home opened in Kamakwei[5]. In the Southern Region all of the homes identified in 2005 were based in Bo and still are except for the one home that has closed down[6]. In the Eastern Region one of two homes identified in 2005 has closed down while a new home has been established in Kono.

A list of residential care institutions identified in Sierra Leone at the end of this research is attached to this report. A database of all the residential care institutions is also submitted as part of this report.

Establishment of residential care facilities

Four or 9% of the 48 residential care institutions were established in the pre war years (before 1991); 25 or 49% were established during the war period (between 1991 and 2001) when there was separation of families and massive displacement of people from war affected areas to the regional head quarter towns which were relatively safe. Nineteen or 42% were established in post war years (from 2002 to date).

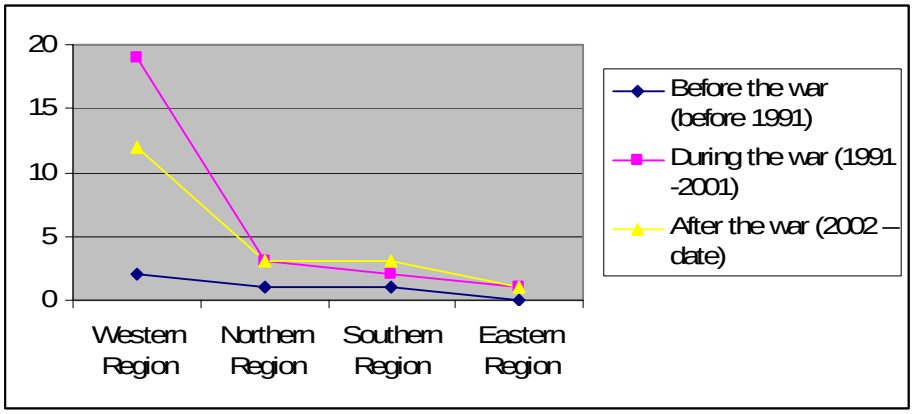
Table 3 Period when Residential Care Institutions were established in Sierra Leone

Period when residential care institutions were established	**Western Region**	**Northern Region**	**Southern Region**	**Eastern Region**	**Total**
Before the war (before 1991)	2	1	1	0	**4**
During the war (1991 -2001)	19	3	2	1	**25**
After the war (2002 – date)	12	3	3	1	**19**
Total	**33**	**7**	**6**	**2**	**48**

Establishment of Residential Care Institutions in Sierra Leone by region

[5] LRDO in Mile 91 was established in 2001 while PLANC in Port Loko was established in 1979. Both homes are not listed in the ministry report

[6] The Needy and Disadvantaged Children's Home was established in Moyamba in 1998 but not listed in the ministry report

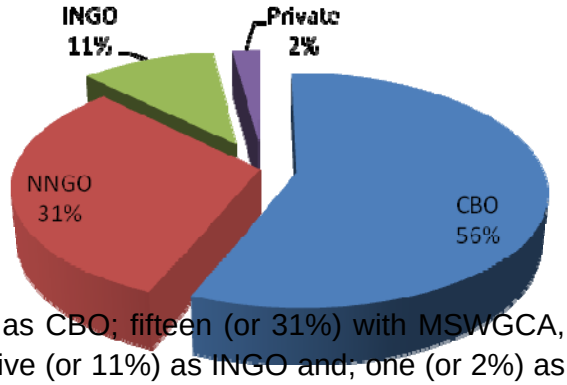


The war period in Sierra Leone saw a considerable increase in the number of orphanages from four or 9% to twenty five or 49%. This growth is understandable as there was need for the provision of interim care for the large number of children separated from parents and relatives by war. With the end of the war and resettlement of displaced populations, coupled with support from UNICEF and other INGOs for tracing and reunification of separated and unaccompanied children, one would expect a decrease in the number of residential care facilities in the country. On the contrary, care institutions have continued to grow in number especially in the Western Area. Fifteen care institutions were established in the Western Area during the post war era, more than half of the number of institutions established during the war period.

The southern region has also shown a steady growth in residential care institutions through the pre war, war and post war periods from one institution to two and then three respectively. Northern region has shown a steady growth with equal numbers of care institutions established during the war and post war period as in the East.
The Eastern Region has maintained the smallest number of care institutions at all times even though the war lasted longer in the east than in any other region in the country.

Management

Registration



All forty eight residential care institutions identified are registered with at least one government authority. Twenty seven (or 56%) of the homes are registered with the MSWGCA as CBO; fifteen (or 31%) with MSWGCA, SLANGO and MODEP as national NGO; five (or 11%) as INGO and; one (or 2%) as

a private organization[7]. Twenty seven or 56% of organizations managing residential care institutions are faith based[8] while twenty one or 44% are secular[9].

Thirty eight institutions were found to have renewed their registration for 2007 while ten had not[10].

Some of the residential care institutions registered with the MSWGCA as CBOs are headed by individuals with religious interests or with access to donor funding or material donations but who have had little or no training or experience working with children in residential care. This is especially the case in the Western Area (Urban and Rural).

All of the residential care institutions are registered as organizations working for development of their communities and not licensed as residential care institutions per se. The absence of a licensing system means that individuals and organizations can register as CBO/NGO/INGO and operate a residential care institution without the knowledge and permission of the MSWGCA. This could be one reason for the proliferation of residential care institutions in Sierra Leone as the MSWGCA does not know about them and therefore cannot monitor.

Out of the forty eight residential care institutions in the country only Manahein Orphanage (in Grafton, Western Rural Area) and the Murialdo Homes (in the Western Urban Area and Lunsar) care for disabled, amputees and the mentally challenged children.

Standards and policies

The research found a complete disparity in standards and policies used by residential care institutions nationwide. While some residential care institutions had certain standards prescribing the type and quality of care provided for children, others relied on the day to day directives from the head of the institution.

The MSWGCA had developed guidelines for management of residential care facilities and Probation Officers/Social Workers who have responsibility for monitoring residential care institutions are *au fait* with these standards. However the

[7] An organizations managed by an individual
[8] El Shaddai, Hopes Promise, COTN, CRC, Don Bosco Fambul, JCCC, LOA, Living Way Orphanage, Ansarul Islamic Orphanage, Children's Voice Home of Salvation, FHM, St. Mary's Home, Needy and Disadvantaged Children's Home, PLANC, CFRO, Queen Esther Orphanage, BIR, AMA, Allen Town Based Community Orphanage, Murialdo Homes, Christian Mission Home of Champions, Wellington Orphanage and DOVES Village of Hope for Children
[9] Of the 27 residential care institutions managed by faith based organizations, 23 are managed by Christian organizations or individuals while four are managed by Muslim organizations.
[10] PLANC, CFRO, LRDO, Ansarul Islamic Residential care institution, Cherith International, Manaheim Residential care institution, Children in Need of Care, Queen Esther Residential care institution, Children in Crisis Residential care institution, CEDA

standards are not practiced either because they are unknown or are ignored by residential care institutions. The MSWGCA is unable to enforce the guidelines. The MSWGCA guideline (attached as an annex) focuses on standards related to the provision of care and facilities in the homes – ratio of staff to children, space, bedding, food, and education – and is silent on a wide range of issues such as management of the homes, protection of children, gate keeping, care reviews and reintegration of children into their families and communities.

It is technically difficult to hold residential care institutions accountable for none compliance with the standards developed by the MSWGCA. This is because CBOs/NGOs/INGOs providing residential care for children are not registered as child care institutions and so are not monitored as thus. It is therefore important in future for organizations providing residential care for children to be licensed specifically as such.

All of the homes except Queen Esther Orphanage, Children in Need of Care, Mannaheim Orphanage, Allen Town Based Community Orphanage and CFRO, have internally developed standards and guidelines that direct their activities.

COTN, Hopes Promise and the SOS Children's Villages use guidelines developed by their international offices while Don Bosco Fambul and St. George's Foundation subscribe partly to standards developed by MSWGCA for interim care centers during the DDR period.

Management committees

Forty seven residential care institutions have management committees as it is a pre requisite for registration with MSWGCA and SLANGO/MODEP. DOVE'S Village of Hope for Children does not have a management committee in Sierra Leone. This home is accountable to and relies on its Canada based board of directors for supervision. In-depth interviews revealed that in some residential care institutions, especially among those registered as CBOs, the management committees are not functional and have no role in the running of the homes. PLANC is an exception of a CBO that has a functioning management committee. One good practice observed in PLANC is the representation of a child on the management committee to serve as the voice of children in the home. This child articulates the views and needs of children during the management committee meetings.

Organizations registered with the MSWGCA, SLANGO and MODEP however have functional management committees that meet periodically to receive and review reports on the management of the homes.

None of the management committees includes a representative of parents who have a child in the residential care institution. This exclusion precludes parental

involvement in the care of their children in gross violation of their rights and responsibilities to their children as stipulated in the Child Rights Act (35.1.g)

In two residential care institutions staffs of MSWGCA are members of the management committee[11]

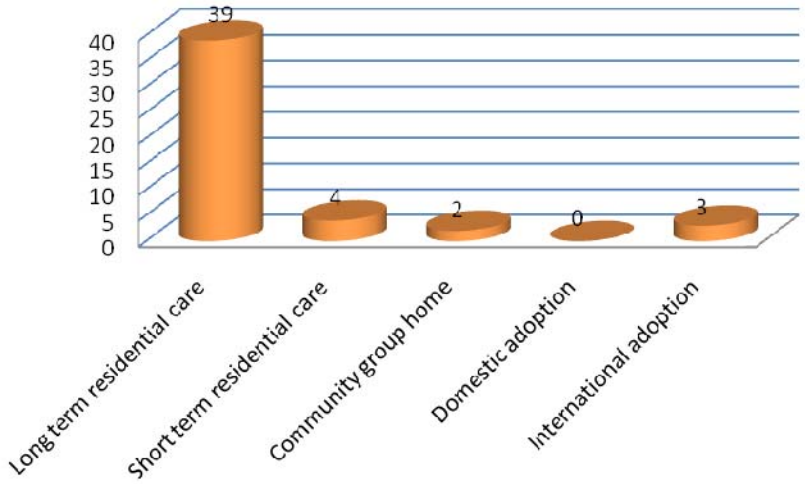
Type of care provided

Of forty eight residential care institutions identified thirty nine (or 82%) provide long term care[12]; four (or 8%) provide short term residential care[13] while two (or 4%) provide community based group homes (between ten and twelve children are placed in a home with foster parents and supported by the organization). Three (or 6%) of the homes facilitate adoption of children internationally[14]. None of the homes facilitate community fostering or domestic adoption or promote reintegration of children in their care.

6% of the institutions care for disabled and war wounded children.
88% institutions care for all categories of vulnerable children
4% of the institutions do not accept orphans
2% of institutions do not accept children with HIV/AIDS

Three care institutions or 6% provide care specifically for disabled, amputees and war wounded children. Forty two or 88% target vulnerable and excluded children and include a small number of disabled children in their caseloads. Two institutions or 4% do not accept disabled children.

[11] St. George's Home and Savior of the World's Children's Center
[12] Children live in the home until they are grown up and able to care for themselves. This could be for twelve to twenty years.
[13] Children live in the institution for a maximum of two years during which time their families are traced and they are reunified or reintegrated into the community with a reintegration package.
[14] All three institutions are international organizations, two with head offices in the USA and one registered as a Canadian charity organization.



In addition to caring for children in institutions SOS children's village in Freetown operates a community based program which provides recreation and educational support to two hundred children within their families. El Shaddai and CRC support ten and twenty one children in foster care respectively[15].

Funding

Thirty three organizations have a steady source of funding lasting for many years either from charity organizations or from individuals. Ten organizations have not been able to secure funding and rely on donations from local churches or individuals, in cash or food or assorted materials. Five organizations do not have any funding and depend on the income of the head of the organization for the upkeep of the home. In such cases the heads of the organizations struggle, depleting their personal resources to be able to provide meals and other needs for children[16] thus putting children at great risk to deprivation of basic survival needs.

The amount of funding received by the residential care institution, to a great extent, determines the number, type and quality of facilities and services provided for children.

[15] These children were however not placed in foster care from the respective institutions
[16] Cherith International, Allen Town Based Orphanage, Children in Crisis, Children in Need of Care and Children's Voice Home of Salvation

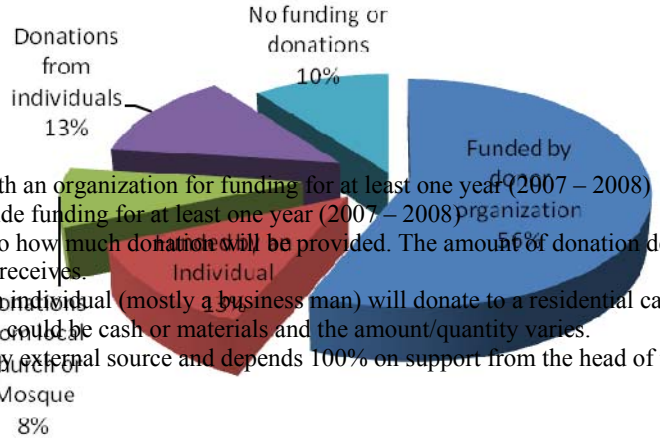
Table 4 Sources of funding for residential care institutions in Sierra Leone by district

District	Funding status				
	Funded by a donor organization [17]	**Funded by an individual**[18]	**Receives donations from local church/Mosque**[19]	**Receives donations from individuals**[20]	**Unfunded**[21]
Western Urban	12	2	0	2	3
Western Rural	7	1	2	2	2
Bo	3	1	1	0	0
Moyamba	1	0	0	0	0
Bombali	1	0	0	1	0
Port Loko	2	0	1	0	0
Kambia	0	1	0	0	0
Tonkolili	0	0	0	1	0
Kenema	1	0	0	0	0
Kono	0	1	0	0	0
Total	**27**	**6**	**4**	**6**	**5**

A high proportion, 56% of residential care institutions is funded by donor organizations outside of Sierra Leone. The donor organizations have pledged long term support to care for children until they grow up and are able to live on their own. 13% of the institutions are funded by individuals living outside of Sierra Leone – Sierra Leoneans in the diaspora or foreigners.

In this case the individual determines the institution's yearly budget based on how much money he or she has or how much money he or she realizes from fund raising activities. 8% of residential care institution funding is from local religious organizations mainly churches or mosques. Institutions that are supported by religious organizations are in many cases an extension of the religious organization that funds them.

13% of residential care institutions are funded by donations from individuals in the



[17] An agreement has been signed with an organization for funding for at least one year (2007 – 2008)
[18] Individual has committed to provide funding for at least one year (2007 – 2008)
[19] There is no formal agreement as to how much donation will be provided. The amount of donation depends on the amount of collection the church receives.
[20] This is an ad hoc arrangement. An individual (mostly a business man) will donate to a residential care institution when he/she is able to. It could be cash or materials and the amount/quantity varies.
[21] Does not receive support from any external source and depends 100% on support from the head of the residential care institution.

communities, mostly business people or personal friends of the head of the institution. 10% are unfunded meaning that responsibility for management of the homes rests solely on the owner.

In institutions that are unfunded, children are at great risk of deprivation making them further vulnerable to exploitation and abuse within the home and in the community.

Staffing

The number and level of training of staff varies greatly among residential care institutions at district and regional levels. While some residential care institutions have an appreciable amount of staff, others rely mostly on volunteer staffs that are untrained in child care. In thirteen out of the nineteen residential care institutions in the Western Urban Area (Children in Crisis; Cherith International; Mankind United to Save African Children; Christian Faith Rescue Orphanage; Children's Voice Home of Salvation; Kids Action Sierra Leone; Savior of the World's Children's Center; Murialdo Homes; BIR, Wellington Residential care institution, El Shaddai CEDA) staffing is limited to the head of the care institution, one or two cooks, a few teachers (if the residential care institution has a school), a caregiver cum cleaner and a guard. These staffs have no job descriptions and are expected to "care for the children." In such homes documentation of personal details, care plans and periodic reviews for children are lacking. In Children in Crisis for instance, the Coordinator is assisted by an elderly relative who serves as caregiver. Teachers from the residential care institution school sometimes assist when there is a problem but otherwise focus mainly on school activities. Children in this home are left unattended for most part of the day.

In contrast to the thirteen residential care institutions referred to above COTN, SOS Children's Village in Freetown, Don Bosco Fambul, The Cotton Tree Children's Trust, St. Georges Foundation, All As One and Hope's Promise[22] boast an appreciable number of different levels of trained and experienced staff. In these residential care institutions there is evidence of social work – there are individual files on children, and each child has a care plan. Monthly and half yearly reviews are conducted and documented for each child. The staffs have job descriptions and have opportunities for in – service training. Many of the staffs in these homes have experience working with reputable child protection NGOs.

In Western Area Rural, the staffing situation is dire as only one out of thirteen residential care institutions, Dove's Village of Hope for Children, has an appreciable

[22] These last two residential care institutions have a large pool of staff although few of them are trained Social Workers. In All As One the staffs are mostly teachers and nurses.

number of staff albeit, care staff[23]. In Queen Esther Residential care institution for instance, there are only four staff caring for eighty children – a coordinator, a teacher, a cook and guard. This is the trend in many of the institutions in Western Rural Area.

The situation in the Southern Region is similar: three residential care institutions in Bo, CRC, SOS Children's Village are well staffed with social workers, caregivers, animators/teachers and auxiliary staff while St. Mary's Home, Love One Another and JCCC[24] are sparsely staffed with a coordinator, and one or two caregivers and cooks.

In the Northern Region SOS Children's Village in Makeni is well staffed like in the other districts while CFRO in Kamakwei, LRDO in Mile 91, PLANC in Port Loko and Murialdo Home in Lunsar, have only been able to retain a few caregivers and cooks even though they have large caseloads. In the case of PLANC the home has been in existence for a long period and older children assist in caring for younger ones and new intakes.

Unlike residential care institutions in the other regions, the ones in the Eastern Region – Ben Hirsch Home for Disadvantaged Children in Kenema and SOS Canada in Kono, are adequately staffed with trained and experienced Social Workers and are managed by people who have been working in child protection in Sierra Leone for many years.

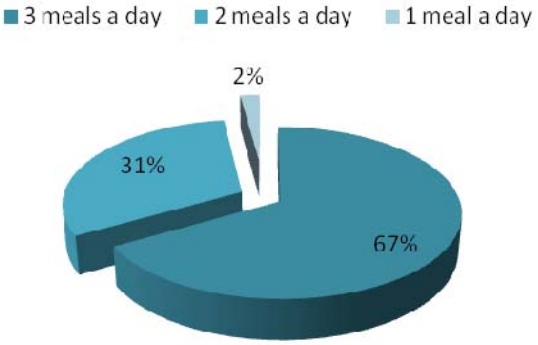
The ratio of staff to children is disproportional in many of the residential care institutions with too few staff for the number of children. CRC, SOS Children's Villages, Ben Hirsch Home for Disadvantaged Children, FHM, COTN, All As One and The Cotton Tree Children's Trust do have an acceptable ratio of care staff and social workers to children. On average there are nine – ten children per caregiver in the institutions mentioned above which is in line with the ratio of care staff to children as prescribed by the MSWGCA. Many of the homes have focused more on the recruitment of auxiliary staff (cooks, guards, handyman etc), a situation that is resultant from the strength of the budget of the residential care institution. The number and quality of staffing in residential care institutions is dictated by the amount of funding available for managing the institution[25].

It is important to note that some residential care institutions especially faith based CBO or NGO were established by persons with little or no orientation or experience in institutional child care. Their motivation to start residential care institutions was

[23] It is important to note here that FHM considers its homes as families and so do not assign staff to manage the homes. However FHM homes are considered to be institutions because of the number of children per home – 10, and the fact that the responsibility for major decision making about the children still rests with FHM.
[24] Some of the administrative staff at JCCC occasionally work as animators and organize sports and other play activities for children
[25] See annex 2

born out of the desire to help address the situation of vulnerable and excluded children in Sierra Leone. However their inexperience in institutional care for children, coupled with poor organization and lack of funding undermines the efficacy of their good intentions.

Food



Meals are mostly rice and vegetables served for breakfast, lunch and dinner. In few cases as in SOS Children's Villages, All As One, Hope's Promise and CRC there is a variation in the food provided (African and continental dishes) with children determining the menu for the day. Breakfast is usually served between 7:00 am and 7:30 while lunch is served between 2:00 pm and 3:00 pm. Dinner is usually served between 6:30 pm and 7:30 pm.

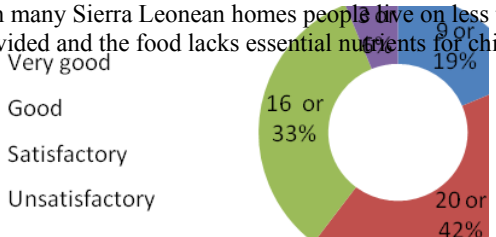
Thirty two or 67% of residential care institutions provide three meals a day, fifteen or 31% provide two meals a day and one or 2% provides one meal a day. In forty three care institutions (except Cherith International, Children in Crisis, Queen Esther, CFRO in Kamakwei and CFRO in Freetown) children have a special dish on Sundays.

Food is mostly prepared by cooks with children helping during the weekends. In residential care institutions that are unfunded or depend on donations from individuals, children do most of the cooking as there is usually no money to employ cooks. The quality of food provided in the homes is relatively high[26] and children who participated in focus group discussions claimed to enjoy the food that is provided for them.

Hygiene, water and sanitation

Overall the standard of hygiene, water and sanitation is good. Except for Allen Town Based Home and Children in Crisis, the compounds are generally clean and well kept, with refuse properly

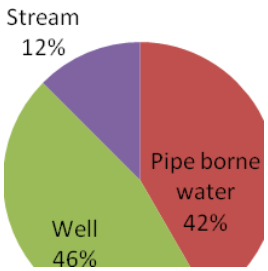
[26] In many Sierra Leonean homes people live on less than a dollar a day. In most cases only one meal a day is provided and the food lacks essential nutrients for children's health growth.



disposed of, and grass cut very short. There were no instances of flies in the compounds or in the rooms and incidences of diarrhea or other diseases resulting from poor sanitation.

Toilets and bathrooms are generally clean and well kept with water available for use at every time. Toilet and bathroom fittings are functional in all the toilets and bathrooms inspected. The standard of hygiene is very good in nine or 19% of the care institutions;[27] good in twenty or 42%[28]; satisfactory in sixteen or 33%[29]; and unsatisfactory in three or 6%[30]. Inside toilets and bathrooms are found in thirty four or 71% of the homes while fourteen or 29% of the homes have outside toilets and bathrooms. Although child care institutions have been able to maintain a generally good standard in this department, outside toilets especially are not designed to meet the needs of very young children. Consideration should be made for little children so that they are not exposed to the risk of using large toilet pits.

Twenty or 42% of residential care institutions use pipe borne water that is readily available either from a main pump in the compound or from pipes within the house while twenty two or 46% rely on wells (with hand pumps) in the compound or in the community for their water supply.



Six or 12% institutions rely on streams for their water supply. In institutions that rely on pipe borne water and wells for their water supply, water is always available for use. Institutions that rely on streams for their water supply face acute shortage of water during the dry season when streams dry up and have to ration the amount of water that can be used by children.

[27] The toilets and bathrooms are very clean, disinfected fortnightly, water available always and all fittings work properly. Rooms are very clean and the entire compound is well kept.
[28] Clean toilets and bathrooms, disinfected once in three months, water available always and fittings work properly. Compound is very clean and rooms are averagely clean.
[29] Clean toilet and bathroom, water available but not disinfected regularly. Some of the fittings do not work. Compound is clean but children's rooms are disorganized with clothes scattered here and there.
[30] Poor structures, not always clean, rooms are dirty.

Facilities and the physical environment

Except for Queen Esther Orphanage, Children in Crisis, Allen Town Based Orphanage and Children in Need of Care, the physical environment in all of the residential care institutions is quite good. Children live in modern type constructions that are mostly fenced off[31] or located in places that offer some privacy to children and staff. The environment is mostly clean and well kept.

In twenty eight or 58% of the residential care institutions boys and girls sleep in separate buildings while in twenty or 42%, they all sleep in the same building but in different rooms separated by corridors. In forty six or 96% of care institutions children sleep on wooden or metal bunk beds with foam mattresses, with an average of eight to ten children sleeping in a room and each child sleeping on a bed. In all forty six homes the beds were crammed into rooms that were too small (average size of ten feet by twelve feet) and children have very little space for their personal belongings and for movement. In two or 4% of homes children sleep on mats that are spread on the floor and also crammed into a small sleeping area.

On average there are four toilets and bathrooms in a home with separate toilets designated for boys and girls. There is no ratio of toilets to children meaning that children make do with the available number of toilets and bathrooms in the house.

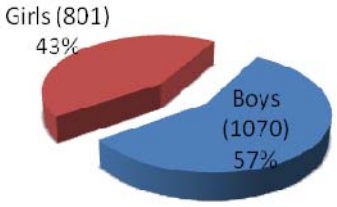
Each home has an eating area which is either a dining room or a multi purpose hall that is also used for other activities such as worship or meetings. Children are not allowed to eat in their rooms and do so at risk of punishment from the matron or the child in charge of the room.

In institutions that are funded by donors, there is a study room otherwise children study in the sitting room or in their bedrooms.

Number of children in residential care institutions

There are 1871 children registered in residential care institutions identified during this research[32]. In all districts except Bombali, there are more boys than girls. The ratio of boys to girls is almost 5:4 with boys accounting for 57% (or one thousand and seventy) of the national total while girls account for 43% (or eight hundred and one). With two hundred and sixty nine or 14% more boys than girls in residential care institutions it can be concluded that boys are more likely to be sent to residential care institutions than girls.

[31] As is the case with residential care institutions in the Western Urban.
[32] As at the end of December 2007

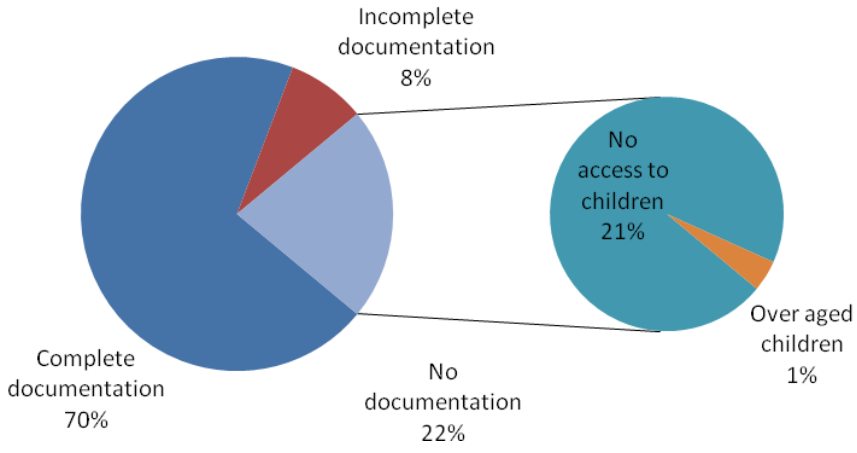


A data base has been created as part of the reporting for this research. Information on children has been inputted into the data base which can be used as a tool for analysis and for monitoring the intake and discharge of children from residential care institutions in the country.

The database will be used by the MSWGCA and District Councils/City Councils at district and national levels. Residential care institutions will update information on children in their care on a regular basis and the new information will be used by the MSWGCA and Councils to update the district and national databases.

Documentation of children in residential care institutions

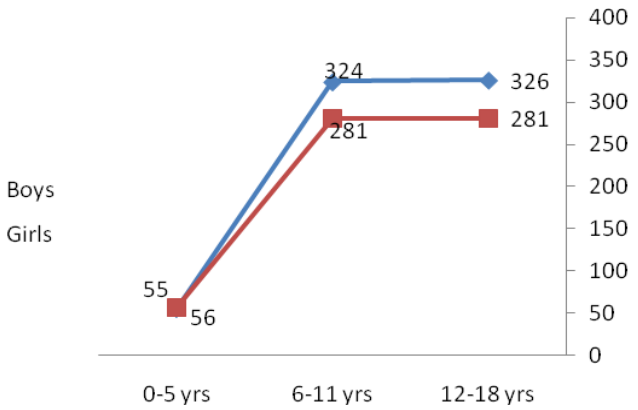
The UNICEF consultant worked with Probation Officers to conduct interviews in residential care institutions. All forty eight (or 100%) residential care institutions participated in interviews with the research team and shared information willingly and openly about the management of their institutions. Regarding documentation of children's information, forty four (or 92%) institutions provided access to children's files and allowed documentation of children's histories and activities through individual interviews and focus group discussions with children while four (or 8%) institutions did not grant access to children's information.



Of one thousand eight hundred and seventy one children identified in residential care institutions nationally one thousand four hundred and seventy eight or 78% were documented of which; one thousand three hundred and twenty three or 72%

were documented fully[33] and one hundred and fifty five or 8% were documented partially[34]. Four hundred and eighteen or 22% children were not documented because eighteen or 1% were eighteen years or older and four hundred or 21% were inaccessible because the heads of the institutions where the children are cared, for refused to grant permission to the researchers to interview, document and review available documentation on children. This was the case in all of the homes managed by S. O. S. Children's Villages in Makeni, Bo and Freetown and Dove's Village of Hope in Gloucester.

According to the chart below there are substantially more children above the age of six in residential care institutions. This means that either a small proportion of children are admitted below this age or children have stayed for very long in the homes (if they were admitted below the age of six). Girls outnumber boys by one between the ages of zero to five. In other age categories six to eleven years and twelve to eighteen years boys outnumber girls by eighty eight.



8% or 111 children in residential care are between the ages of 0 – 5yrs.
46% or 605 children in residential care are between the ages of six – 12yrs.
46% or 607 children in residential care are between the ages of twelve – 18 yrs

Number of children in residential care by age and sex

Table 5 Number of children in residential care institutions by age and sex

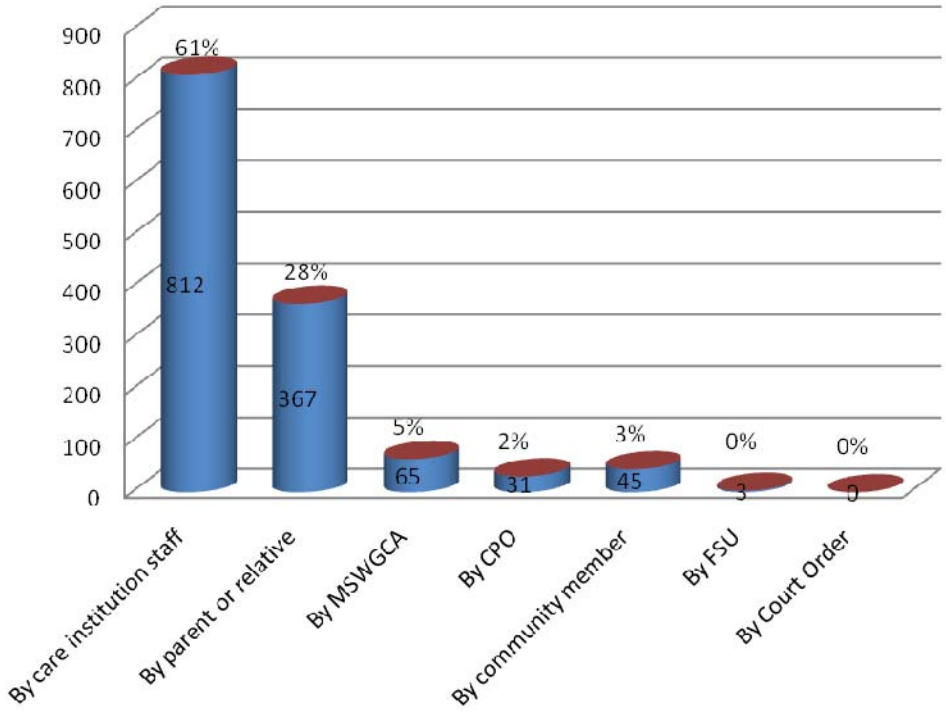
Age (yrs)	Boys	Girls	Total
Children with complete documentation			**1323**
Below 1	2	4	6
1	5	3	8
2	5	7	12
3	11	11	22
4	17	14	31
5	15	17	32
6	25	20	45
7	31	30	61
8	38	49	87
9	36	39	75
10	66	78	144
11	128	65	193

[33] Information is adequate enough to be used analytically
[34] Information is inadequate and cannot be used meaningfully

12	114	80	194
13	56	79	135
14	41	47	88
15	40	29	69
16	43	25	68
17	26	20	46
18	6	1	7
Total	**705**	**618**	**1323**

Admission of children into residential care institutions

For one thousand three hundred and twenty three children with complete information eight hundred and twelve or 62% children were identified and admitted directly by staff without consultation with the MSWGCA. Three hundred and sixty seven or 28% were referred by parents or relatives; sixty five or 5% by MSWGCA; thirty one or 2% by Child Protection Organizations; forty five or 3% by community members, three or 0% by FSU; and 0 (0%) children through court orders.



It is apparent from the information above that residential care institutions have admitted children in a manner that is contrary to statutes regarding admission of children into residential care institutions as stipulated in CAP 44 Section 27 1 (ii)[35]

[35] Before the enactment of the Child Rights Act in 2007

and the Child Rights Act 112 (1). None of the residential care institutions have court orders for children in their care. In All As One and Hope's Promise, court orders are obtained for children who are processed for internationally adoption. SOS Children's Villages in Makeni, Bo and Freetown and DOVE's Village of Hope for Children claim to have court orders for children in their care but this claim could not be validated by this research as access to children's files was denied by managements of the four homes.

Only eight[36]residential care institutions have laid down procedures for admission of children. In these institutions, admission of children follows a strict procedure – child research, community research, documentation and then admission. Each stage of the process is documented in a form that is kept in the child's personal file.

Referral of children to residential care facilities by MSWGCA was found to be uncoordinated and undocumented. A common practice with the ministry is for a staff member and sometimes the minister, to take a child to a residential care institution and request for the child to be admitted in the home because the child "had been abandoned by its parents." None of the children referred by the ministry have case history forms.

Table 6 Admission of children in residential care institutions by year

Year	Number of children admitted	Year	Number of children admitted
1987	0	1998	19
1988	0	1999	30
1989	0	2000	102
1990	1	2001	166
1991	0	2002	134
1992	0	2003	100
1993	0	2004	274
1994	0	2005	174
1995	3	2006	148
1996	23	2007	119
1997	30	**Total**	**1323**

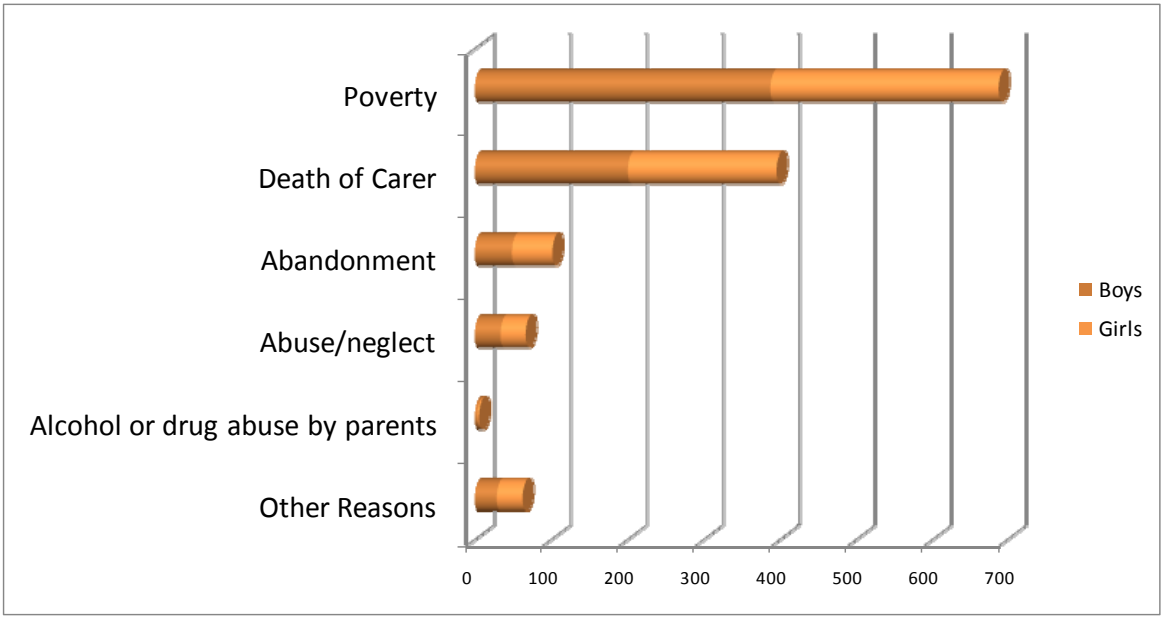
According to table 7 the number of children admitted into residential care institutions in Sierra Leone has been increasing on a yearly basis except for 1998, 2002 and 2003 when the number of admissions dropped sharply. The highest admissions were recorded in 2004 and 2005. The table also shows that children have lived in residential care for long periods.

Reasons for admission of children into residential care institutions

[36] Children of the Nation, Hope's Promise, Child Rescue Center, St. George's, Don Bosco Fambul, Ben Hirsch Center for Disadvantaged Children, BIR and All As One.

Children have been admitted in residential care institutions for various reasons ranging from death of caregivers to separation of parents. Four residential care institutions care for disabled and war wounded children, one for street children, and 43 for orphans and other vulnerable children. The graph below shows the various categories of vulnerability for which children are admitted in residential care institutions.

From chart below it is apparent that poverty is the main reason why children are admitted into residential care facilities. Six hundred and eighty nine or 52% children were admitted because of poverty, three hundred and ninety six or 30% children for death of carers, sixty seven or 5% for neglect or abuse, one hundred and two or 8% for abandonment, six or 0% for alcohol or drug abuse of parents and sixty three or 5% for other reasons[37].



Reasons for Admission to Children's Homes

Poverty is usually the inability of parents to provide education and health care for children. Six out of seven parents interviewed claimed to have sent their children to residential care facilities because of free education and health services provided by the institutions but expressed their willingness to accept the children if education and health assistance are provided for them at home. One parent allowed admission of her child into a residential care institution because of opportunity for international adoption. On further questioning it became clear that the parent was ill-informed on the consequences of international adoptions.

[37] Other reasons include children running away from home because of peer group influence and living on streets, children placed in institutions for opportunities and children living in institutions managed by their relatives etc.

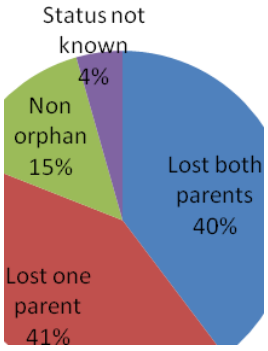
More children have been admitted in residential care institutions for reasons of poverty than for death of carers. Our interpretation is that when children lose biological parents, informal fostering in the extended family becomes the first option for their care and protection. Informal fostering especially in the extended family is traditional and culturally acceptable in Sierra Leone. Many children live with relatives when their biological parents are alive. According to the MICS 3, 20.3% of the child population does not live with their biological parents who are alive.

It can be concluded that children excluded from access to education, health and other basic services are at greater risk of institutionalization than orphans per se. Therefore any efforts at community and national level to build community capacity to respond to socially excluded children should focus on the service providers and enhance their capacity to provide basic services for all children, especially in the education and health sectors.

By reason of admission more girls are institutionalized than boys for abandonment by parents and caregivers on a ratio of 53:49; more boys than girls for death of parents on a ratio of 201:195; an almost equal number of boys and girls for neglect and abuse 34:33; more boys than girls for poverty 388:301; twice the number of boys than girls for alcohol and drug use by parents 4:2; and more girls than boys for other reason 34:29

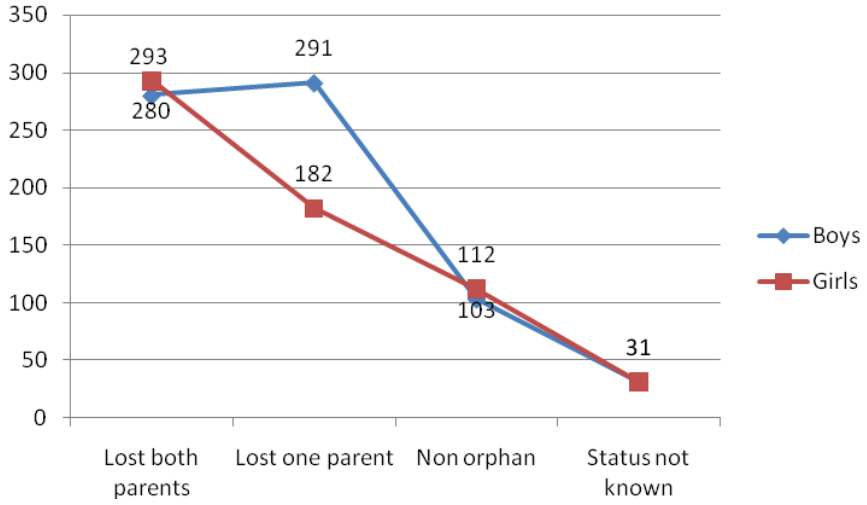
Category of children in residential care institutions

Not all children in residential care institutions are orphans. Five hundred and seventy three or 43% children have lost both parents. Four hundred and seventy three or 36% children have lost one parent while two hundred and



fifteen or 16% children have both parents alive. The status of 62 or 5% children is not known[38]. From the information above it is very clear that there are far more children who have lost one or both parents in residential institutions than children who have both parents alive. This does not however mean that the primary reason for their admission is the death or loss of parents. Poverty (lack of access to education, health and other basic services) is the main reason for their admission as shown in pages 34 and 35 above). Only three hundred and ninety or 30% children were admitted in care institutions because of the death of parents (see page 30 above). The conclusion here is that children who have lost one or both parents are more likely to suffer the effects of poverty in the family which in turn makes them vulnerable to institutionalization than children with both parents alive. With support for education and health care, relatives are generally willing to care for children in their home instead of sending them to residential care institutions. Four of the residential care institutions additionally support children in foster care or in families, an arrangement which has worked very well for the children. Orphans and non orphans are visited by relatives, friends and siblings maintaining close family ties.

The chart below shows the status of boys and girls in residential care institutions



Of five hundred and seventy three children who have lost both parents, 51% are girls. More boys have lost one parent than girls (boys 62%, girls 38%). For children who are non orphans and have both parents alive, there are more girls than boys (boys 48%, girls 52%). Girls equal boys in the number of children whose statuses are unknown (50% each).

[38] These are cases where nothing is known about the existence or death of the parents.

Forty one institutions care for all categories of vulnerable and excluded children. Two[39] institutions care for complete orphans only, meaning that all children in their care have lost both parents. In these two institutions, staff claimed that children do not have any information about siblings and extended family members.

However there are reasons to doubt this claim. Some of the reasons for doubt are:

1. It is unlikely for children who were admitted in residential care institutions above the age of eight years not to have remembered any details about their parents (and siblings), caregivers or extended family members.
2. Experience from the family tracing and reunification activities during and after the war (supported by UNICEF) between 2000 and 2003 showed that there is always a relative and this is explained in the Mende proverb “mba eh gboyor mba gbaahun” meaning there will always be a grain of rice in a rice farm which in this context means there will always be a relation somewhere because of the extended family system in Sierra Leone.

Table 11 Breakdown of status of parents of children in residential care institutions

Recorded information	**Number of children**
Children with recorded information	1323
Mother and father both alive	215
Mother and father both dead with no recorded adult relatives	225
Mother and father dead but child has relatives	347
Mother dead but father alive	88
Mother alive but father dead	308
Mother alive status of father not known	33
Mother dead status of father not known	17
Father alive status of mother not known	6
Father dead status of mother not known	18
Status of parents not recorded – no information known	62
Children who have siblings alive	796
No relative or family friends visit	799
Children who are visited by parents and relatives	524

From the information in the above table it can be concluded that a good number of children still have parents or relatives who are alive. 524 children receive visits from family and friends. It is possible that many other parents and relatives are not able to visit children in the care centers because the children have been placed in residential care institutions far from their communities of origin. Only 225 out of 1323 children have no known parent or adult relative. It is also interesting to note that 786 children have known brothers or sisters. Some are with them in the residential care institutions others are in the community.

[39] Wellington Orphanage and MUSAC

Documentation and filing

This was the weakest area identified in all of the residential care institutions save for CRC, Don Bosco Fambul, COTN, Ben Hirsch Home for Disadvantaged Children, St. George's Foundation and BIR. In these homes various forms are used: admission forms, case review forms, child's development monitoring form, family tracing and reunification forms[40] and handover of child forms. Some of these forms have been developed by the MSWGCA and UNICEF (as in the case of Ben Hirsch and Don Bosco Fambul), and some have been developed internally, using international standards for documentation of children in residential facilities (as in the case of COTN and CRC). SOS Children's villages claim to have good documentation using international standards of child care but the research team was not given access to the documentation in any of the villages.

All As One and Hope's Promise[41] use forms for admission of children but in addition require parents and relatives to sign "relinquishment" documents. The relinquishment document is an agreement where in the parent gives up his or her parental right and claim to his/her child and transfers this right to the residential care institution. One parent whose child has been adopted internationally (and is waiting for the papers to be processed) in All As One claims to have been informed of the adoption but seemed not to fully understand its legal implication.

Only eight or 17% of residential care institutions have a file on each child. However the files lack essential documents such as birth certificates, records of family contacts and detailed reports of a child's psychosocial development. In fifteen or 31% of residential care institutions there are ledgers with children's bio data. Twenty or 42% of residential care institutions do not have any form of documentation and rely on the memory of the head of the institution for basic information pertaining to children. Two or 4% of institutions claimed to have lost all forms of documentation during the war. In three or 6% institutions it was impossible to see the filing system as the person in charge of documentation was out of the district and could not be contacted.

Poor documentation and filing can be attributed directly to the absence of competent social work and management staff in residential care institutions. Poor documentation makes IDTR very difficult, if not impossible and for children who are admitted at very young ages it could lead to a complete loss of identity. One good example of this situation is the case of children who were admitted from IDP camps. The research team could not trace the families of these children using the

[40] Only St. George's foundation, Don Bosco Fambul and Ben Hirsch Home for Disadvantaged Children use the family tracing and reunification forms.
[41] Both institutions place children into international adoption

information documented at the homes. The families of these children moved when the camps were closed down and their new locations have not been updated by the management of the homes caring for them.

Health and safety

All of the homes visited place emphasis on the health and safety of children. They have made arrangements with the government hospital, community health center or local pharmacies to treat sick children in their care.

In addition, some residential care institutions have first aid kits, sick bays and medical personnel on staff. The Assalam Orphanage in Kossoh Town has a clinic which serves the entire community.

First aid kits are in thirty six or 75% of the residential care institutions and they can treat minor cuts, headaches and colds in the home. Fifteen or 31% of residential care institutions have sick bays where children with minor ailment can be treated. Eleven or 23% of care institutions have first aid kits, a medical person on staff and a sick bay for treating children.

Children seen were generally healthy and good looking except in two residential care institutions[42].

Most of the residential care institutions (forty four or 92%) have not encouraged children to be tested for HIV and AIDS and so do not know the status of children in their care. Only four or 8% institutions have had children in their care tested for HIV and AIDS. Two children tested positive; one is dead while the second child is being treated appropriately and freely of costs.

Education and recreation

Education and recreation are strong points in all of the residential care institutions. Education is highly prioritized. One thousand two hundred and eighty seven or 97% children of school going age are enrolled in primary and secondary schools, vocational training, teacher training colleges and university. Only ten (eight boys and two girls) or 1% children of school going age are not enrolled in school this academic

[42] Children in Crisis Orphanage and Cherith International

year but there are plans to enroll them in school for the next academic year. Twenty six or 2% children are below school going age[43].

In ten of the residential care institutions[44] children attend school in the home while children in the other residential care institutions attend school in the community. This research did not focus onthe qualification of teachers and standards of education provided in the residential care institutions. Schools like SOS Herman Gmeiner Secondary School and Orphanage School (managed by Needy and Disadvantaged Children's Home in Moyamba) have set very good records and standards in public exams.

Children are provided with learning materials and have opportunities for extra lessons and study in the homes.

In all of the homes children have opportunities for play either within the residential care institution or in the community. While boys play soccer mostly, girls play traditional in-door and out-door games. Sometimes boys and girls play together. Residential care institutions that receive funding provide many play equipment and have staffs who organize games for children.

In Bo district, CRC, JCCC and SOS Children's Village organize joint play activities and sports that bring children together from the different residential care institutions. Children value these joint activities highly as it gives them an opportunity to display their talents and socialize with the wider community. Additionally CRC, JCCC and SOS Children's Village collaborate with the NGO Right to Play to train children in games and sports. CEDA and FHM also organize joint sporting and other social activities for their children during festive periods.

Only two care institutions[45] have restricted interaction between children in their care and the rest of the wider community except at school. While this could be a preventive measure against the risk of physical and sexual abuse of children in residential care institutions by the community, it also has the negative effect of isolating children and minimizing their integration into the wider community.

Reintegration

Four or 8% residential care institutions – Don Bosco Fambul, Ben Hirsch Home for Disadvantaged Children, St. George's Foundation and FHM – reintegrate children

[43] Children below the age of three yrs. Schooling in this context includes structured play ground or kindergarten activities.

[44] Ben Hirsch Home for Disadvantaged Children, Cherith International, Home for Needy and Disadvantaged Children, JCCC, Don Bosco Fambul, All As One, SOS Children's Village Makeni, Queen Esther Residential care institution, Hope's Promise and COTN

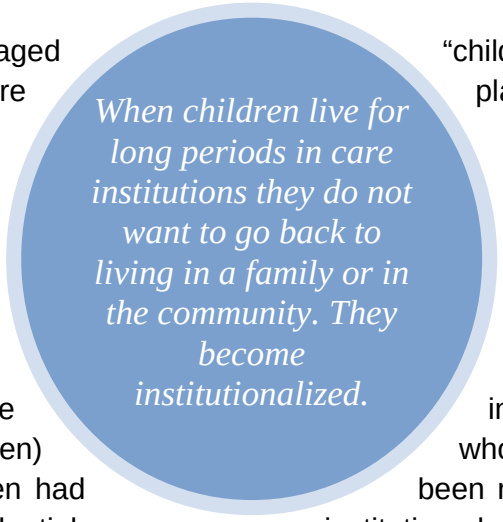
[45] Wellington Orphanage and DOVE's Village of Hope for Children

into their family or the community. In forty two or 90% of residential care institutions there is no policy on how long children can be cared for in the institution. This means that children can live indefinitely in the home "until they complete education and are able to live on their own".

In two or 4% of cases (as in FHM), children are placed in a kind of community group home that is a hybrid of fostering and adoption. Five to eight children are placed with foster parents (husband and wife) who are supported by FHM with an income generating activity. FHM supports the education and health needs of the children including the biological children of the foster parents. It is expected that children in these group homes will eventually become part of the family in which they are fostered if their biological parents are never found.

The presence of children above the age of eighteen raises concern about what exit strategies are put in place for children once they are admitted into institutions. In El Shaddai, PLANC and Kids Action in Sierra Leone eighteen young people (above the age of eighteen years) who have lived in the home for at least ten years were identified.

In all the cases of over aged "children" there have been no care reviews, no care plans or exit strategies put in place for them.



Some of the over aged children have become institutionalized and do not want to live outside of the residential care institution. This was evident in discussions with children and heads of residential care institutions (where there are over aged children) who informed the research team that some children had been reunified but had come back to the residential care institution because they found it difficult to reintegrate into their biological families. According to Emily Gogra Coordinator of PLANC "I have sent some children (the coordinator still sees them as children even though they are now above eighteen years of age) home to their parents but they came back after one week, and I can't drive them away. I feel obliged to continue caring for them." This sentiment was also expressed by other heads of residential care institutions.

However it is worth mentioning that some of the "children" who are above eighteen years of age in El Shaddai and PLANC are in university and other institutions of higher learning where they are resident and spend holidays in the residential care

institution. In PLANC a girl who had grown up in the home is now married and lives in Bo with her husband.

COTN and CRC have plans to support children through university or tertiary education and provide resettlement packages (financial and material support) for them so that they are able to start living on their own.

In the SOS Children's villages, children graduate from the village into a youth program at the age of fourteen. Children in the youth programs are then prepared for reintegration into the community so that they can exit the program at the maximum age of twenty-five by which time they would have completed university or vocational training. And because children are admitted below the age of ten, it means that they live in SOS for minimum of 15 years.

The research also found that none of the children in the residential care institutions had been registered for the national family tracing and reunification project which was supported by UNICEF between 2000 and 2004, a program they could have benefited immensely from especially in the Wellington Orphanage and MUSAC where all of the children claim to have lost both parents and do not now know the whereabouts of extended family members.

The placement of children in children's when it is not ordered by the court or MSWGCA is an abuse of the child's right to live in a family with parents and siblings as stated in article 7.1 of the CRC and section 24 of the CRA. The longer a child stays in an institution the more alienated and estranged he/she becomes from the family and community. Experience from PLANC and El Shaddai has shown that long term residential care is not in the best interest of the child because "the children come back to the home and are not able to live with their families".

Residential care institutions should therefore focus on short term care and provision of safety when a child is at risk or needs to be protected from harm. Otherwise such organizations might better support children and vulnerable families to obtain access to basic essential services that promote children's psychosocial development.

Monitoring of residential care institutions by MSWGCA

MSWGCA is not able to monitor residential care institutions especially in the Western Area where there is a high number of residential care institutions spread all over the region. Many of the residential care institutions are located in isolated places over rugged mountain terrain that is difficult to access by motorbike or vehicle. Probation Officers do not have transportation and there are no regular commercial vehicles operating in such areas. The MSWGCA is further constrained

by inadequacy of staffs to monitor the many residential care institutions, especially in Freetown which accounts for 69% of residential care institutions nationally.

Additionally residential care institutions have not made the task any easier for ministry staff. Five residential care institutions had moved from the addresses from which they registered and failed to update the ministry of their new locations. During the research it was very difficult to locate many of the residential care institutions and it was only through sheer persistence that the research team was able to locate them

In Kenema and Makeni it was reported by heads of institutions that Probation Officers visit regularly, at least once every fortnight. In Bo the Probation Officer visits only three out of the five homes (SOS Children's Village, JCCC and CRC). In Kono the Probation Officer has not visited the only residential care institution in the district since it was established in April 2007.

In Tonkolili, the SDO conducts periodic monitoring visits to the residential care institution in Yele and has encouraged the LRDO to focus on community based care and reintegrate children with their families or extended families.

Monitoring visits have had very little impact on residential care institutions as Probation Officers (and sometimes SDOs) did not have authority[46] to take the necessary action that will lead to improvement in the care of children and promote their reintegration into families and communities. In Kenema however, MSWGCA has been able to work closely with the Ben Hirsch home to reunify children with their families.

At the national level the CSDO and the focal person for VEC in MSWGCA have made periodic visits to homes to asses the situation of children.

GAPS

Many gaps were identified in the coordination and provision of services to orphans and vulnerable children in institutions. The main gaps identified are:

1. Residential care institutions have not been licensed to operate as residential care institutions
2. There are no minimum standards that guide the operations of residential care institutions. As a result there is no gate keeping by the MSWGCA, meaning that children are admitted randomly and indiscriminately
3. There is lack of proper legal procedures/court orders for children who are admitted into residential care institutions

[46] Before the enactment of the CRA, there were no policies or specific laws that outlined how activities of residential care institutions ought to be regulated

4. MSWGCA lacks the capacity and is unable to monitor activities of residential care institution
5. There is no community involvement in activities of residential institutions thereby isolating children in the institutions from the wider community
6. Documentation on children is poor in institutions
7. Residential care institutions are not part of the child protection network in the districts and at national level and therefore do not report on their activities to the MSWGCA

OPPORTUNITIES

Despite the fact that there are many gaps associated with the care of children in institutions, there exist some opportunities that can be harnessed to improve the quality of delivery of services to vulnerable and excluded children. These opportunities are:

1. Some residential care institutions have funding for long periods to help care for VEC in Sierra Leone. This funding could be redirected in some cases to support community based care for VEC instead of institutional care. This implies advocacy with the (overseas) donors.
2. Institutions like St. George's Foundation and Ben Hirsch with experience in family tracing and reunification, could pass on their knowledge and help other organizations document, trace families and reunify children in their care with their families.
3. Some residential care institutions have started community based care and support children in fostering or in their families. They could be encouraged to expand their community based program by supporting more children in their care to stay within their family or foster families.
4. All 48 residential care institutions recognize MSWGCA's technical role in the welfare of children in Sierra Leone and are ready to cooperate and be supervised by the ministry. Probation Officers in each district could be specifically trained and equipped to monitor and support implementation of policies regarding the care of children in residential care institutions.
5. The Child Rights Act which has been passed by parliament gives authority to the District and City Councils for the welfare of children. The act also defines the responsibility of the District and City Councils to license and regulate the management of child care institutions.
6. UNICEF has included in its annual work plan for 2008, support to reintegration of children in residential care institutions. This could be a spring board to help de-institutionalization of children in residential care facilities in Sierra Leone

CONCLUSION

Based on the findings highlighted above this research can make the following conclusions:

1. Residential care institutions are not being used for short term care but rather keep children indefinitely with no proper reviews or care plans. This leads to institutionalization of children.
2. The quality of physical care provided in the homes is generally high relative to many Sierra Leonean homes where people live on less than two USD per day.
3. Children are overstaying in the institutions and are at a great risk of alienation from family and relatives with high long-term social consequences for children
4. Children are deprived of the opportunity of learning and participating in social and cultural activities with their families.
5. Many of the children in residential care institutions have families or extended family and only need educational assistance. Such children could be better supported in families or extended families. By keeping them in residential care institutions for long periods their rights are being abused according to Sections 24 and 35 (i) of the Child Rights Act and Article 7.1 of the CRC.
6. There's lack of monitoring by MSWGCA and a lack of oversight.

RECOMMENDATIONS

The following recommendations are made based on the findings of the research:

1. The MSWGCA together with the representatives from the institutions, with support from UNICEF and the VEC Task Force to develop a regulatory framework to guide the activities of institutions caring for children. The Regulations should take into consideration admission, referral, case work, discharge/reunification/reintegration, staffing and care provision.[47].MSWGCA (with support of UNICEF if necessary) develop regulations, guidelines and the appropriate monitoring tools for use by District Councils in approving and monitoring the institutions. [48]
2. District Councils, in line with the Child Rights Act, on recommendation from SDOs/POs to approve and license all institutions interested in caring for

[47] At the time of finishing this report these minimum standards have already been developed

children taking into consideration, the qualifications, experience and capacity of persons wishing to establish and manage institutions.

3. MSWGCA with support of UNICEF to support reintegration of children who can be reunified with their parents or caregivers. It is recommended that the process starts by assessing the home and family situations of all children who have both parents alive where there seems to be no abuse or neglect.
4. Training to be provided for MSWGCA staff and those working in institutions on care plans, case reviews and case conferencing, documentation and reporting.
5. Institutions caring for children should take part in the Child Protection Committees at district and regional level and have representation at national level.
6. Residential care institutions to provide interim or short term care for children instead of long term residential care. They could redirect their resources to support children in their families and communities.

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APPENDIX

Annex 1 – Residential care institutions in Sierra Leone

No	Name of Institution	Address	District	Caseload		
				Boys	Girls	Total
1	All As One	7 Spur Loop, Wilberforce	Western Urban	23	18	41
2	Hope's Promise	3 Koroma Drive, Metchem Area, Goderich	Western Urban	8	7	15
3	Children of The Nation	2 Tumoe Drive, Majay Town, Freetown	Western Urban	39	52	91
4	El Shaddai	28 Orphanage Road, Kamayama, Off Lumley	Western Urban	25	15	40
5	Kids Action Sierra Leone	100 Orphanage Road, Kamayama, Off Lumley	Western Urban	20	5	25
6	Children in Crisis	23 Main Motor Road, Kola Tree, Calaba Town, Freetown	Western Urban	15	4	19
7	Saviour of the World's Children's Center	74q Sander Street, Calabar Town, Freetown	Western Urban	14	16	30
8	Mankind United to Save African Children	110 Philips Street, Wellington	Western Urban	6	0	6
9	Murialdo Home Kissy	Grass Field, Lowcost, Kissy, Freetown	Western Urban	4	10	14
10	St. George's	19e Korombo Lane, Calabar Town, Freetown	Western Urban	9	0	9
11	Don Bosco Fambul	37 Fort Street, Freetown	Western Urban	0	0	0
12	Christian Faith Rescue Orphanage	132 Jomo Kenyatta Road, Freetown	Western Urban	25	40	65
13	Bilal Ibn Rabal	19 Main Road, Calabar Town	Western Urban	11	14	25
14	The Cotton Tree Children's Trust	1 Morgan Drive, Majay Town, Goderich, Freetown	Western Urban	5	4	9
15	Cherith International	47b Fenkray Road, Palmronkoh, Calabar Town Freetown	Western Urban	8	8	16
16	S. O. S. Children's Village	Lumley Road, Freetown	Western Urban	0	0	0

No	Name of Institution	Address	District	Caseload		
				Boys	Girls	Total
17	Wellington Orphanage	10c Upper Melon Street, Freetown	Western Urban	33	33	66
18	Children's Voice Home of Salvation	43 Taylor Street, Peacock Farm, Wellington	Western Urban	4	2	6
19	CEDA	50c Upper Newstead Lane, Kuntolloh, Freetown	Western Urban	16	13	29
20	FHM Lakka	St. Michael's Lodge, Lakka	Western Rural	20	25	45
21	FHM Grafton	Grafton	Western Rural	12	3	15
22	Queen Esther Orphanage	10a Off Liverpool Street, Waterloo	Western Rural	38	42	80
23	Children in Need of Care	Campbell Town	Western Rural	4	6	10
24	Mercy Children's Orphanage	30 Parsonage Street, Waterloo	Western Rural	5	4	9
25	Christian Mission Home of Champions	Grass Field, Benguima	Western Rural	4	6	10
26	First Step Orphanage	Mayeime, Allen Town	Western Rural	20	0	20
27	Allen Town Based Orphanage	14b CARITAS Road, Allen Town	Western Rural	6	4	10
28	Lowe fur Lowe	Devil Hole	Western Rural	9	8	17
29	Ansarul Islamic Orphanage	Depea Water	Western Rural	200	0	200
30	Assalam Orphanage	Orphanage Center, Kossoh Town	Western Rural	160	0	160
31	Mannaheim Orphanage	Grafton	Western Rural	9	9	18
32	Living Way Orphanage	1 Thomas Drive, Adonkia	Western Rural	1	4	5
33	Doves Village of Hope	28 Regent Road, Gloucester Village	Western Rural	7	15	22
34	Child Rescue Center	BTI Compound, Kulanda Town Section, Bo Town	Bo	30	38	68
35	Jonathan Child Care Center	C/O 7 Towama Road, Bo Town	Bo	38	47	85
36	Love One Another	18 Kawusu Street, Kennedy Section, Bo	Bo	8	4	12
37	St. Mary's Home	Pastoral Center	Bo	19	28	47

		Compound, Bo Town				
				Caseload		
No	**Name of Institution**	**Address**	**District**	**Boys**	**Girls**	**Total**
38	S. O. S. Children's Village	Towama Village, Bo	Bo	65	65	130
39	Needy and Disadvantaged Children's Home	23a Yoyeima Road, Moyamba Town	Moyamba	17	26	43
40	Christian Faith Rescue Orphanage	Kamakwei	Bombali	0	100	100
41	S. O. S. Children's Village	Makama Section, Makeni	Bombali	21	27	48
42	Murialdo Home	Murialdo Home, Lunsar	Port Loko	3	9	12
43	Port Loko Aid for Needy Children	3 Lawrence Street, Cape Palmas, Port Loko Town	Port Loko	18	10	28
44	Sankore Orphanage	Rogbap Village, Manage Bureh	Port Loko	19	6	25
45	Modu Educational Center	Kamakwei Road, Madina	Kambia	23	37	60
46	Life for Relief and Development Organization	82 Freetown Road, Mile 91	Tonkolili	24	25	49
47	Ben Hirsh Home for Disadvantaged Children	Burma 3 Layout, Kenema Town	Kenema	7	0	7
48	S. O. S. Canada House	2 Ngegba Street, Sandamande Section, Koidu Town	Kono	18	12	30

Annex 2 – funding and staffing in residential care institutions

				Number of staffs working in institution						
No	**Name of Institution**	**District**	**Funding status**	**CG**	**T/A**	**SW**	**AS**	**AX**	**Total**	**No of Chn**
1	All As One	Western Urban	Funded	3	3	1	5	12	24	41
2	Hope's Promise	Western Urban	Funded	2	0	0	2	5	9	15
3	Children of The Nation	Western Urban	Funded						0	91

No	**Name of Institution**	**District**	**Funding**	**Number of staffs working in institution**	**No of**

			status	CG	T/A	SW	AS	AuX	Total	chn in Home
4	El Shaddai	Western Urban	Donations	1	0	0	1	2	4	40
5	Kids Action Sierra Leone	Western Urban	Funded	2	0	0	1	1	4	25
6	Children in Crisis	Western Urban	Unfunded	1	0	0	1	0	2	19
7	Saviour of the World's Children's Center	Western Urban	Funded	0	0	1	1	5	7	30
8	Mankind United to Save African Children	Western Urban	Funded	0	0	0	1	2	3	6
9	Murialdo Home Kissy	Western Urban	Funded	2	0	0	0	2	4	14
10	St. George's	Western Urban	Funded	1	0	5	6	5	17	9
11	Don Bosco Fambul	Western Urban	Funded	0	12	6		6	24	0
12	Christian Faith Rescue Orphanage	Western Urban	Funded	3	5	0	2	5	15	65
13	Bilal Ibn Rabal	Western Urban	Funded	3	0	0	1	5	9	25
17	Wellington Orphanage	Western Urban	Funded	1	1	2	1	3	8	66
18	Children's Voice Home of Salvation	Western Urban	Unfunded	1		1		2	4	6
19	CEDA	Western Urban	Funded	1	0	0	1	0	2	29
20 *	FHM Lakka	Western Rural	Funded	0	0	0	0	0	0	45
21	FHM Grafton	Western Rural	Funded	1	0	0	0	0	1	15
22	Queen Esther Orphanage	Western Rural	Donations	0	1	0	1	2	4	80
23	Children in Need of Care	Western Rural	Unfunded	0	0	0	1	4	5	10
24	Mercy Children's Orphanage	Western Rural	Funded	1	1	0	1	1	4	9
25	Christian Mission Home of Champions	Western Rural	Donations	0	0	0	1	2	3	10

No	Name of Institution	District	Funding status	Number of staffs working in institution						No of chn in Home
				CG	T/A	SW	AS	AuX	Total	

26	First Step Orphanage	Western Rural	Funded	2	0	0	1	2	5	20
27	Allen Town Based Orphanage	Western Rural	Unfunded	0	0	0	1	1	2	10
28	Lowe fur Lowe	Western Rural	Funded	2	0	1	1	2	6	17
29	Ansarul Islamic Orphanage	Western Rural	Funded	0	0	0	2	8	10	200
30	Assalam Orphanage	Western Rural	Funded	0	0	0	2	13	15	160
31	Mannaheim Orphanage	Western Rural	Donations	0	0	0	1	0	1	18
32	Living Way Orphanage	Western Rural	Donations	0	0	0	1	0	1	5
33	Doves Village of Hope	Western Rural	Funded	4	1	0	2	2	9	22
34	Child Rescue Center	Bo	Funded	8	4	6	3	12	33	68
35	Jonathan Child Care Center	Bo	Funded	4	0	0	7	7	18	85
36	Love One Another	Bo	Funded	3	2	0	1	1	7	12
37	St. Mary's Home	Bo	Donations	3	0	0	1	1	5	47
38	S. O. S. Children's Village	Bo	Funded						0	130
39	Needy and Disadvantaged Children's Home	Moyamba	Funded	3	0	0	2	1	6	43
40	Christian Faith Rescue Orphanage	Bombali	Donations	0	0	0	2	6	8	100
41	S. O. S. Children's Village	Bombali	Funded	19	16	2	3	13	53	48
42	Murialdo Home	Port Loko	Funded	1			1	1	3	12
43	Port Loko Aid for Needy Children	Port Loko	Donations	1	0	0	1	2	4	28
44	Sankore Orphanage	Port Loko	Funded	4	6	0	1	2	13	25
45	Modu Educational Center	Kambia	Funded	5	0	0	2	0	7	60
46	Life for Relief and Development Organization	Tonkolili	Donations	2	0	1	1	2	6	49
				Number of staffs working in institution						**No of chn in Home**
No	**Name of Institution**	**District**	**Funding status**	**CG**	**T/A**	**SW**	**AS**	**AuX**	**Total**	
47	Ben Hirsh Home for Disadvantaged Children	Kenema	Funded	0	2	2	1	3	8	7
48	S. O. S. Canada House	Kono	Funded	1	0	5	1	1	8	30

Annex 3 – sample questionnaire used in interviews with children

Confidential

SIERRA LEONE RESIDENTIAL CARE INSTITUTIONS

CHILD CASE RECORD

Name of Children's Home_____ _____

Date of Child's admission_____

Name of Child _____ _____

Age _____ **Date of Birth** _____ **Sex** ____Ethnicity_____

Referral By_____ **Court Order?** _____

Father's Name _____ _____Alive/Dead/NK _____

Occupation_____

Address _____

Mother's Name _____ _____Alive/Dead/NK_____

Occupation_____

Address_____

Name and age of brothers and sisters and where they are living :

_____

_____

_____

_____

_____

_____

Other important relatives, foster parents, guardians :

Name _____

Relationship _____

Address_____

_____

Name _____

Relationship _____

Address_____

_____

Who visits the child _____

Child's Current School _____ Class _____

Details of any chronic medical problems, physical disability or learning difficulty

_____

_____

_____

Circumstances leading to admission to home:

Abandonment **Y / N** Neglect or Abuse **Y / N** Death of Carers **Y / N** Poverty **Y / N**
Alcohol or Drug Abuse of parent **Y / N** Other Reasons **Y / N**

Give Details _____

_____

_____

Future plans for child

Please include
Is there any possibility of the child returning to a parent or relative? **Y/N**
What needs to happen for that return to be assisted?

_____

_____

_____

_____

What is needed : Regular financial assistance, social assistance, one-off fund for income generating, one off-fund to buy basic essentials

Date ..... Signature ....

Annex 4 - sample questionnaire used in interviews with home managers

Residential Care Institution Assessment Form

(This assessment to be carried out by a person authorised by the Researcher with the Administrator or a senior staff carer at the Home and then as appropriate double checked with a range of children of different age and sex resident at the Home.)

Information re -Interview

Name of interviewer:_____

Name(s) of interviewees: _____

Position of interviewees in the Home: _____

Date of visit: _____

General Information re- the Home

Name of the Home: _____

Address of the Home:_____

Telephone Number:_____

Date founded: _____

About the Home

Who owns the premises? _____

Type of construction of building _____

Number of floors _____

Separate Sleeping accommodation for boys and girls? Describe

_____

_____

Is there a fire escape? _____

Number of working fire extinguishers? _____

Number of toilets for boys _____ Number of toilets for girls _____

Number and type of washing facilities _____

Are there separate washing facilities for boys and girls? Y/N _____

Water supply: Tap _____ Other please state _____

Facilities

Number of children per bedroom/dormitory_____

Number, type and condition of beds _____

Number of TVs _____ Number of computers that work _____

Availability of toys and books _____

Where do the children eat? _____

What leisure and play facilities are available? _____

Food

What meals are provided? _____

Times of meals _____

Who does the food preparation? _____

What is the hygiene standard like? _____

Is there drinking water available? _____

Finance

Does the Home receive a Govt subvention? _____

Give other sources of funding with amounts in cash or kind:

	Source	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

Management

Name of Person in Charge/Administrator _____

Management Committee Members

1.
2.
3.
4.
5.

6.

With which authority is the home registered

with MSWGCA or SLANGO or MODEP
as a Company,
NGO
Private

Discipline

Are any rules for the Home written up for all to see? Y/N

How are the breaking of the rules dealt with?

Comment_____

_____

Is staff beating of a child allowed? Y/N

Is the isolation of a child allowed? Y/N

Information on the Children

Number of children in residence today:_____

Number of Children seen _____

Current Total Number of Boys :_____ Current Total Number of Girls:_____

Age range of boys: _____ Age range of girls: _____

How many children have disabilities? _____

How many Children of school age do not attend school? _____

Case Records

Is there a separate case record for each child?

What of the following is in that file: √ = yes X=no

1. birth certificate,
2. medical card,
3. school reports,
4. photo of child,
5. photo of parent(s),
6. home address,
7. mementoes from home,
8. case report notes,

9. 6 monthly review
10. address of parent or relative or caregiver
11. IDTR
    a. Tracing done
    b. Result
    c. Verified
    d. Reunified Previously?

Is there a care plan for each child? Y/N

List Names of Care Staff	Type of Training Gained and level Degree, diploma, certificate,	Length of time spent training	Position Held

Number of **other** paid staff (eg cooks, guards, clerks, etc) _____

Give numbers of : cooks_____
guards_____
clerks_____
other paid staff_____

Authority for keeping the children

When a child is received at the Home is there a document signed by the parent or guardian placing the child that they authorise your looking after the child? How many children have these documents? _____

How many children have written authorisations by the court? _____

How many have written authorisations by the Probation Department? _____

How many times did a Probation Officer visit in 2006? _____

Health and Safety

Do you have a first aid box? _____ Check condition _____

Do you have a sick bay? _____

Do you have a trained medical person on the staff? _____ Name _____

Where do you take children with minor ailments and injuries _____

How far away is it? _____

Where do you take children who have a serious medical condition? _____

How far away is it? _____

How many children are HIV infected _____

Do they receive ARV drugs and food supplements? _____

What are the homes external contacts?

How frequently may parents/relatives visit their child?_____

Who else visits the home and when _____

Religious services attended and by whom _____

Do children go to scouts, youth clubs, sports clubs, discos _____

Overall Impression

Comments

Signed

Annex 5 – guidelines for residential care institutions – developed by MSWGCA

Annex 6 – Children in residential care institutions in Sierra Leone (mdb) – cannot be attached, provided in electronic copy

Annex 7 – Orphanages in Sierra Leone (mdb) – cannot be attached, provided in electronic copy