

# **REGULATIONS FOR CARE AND PROTECTION OF CHILDREN WITHOUT APPROPRIATE PARENTAL CARE IN GHANA**



## **PART 1 - RESIDENTIAL CARE AS A LAST RESORT**

**DEPARTMENT OF SOCIAL WELFARE (DSW)  
MINISTRY OF MANPOWER, YOUTH AND EMPLOYMENT (MMYE)  
GOVERNMENT OF GHANA**

# **THE GOVERNMENT OF GHANA CARE REFORM INITIATIVE (CRI): TOWARDS INTEGRATED CARE SERVICES FOR VULNERABLE CHILDREN AND FAMILIES IN GHANA.**

## **Publications:**

### **Part 1: REGULATIONS FOR RESIDENTIAL CARE AS A LAST RESORT**

### **Part 2: REGULATIONS FOR KINSHIP CARE AND FOSTERING**

### **Part 3: REGULATIONS FOR ADOPTION**

*These Standards are part of the publications generated by the Care Reform Initiative that involves the provision of various forms of support by Unicef, OrphanAid Africa and other partners to enhance the capacity of Department of Social Welfare (DSW) to encourage family based care.*

*The CRI will ensure that institutional care is used as a last resort, if utilized these establishments will comply with the requirements of:*

- *The Children's Act 560 (1998)*
- *UN Committee of the Rights of the Child, 1990 (UNCRC)*
- *UN Guidelines for the Protection and Alternative Care of Children without Parental Care (to be approved 2008).*

*It will also ensure that Children's Homes operating in the country have adequate resources to sustain their activities as credible out-of- Home care and support establishments which set out the framework for the DSW to monitor the operations of Children's Homes in Ghana.*

*Our sincere hope is that this document will be used to set an enforceable minimum legal standard and to encourage dialogue and action. Hopefully it will also raise the awareness and understanding of the issues by all of those involved in enhancing the lives of these vulnerable children in order for them to grow and develop to their full potential. It will also establish a more consistent and stable approach to caring for vulnerable children in Ghana.*

*These Regulations and Standards are applicable to different groups licensed by the Department of Social Welfare to provide residential care: NGOs and religious organizations that are responsible for orphans and vulnerable children, for private and individual donors, and regional, national and international organisations that provide funds aimed at these children. They can also be applied to shelters, boarding establishments and residential schools.*

*We hope that this document will become standard for all Residential Care Settings for children in Ghana and eventually in other countries in Africa.*

# **I. THE CARE REFORM INITIATIVE (CRI): TOWARDS INTEGRATED CARE SERVICES FOR VULNERABLE CHILDREN AND FAMILIES IN GHANA**

## **DEFINITION**

The Care Reform Initiative (CRI) 2006/10 seeks to de-emphasize over reliance on care systems for vulnerable children based on institutions and move towards a range of integrated family and community based care services for those children without appropriate parental care.

## **BROAD GOAL**

The goal of the CRI is to establish a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured a permanent Home in a supportive and loving family.

## **MAIN COMPONENTS**

This approach will be based on four main components:

- **Prevention:** To prevent the disintegration of families by providing linkages with strategies that strengthen families such as the social grant programme Livelihood Empowerment Against Poverty (LEAP), scholarships, food packages, access to National Health Insurance and other support programmes.
- **Reintegration with the extended family (Kinship Care):** In cases where children are separated from their parents, to find loving relatives who are able to create a caring and stable environment for the child.
- **Fostering:** When kinship care cannot be provided, temporary or permanent care with foster families can still provide a good Home for children.
- **Adoption:** When the possibility of a family reunion is exhausted, to find the child a loving adoptive Home, preferably with a Ghanaian family.

## **EXPTECTED RESULTS FOR CHILDREN**

- Institutionalization as a last resort for OVC, and not for more than three consecutive months.
- Social support systems such as cash transfers used to promote in-family care.
- 3,800 children in institutions identified and a database to track their cases created.
- The care system that relies on orphanages transformed into one based on kinship and short and long term fostering.
- 3,800 children in orphanages resettled in a family care context, or transitioned into independent living.
- Fostering and adoption rates increased by at least 50%.
- The general public in all districts sensitized on the benefits of family care and the risks associated with institutionalized care.
- State employed social workers adequately paid and motivated to sustain the management of the OVC database, individual care plans and monitoring systems.
- The three government-operated institutions and the seven approved private residential Children's Homes will be transformed into model child care institutions.
- A shelter, a Home for children with special needs and a mother and baby Home for transitional care available in each region.
- Regulatory standards for Fostering and Kinship Care, Residential Care and Adoption produced.
- Fund for care and support packages that enable children to remain with their families established.
- Members of the Judiciary, Child Panel members, law enforcement agencies, traditional and political leaders at a district and community level, and other stakeholders sensitized in 170 districts.

\*Not more than 25 children

## **II. THE GHANIAN CONTEXT**

### **History of Children's Homes in Ghana**

An Orphanage is a Home for children who are orphans: it aims at providing short-term care for children with no surviving parents. Children's Homes, however, are meant for children in need of care and protection. This means that a Children's Home can be used as an orphanage but an orphanage is not a Children's Home. The DSW would prefer all residential care centres to be known as Children's Homes, as this more accurately describes the status of the children.

The usage of Children's Homes started many years ago with the advent of the European missionaries. Although informal, missionary activity in caring for abandoned, orphaned and infirm children was of particular importance due to cultural inhibitions, which forbade certain category of children from being raised in the traditional family.

Urbanization and modernization of Ghana in the wake of the construction of the Akosombo dam, the Tema Harbour and expansion of the railways in the 1950s, though economically desirable, resulted in rural to urban migration and the unplanned urban growth of communities of men, women and children with little in common. There was an absence of social cohesion, traditional tribal identity, and a sense of neighbourliness. Many men left their wives and children behind in the villages, which contributed to the break down of families. The absence of care for these children further underpinned the expansion of the colonial model for Children's Homes. The traditional foster care system seemed to have lost its capacity to respond to these new social relations.

The first officially recognized Children's Home was started by an NGO called The Children's Society, based at Kaneshie, in Accra in 1949. They received professional guidance from the department of DSW. It was then moved to the present day Osu Children's Home, located near Labone junction. Since then, many Children's Homes, both private and government owned have sprung up in various regions of Ghana.

Children's Homes are designed by the Minister in-charge of Social Welfare (ministry of Manpower, Youth and Employment) and gazetted as such (see section 105 (45) of Act 560/98). This gives the Homes the statutory authority to keep children in need of care and protection. Apart from the five (5) Homes (Kumasi, Osu, Tamale, Jirapa and Mampong), all other Homes in Ghana are not legally designated as approved institutions and are practicing illegally. In exception is the SOS children's Villages which have a separate contract with the Government of Ghana.

DSW, with the technical assistance of OrphanAid Africa, organized a data collection in all residential institutions in Ghana in the latter half of 2006, in order to get a sense of the magnitude of the problem.

Currently the DSW operates three (3) Homes at Accra, Kumasi and Tamale. Subventions are also given to Mampong Babies Home in the Ashanti region run by the Anglican Church, and St Joseph's Orphanage in Jirapa, Upper West region, run by the Catholic Church. SOS Kinderhof has also had a separate arrangement since 1974 with the Government of Ghana to operate two children's villages in the country. DSW is also aware of 148 (source: DSW Data Collection 2007) organizations operating as residential Homes for children in need of care and protection but which have not been legally licensed to do so.

As a reaction to these findings, DSW organized a workshop "strengthening families" for 256 social workers on the need for community and family care in July 2006. Then the Care Reform Initiative was launched with the purpose of informing, educating and legislating for holistic OVC care. This document is an essential part of that process.

Today the use of residential care in Sub-Saharan Africa is increasing rapidly due to the death of many parents with HIV/AIDS. This is an inappropriate and unsustainable response to the orphan crisis.

As part of the Care Reform Initiative it is to be borne in mind that the UN Draft Guidelines for the Protection and Alternative Care of Children without Parental Care (t) state that for member nation states where large child care facilities (institutions) remain, alternatives should be actively developed in the context of an overall de-institutionalisation strategy, which will enable them to be phased out. **No new facilities of this nature should be established under any circumstances.** Children's Homes should, where possible, be small structures that admit children on a temporary basis. If they need to stay in professional care settings, these should be with paid foster care providers, in a family-like structure.

### III. BACKGROUND: REGULATIONS OF RESIDENTIAL CARE AS A LAST RESORT

A large number of Children's Homes are being operated throughout the country by individuals, private institutions, such as NGOs, or government agencies, to provide accommodation, care and support for children who require out-of- Home care due to a variety of social, economic and security reasons.

The DSW has observed that the operations of most of these children's Homes do not conform to the required minimum international and national standards as stipulated in the following documents:

- Children's Act 560 (1998)
- The UN Committee of the Rights of the Child (1990)
- Guidelines for the Operation of Children's Homes (2004)
- Joint Working Paper of UNICEF and International Social Service (2004)
- UN Guidelines for the Protection and Alternative Care of Children without Parental Care (to be approved in 2008)
- Legislative Instrument

As a result there is an increasing tendency for the rights of some of the children involved to be abused, or their human rights violated in some of the Children's Homes. It has furthermore been proven by extensive research on residential care setting for children that institutions should be used only as a last resort. Children need families to successfully integrate and thrive in the society, as the family is the best context in which a child can successfully develop.

Some of the problems that have been identified in residential care settings are:

- Initial intentions are often well meaning but the results are totally inadequate and culturally inappropriate
- Violence in institutions is disturbingly common
- The institutionalization of babies has severe and irreversible effects on early brain development (Johnson et al, 2006)
- Abused children very often abuse others and institutional settings facilitate this circle of violence
- Homes often limit contact with family and community
- Children living in Homes are stigmatized by the larger society
- Children living in Homes do not develop social networks in their community

- The children's rights to privacy are invaded
- Ethnic and religious identities are compromised: minorities are brought up in the belief system of the majority
- Children's interpersonal skills become limited because of lack of exposure to daily life
- Children grow up with a feeling of being unloved and with little self esteem and perceive the world as a dangerous and unsafe place
- Homes allow duties within the institution to take precedence over schoolwork
- Children lack opportunities for free play
- Children lack opportunities to express their views and forge their individual identities
- There is often a lack of consistency in treatment and privileges
- Children with disabilities do not receive appropriate care in group settings
- Sexual abuse is facilitated by institutional settings which may attract abusers towards employment in these un-monitored settings
- Poor staff-to-child ratio leads to neglect, bad parenting, corporal punishment and child labour
- Unmonitored Homes often veer from charity to commercial status. The truth of what goes on inside is never really known.
- Institutionalization is expensive. For example the per capita cost of raising a child is often 5 to 10 times more than in foster care. This is due to the infrastructure costs and additional personnel such as administration, security, etc.
- Homes are unable to respond to the psychological needs of children who require an adult of reference and consistency of care, to become emotionally stable adults in later years
- Homes provide little stimulation and children, especially babies, often fail to reach developmental milestones to develop normally (Arousal –Relaxation Syndrome)

Some of the key issues to be addressed by Government in Ghana and many other African countries regarding orphans and vulnerable children are:

- The large number of non-orphans who are simply vulnerable children being kept in children's Homes permanently, with little or no prospects for adoption or re-integration
- The need to promote reunification and kinship care by the extended family ensuring the care of this category of children in the community
- The over-dependence on institutional care as the only means of providing care and support for orphaned and vulnerable children
- Institutional care is a very expensive and inappropriate way to address poverty. The need for developing social protection mechanisms such as cash transfers, thus encouraging foster care and family support as viable alternatives to the institutional care of vulnerable children.
- Due to the apparent low level of information on the opportunities for adoption, the rate of adoption of orphaned children is quite low. Assisting recognized Children's Homes to improve their capacity to handle adoption procedures through relevant education and training of supervisors/managers of the institutions involved.
- There is an apparent lack of interest of local communities and the traditional authorities in the welfare of orphaned and vulnerable children. Thus local communities and traditional leaders will be encouraged to take on active interest in the care and support of orphaned and vulnerable children through the child panels, child protection teams and in communities where these mechanisms do not exist. In addition, the establishment of community Task Forces to oversee issues of child support and care will reduce exploitation and ensure ongoing monitoring of the children's safety.
- The continued neglect of and/or failure of the Children's Homes to make adequate provision for the vocational training or higher education of the children before they reach the age of 18 years, leads to a situation where children are left to fend for themselves with little or no

support when they are asked to leave the Home at 18. Therefore, programmes that encourage transition into independent living are urgently required.

*Original research for the above information found at [www.crin.org](http://www.crin.org). For any further inquiries please email OphanAid Africa [info@oafrika.org](mailto:info@oafrika.org)*

## **IV. NEW THINKING ON CARE FOR VULNERABLE CHILDREN**

### **A FAMILY IS FOR A LIFETIME**

Save the Children, an international charity that has done a lot of research on this matter, has always defined their work as founded on an understanding of children as rights-holders with an entitlement to the minimum standards as set out in the United Nations Convention on the Rights of the Child (UNCRC). To work towards the realisation of children's rights, Save the Children UK has adopted a strategic framework, which includes:

- Practical actions to directly address rights deficits or violations
- Strengthening structures and mechanisms to overcome constraints, ensure accountability, and monitor and progress children's rights
- Building constituencies of support in society for children's rights among individuals in government, professional bodies, the media, the private sector and civil society

Fundamental human rights principles and the UNCRC underpin all of this work, and are defined as:

- Non-discrimination
- Best interests of the child
- Participation
- Survival and development
- Accountability
- Indivisibility

While these rights and principles apply to all children, some rights are particularly relevant to children without primary carers or at risk of separation from their primary carers.

Finally, we must always remind ourselves as Child Rights Advocates, Promoters and Protectors, that the primary responsibility for childcare rests with the parents. We should act to promote, encourage and actively support parental responsibility and strengthen the capacity to provide an acceptable level of love, care and protection. Parents/guardians should not be encouraged to shift their responsibility to Government or to any others.

## **V. CHILDREN'S RIGHTS**

Fundamental human rights principles and the UNCRC (United Nations Convention on the Rights of the Child) underpin all of this work, and are defined as:

- Non-discrimination
- Best interest of the child
- Participation
- Survival and development

- Accountability
- Indivisibility

While these rights and principles apply to all children, some rights are particularly relevant to children without primary carers or at risk of separation from their primary carers. The rights outlined in the UNCRC and African Charter includes:

**Article 2 - All rights apply to all children without exception**

- The State has an obligation to protect children from any form of discrimination and to take positive action to promote their rights.

**Article 3 - That the best interests of the child must be a primary consideration in all actions concerning children**

**Article 7 and Article 5 of the African Charter - The survival and development of the child**

- Understanding the importance of the role of food in a child's life, beyond basic survival, is also a matter of good childcare practice.

**Articles 8 – The child's identity**

- The State has an obligation to protect and, if necessary, re-establish the basic aspects of a child's identity (which includes name, nationality and family ties). Children of minority communities and indigenous peoples have the right to enjoy their own culture, practise their own religion and speak their own language.

**Article 9 – Parental care**

- Non-separation and the right to live with parents unless this is deemed incompatible with the child's best interests; the right to maintain contact with both parents if they are separated.

**Article 10 – Family reunification**

- The right to leave or enter any country for family reunification and to maintain contact with both parents.

**Article 12 – The child's opinion**

- The right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

**Articles 15 - Children have a right to meet with others, and to join or form associations**

**Article 16 – Protection of privacy**

- Every child has the right to protection from interference with their privacy, family, Home and correspondence, and from libel or slander.

**Article 18 - Parental responsibility**

- Parents have joint responsibility for the upbringing of their children and the State shall support them in this. The State shall provide appropriate assistance to parents in their child rearing.

**Article 19 - Protection from abuse and neglect**

- The State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programmes for the prevention of abuse and the treatment of survivor.

**Article 20 - Children without families**

- The right to receive special protection and assistance from the State when deprived of a family environment and to be provided with alternative care, such as foster placement or Kafala in Islamic societies, adoption or an institutional placement.

**Article 24 and Article 14, African Charter - Every child has the right to the highest standard of medical care available and to enjoy the best attainable state of physical, mental and spiritual health**



#### **Article 25 - Periodic review**

- The right of children placed by the State for reasons of care, protection or treatment to have all aspects of that placement reviewed regularly.

#### **Article 27 - Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development**

#### **Article 28 - The child has a right to education**

- The State's duty is to ensure that primary education is made free and compulsory and to encourage accessibility to different forms of secondary education for every child.

#### **Article 31 and Article 12, African Charter - Every child has the right to leisure, play and participation in cultural and artistic activities**

#### **Article 37 - No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment, unlawful arrest or deprivation of liberty**

#### **Article 39 – Social reintegration of a child survivor**

- Makes reference to the State's responsibility for a child to receive appropriate responses for recovery and social reintegration where he or she has been a survivor of armed conflict, torture, neglect, maltreatment or exploitation. Realisation of this right has obvious implications for care providers. Good childcare practice and the Rehabilitative care Article 39, UNCRC: child survivors of armed conflicts, torture, neglect, maltreatment or exploitation should receive appropriate treatment for their recovery and social reintegration.

## **VI. CHILD CARE DEVELOPMENT AND THE IMPORTANCE IN THE FAMILY CONTEXT**

**Personal identity:** Children formulate identity on the basis of their interactions with the people caring for them. They learn how to interact socially and to express feelings and thoughts by watching family members. More importantly, they gain a sense of themselves by how parents act towards them; how parents encourage them, make them feel safe in the world, and reflect the value the children have in the family.

**Social integration:** Families show children how to get along in the world. Throughout childhood, children mimic the interactions of those around them through observation and practice. Without a sense of self-confidence in their abilities, children are not able to venture out to practice social connection. This hampers their development in a profound way.

**Cultural identity:** Identity and social integration are based on a child's sense of belonging, not only to a family, but also to the larger community. Culture provides the Guidelines for values and acceptable behaviour within the family and, in turn, the community in which the family functions.

**Cultural Informed Practice:** It is not enough to recognize one's own culture. As with social skills, it is crucial that children learn to negotiate the cultural aspects of their lives, the role it offers them in the large community, and how to develop the capacity to be a valued member, not only of their family, but to be accepted and supported within the cultural setting of the community. To do so, they must learn to negotiate the requirements of the culture and gain the support it offers.

**Capacity for economic self-support:** As they become adolescents, children rely on the family to guide them to a place of security in the adult world. In terms of financial security, the family is primary in assisting children to find a means of support and livelihood. The family supports the child socially and emotionally. This is a critical aspect of independence and self-reliance as adolescents make the transition from childhood to adulthood.

**A family is for life:** Families provide the necessary guidance and support to children on how to successfully make their way in the world. No other social unit offers the hope and promise of a

lifelong connection to others who care about them in the world. In turn, children grow up and become adults who will provide the same sense of safety and belonging for their own families.

**Attachment:** The capacity to establish and maintain close caring relationships with others develops from having the opportunity to form an ongoing relationship and a bond with a specific adult caregiver. Lack of attachment produces adverse emotional and behavioural consequences, which can lead to the child suffering from the spectrum of psychological disorders.

**Steps Forward:** Children need to grow up in families and the proliferation of institutional care is a negative development for the country. The Government should concentrate on building the capacity of families, preventing premature separation of children from families, and promoting all kinds of family based care, including adoption and fostering.

Of major importance is that the children are involved as much as possible in decisions that affect them so that they will understand the RESULT. Children of all ages should also be encouraged to express their views and the people involved in decisions important to the child should take the children's views into account before making any decisions. The children also have the right to be informed about decisions in a way that they will understand no matter what age they are.

An important task for governments is to find alternative roles for institutions. Children's Homes could take on the role of community-based child development resource centres. Staff will use expertise in monitoring the children placed in the community, conducting follow-ups as well as training of foster parents and guardians.

This document aims to shift the general view by donors, care givers and the public from institutional care as the main solution for vulnerable children, towards a different and durable form of care within the existing communities.

## I. THE STANDARDS FOR RESIDENTIAL CARE (1 to 37)

### STANDARD 1: Statement of the Home Purpose

**RESULT:** Children and young people are guided through and know what services they can expect from the Home, how they will be cared for and whom they are likely to share with. A clear statement of how the Home operates is available for parents, staff and others needing this information.

1.1 The Home should have a written Statement of Purpose containing written policies, procedures, a staff guide and a children's guide which describe what the Home sets out to do for children it accommodates, and how the care is provided. The Statement of Purpose is in a form that can be understood by social workers, staff, and any parent or person with parental responsibility for a child. All those working in the Home should be aware of the contents of the Statement of Purpose, and a copy should be easily accessible. Chief among the declared intentions of the Home should be working for the re-integration of the child into their family or a foster family near to their community with the consent of the child.

1.2 The children's guide to the Home is in a form appropriate to the age and understanding of the children in the Home. For some children with disabilities, young children and those for who English is not the preferred language, alternative methods of communicating the children's guide should be used, e.g., pictures, tape recording, and translation into another language. The guide includes a summary of what the Home sets out to do for children, and is provided to children on admission to the Home. The children's guide contains information

on how a child can secure access to an independent advocate and about how to make a complaint.

1.3 The Home's policies, procedures and written guidance to staff accurately reflect the Statement of Purpose.

1.4 The Registered Director of the Home (or the elected members or the board) formally approves the Statement of Purpose of the Home, and reviews, updates and modifies it where necessary, with input from the children and staff, at least annually. Any proposed significant changes or modifications are notified to the DSW before implementation.

## **STANDARD 2: Children Are Appropriately Admitted Into the Home**

**RESULT:** Children and young people are only admitted into the Home as a temporary measure, and as a last resort, when all other community care options have been explored.

2.1 Institutions should make the person bringing the child aware of the negative consequences of institutionalization and offer guidance on keeping the child in the community.

2.2 Gate keeping criteria for admission (Children's Act) must be adhered to and only those children most critically affected and without alternatives should be admitted.

2.3 The extended family or community leaders around the child must be offered counselling and financial support to keep the child if financial need is the only reason for institutionalization.

2.4 There must be a thorough investigation by a social worker as to the alternatives of care that exist before the child is institutionalized.

2.5 The options of fostering and adoption must be discussed with the person bringing the child, and, if that person is a family member the consequences of abandoning the child in the Home and the likelihood of the child being fostered or adopted by others must be evaluated and consent obtained if it appears to be in the best interest of the child.

2.6 All possible means of keeping in contact with the family must be taken

2.7 The Registered Director of the Home does not admit children in an emergency unless this is explicitly included as a function of the Home in its Statement of Purpose, and the Home is at the time of admission able to provide a bedroom and appropriate facilities in the Home. A review is initiated as soon as possible, and never more than 72 hours, after any emergency admission to consider whether the child admitted in an emergency should remain at the Home, or whether it is in that child's interests to move to a different placement.

2.8 In decisions on admission to the Home, both the needs of the child concerned, and the likely effects and risk involved of his/her admission upon the existing group of residents, are taken into account, and recorded

2.9 There should be a full medical report on the child on admittance or within the next 48 hours.

2.10 The child's fears and hopes upon admittance and the probable length of stay must be recognized and discussed with the child on admission.

2.11 There are procedures for introducing children to the Home, the staff and the children living there, which cover planned and emergency admissions.

2.12 The Home's expectations of the child and what she/he can expect of staff are clearly explained, prior to admission wherever possible and, where not possible, are explained immediately on admission, and are reiterated as often as is necessary to ensure that the child has understood them.

2.13 Children are encouraged to bring favourite possessions with them when they move into the Home. Careful consideration is given to the possibility of bringing items of high value, if this is requested.

2.14 No child should stay in the Home longer than is absolutely necessary.

### **STANDARD 3: Care Plans**

**RESULT:** Children have their needs assessed effectively and comprehensively, and are given the opportunity to express their opinions. Written Care Plans outline how these needs will be met and are implemented and in place by the first week following arrival.

3.1 The Care Plan, devised in consultation with each child (when the child is not a baby) sets out the needs of the child clearly, the objectives of the placement, how these are to be met by the Registered Director of the Home on a day to day basis, the contribution to be made by the staff of the Home, and how the effectiveness of the placement is to be assessed in relation to each major element of the plan. The plan includes:

- A complete explanation why care is being provided by the institution and not by a family member
- Health needs and health promotion
- Care needs according to the child's age and vulnerability analysis including safeguarding and promoting welfare
- Physical and emotional needs including counselling
- Education needs and realistic targets
- Cultural, religious and language needs and how they will be met
- Leisure needs
- Specific contact arrangements with family, friends and other persons important to the child
- The timeline for returning the child to family based care in the community

3.2 The Care Plan is consistent with any plan for the care of the child prepared by the DSW (where other forms cover the above, the Care Plan may simply refer to the existing documents, without any need for duplication).

3.3 Each child's Care Plan is monitored by a key worker within the Home. The Key worker will ensure that the requirements of the plan are implemented in the day-to-day care of that child. In addition, the key worker provides individual guidance and support to the child and at least twice a week and makes an agreed time available to the child to enable the child to seek guidance, advice and support on any matter. Where Homes do not use key working schemes, this responsibility passes to the Registered Director of the Home or to another member of staff chosen by the Registered Director of the Home.

3.4 The child's wishes are sought and taken into account in the selection of their key worker and their wishes taken into account if they request a change of their key worker or other such person as noted in 1.2 above.

3.5 Support for children with disabilities with communication difficulties is provided to help them become active in making decisions about their lives.

3.6 At least every month the Registered Director of the Home seeks the views of individual children, their parents (unless this is forbidden by court order) and the contact person in their DSW on the content and implementation of the Care Plan, and takes these views into account in initiating and making changes to the plan.

3.7 Children in the Home know the content of their overall Care Plan, according to their level of understanding, and are allowed to keep a copy of it.

#### **STANDARD 4: Reviews of the Care Plan**

**RESULT:** Children's needs and development are reviewed regularly in the light of their care and progress at the Home.

4.1 The Registered Director of the Home contributes effectively to each child's Care Plan review, and ensures that the child participates as far as is possible in their review process. He ensures that the agreed outcome of reviews is reflected as necessary in the day-to-day care of the child as provided for in the Care Plan.

4.2 The Registered Director of the Home ensures that children are enabled, as far as is possible, to be involved in the review process before, during and after the meeting, including agreeing to the time and place of such reviews; assists children to contribute their views and wishes fully to the process; and assists in line with the child's wishes in the involvement of an advocate.

4.3 The Registered Director of the Home contacts the referral agency to request emergency and statutory reviews due for any child, if the agency has not arranged the review.

4.4 The result of all statutory reviews and reviews of Care Plans are recorded on the child's file, and individuals responsible for pursuing actions at the Home arising from reviews are clearly identified.

4.5 The Home's staff, including where appropriate the child's key worker, contributes effectively to all reviews on the progress and any difficulties of the child in the placement; attend meetings concerning the child at the request of that child's DSW; provide relevant information on request to the child's DSW; and specifically highlight the achievements of children.

4.6 Copies of their reviews are made available to children, as long as they do not contain potentially harmful background information. They are assisted to understand them and allowed access to them. Where necessary, reviews are translated or communicated in the form best suited to the child.

#### **STANDARD 5: Contact**

**RESULT:** Children are able to maintain constructive contact with their families, friends and other people who play a significant role in their lives.

5.1 Children are provided with practical support for constructive contact with parents, family and other significant people, and are encouraged to maintain contact, as long as this is not prohibited by a court order.

5.2 Contact arrangements are discussed at the time of the child's admission and subsequently and detailed in the Care Plan. Any restrictions on contact for the protection of the child are clear to the child and key worker. Contact by visits, telephone, e-mail, if available, and letters are all facilitated where there are no such restrictions.

5.3 Written guidance is provided for staff which clarifies: the rights of children, parents and others to maintain contact unless it has been proven to constitute a risk for the child; to supervise visits in order to safeguard the child or other children in the Home; when and how to encourage the local community, parents, relatives and friends to take part in activities in the Home.

5.4 Children should be allowed to live in the Home on a part time basis if family members offer part-time care.

5.5 Siblings should stay together.

5.6 The children should be consulted on decisions which concern them. Children should be asked to express their own view on their best option before any decisions are made on their behalf.

## **STANDARD 6: Moving and leaving the Home**

<b>RESULT:</b> Children are able to leave the Home in a planned and sensitive manner.
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6.1 There are procedures for children leaving the Home covering both planned and emergency departures.

6.2 On leaving the Home children are provided with a contact social worker who monitors their progress for at least 18 months.

6.3. Moving children from the institution is not a cost-cutting exercise. It should always be about improving the quality of care for all the children concerned.

6.4 Children are prepared for the move and are not moved until they are ready. Moves are traumatic for children. Ensuring that the move is a positive one and that children are fully and properly prepared reduces this trauma.

6.5 Timescales are realistic and flexible, since any problems can occur. Children are not moved until all concerned are sure that the time is right.

6.6 If the family or carer is a new one children are and given time to get used to them gradually. A person that the child is close to, such as the key worker, directs the process.

6.7 The person involved in preparing the child to move, will be involved in supporting the new placement for a period of time, as a figure of continuity.

6.8 Children are supported to express and cope with their feelings about leaving the Home with guidance and counselling.

6.9 The decision to put a child up for adoption shall be taken by the Registered Director and management of the Home, in consultation with the DSW. The DSW is the sole agency responsible for legal adoption.

## **STANDARD 7: Preparation for Leaving Care**

**RESULT:** Children receive care which helps to prepare them for and support them into adulthood.

7.1 The Registered Director of the Home ensures that there is a comprehensive plan for young people preparing to leave care and to move into independent or semi-independent living, which specifies the support and assistance they will need to receive to enable a successful transition into adulthood, and which is implemented in practice.

7.2 When a child cannot return to his/hers parents or extended family and has also not been placed with adoptive parents, or fostered, the child shall be encouraged and assisted by the Home to become independent and self reliant and the Home and Social Welfare will continue to keep regular contact with her/him.

7.3 The Registered Director of the Home, in agreement with the DSW, implements the leaving care plan, which is the responsibility of the Home. These plans clearly outline the arrangements for:

- Education, training and employment
- Securing safe and affordable accommodation
- Support necessary for young people with disabilities
- Financial assistance to enable the young person to set up and maintain independent accommodation if applicable
- Claiming welfare benefits where this is identified as a need and they qualify
- General and specialised health education and health care, access to NHI, and other specialist services such as counselling
- Maintaining existing important networks as defined by the young person, which may include the Children's Home
- Creating new networks of advice and support if this is applicable
- Appropriate leisure pursuits
- Seek assistance should problems arise

7.4 Such plans are written in agreement with the young person, who is given a copy of the plans.

7.5 Leaving care plans take into account the religious, racial, regional, linguistic and cultural background of the young person.

7.6 Particular attention is paid in preparing children for leaving care to the continuing needs of the young person to:

- Develop and maintain relationships with others
- Understand their sexuality and establish positive, caring social and sexual relationships
- Develop self-esteem
- Prepare for the world of work and or further or higher education
- Develop practical, daily life knowledge and skills

7.7 The daily life of the Home provides opportunities for all children in the Home, appropriate to the age and needs of each child, for the development of knowledge and skills needed by the child for future independent living.

## **STANDARD 8: Support to Individual Children**

**RESULT:** Children receive individual support when they need it.

8.1 All children are given individualised support in line with their needs and wishes, and children identified as having particular needs receive help, guidance and support when needed or requested.

8.2 The Registered Director of the Home ensures, so far as is feasible, the provision of individually appropriate personal, health, social and sex and relationship education for each resident child, including children with disabilities.

8.3 The Registered Director of the Home actively promotes the involvement of all children in the Home's social group, counters isolation of individuals by others, nurtures friendships between children, and supports those children who for any reason do not readily 'fit in' to the resident group.

8.4 Support is provided in the language the child is familiar with (or alternative methods of communication), enabling them to communicate their needs, wishes and concerns, and to communicate with staff and other children within the Home.

8.5 Children are able to approach any member of the Home's staff with personal concerns, not only their key worker.

8.6 The Registered Director of the Home ensures, as far as possible, that professional services are provided where necessary to help children develop individual identity in relation to their gender, disability, religious, racial, regional, cultural or linguistic background or sexual orientation.

8.7 Support and advice is provided to any child in the Home who is, or has been, involved in abuse or prostitution, whether as a survivor of abuse or in abusing others, and the child is involved in the planning of any such programme of support.

8.8 Each child has at least one person, independent of the Home and the child's DSW, whom they may contact directly about personal problems or concerns at the Home (such a person may for example be an advocate, children's rights officer, adult family member, personal adviser, visitor on behalf of an organisation carrying on the Home, independent visitor, or mentor).

8.9 Children are supported to take controlled risks (appropriate to their age and understanding) that are relevant and necessary to negotiating their place in the community. Significant risks are defined in the Care Plan and an appropriate risk assessment is made and recorded.

8.10 Children whose Care Plan requires specialist external services for them (e.g. for recreation, health or education) receive those services in practice. Staff cooperate in implementing any programmes associated with specialist services such as speech and language therapy or physiotherapy programmes.

8.11 Subject to the agreement of the DSW, relevant personal, educational and health information concerning each child are passed on to that child's subsequent placement.

8.12 Any specific therapeutic technique is only used with any child at the Home if specified in the child's Care Plan, specifically approved by the person or organization having parental responsibility and if the safe and effective use of the technique is supported by evidence. It is carried out only by, on the directions of, or under the supervision of a member of staff or other practitioner holding a current recognised qualification in the therapy concerned, whose qualification the Home has verified as valid and appropriate directly with the awarding body or relevant register. Any member of staff using such a technique is subject to supervision in using the technique by a person outside the Home, who is qualified and experienced in the therapy concerned.



8.13 Appropriate support is provided for children who are refugees and for asylum seeking children, taking into account the particular circumstances of each child's flight from his or her country of origin and the advice of specialist agencies where necessary.

8.14 The race, ethnicity and religion of the majority should not be forced on others.

## **STANDARD 9: Quality of Care and Consultation**

**RESULT:** Children are encouraged and supported to make decisions about their lives and to influence the way the Home is run. No child is assumed to be unable to communicate their views.

9.1 Children's opinions, and those of their families or others significant to the child, are asked over key decisions which are likely to affect their daily life and their future. There are systems in place for doing this, such as written agreements, private interviews, key worker sessions, and children's or house meetings. The systems reflect children's differing communication needs.

9.2 Staff takes into account the religious, racial, regional, cultural and linguistic backgrounds of children and their families and any disabilities that they may have.

9.3 Significant views, discussions and expressed opinions are recorded promptly.

9.4 The opinions and views of children on all matters affecting them, including day to day matters, are ascertained on a regular and frequent basis and not taken for granted.

9.5 Children, their families and significant others receive feedback following consultation.

9.6 The opinions and views of the parents of children at the Home are ascertained on a regular and frequent basis unless inappropriate, including views on the following:

- Children's care at the Home and the operation of the Home
- The adequacy of staff looking after children at any given time
- The adequacy of space and furnishings in children's bedrooms
- The privacy of washing facilities, facilities for contacting significant people in the children's lives and sense of personal space

9.7 Where consultation with and involvement of a child's family is inappropriate, (where it is not in the interests of the child) staff explain to children why this is so, and consult with significant others or an independent visitor, as appropriate. Case consultation of staff with other staff members when necessary in order to ensure best practice and promote a system of balanced power.

9.8 Suitable means are provided, frequently, for any child with communication and/or learning difficulties to make their wishes and feelings known regarding their care and treatment in the Home. This includes availability of different adults who understand how the child communicates.

9.9 The way the Home functions, enhances every child's independence and opportunity to make everyday choices.

9.10 Every three months staff seeks the views of the relevant contact officers in children's placing authorities on the care of the children concerned, and the overall operation of the Home.

9.11 The views of children, parents and placing authorities are taken into account in the development of and any necessary change in the operation of the Home.

9.12 A suggestion box is available for children to give feedback anonymously at all times.

## **STANDARD 10: Privacy and Confidentiality**

<b>RESULT:</b> Children's privacy is respected and information is confidentially handled.
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10.1 The Home and staff respect a child's wish for privacy and confidentiality as is consistent with good parenting and the need to protect the child.

10.2 The Registered Director of the Home provides procedural guidelines on privacy and confidentiality covering:

- Access to case records by staff and others
- Records will be maintained under lock and key
- Passing on information with child protection implications, and disclosure of Illegal activities
- Practical details about the way children's rooms are entered
- Entry/interruptions without permission in emergencies or where children are considered at risk
- Showering and bathing arrangements and use of toilets
- Personal matters such as menstruation and washing clothes
- Intimate personal care for children with disabilities, including administering medication and invasive clinical procedures where applicable

10.3 Staff know how to deal with and share information which they are given in confidence for child protection purposes.

10.4 Any restriction on communication by the child must have been agreed by the child's DSW. If the child was not placed by a local authority or a voluntary organisation, any restrictions on communication by the child must have been agreed with the child's parent or a person with parental responsibility for the child.

10.5 Children have access to a phone. The location of the telephone(s) and arrangements for payment are convenient, private, and practical and accessible to children with disabilities if required. Arrangements regarding privacy and accessibility that differ from the above are agreed in Care Plans and understood by the children, especially as regards intercepting correspondence for safety reasons.

10.6 Staff is sensitive to gender issues especially when dealing with children of the opposite sex.

10.7 Where the Home accommodates children requiring staff help with intimate care or bodily functions or with lifting and handling, all staff involved have received appropriate training and are provided with clear and appropriate written guidelines on provision of such assistance, which are followed in practice. These guidelines cover boundaries to be observed (including provision of such care to children of the opposite sex), and the requirements for the child concerned, where practicable, to be enabled to express choices and to seek the child's consent regarding provision of their intimate care.

10.8 The Registered Director of the Home provides guidance, for staff and children, on when it may be necessary to search a child's possessions. They are searched only in

accordance with the guidance, and only on clear grounds, which are explained to the child concerned, and where failure to carry out the search would put at risk the welfare of the child or others. All such searches are documented showing the time and the date and the reason for the search, noting what if anything was found, who carried out the search and who was present at the time. These records should be signed by all those present.

## **STANDARD 11: Provision and Preparation of Meals for Healthy Children**

**RESULT:** Children enjoy healthy, nutritious meals that meet their dietary needs. They have opportunities to plan, shop for and prepare meals.

11.1 Children are provided with three meals and two snacks a day suitably prepared food and drink having regard to their needs and wishes, and have the opportunity to shop for and prepare their own meals. At least one staff per group of children should eat together and share the same food without distinction.

11.2 Meals are set up to be well-managed, orderly, hygienic, as well as social occasions. Food is eaten at tables and not on the floor. Chickens and other animals are not allowed in the eating area. Hand washing with running water and soap is observed and the tables are washed down with a bleach solution between meals.

11.3 Children are provided with food in adequate quantities, properly prepared, wholesome and nutritious, with regard to their cultural, ethnic and religious backgrounds and dietary needs and choices

11.4 The record of menus (as served) demonstrates provision of a nutritionist's intervention and a suitable and varied diet, with enough protein, fruit and vegetables.

11.5 Medical and psychological is sought if children consistently refuse to eat and for those who over eat or have other eating disorders.

11.6 Children are not routinely excluded from communal meals because of a disability or as a punishment.

11.7 Dining rooms and their furnishings are suitable for the numbers and needs of children and staff dining in them.

11.8 Children are able, with assistance where necessary, to prepare snacks and drinks for themselves at reasonable times. Children are not however, involved in more than 30 minutes of kitchen work per child, per day. Children are encouraged to set and clear the tables and wash their own bowls.

11.9 Staff and children involved in preparing food for others have received appropriate training and/or are appropriately supervised in safe food handling and hygiene.

11.10 Meals (with drinks) are provided at reasonable set mealtimes, and food is either provided or readily available to children when they miss a set mealtime.

11.11 Food is never be used as a bribe or to show preference. Food is not withheld as punishment.

11.12 Clean water is available at all times and to all age groups. Babies should be given water at appropriate intervals. Staff is aware of the very real danger of dehydration in Ghana's hot climate.

## **STANDARD 12: Provision and Preparation of Meals for Malnourished and Infant Children**

**RESULT:** Therapeutic feeding is available and knowledgeably administered to infants and malnourished children

12.1 Malnourished children and babies are provided with a special diet based on the doctor's recommendation.

12.2 These children are monitored for weight gain at least every 48 hours, and accurate records are kept of this and of quantities of food, medicine, protein food packs, ORS and drink consumed.

12.3 Children in critical condition are fed by staff who has been trained in the nutritional needs of the specific children in their care. Facilities exist for the hygiene related to bottle-feeding etc.

12.4 Children in critical condition are fed every 2-3 hours.

12.5 In the case of infants where the mother is alive, breastfeeding by the mother is always encouraged and supported and all facilities offered so that the mother and the child may remain together, and no options to breastfeeding are offered or promoted.

12.6 In the case where the infant's mother is not available to breast feed the infants are fed exclusively on formula as per WHO guidelines for preparation and quantities.

### **STANDARD 13: Personal appearance, clothing, requisites and pocket money**

**RESULT:** Children are encouraged and enabled to choose their own clothes and personal requisites and have these needs fully met.

13.1 Children's clothing and personal requisite needs are fully met.

13.2 Children are able to exercise choice in the clothes and personal requisites.

13.3 Cultural, racial, ethnic or religious expectations regarding the choice of clothes or personal requisites are supported and positively promoted.

13.4 Children are able to keep their clothing and personal requisites and toiletries for their own exclusive use, subject to risk assessments on particular items (e.g. aerosols and razors).

13.5 Young women have their own supply of sanitary protection and do not have to request it from a central stock.

13.6 Staff provides, where appropriate, advice to children on the use of toiletries, cosmetics and sanitary protection.

13.7 Suitable and acceptable clothing and personal requisites are chosen for any child who does not wish to, or is unable to, choose their own.

13.8 Children's money is held in safe keeping for them and children sign the records. They are encouraged to manage their own finances through help with budgeting and banking, and are given as much freedom as possible in making decisions about spending their own pocket money or earnings.

13.9 If personal allowances are given, then there is a policy, implemented in practice and known to the children, on allowances. The policy makes clear the purpose of different allowances, the arrangements for children receiving them, reasons why they may be

withheld, the monitoring of their use and how requests for special allowances should be made and decided upon.

## **STANDARD 14: Good Health and Well-being**

**RESULT:** Children live in a healthy environment and their health needs are identified and services are provided to meet them, and their good health is promoted.

14.1 The physical, emotional and health needs of each child are identified and appropriate action is taken to secure the medical, dental and other health services needed to meet them. Children are provided with guidance, advice and support on health and personal care issues appropriate to the needs and wishes of each child.

14.2 Each child has a clear written health plan (within their Care Plan) covering:

- Medical history
- Any specific medical or other health interventions which may be required
- Any necessary preventive measures
- Allergies or known adverse reactions to medication
- Dental health needs
- Any hearing needs
- Any optical needs
- Records of developmental checks
- Specific treatment therapies or remedial programmes needed in relation to physical, emotional or mental health
- Health monitoring required of staff
- The involvement of a child's parents or significant others in health issues

14.3 A written record is kept of all significant illnesses of, accidents by or injuries to children during their placement at the Home.

14.4 Each child is provided with guidance, advice and support, appropriate to the child's age, needs, culture and wishes, in relation to health and social issues including alcohol and illegal substance abuse, smoking, solvents, sex and relationship education, HIV infection, hepatitis and sexually transmitted diseases, and protecting oneself from prejudice, bullying and abuse, both within and outside the Home.

14.5 There is a policy and written guidance, implemented in practice, on promoting the health of children in the Home including:

- Immunisation and screening
- NHI registration
- Nutrition and diet
- Exercise and rest
- Personal hygiene
- Sexual health
- The effects of alcohol, smoking and other substances
- HIV/AIDS and other blood borne diseases
- Birth Certificate

14.6 Children are actively discouraged from smoking, alcohol, illegal substance or solvent abuse and under-age sexual activity. Children are given opportunities to discuss these issues openly and honestly with staff and their peers.

14.7 Children, subject to their age and understanding, can choose whether or not they are accompanied by a member of staff when being seen by a doctor, nurse or dentist, and, as far as is practicable, to see a doctor of either gender if they wish.

14.8 Children with particular health needs or a disability including physical or sensory impairment or learning disabilities are provided with appropriate support and help.

14.9 The Registered Director of the Home emphasises to staff the need to protect children's dignity at all times. The Registered Director of the Home ensures that any treatment which is prescribed or included in the child's Care Plan or (where applicable) care plan is implemented (within the capabilities of staff), taking the child's wishes into account.

14.10 Issues of personal hygiene are dealt with sensitively.

14.11 The needs of refugee children, asylum seekers and children from different racial and cultural backgrounds are understood by staff and specialist advice is sought when necessary.

## **STANDARD 15: Treatment and Administration of Medicines within the Home**

<p><b>RESULT:</b> Children's health needs are met and their welfare is safeguarded by the Home's policies and procedures for administering medicines and providing treatment.</p>
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15.1 First aid, minor illness treatment and administration of medication given at the Home (other than by a registered nurse, doctor or dentist) are given only by competent designated staff (e.g. by or under the supervision of a qualified first aider or, where the Home has one, a nurse).

15.2 A medical doctor should visit the Home every at least every month or when necessary to attend to the needs of the children.

15.3 A written record is kept by the Home of all medication, treatment and first aid given to children, giving name, date, time, medication/treatment (including dosage), reason for administration (if not prescribed), which is signed by the responsible member of staff and is daily monitored by an appropriate designated senior member of staff. A record is also kept of when and why prescribed medicines are not administered or are refused (and any frequent refusal is reported to the prescribing practitioner), when medication ceases and how and when medicines are disposed of.

15.4 When staff carry out skilled health tasks for children (e.g. catheter care, administration of oxygen, supporting physiotherapy programmes, management of prostheses), these are carried out only on the written authorisation of the prescribing doctor or responsible nurse in relation to the individual child concerned, and by staff authorised by the prescribing doctor or a nurse responsible for the tasks concerned. Records are kept of all such tasks carried out.

15.5 The Registered Director of the Home has obtained, and retains on file a care order or prior written permission from a person with parental responsibility for each child, for the administration of first aid and appropriate non-prescription medication.

15.6 Staff is trained in the use of first aid and first aid boxes are provided within the Home.

15.7 If a person is employed to work as a nurse at the Home, that staff member holds a current registration as a nurse, and the Registered Director of the Home has produced proof

on appointment that they are registered with the Nursing and Midwifery Association. The title of 'nurse' is not used for staff not so registered. If a person is employed as a nurse, that nurse should have access to a named senior nurse or doctor for professional guidance and consultation.

15.8 Children are given medication as prescribed for them; any refusal to take medication is recorded and, if frequent, reported to the prescribing practitioner.

15.9 Prescribed medication is only given to the child for whom it was prescribed, in accordance with the prescription or instructions from the pharmacy, and is not kept for general use for other people (children or staff) or added to 'stock' for such use. It should be safely destroyed when its prescribed use is over.

15.10 Children keeping and administering their own medication are assessed by staff as sufficiently responsible to do so, and are able to lock their medication somewhere not readily accessible to other children.

15.11 Medication, other than that kept by individual children keeping their own medication, is kept securely (e.g. in a locked cabinet whose key is not accessible to children), and there is a policy with written guidance, implemented in practice, for storing, disposing and administering medication.

15.12 The Registered Director of the Home has secured, and follows, qualified medical or nursing advice in a written protocol on the provision of non-prescription medicines to children.

## **STANDARD 16: Education**

**RESULT:** The education of children is actively promoted as valuable in itself and as part of their preparation for adulthood.

16.1 There is an education policy that shows how the Home intends to promote and support the educational attainment of children throughout the time they live there. This includes supporting the child by facilitating their prompt arrival at school with the necessary school equipment.

16.2 Each child's file contains a copy of their personal education plan setting out a record of their educational achievements, needs and aspirations. Other relevant documents are kept on file including any record of educational history and any statement of special educational needs. Staff is familiar with the educational histories and needs of the children in the Home.

16.3 Each child is given full access to educational facilities, at both school level and in further or higher education as appropriate, wherever feasible and in line with the child's age, aptitude, needs, interests and potential. Children should be encouraged to attend a school separate from the Home.

16.4 The personal education plan or Care Plan explicitly address:

- Education and whether the child's needs will be met by attending a particular educational establishment
- Any special educational needs and how they will be met
- The level of monitoring of a child's school attendance
- Parental/social worker involvement in the education of the child
- Dates of national examinations such as BECE, SSSCE, WASSCE, NVTI, IGCSE, and A levels, and all other examinations the child may intend taking
- Staff with responsibility for liaising with schools, careers service, job centre,

- Employment agencies and local employers as appropriate
- Arrangements for travelling to and from school

16.5 Children are provided with facilities that are conducive to study and to do Homework and are actively encouraged and supported in doing so – this includes provision of books, computers if feasible and library membership. Children are given help with Homework if they wish.

16.6 Children are not denied participation in extra-curricular activities because they are in care.

16.7 In the absence of a child's parents, staff of the Home attends parents' meetings and other school events, which are normally attended by the parents of other children at the school.

16.8 For children of compulsory school age who are not in school, the Registered Director of the Home has in place an educational programme during normal school hours; and works with the DSW to secure appropriate full-time educational provision.

## **STANDARD 17: Leisure and Activities**

**RESULT:** Children are able to pursue their particular interests, develop confidence in their skills and are supported and encouraged by staff to engage in leisure activities.

17.1 There are ample opportunities for children to participate in a range of appropriate leisure activities. The Registered Director of the Home allocates sufficient financial resources to fund leisure activities and trips.

17.2 Children are encouraged and given opportunities to take part in activities and leisure interests which take account of their race, culture, language, religion, interests, abilities and disabilities. Birthdays, name days, cultural and religious festivals are celebrated where appropriate, and children participate with staff in planning these events together. Support is available to enable children with disabilities to enjoy a range of activities within and outside the Home.

17.3 Leisure interests and areas in which a child has talents or abilities are considered within the child's Care Plan, and where applicable at care planning meetings and reviews. Consideration is given as to how they will be encouraged and financially supported.

17.4 There is a proper balance between free and controlled time in the structure of the day (taking into account the school day for those Homes that are schools). Activities reflect the choices of the children, and children are allowed to do nothing in particular at times.

17.5 Supervised and unsupervised activities take into account the safety of children at all times and where substantial or unusual hazards are involved, a recorded risk assessment is made. Any high-risk activity, provided for or arranged for the children, is supervised by persons holding the necessary qualifications.

17.6 Children are encouraged to meet staff regularly, at least weekly, individually or in groups, to discuss the general running of the Home, to plan activities and to make their views known. Children's views inform the choice of any individual and group holidays, trips and outings. Staff engages with children in talking about and doing things, and sharing their experiences.



17.7 Children have access to and a choice in the selection of suitable newspapers, books and magazines. Children have access to appropriate toys, music, books and games and other play material at the Home.

17.8 Consideration is given to individual circumstances of children in watching videos and television, and in using computer games and accessing the internet. Videos, games consoles and computer games may be watched/played only by children of the intended age range. No Home shall have any videos, DVDs, or games certified as suitable only for over the age of 18. Systems and policies are in place to safeguard children when computer networking or on the internet and also to prevent the Home from becoming dominated by use of the television and computers.

17.9 Trips out to events for enjoyment or interest are encouraged and/or organised by staff.

17.10 Children who wish to do so are helped to participate in the educational and leisure activities and facilities available to children and young people in the Home's locality.

17.11 Transport used by the Home is not marked in such a way as to distinguish it from an ordinary car or bus, unless it has been received by the Home as a charitable donation in which case it may carry the name of the donating charity. This does not prevent schools which are children's Homes from having the name of the school on the car or bus. The Registered Director of the Home checks that all vehicles used for transporting children, including cars belonging to members of staff, are taxed, insured for the purpose and well maintained. Homes accommodating children with disabilities must have vehicles appropriately adapted.

17.12 Children are encouraged and enabled to make and sustain friendships with children of their own age outside the Home. This may involve friends visiting the Home, and reciprocal arrangements to visit friends' Homes.

17.13 If possible Homes should be situated in villages and towns as opposed to cities in order to facilitate ties with the community. Children should participate actively in the life of their community and thus be better prepared to reintegrate with their own family or with the community.

17.14 Children should be divided into small groups for activities and excursions and activities should be organised with the local community such as small group excursions to weddings, church, market, hospital, office etc to give the children experience in day-to-day life.

## **STANDARD 18: Complaints and Protection / Complaints and Representation**

<p><b>RESULT:</b> Any complaint will be addressed without delay and the complainant is kept informed of progress.</p>
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18.1 Children know how and feel able to complain if they are unhappy with any aspect of living in the Home. Any complaint is addressed seriously and without delay. Any complaints will be fully responded to within a maximum of 28 days and children are kept informed of the progress.

18.2 Children, when appropriate their families, significant others and independent visitors, are provided with information on how to complain, including how they can secure access to an advocate. Where necessary, this access is to an advocate who is suitably skilled (e.g. in signing or in speaking the complainant's preferred language).

The Home's complaints procedure:

- Enables children, staff, family members and others involved with children of the Home outside the Home, to make both minor and major complaints
- Precludes any person who is the subject of a formal complaint from taking any responsibility for the consideration of or response to that complaint
- Expressly forbids any reprisals against children or others making a complaint
- Includes provision for both informal attempts, such as negotiation, arbitration and mediation, at resolving the complaint and for the child and any complainant
- To have the matter pursued further if not satisfied with the proposed informal resolution
- Provides appropriately for the handling of complaints against the manager of the Home
- Requires a written record to be made and kept of the person making the complaint, date of the complaint, nature of the complaint, action taken and outcome of the complaint
- Does not restrict the issues they may complain about
- Provides for relevant issues to be referred promptly to other procedures, including the local social services authority where child protection issues are involved
- Provides appropriately for the handling of any complaint made against the Registered Director of the Home of the Home
- Is accessible to children with disabilities in a suitable form
- Enables people other than the child to make complaints on behalf of the child, provided the child consents to this
- Provides for complainants to be kept informed about the progress of their complaints and to be provided with details of the outcome, in an accessible format, at the earliest opportunity

18.3 There is a procedure for handling external complaints, e.g. those from local shopkeepers, neighbours, the police, etc.

18.4 The Registered Director of the Home has provided the Home with a written policy and procedural guidelines on considering and responding to representations and complaints in accordance with legal requirements and relevant government guidance. The policy clearly includes the right and the means for all children placed by an authority to access the complaints procedure of their DSW, the right of children, parents, staff, others working in the Home, and placing authorities to make complaints to the DSW, and details of how they may contact DSW. The policy is provided in suitable summary or format(s) to children at the Home, their parents and placing authorities, and to all staff and others working at the Home (any of whom are provided with a copy of the full procedure on request).

18.5 All staff receives training in the complaints procedures covering the following areas:

- What constitutes a complaint
- What the procedure is for dealing with an informal complaint in the Home and
- How this is recorded
- To whom a complaint is made outside the Home
- The procedure to be followed should a complaint not be resolved promptly by informal means, including who should be notified and the keeping of records
- How the child can be assisted in making a complaint, including situations where the child has communication impairment

18.6 The Registered Director of the Home weekly reviews the records of complaints by children or concerning the welfare of children, to check satisfactory operation of the complaints procedure, and to identify both patterns of complaint and action taken on individual complaints. The Registered Director of the Home takes any appropriate action

from such a review in relation to the Home's policies and practices, as well as taking any necessary further follow up action in relation to individual cases.

## **STANDARD 19: Child Protection Procedures and Training**

**RESULT:** The welfare of children is promoted, children are protected from abuse and exploitation and an appropriate response is made to any allegation or suspicion of abuse.

19.1 There are systems in place to promote the safety and welfare of children and to ensure that children are protected from abuse, which are known and understood by all staff (including junior, ancillary, volunteer, and agency staff).

19.2 A copy of the local procedures is kept in the Home. The Registered Director of the Home ensures that staff understand and are knowledgeable about guidelines.

19.3 There are clear procedures which are known, understood and followed by all staff, for responding to allegations or suspicions of abuse, either by staff or by other children in the Home, or by others. They include:

- The requirement that staff or others working at the Home who receive an allegation of abuse, or who suspect abuse, should avoid asking leading questions or giving inappropriate guarantees of confidentiality as the information may need to be passed on
- The requirement to report to the police any evidence of children becoming involved in prostitution, or of unauthorised persons picking children up, contacting children in the Home, or observed trying to make contact with children outside the Home
- Instructions for staff on action to be taken if an allegation or suspicion of abuse becomes known to them involving the Registered Director of the Home or the person at the time in day-to-day charge of the Home.

19.4 The child protection procedures are consistent with the relevant local policies and procedures.

19.5 There is written guidance for staff which makes clear the ways in which the Registered Director of the Home will ensure that members of staff subject to allegations against them will have access to information and support whilst an investigation ensues.

19.6 Procedural guidance for staff clearly demonstrates the systems required in order to protect children and minimise the risk of abuse while the child is living in the Home. This includes:

- Making a full assessment of children's histories and any experience of abuse
- Observing contacts between children
- Supervision of children
- Supervision and support of staff
- Recognition of possible involvement of children in prostitution
- Confidentiality
- Monitor physical contact between staff and children
- Monitor one to one time alone by staff with children
- Monitor intimate care and invasive procedures
- Monitor administering medication

19.7 The Registered Director of the Home ensures the provision of training for all staff, including ancillary staff, agency staff and volunteers, in the prevention of abuse, recognition

of abuse (including its recognition in non-verbal children), dealing with disclosures or suspicions of abuse, and the Home's child protection procedures. This training is included in induction programmes for new staff, including temporary or agency staff, and is ongoing for the staff group in keeping with the aims and objectives of the Home.

19.8 The Registered Director of the Home and staff have routine links with other agencies concerned with child protection e.g. the DSW, schools, hospitals, general practitioners, etc., and do not work in isolation from them.

19.9 The Registered Director of the Home follows any local protocols on prevention and investigation of child prostitution.

19.10 No child is engaged in work that negatively affects his or her physical, mental, emotional or moral wellbeing.

## **STANDARD 20: Countering Bullying**

**RESULT:** Children are protected from bullying and verbal abuse.

20.1 The Registered Director of the Home and the staff create an atmosphere where bullying is known to be unacceptable. There is a policy on countering bullying, which is known to children and staff and is effective in practice.

20.2 The Registered Director of the Home has a policy on countering bullying, which includes:

- A definition of bullying, which is reviewed frequently with staff and children, and which includes bullying by staff and bullying that may occur elsewhere than in the Home and which covers different types of bullying, e.g. on the grounds of ethnicity, gender, disability or sexual orientation, and which includes name-calling
- Measures to prevent bullying and to respond to observed or reported bullying
- Training for staff in awareness of, and effective strategies to counter, bullying.

20.3 This policy is available and known to both staff and children, including junior, agency and recently appointed staff. The policy is implemented, and monitored for effectiveness in practice. Steps are taken to ensure that the policy is revised where necessary to ensure that staff reduce and respond to bullying effectively.

20.4 Children who are bullied are supported to report without fear of repercussions and children who may bully others are given suitable guidance.

20.5 The Registered Director of the Home regularly carries out recorded risk assessments of the times, places and circumstances in which the risk of bullying (including bullying amounting to abuse by other children) is greatest, and takes action where feasible to reduce or counteract the risk of bullying.

## **STANDARD 21: Absence of a Child without Authority**

**RESULT:** Children who are absent without authority are protected in accordance with written guidance and responded to positively on return.

21.1 Children who are absent from the Home without consent are protected in line with the Home's written policy and guidance.

21.2 The written procedures of the Home identifying action to be taken when a child is absent without authority cover the following areas:

- Searching for any child missing or believed to have run away from the Home
- Reporting missing children to the police, to the child's DSW and to others (including parents), subject to consultation with the DSW (this will include risk assessment of the likely danger to the child)
- Action to obtain information about the whereabouts of a missing child and to try to ensure the safety and welfare of that child
- The collection and return of missing children when found
- Action to be taken on the child's return
- Allowing for any individual arrangements based on the needs of the child as agreed in his/her Care Plan

21.3 The procedure specifically addresses action to be taken in the event of the absence of a child looked after in taking into account different legal statuses (e.g. voluntarily accommodated or as a care order).

21.4 On return to the Home, the child is seen if possible by his/her social worker or a person independent of the Home to consider the reasons for the absence without authority. Where this is not possible, the reasons are recorded and agreed with the DSW. Any reasons given for being absent are considered in relation to how the child is cared for and the child's Care Plan and (where applicable) the DSW care plan.

21.5 Any report from a child that s/he went missing because of abuse at the Home is referred immediately to the local DSW for consideration, and appropriate action is taken to protect the child concerned and other children as necessary.

21.6 Written records are made of the circumstances of all incidents of absconding, all action taken by staff, the circumstances of the child's return, any reasons given by the child for absconding, and any action taken in the light of those reasons.

21.7 All staff are aware of, and do not exceed, the measures they can take to prevent a child leaving without permission under current legislation and government guidance.

21.8 When a child is considered likely to go missing, the Registered Director of the Home has agreed procedures to monitor the child and to specify how the child may be prevented from leaving the Home. Procedures may include physical modification to the premises, behavioural and/or therapeutic approaches to change the child's behaviour, or agreed physical restraint.

21.9 The Registered Director of the Home maintains regular contact with schools attended by children in order to monitor attendance. Where children are thought to be especially vulnerable or prone to frequent absences during the school day, this involves daily contact with the school. Where there is continued absence from school, or a worrying pattern of absence, the Registered Director of the Home initiates both a review of the Care Plan and of the relevant current care practice of the Home.

## **STANDARD 22: Notification of Significant Events**

**RESULT:** All significant events relating to the protection of children accommodated in the Home are notified by the Registered Director of the Home of the Home to the appropriate authorities.

22.1 The Registered Director of the Home has a system in place to notify within 24 hours the persons and appropriate authorities of the occurrence of significant events.

22.2 The Registered Director of the Home ensures the notification to the parents of the child concerned of any other significant incident affecting their child's welfare, unless such a notification is either not reasonably practicable, or would be likely to place the child's welfare at risk.

22.3 A written record is kept which includes details of the action taken, and the RESULT of any action or investigation following notifiable events.

22.4 The Registered Director of the Home has a system for notification to the placing authorities of any serious concerns about the emotional or mental health of a child such that a mental health assessment would be requested under the Mental Health Act.

22.5 The Registered Director of the Home of the Home requests a meeting involving the DSW and others involved in the child's protection or care plan to discuss proposed action following any incident or any initial steps taken to deal with any emergency. When a meeting is not held, this is with the agreement of the DSW.

### **STANDARD 23: Relationship with Children**

**RESULT:** Children enjoy sound relationships with staff based on honesty and mutual respect.

23.1 Relationships between staff and children are based on mutual respect and understanding, clear professional and personal boundaries which are effective for the individuals and the group.

23.2 Staff employed at the Home is able to set and maintain safe, consistent and understandable boundaries for the children in relation to acceptable behaviour.

23.3 Expectations of behaviour for both staff and children are clearly understood and negotiated by those living and working at the Home, including exercising appropriate control over children in the interests of their own welfare and the protection of others.

23.4 In day-to-day decision making, staff demonstrates an appropriate balance between:

- Each child's wishes and preferences
- The needs of individual children
- The needs of the group of children resident at the time
- The protection of others (including the public) from harm

23.5 All staff receives training in positive care and control of children. Communication between staff and children are generally positive with disagreements between staff and children dealt with reasonably.

23.6 Children in the Home are looked after without favouritism or antipathy towards any individual or group within the Home.

23.7 Recognizing the need for the creation of attachment, the deployment of staff in the Home facilitates continuity of staff providing care to individual children. Where children require personal care, their choice of which staff provides that care is respected.

### **STANDARD 24: Care and Control / Behaviour Management**

**RESULT:** Children are assisted to develop socially acceptable behaviour through encouragement of acceptable behaviour and constructive staff response to inappropriate behaviour. Corporal punishment and humiliating treatment (including verbal abuse) is strictly prohibited.

24.1 Staff responds positively to acceptable behaviour, and where the behaviour of children is regarded as unacceptable by staff, it is responded to by constructive, acceptable and known disciplinary measures approved by the Registered Director of the Home.

24.2 The Registered Director of the Home has a clear written policy, procedures and guidance for staff based on a code of conduct. When setting out the control, disciplinary and restraint measures are permitted in order to reinforce positive messages to children for the achievement of acceptable behaviour.

24.3 Measures of control and disciplinary actions are based on establishing positive relationships with children. Such measures are fair and consistently applied. They also encourage reparation, restitution and reduce the likelihood of negative behaviour becoming the focus of attention and subsequent disruption to the placement.

24.4 The consequences of unacceptable behaviour are clear to staff and children and any measures applied are relevant to the incident, reasonable and carried out as soon as possible.

24.5 Any measures taken to respond to unacceptable behaviour are appropriate to the age, understanding and individual needs of the child. For example, staff will take into account that unacceptable or challenging behaviour may be the result of illness, bullying, past abuse, certain disabilities such as autism, or communication difficulties.

24.6 Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property. Restraint is not used as a punishment, as a means to enforce compliance with instructions, or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property.

24.7 The Registered Director of the Home's policy on the use and techniques of physical restraint and other forms of physical intervention, and the circumstances in which they may be used, is consistent with any relevant government guidance on approved methods of restraint and physical intervention. All staff of the Home is aware of, trained in, and follows in practice the Home's policy. The objective is to reduce or avoid the need to use physical restraint. All staff has signed a copy of the policy and evidence of this is retained on their personnel file.

24.8 A record of the use of disciplinary action on a child by an adult adheres to the following guidelines:

- Kept in a separate designated bound and numbered book
- Includes the name of the child, the date, time and location
- Details of the behaviour requiring use of restraint,
- States the nature of the restraint used, the duration of the restraint, the name of the staff member(s) using restraint, the name(s) of any other staff, children or other people present
- The effectiveness and any consequences of the restraint
- Any injuries caused to or reported by the child or any other person
- Signature of a person authorised by the Registered Director of the Home
- A similar and separate record of any sanctions will also be kept in the same way

24.9 The Registered Director of the Home will monitor the record books weekly to monitor compliance with the Home's policy, procedure and guidance and to identify any patterns in incidents leading to disciplinary or restraint action becoming necessary. The monitoring will also address the implications for the care of individual children and current care practice. The Registered Director of the Home records any comment on the appropriateness of individual uses of sanctions or use of restraint, together with any subsequent action taken, and signs against each entry to confirm the monitoring has taken place.

24.10 Measures of control, discipline and restraint used by the Home are made clear to the DSW, child, parent/s or carers before or, in an emergency placement, at the time the child is to move into the Home.

24.11 Children are encouraged to develop a proper awareness of their rights and responsibilities. Staff and children alike are clear that each individual has rights and responsibilities in relation to those who live in the Home, those who work there and people in the community. Where there has been physical intervention, the child will have the right to be examined by a registered nurse or medical practitioner within 24 hours.

24.12 All children are given an opportunity to discuss incidents and unsafe behaviour in an effort to express their views either individually or in a regular forum or house meeting. When disciplinary measures or restraints are used, children are encouraged to write or have their views recorded and sign their names against them if possible in the records kept by the Home.

24.13 Unless the Registered Director of the Home can demonstrate that this is not appropriate, the Home has procedures and guidance on police involvement in the Home, which have been agreed with the local police and which staff is knowledgeable and clear about.

24.14 Staff meetings address issues of control and agree on acceptable means of responding to behaviour and control problems of both the current group of children and of individual children in the light of their histories.

## **STANDARD 25: Environment / Location, Design and Size of the Home**

**RESULT:** Children live in well-designed and pleasant Homes providing sufficient space to meet their needs and that maintain appropriate links with the local community.

25.1 The Home's location, design and size are in keeping with its purpose and function. It serves the needs of the children it accommodates, and provides an environment that is supportive to each child's development and that promote positive links between the children and the community.

25.2 The Home is situated in a location, which takes into account the local community, transport, education, health, leisure and employment facilities.

25.3 Where the Home accommodates children with disabilities, suitable aids and adaptations and any special furniture or equipment required are provided to enable them to live as normal a life as possible. Particular attention is paid to the following:

- Accommodation ensures that children with disabilities have necessary access to all parts of the building to which other children have access.
- Handrails and other mobility aids are appropriately sited.
- Lifts and stairs are adapted and safe for all users.
- If children have visual impairments, colours and lighting are chosen to offset the loss of vision.



- If children have hearing impairments, an induction loop system, necessary telephone and television adaptations and noise insulation are provided.
- Safe storage of equipment and wheelchairs.
- A Home shall be housed on the ground floor of a building unless otherwise approved by the Department of Social Welfare. If the Home is not located on the ground floor of the building, it must have bars on the windows.
- The location of the Home shall be away from public toilets, rubbish dumps, main roads and anything that may pose a health or safety hazard to the occupants.

25.4 Where a Home accommodates children with disabilities an occupational therapist has assessed the premises and their recommendations have been adhered to, and the buildings respect the standards set out in the Disabilities Act.

25.5 Physical restrictions on normal movement within the Home (e.g. stair gates or high handles on doors) are used only in relation to a child where the restriction has been agreed within their Care Plan and are used only where necessary satisfactorily to safeguard and promote that child's welfare. Such restrictions for one child do not impose similar restrictions on other children.

25.6 There are no outstanding requirements or recommendations (other than any being implemented within the timescale recommended by the relevant authority) relating to the Home from any of the following bodies:

- Planning Authority (district or traditional, regional or metropolitan)
- Building control authority
- Fire service
- Environmental Health Authority

25.7 The design, layout and use of the accommodation are such that children's individual care and privacy are not compromised:

- A minimum floor area of 9m<sup>2</sup> for every three (3) children aged from birth to six (6) months.
- A minimum floor area of 13m<sup>2</sup> for every six (6) children aged six (6) months to three and a half (3½) years.
- A minimum floor area of 20,5 m<sup>2</sup> for every eight (8) children aged three to eighteen (3-18) years.
- Children's Homes should be small structures serving at the maximum 30 people.
- Girls and boys sleep in separate rooms when they are over the age of 6.

25.8 The Home's premises are not used for functions unrelated to the Home which compromise or have an adverse effect on the care of children in the Home especially guest houses, restaurants, bars, shops, churches or other hospitality services unless they are securely fenced off and completely inaccessible to children; equally access to the area used by the children is forbidden to clients.

25.9 Effective precautions, acceptable to children and staff, are taken to ensure the security of the Home from access by unauthorised persons, without compromising or having an adverse effect on the care of children in the Home.

## **STANDARD 26: Accommodation**

**RESULT:** Children are provided with homely accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.

26.1 The Home provides adequate, good quality, domestic style facilities for those living on the premises consistent with the purpose and function of the Home, and is maintained in good order throughout.

26.2 The Home is decorated and furnished to a standard, which creates a pleasant domestic environment, appropriate to the number, gender mix, disability, age, culture and ethnic background of the children being accommodated.

26.3 The interior and exterior of the Home are maintained in a good state of structural and decorative repair. There is a satisfactory maintenance and repair programme for the building, furniture and equipment, and any damage is repaired promptly. Gardens and/or hard play areas are well maintained and safe. The Home is kept clean.

26.4 There is a distinction between private and community-shared space in the Home. Where a school is a Children's Home, there is a clear separation between residential units and non-residential school buildings.

26.5 Each child has their own area in a bedroom, of a suitable size, with a suitable bed and bedding, mosquito net, seating, storage for clothes, safe storage for personal possessions, a window with curtains (or other window covering), lighting sufficient to read by. Any request by a child to change bedrooms is given urgent consideration and agreed if feasible.

26.6 The Registered Director of the Home takes into account the potential for abusive behaviour from child on child before agreeing to the sharing of bedrooms.

26.7 Where needed by children, the Home provides sufficient and appropriate equipment such as lifts, hoists and wheelchairs, and such equipment is regularly serviced. Rooms used to accommodate children with disabilities must, if relevant, have sufficient space for the easy manoeuvrability of wheelchairs and specialised equipment such as hoists.

26.8 The Home has no swing doors.

26.9 The floor in a Home is bare concrete and levelled, washable, damp resistant with a non-slip surface.

26.10 Every Home has designated areas for activities such as recreation and shall have specified storage areas.

26.11 The drains in the Home are covered.

26.12 Children are able and encouraged to personalise their bedrooms.

26.13 One or more telephones are provided for the exclusive use of children in the Home in private. These offer acceptable levels of privacy for personal calls, and are maintained in working order. Any damage or breakdown will be promptly repaired. Children with disabilities are enabled to use the telephone in private as far as is possible.

26.14 Facilities for children to study at the Home are quiet, have sufficient seating and desk/table space, are adequately lit, have adequate storage for books and study materials, and are available when needed for study purposes.

26.15 There are facilities for children to pursue personal hobbies at the Home, with sufficient and secure storage for safekeeping of materials.

26.16 Children are given opportunities to have a say in the general décor, furnishings and upkeep of the Home if they wish.

26.17 There are rooms in which children can meet privately with visitors and space for private activities, play and recreation which do not affect other children's routine.

26.18 Staff sleep-in rooms are not part of the communal living area, and are located close to children's bedrooms to respond to children's nighttime needs. Where more than one staff member sleeps in on the same night, there are separate sleeping-in rooms.

26.19 There is an adequate number of chamber pots are provided for the number of young children in the Home.

## **STANDARD 27: Bathrooms and Washing Facilities**

**RESULT:** Children's privacy is respected when washing.

27.1 Baths, showers and toilets are of a number and standard to meet the needs of the children.

27.2 There is at least one toilet for every six children over the age of 6 with nearby hand washing with running water and drying provision. A toilet that is in a bathroom or shower room is not the only toilet in a Home.

27.3 Subject to standard 27.9, both baths and showers are available for children's use, and there is a minimum of one shower for every five children accommodated. There is an adequate source of clean water and a towel for each child.

27.4 Bathrooms, showers and toilets are sited and designed to take account of the children's needs for privacy, dignity, safety and any disability Showers, which are not in individual rooms, are provided in individual cubicles and are curtained for personal privacy.

27.5 Bathrooms and toilets are accessible to children with disabilities in accordance with the Home's Statement of Purpose. Children with disabilities requiring personal assistance have it provided in a manner that maximises privacy and dignity.

27.6 Staff (not children) are able to open the doors to bathrooms, showers and toilets from the outside in case of emergency.

27.7 In Homes accommodating more than 5 children, staff use separate toilet, bathroom or shower facilities from those used by children. In Homes accommodating 5 or fewer children, staff may use the same facilities as the children, but there is a clear understanding that they may not use them when children are present.

27.8 Hot water is accessible to children under 8 and in instances of children with sickle cell.

27.9 The above standards apply to schools which are Children's Homes except that: in boys' residential units, urinals may be provided of no more than two thirds of the required number of toilets.

## **STANDARD 28: Health, Safety and Security**

**RESULT:** Children live in Homes that provide physical safety and security.

28.1 Positive steps are taken to keep children, staff and visitors safe from risk from fire and other hazards.

28.2 Risk assessments are carried out, recorded in writing and reviewed every three months. They include identifying hazards, estimating level of risk to health, safety or welfare, and identifying action to be taken both to reduce risks to an acceptable level and to avoid unnecessary risks. Such risk assessments are carried out in relation to the Home's premises and grounds, children's known and likely activities (both permitted and illicit), the potential for bullying and abuse within or outside the Home, and where applicable the impact of emergency admissions to the Home for both the admitted child and the existing child group.

28.3 The Registered Director of the Home reviews on a monthly basis the implementation and effectiveness of action identified as a result of risk assessments carried out.

28.4 The Registered Director of the Home has planned responses to a range of foreseeable crises (e.g. outbreaks of illness, fires, serious allegations or complaints, significant accidents, staff shortages, and control problems within or outside the Home), and any major incidents or crises since the last inspection have been satisfactorily managed. Gas installations are inspected at least annually. Electrical installations and equipment are checked at least every three years. Boilers are maintained annually. The local Environmental Health Service has assessed the food storage and preparation provision of the Home and any recommendations are implemented within the timescale advised.

28.5 Children and staff know the emergency evacuation procedures for the Home, including those for use at night, in case of fire.

28.6 The Registered Director of the Home implements the requirements of the local Fire Authority, to the timescales agreed. Subject to any local arrangements agreed: at least four fire drills, including evacuation of staff and children from the building. Fire drills held at night, take place in a 12 month period and are recorded. There are regular testings of emergency lighting, fire alarms and fire fighting equipment in an effort to identify any deficiencies. In the case of malfunction, fire safety officer is notified and action is taken in order to remedy the any deficiencies. The local Fire Authority has been consulted about fire precaution measures, and is consulted further whenever any significant extension, change of use or alteration is made to the premises.

28.7 The Registered Director of the Home ensures that the Home has current insurance. Certificates of insurance specify the name and address of a particular Home.

28.8 The location and design of car access and parking areas at the Home minimise risk to children from vehicle movements.

## **STANDARD 29: Staffing / Vetting of Staff and Visitors**

**RESULT:** There is careful selection and vetting of all staff and volunteers working with children in the Home and there is monitoring of visitors to prevent children being exposed to potential abusers. Exception is made for families, who are encouraged to visit the children, unless prohibited by court order.

29.1 There is a written record of the recruitment process, which is adhered to by all staff and volunteers who work with children in the Home.

29.2 The Registered Director of the Home's system for recruiting staff and volunteers who work with children in the Home includes an effective system to decide on appointment, or refusal of appointment, of staff or others likely to have regular contact with children at the Home, in the light of any criminal convictions or other concerns about suitability that are declared or discovered through the recruitment process. A past including murder, manslaughter, rape, violence or abuse disqualifies a person from running or being on staff, working as a volunteer or being residential in the capacity of a spouse of one of the above in a Home.

29.3 The Registered Director of the Home ensures that any staff provided through an agency who works with the children in the Home has successfully passed the checks that are required for working in a Children's Home. (Health screening, criminal record) There must be evidence of this, which is placed on their file. The check will be at enhanced level for staff and volunteers involved in regularly caring for, supervising, training or being in sole charge of children, and at the 'standard' level for all others working as paid staff or volunteers on the premises of the Home or school.

29.4 Staff members and others subject to the above checks do not normally start work at the Home until all the checks required are completed. In every case the appropriate check via the Criminal Investigation Department must have been completed before the person starts work.

29.5 The Registered Director of the Home has taken reasonable steps to ensure that where children are driven in taxis arranged by the Home, they are either accompanied by staff or other arrangements have been made to ensure that their welfare is safeguarded on the journey.

29.6 The Registered Director of the Home provides information about the purpose of the Home, consistent with its Statement of Purpose, to all applicants for all posts in the Home.

29.7 Wherever practicable, short-listed applicants for appointment to any post in the Home are invited for a visit to the Home and to meet staff and children (subject to the children's agreement) prior to the decision on appointment being made, and observations sought from staff and children, which are taken into account in the appointment decision. In such circumstances, candidates are not given unsupervised access to children.

29.8 Any employment references provided by the Registered Director of the Home on any existing or past staff member for work with children clearly if there are any concerns regarding the suitability of the person to work with children. If so a detailed explanation is provided.

29.9 Adults living in households on the premises of the Home who are not members of staff of the Home are checked through the CID at the 'standard' level of checking.

29.10 Any visitor to the Home who has not been satisfactorily checked, either through the police or through the CID, is not allowed unsupervised access to the children.

29.11 There is a clear policy, with procedures, implemented in practice, for monitoring visitors. There is a system in place to record all visits made to the Home. Staff takes responsibility for the monitoring and management of such visitors, in consultation with children, in the interests of the safety and welfare of all resident children. Children are given clear written and verbal guidance on the arrangements for receiving their own visitors to the Home. Visiting parents and relatives are not given unsupervised access to other children in the Home.

29.12 Donors, visitors and volunteers should be non-invasive; photography should not be permitted without approval.

29.13 Staff and volunteers who are not a married couple are not allowed on the premises.

## **STANDARD 30: Staff Support**

<p><b>RESULT:</b> Children are looked after by staff that are supportive in safeguarding and promoting the children's welfare.</p>
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30.1 All staff, including domestic staff and the Registered Director of the Home, are properly managed, supported and understand to whom they are accountable. The Home should be

run in a “family” structure, where the children are divided into small groups to which one key worker is assigned.

30.2 All staff and others working in the Home (including temporary, contracted, seconded and ancillary staff) receive at least one and a half hours of one to one supervision from a senior member of staff each month. New staff receives one to one supervision at least fortnightly during the first 6 months of their employment. Agency staff and those employed infrequently to cover staff absences must receive one to one supervision no less frequently than after each 8 shifts worked in the Home. Records are kept of agreed action following all supervision meetings.

30.3 A written record is kept in the Home detailing the time and date and length of each supervision held for each member of staff, including the Registered Director of the Home. The record is signed by the supervisor and the member of staff at the end of the supervision and is available for inspection.

30.4 Supervision of staff working with children addresses the following issues:

- Responses to and methods of working with children
- Work with any child for whom the staff member is key worker
- The staff member’s role, including their accountability, in fulfilling the Home’s Statement of Purpose
- The staff member’s work in fulfilling the Care Plan for individual children
- Degree of personal involvement, feelings, concerns and stress
- Staff development and training, including literacy training
- Feedback on performance
- Guidance on current and new tasks, including the setting and maintenance of standards
- Personal issues that may hinder the member of staff’s ability to carry out their duties effectively

30.5 Suitable arrangements exist for professional supervision of the Registered Director of the Home of the Home by DSW.

30.6 All staff, including the Registered Director of the Home, has received written job descriptions and person specifications related to the Home’s current Statement of Purpose which state clearly their responsibilities, the duties currently expected of them and their line of accountability. Job descriptions are subject to periodic review.

30.7 All staff have their performance individually and formally appraised at least annually by their direct supervisor (for teachers, this will normally be part of performance management and is not a separate process). The employee’s personal file contains a record of the appraisal showing the level of performance achieved, targets for the coming year, and the agreed training needs to be met within the following year as part of the individual’s personal development plan.

30.8 Staff is provided with written guidance on the Home’s procedures and practice. This is kept up to date, is accessible, and where applicable is available on the policy areas detailed in Appendix 1. Staff is informed of the Home’s complaints procedure.

30.9 Staff of the Home has access to sources of advice and counselling.

30.10 Staff meetings occur at least weekly, and include discussion of both the Home’s work in caring for individual children and the management of the current child group, together with review of the Home’s practices. Meetings have an agenda and minutes will be written.

30.11 Staff should be allowed to bring their own children to work and , if they are residential. offered their own family style residence on site.

## **STANDARD 31: Adequacy of Staffing**

**RESULT:** Children receive the care and services they need from competent staff.

31.1 The overall competence of staff, both as a staff group and on individual shifts, is satisfactory in relation to the fulfilment of the Home's Statement of Purpose, Care Plans, needs (including any nursing needs) of individual children in the Home, the number and mix of children in the Home, and any particular difficulties being experienced by the Home.

31.2 There are clear arrangements for staff to deputise in the Registered Director of the Home's absence, and the deputy to the Registered Director of the Home of the Home has at least one year's relevant supervisory experience.

31.3 Staff members who are placed in charge of the Home and other staff at particular times (e.g. as leaders of staff shifts) have substantial relevant experience of working in the Home, are not themselves temporary staff, and have successfully completed their induction and probationary periods.

31.4 All members of care staff are at least 18 years old, and staff that are given sole responsibility for children or a management role are at least 21 years old. Within these requirements, no person works in a Children's Home unless they are at least 4 years older than the oldest child accommodated.

31.5 From 2011, a minimum ratio of 80% of all care staff has completed their qualifications as caregivers, designed as part of the Care Reform Initiative.

31.6 Staff rotas have time scheduled to ensure that handover sessions, spending time with individual children, completion of records, planning and carrying out of care programmes occur without compromising overall care of children.

31.7 Children are not given responsibility over other children in the Home, nor given responsibilities to compensate for any lack of staff in the Home. Children who are given responsibility for specific tasks in the Home are sufficiently supervised by staff to ensure that they fulfil their roles appropriately, without abuse of the role (e.g. to bully others).

31.8 The Registered Director of the Home has in place a staff disciplinary procedure which is clear that a member of staff may be sent Home, as a neutral act, pending consideration of, or completion of an investigation of, any suspicion or allegation of abuse or serious concern relating to the safety or welfare of children. The procedure clearly separates staff disciplinary processes from child protection enquiries and criminal proceedings, and is known by staff.

## **STANDARD 32: Staffing Arrangements**

**RESULT:** Staff are sufficient in number, experience and qualification to meet the needs of the children.

32.1 The Home is staffed at all times of the day and night. Records of staff actually working in the Home demonstrate achievement of this staffing level.

32.2 The Registered Director of the Home's staffing policy ensures that the staffing is adequate to meet the Home's Statement of Purpose. The Home's staffing is sufficient in practice to meet the needs of the children accommodated. The staffing policy is set out in the Statement of Purpose and states:

- The number of care staff required to be on duty by day (which may include different required numbers for different circumstances)
- The number of care staff required to be on duty by night, and whether they are required to be waking or sleeping in
- The number of ancillary staff required to be on duty in addition to care staff at defined times of day or night
- The agreed start and finishing times for night staffing
- The arrangements for managing the staff on duty group by day and night
- The minimum number of staff to be present in the building during the day
- The arrangements for calling senior staff support if required

32.3 The Registered Director of the Home makes every effort to achieve continuity of staffing such that children's attachments are not overly disrupted. No more than half the staff on duty at any one time by day or night at the Home is to be from an external agency, and no member of staff from an external agency is to be alone on duty at night in the Home.

32.4 The Registered Director of the Home increases the number of staff looking after children above the minimum required by the Statement of Purpose where children's needs, the number of children, or other circumstances require this in order to safeguard and promote the welfare of each individual child.

32.5 Where only one member of staff is on duty at any time, a risk assessment has been carried out and recorded in writing, identifying any likely risks to children, staff and members of the public, and this has demonstrated that there is no unacceptable level of risk from such an arrangement.

32.6 Children always have a member of staff responsible for them. They know who that member of staff is, and how to contact them. There is at least one member of staff responsible for each identifiable group of children, within or outside the Home, with the means to call for immediate back up from at least one other member of staff if necessary.

32.7 Staffing arrangements for staff sickness and absence enable the Home's staffing policy (as detailed in the Statement of Purpose) to be maintained.

32.8 The staff group in day to day contact with children has to include staff of the same sex as the child and includes staff of both genders whenever possible. Where the Home's Statement of Purpose makes it explicit that the Home uses staff of one gender only, clear guidance is provided and implemented on how children are enabled to maintain relationships with members of the opposite gender to the staff group. Staffing arrangements also take into consideration children's ethnic and cultural backgrounds and any disabilities they may have.

32.9 Staff knows which children and adults are sleeping in the house each night.

### **STANDARD 33: Competency of Staffing**

**RESULT:** Children are looked after by staff that are trained and competent to meet their needs.

33.1 Staff receives a care givers course, and other training and development opportunities that equip them with the skills required to meet the needs of the children and the purpose of the Home which should also be include training in the rights of the child.

33.2 The Registered Director of the Home has an introduction training programme for all newly appointed care and ancillary staff (including any agency, temporary, volunteer, and



student staff), which includes guidance on child protection. New staff is supervised, and clear about accountability and reporting lines, and procedures to be followed in relation to emergencies, health and safety, child protection and notification of incidents.

33.3 An introduction to child protection procedures, fire training, medical procedures and recording is provided for all staff before they start work in a Home. All care staff receives full introduction within six weeks of joining the Home, and their caregivers course within six months of joining the Home.

33.4 All childcare staff has a personal development plan and receive at least 6 paid days of training per year. They have, where appropriate, access to continuing and post qualifying training in childcare. A written record of all training for all staff is maintained in the Home.

33.5 Where staff members do not already have the necessary skills, they have been provided with access to programmes of training available which address the issues detailed in Appendix 2.

33.6 Alcohol and cigarettes are not allowed on the premises of the Home. Staff does not smoke or drink alcohol with or in the presence of children accommodated in the Home or while on duty. Under no circumstances does a member of staff use any illegal drug or other substance in the Home nor does a member of staff take any such substance into the Home. In Homes accommodating children with disabilities who need to be lifted or handled, staff are trained in lifting and handling techniques.

#### **STANDARD 34: Management and administration / Monitoring by the DSW and the Registered Director of the Home**

**RESULT:** The district DSW social worker monitors the welfare of the children in the Home.

34.1 Where the district DSW social worker does not manage the Home on a day-to day basis, they must visit the Home at least once a month in accordance with the regulations. After the visit, and within 2 weeks, they should complete a written report on the conduct of the Home. A copy of the report is sent to Social Welfare and a copy is lodged in the Home for the manager and staff to read and respond to.

34.2 A logbook, donation book, medical book, financial records, and annual report are kept correctly and available for easy reference.

34.3 Visits by the DSW district Social Worker are generally carried out unannounced. They include checks on the Home's donation book,, records of complaints, disciplinary measures and use of restraint, assessment of the physical condition of the building, furniture and equipment of the Home, and provide an opportunity for any child or member of staff who wishes to meet the social worker (in private if they wish). Announced visits may be made if the Registered Director of the Home wishes to meet particular people for whom warning of the visit is required.

34.4 Any person who obstructs or hinders DSW representatives from conducting an inspection shall be sanctioned.

#### **STANDARD 35: Monitoring of the Operation of the Home**

**RESULT:** The care of children accommodated in the Home is monitored and continually adapted in the light of information about how it is operating.

35.1 There are systems in place for DSW to monitor the performance of the Home against its Statement of Purpose, and for regular reviewing of the Statement, and the registered provider ensures that performance is monitored in accordance with regulations. The Registered Director of the Home monitors and signs the Home's records at least once a month, to identify any patterns or issues requiring action. She/he takes action to improve or adjust provisions where necessary.

35.2 Action is taken if necessary in relation to any concentration, trend or pattern in recorded issues or events to improve the safeguarding and promotion of the welfare of children and the quality of care in the Home.

35.3 The Registered Director of the Home considers the reasons for any high incidence of police involvement with children from the Home, high proportion of children not at school or suspended or excluded from school, complaints from third parties or high staff turnover. Any consequential action necessary is carried out by DSW.

35.4 The Registered Director of the Home can demonstrate that the Home is operating in accordance with its Statement of Purpose, that the range of needs to be met under the Statement of Purpose is not excessive in the light of the Home's current functioning, and that the Home only admits children whose assessed needs can be met within the purpose of the Home.

35.5 The Registered Director of the Home has a written development plan, reviewed annually, for the future of the Home, either identifying any planned changes in the operation or resources of the Home, or confirming the continuation of the Home's current operation and resourcing.

35.6 Copies of DSW inspection reports are prominently displayed within the Home and made available by the Registered Director of the Home to all members of staff, to children resident at the Home, to parents, and on request to placing authorities of existing children or considering placing a child.

35.7 Action is taken by the Registered Director of the Home on recommendations or issues of concern raised in such reports. A Home shall have Management Committee, whose names, particulars, and terms of reference shall be clearly specified.

35.8 Any Management Committee must include a Social Welfare Officer and be a Placement Committee on Adoption.

35.9 A Home shall provide annual reports to the DSW as well as situational reports as the case may be. (The Annual report may be in the form attached in appendix 4).

35.10 If a Home fails to maintain the required standard, its license to operate may be cancelled or suspended by the DSW.

## **STANDARD 36: Business Management**

<b>RESULT:</b> Children enjoy the stability of efficiently run Homes.
---

36.1 Administration of the Home is efficient and the Home is financially sound.

36.2 The Registered Director of the Home has the necessary ability to plan, budget and administer the finances for the Home to ensure that it is run on a sound financial basis.

36.3 The job description of the registered manager clearly states in writing the responsibilities and duties of the registered manager in managing the Home, and states the person to whom the registered manager is accountable and who is responsible for ensuring

that the registered manager carries out their duties and responsibilities. Any change in the person to whom they are accountable has been notified in writing to the registered manager.

36.4 For the transitional period, appointees to the post of registered manager of the Home who do not have the appropriate qualifications, have to employ a social worker and begin appropriate training within three months of appointment.

36.5 The registered manager of the Home exercises effective leadership of the Home's staff and operation, such that the Home is organised, managed and staffed in a manner that delivers the best possible childcare.

36.6 The funding of the Home is sufficient to finance the fulfilment of the Home's Statement of Purpose, these national minimum standards, and any conditions of the Home's registration.

36.7 The accounts demonstrate that the Home is financially viable and likely to have sufficient funding to continue to fulfil its Statement of Purpose for the next 12 months.

36.8 The registered manager takes reasonable steps to ensure good relationships with neighbours and the wider community, and involvement of children and staff in the local community.

36.9 All donations received by the Home will be properly accounted for and put to the use for which they were intended.

### **STANDARD 37: Children's Individual Case Files**

**RESULT:** Children's needs, development and progress are recorded to reflect their individuality.

37.1 Each child has a permanent private and secure file of their history and progress which can, in compliance with legal requirements, be seen by the child and by the child's parents as appropriate.

37.2 Each child's file contains the necessary information and children are made aware that they may read their files, except for confidential or third party information, and are actively encouraged to do so and to correct errors and add personal statements.

37.3 The children are encouraged and helped to create a memory book or box, which they may take with them when they leave.

## **II. Policy Issues to be included in Guidance available to staff of Residential Care Facilities**

- Admission and reception of children
- Methods of care and control
- Health policy
- Education policy
- Permissible sanctions
- Use of restraint
- Case recording and access to records
- Care Plans
- Use of each child's Care Plan
- Countering bullying
- Log book and diary recording
- Confidentiality
- Administration of finance (petty cash) and security
- Repairs and maintenance
- Fire precautions and emergency procedures
- Countering risks identified through the Home's risk assessments extending to which all or part of premises may be locked as a security measure
- The health and safety policy (including food hygiene)
- Policy on room searches
- Child protection
- Arrangements for regulating and vetting visitors at the Home
- HIV/AIDS awareness, confidentiality and infection control
- Responding to allegations or suspicions of abuse
- Treatment of children who have been abused
- Planning shift handovers
- Staffing policy
- Sleeping-in, bed-time and night supervision
- Physical contact with children
- Spending one to one time alone with children
- Care practices towards children of the opposite sex
- The particular care needs of children from minority ethnic groups
- Practices within the Home to combat racism
- Staff disciplinary and grievance procedures
- Delegated authority and notifications to senior staff
- Reviews
- Dealing with aggression and violence
- Risk taking
- Dealing with sexuality and personal relationships

- Working with parents/carers
- First aid and administration and storage of medication
- The complaints and representations procedures
- The smoking policy
- The alcohol policy
- Drugs and misuse of substances policy
- Gift giving and receiving
- Whistle blowing by staff

### **III. Programmes of Training for Staff for Residential Care**

- Normal and abnormal child development
- Basic residential child care skills and team working
- Specific child care approaches and skills appropriate to the Home's purpose and function
- Exercising appropriate positive means of control over children in the interests of their own welfare and the protection of others
- Recording skills
- Permitted and prohibited disciplinary measures
- Use of restraint
- Child protection
- Issues of race, ethnicity, religion and culture
- Dealing with sexuality
- Health education relevant to growing children including diet and nutrition
- The implications of HIV and AIDS when looking after children
- Communicating with children, including those with disabilities
- Health and safety at work, including food hygiene and safety with medicines
- Fire precautions
- First aid
- The Children Act 1989, the Human Rights Act 1998 and other relevant legislation
- The provision of purposeful and enjoyable activities as part of a positive care experience
- Staff supervision [for staff with supervisory responsibility]
- Interview techniques [for staff with recruitment responsibilities]
- Complaints and representations procedures
- The requirements of these National Minimum Standards
- Specific child care approaches, knowledge and skills for their role in the Home
- Working with families
- Undertaking risk assessments.

### **IV. Minimum Standards Checklist**

#### **A. Each child should have:**

- A bed

- A plastic covered mattress
- Two sheets
- A toothbrush
- School uniform
- Five sets of clothes
- A towel
- A sponge
- Soap
- Mosquito net (on bed)
- Mosquito net (on window)
- Access to school or training
- Access to secure outside play area
- Access to toys and reading books Shoes
- Slippers
- Three (3) balanced meals a day
- Minimum one (1) fruit per day
- School textbooks and materials

**B. The living area should be:**

- Clean
- Tidy
- Hygienic
- Safe
- Well ventilated
- Maintained
- Sufficient for the number of children

**C. Medically, all the children should:**

- Have an average weight for height
- Be vaccinated
- Be screened for TB
- Be screened for Anaemia
- Be screened for Sickle cell
- Be screened for sexual abuse
- Be screened for HIV

**D. The Institution has to:**

- Be registered
- Keep records of children correctly and to submit them to DSW and District Assembly. (Records to be kept are set out in the schedule attached)
- Have clear account books
- Have clear record of donations
- Submit yearly accounts to DSW and donors
- Have its staff registered for SSNIT and Health insurance
- Have 10 to 1 (or less) ratio of children to care givers
- Encourage adoption
- Have on-going training for staff

**E. Health wise the institution has to have:**

- Infirmary room/building
- Infirmary furnishing
- First aid
- Routine medicines
- Full time nurse

- Visiting doctor
- Food and health care for PLWHA
- NHI

**F. Education - The institution has to have access to:**

- Sponsored education off premises
- KG classrooms
- Primary classrooms
- JSS classrooms
- Vocational training
- Skill training
- Literacy classes for inmates and staff
- Sports infrastructure
- Sports equipment
- Computer classes
- TV
- School equipment
- A Library

## **V. Records and files to be kept in a Residential Care Facility**

- Daily Log Book
- Individual Children's Files
- Individual Children's Care Plans, including reviews
- Admittance and Discharge Register
- Donation Book
- Receipt Book
- Record of Meals as Served
- Medical Records Books (Daily Medical Log Book)
- Incident Reports File – includes use of restraint and complaints
- Record of Feeding and Weight per Malnourished Child
- Visitors Book
- Accounts Books
- Development Plan
- Policies as per Appendix 1
- Statement of Purpose
- Staff files including contracts, payment slips, next of kin, and records of staff training
- Records of DSW inspections

## VI. Sample Care Plan

Care Plan of \_\_\_\_\_

The care plan, devised in consultation with each child sets out the needs of the child clearly, the objectives of the placement, how these are to be met by the Registered Director of the Home on a day to day basis, the contribution to be made by the staff of the Home, and how the effectiveness of the placement is to be assessed in relation to each major element of the plan.

Today's Date: \_\_\_\_\_ Date of Admittance to Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason for being in Care: \_\_\_\_\_

Staff Responsible for Monitoring Progress: \_\_\_\_\_  
(Key Worker)

---

### Placement Plan

Immediate needs of ward upon admittance:

What is the benefit of the institution for the child? How does it benefit the family?

Why can't the child stay at Home?

What support would be needed for the child to stay at Home, and who can provide this?

Does the child have a guardian external to the institution? Please describe relationship.

How long does the child expect to stay ? Please set a timescale.

You are aware that according to DSW protocols if you are absent for more than six months following this date the child can be put up for permanent adoption. Please sign below that you have understood this point specifically



How will the situation of the child and his/her family be reviewed? When?

What are the care plan goals for the first few months of the child's care?

- 1.
- 2.
- 3

What the care plan goals for the child's long term care?

- 1.
- 2.
- 3.

What are the child's personal long term goals?

- 1.
- 2.
- 3.

What is the role of the ward in achieving those goals?

What is the role of OA in achieving those goals?

What is the role of the family in achieving those goals?

What future plans do they have for:

- Education, training and employment:
- Securing safe and affordable accommodation:
- Health care:
- Special medical support:
- Financial assistance (including possible welfare assistance):

- Specialised services (counselling):
- Maintaining existing important networks including the children's Home:
- Creating new networks of advice and support:
- Maintaining appropriate leisure pursuits:
- Seeking assistance should problems arise:

---

### **Contact with Family & Friends**

- What is the plan for family and community contact? (with whom, in what form, how often)
- What are the child's expectations regarding this?
- Who is responsible for monitoring this interaction? How will it be evaluated?

---

### **Emotional Needs**

- How does the child feel about his/her admission? What has he/she been told about the admission and its causes? Do they believe what they have been told? Was the child prepared for admission?
- Does the child have particular experiences (abuse, war, conflict) that need special attention? If so, how will these experiences be dealt with?  
Experience:  
Care:  
Responsible Person:  
Timeframe:
- Does the child have particular experiences (abuse, war, conflict) that need special attention? If so, how will these experiences be dealt with?  
Experience:  
Care:  
Responsible Person:  
Timeframe:

- What opportunities will the child have to develop and maintain relationships with others inside and outside the Home?
- How will the child be taught about their sexuality and establish positive, caring social and sexual relationships? When will this occur?

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### Education Needs and Realistic Targets

- What school will the child enter? What expectations are there for performance in school?
- How does the child hope to prepare for the world of work and or further higher education?
- What are the child's educational and professional goals? (this year and in the long-term)
- Will the child have any additional schooling or training?

---

### Personal Care

Age:

Daily Needs	Describe Activity (relevant to age)	Person Responsible (child/carer)
Meals (feeding, snacks)		
Personal Hygiene (toilet, bathing)		
Clothing (washing, ironing)		
Room (cleanliness, neatness)		
School (including attendance, Homework)		
Leisure Activities (sport, reading)		

- Is the child involved in decisions about their care? Who ensures that the child can make an informed choice? Does the child feel that their decisions are respected?

- What methods of discipline will be used? Are these sanctions known to and acceptable to the child and carer?

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### **Cultural, Religious, Language and Personal Identity Needs**

- Culture: Describe the child's cultural experience and customs:  
How does the child hope to be involved with their culture?  
How will this be continued?
- Religion: Describe the child's cultural experiences and customs:  
What relationship does the child hope to have with their religion?  
How will their religious practices continue?
- Language: How does the child feel about their language?  
What languages does the child hope to use?  
How will the child continue learning and using their language?
- Identity: How is the child's sense of identity maintained?  
Please describe family contact, personal items, special events that are important to the child:

Other Cultural Needs and how they will be met:

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### **Leisure Needs**

What are the child's favourite activities? How will these activities be encouraged? Please be specific.

What skills does the child hope to build? What activities would they like to continue? How will they continue to pursue their hobbies?

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### **Health Needs and Promotion**

Physical Health (conditions, allergies, past illnesses, nutrition)

Mental Health (also behaviour issues)

Treatment, therapy, or special programmes

Condition:  
Care:

Responsible Person:  
Timeframe:

Condition:  
Care:

Responsible Person:  
Timeframe:

#### Preventative Needs

Suggested need:  
How will it be met?  
Responsible Person:  
Timeframe:

Suggested need:  
How will it be met?  
Responsible Person:  
Timeframe:

#### Dental, Optical, Hearings Needs

Dental:  
Person:  
Timeframe:

Optical:  
How will it be met?  
Responsible Person:  
Timeframe:

Hearing:  
How will it be met?  
Responsible Person:  
Timeframe:

Any history of physical or sexual abuse? Please describe.

Any history of substance abuse? Please describe.

Has National Health Insurance ( ) Yes ( ) No

Records of Developmental Checks

Update:

Date:

Date:

Update:

Additional Health Monitoring Required of Staff:

.....  
Signature of Director: \_\_\_\_\_

Signature of Ward: \_\_\_\_\_

**Care Plan must be reviewed regularly. Please list below dates of reviews and any changes made.**

Update:

Date:

Update:

Date:

Update:

Date:

## **APPENDICES**



## GLOSSARY

This glossary is intended to be of general assistance to the reader in interpreting this document. The definitions provided do not affect any meaning that a term may have under any relevant legislation.

<b>Absconding</b>	Absence of a child from the Home without authority, e.g. running away or failing to return from an outing.
<b>Abuse</b>	Something that causes actual or likely significant harm to a child. May be physical, emotional or sexual, or neglect of the child.
<b>Act</b>	The Government of Ghana Children's Act 1198 Act 560.
<b>Advocate</b>	A person assisting a child in putting forward their views or making their case on their behalf.
<b>Agency Staff</b>	Staff not employed directly by the Home, but provided by an agency that employs them and contracts to provide staff for a specified period to the Home.
<b>Ancillary Staff</b>	Staff working at the Home in non-care capacities (or, for schools, non-teaching capacities), such as administrative, domestic, cleaning, catering, maintenance and grounds staff, and drivers.
<b>Bodily Functions</b>	Includes using the toilet, personal cleansing, washing, showering, using the bath, dressing, undressing, cleaning teeth, eating and similar everyday personal functions.
<b>Bullying</b>	Generally, bullying in this context would comprise the intentional or perceived causing of pain, distress, anxiety, humiliation or social exclusion to one child by one or more other children, by physical or verbal means, or through damage or loss of property. Note that the Standards require Homes to formulate their own definition of bullying, which may reflect issues related to the individual Home or the children living there.
<b>Care Plan</b>	An agreed written statement, to be elaborated in consultation with the child, responding to the child's difficulties and regularly updated, defining how the child is to be looked after on a day-to-day basis at the Home, including meeting the child's current and future needs and the speedy re-integration of the child into their family or a foster family.
<b>Child Protection</b>	Taking reasonable measures to reduce the risk of physical, emotional or sexual abuse, neglect or significant harm of a child, enabling children and staff to report concerns about actual or potential abuse or significant harm, and responding appropriately to

allegations, occurrences and suspicions of abuse or significant harm of a child – in the Home, outside the Home or at school.

**Child Protection Plan**

A plan identifying a strategy and actions to be taken by (possibly) a number of agencies and individuals to protect a child at risk of significant harm. Likely to follow a child protection enquiry.

**Children's Home**

An establishment (subject to certain exceptions) which provides care and accommodation wholly or mainly for children. Schools (both "special" and "mainstream") that accommodate children (e.g. as boarders) for more than 295 days a year.

**CHRAJ**

Centre for Human Rights and Administrative Justice

**Contract Staff**

Staff not employed directly by the Home, but by a contractor who carries out work in the Home under a contract with the Home, e.g. cleaning, catering, building, driving or maintenance staff of an outside contractor working in or for the Home.

**DSW or Department**

Department of Social Welfare

**DOVVSU**

The Domestic Violence Victim Support Unit of the Ghana Police Service

**First Aider**

A person holding an up to date qualification in administering first aid, from a recognised body, and designated to provide first aid to children if required.

**Foster Family**

A household which receives one or more children (maximum of 6) unrelated to the caregiver by blood, marriage or adoption and who receives compensation for child care costs

**Foster Parent**

One or two adults as heads of household who receive into the Home for care or treatment one or more children (maximum of 6) unrelated to the caregiver by blood, marriage or adoption and who receives compensation for child care costs

**Gate keeping**

"Gate keeping" is a rule which states that no child is to be received by a Home unless they have been sent there on a court order after every other alternative community option has been found to be unworkable. It has the aim of limiting the number of inappropriate placements

**High Risk Activities**

Activities for children which present significant or unusual hazards to their safety or welfare, requiring risk assessment and positive safety measures, but which are a reasonable concomitant of a worthwhile activity.

**Induction**

Initial training or guidance given at the start of

involvement in living at a Home – guidance (e.g. from a child already resident at the Home) for a new resident on arrival at the Home; initial training on the Home's residential and care policies and practice for a new member of staff.

**Intimate Care**

Physical assistance or supervision for a child which involves seeing, touching or other contact with the child's normally clothed body, because of the child's disability or care needs – e.g. assistance with toileting, washing, dressing or undressing, or administration of medication involving these.

**Job Description**

A written, agreed and up-to-date statement of the main tasks and responsibilities of a staff member's job within the Home, including overall definition of their role and the person to whom they are accountable.

**Key Worker**

A member of the Home's staff with particular responsibility for the welfare, guidance and support of an individual child.

**Kin/Kinship**

Relationships, by marriage, blood or adoption, are defined as follows:

- Grandparent; including step-grandparent, great grandparent, or adoptive grand-parent
- Sibling; including half brother/half sister, stepbrother/stepsister, brother-in-law, sister-in-law, adoptive brother/sister
- Uncle or aunt of whole or half blood; including uncle-in-law/aunt-in-law, great uncle/great aunt
- First and 2nd cousins; including cousin whole or half blood, first and 2<sup>nd</sup> cousins-in-law
- Stepmother or stepfather
- Nephew or niece; including nephew/niece of whole or half blood, nephew-in-law/ niece-in-law, great nephew/great niece
- The putative father's kins will be considered if his name appears on the child's birth certificate, if the father has admitted paternity in a court of proper jurisdiction, or if the father has signed an affidavit
- Spouses of any of the persons in the above group continue to meet this relationship requirement even after the marriage is terminated by death or divorce

**Kinship Care**

A home provided for a child wherein the primary caregiver is related to the child as defined above.

<b>LEAP</b>	Livelihood Empowerment Against Poverty -- a cash grant scheme operated by DSW for caregivers of OVC's and the aged
<b>Leaving Care Plan</b>	A plan to help young people make the transition from being looked after to independence.
<b>Measure of Control</b>	A means used to maintain acceptable behaviour by children, including supervision, guidance, reward, physical restraint and disciplinary measures or punishments.
<b>Neglect</b>	Single or repeated failure to take appropriate action, which results in harm or distress being suffered by the child or young person. Neglect can take many forms but includes the withholding of appropriate medicines, food and emotional support. It is characterised by the child or young person suffering from something not being done.
<b>Non-Prescription Medication</b>	Medicines suitable for children (such as appropriate analgesics) which can be bought "over the counter" without prescription.
<b>OVC</b>	Orphans and vulnerable children
<b>Personal Care</b>	Includes help with bodily functions where required.
<b>Personal Development Plan</b>	An agreed plan defining the training and support needs, planned means of meeting these, and the work related goals of a member of staff.
<b>Person with Parental Responsibility</b>	Someone having legal parental responsibility towards a child, (whether or not also the child's biological parent).
<b>DSW</b>	The authorized agency who has brought the child to the Home, usually but not always DSW.
<b>Placement</b>	The agreement for a child to attend and live at a particular place – e.g. the Home.
<b>Policy</b>	An operational statement of intent which helps staff make sound decisions and take actions, which are legal, consistent with the aims of the Home, and in the best interests of children and young people.
<b>Positive Reinforcement</b>	Positive consequences for acceptable behaviour or progress of a child, intended to recognise and encourage such behaviour or progress.
<b>Procedure</b>	The steps taken to fulfil a policy.
<b>Referral agency</b>	The agency that brings the child to the Home – such as DSW, Court, Police, Prison, Hospital, etc.

<b>Registered Director of the Home</b>	A person who either carries on the Home and is registered with the DSW to do so (the registered provider); or manages the Home and is registered with the DSW to do so (the registered manager). In some cases, the registered provider may also manage the Home.
<b>Representations</b>	Complaints, concerns or major issues raised with the Home or a DSW by or on behalf of a child about their care or welfare.
<b>Residential Special School</b>	A special school that accommodates pupils overnight, including a residential maintained or non-maintained special school or a residential independent school wholly or mainly accommodating children with special educational needs. If such a school accommodates one or more children for more than 295 days a year at the school or in school arranged accommodation, it is a children's Home. Thus schools providing "52 week" accommodation must register as Children's Homes. They may continue to be called schools and are subject to these guidelines.
<b>Restitution</b>	A disciplinary measure or punishment in which a child or staff member is expected to "make good" or repay an individual or the Home for the consequences of unacceptable actions or damage they have done. An alternative to more artificial sanctions, but should always be reasonable, feasible and proportional to the actions concerned.
<b>Restraint</b>	Use of reasonable physical intervention or force to prevent injury or serious damage to property.
<b>Risk Assessment</b>	The process of identifying hazards to safety or welfare of children, estimating their seriousness and likelihood, and identifying reasonable measures to minimise unnecessary hazards, recorded in writing as the basis for an action plan and decision making to reduce unnecessary hazards to children.
<b>Sanctions</b>	Any negative consequences applied for unacceptable behaviour – e.g. punishments, loss of privileges or duties to be carried out.
<b>Significant Harm</b>	Any physical, sexual, or emotional harm, neglect, accident or injury, which is sufficiently serious to adversely affect progress and enjoyment of life.
<b>Sleeping In</b>	Staff responsible for children within the Home at night, but asleep within the building and "on call" to be woken if needed.
<b>Therapeutic technique</b>	Any technique intended to relieve a physical, social, emotional, behavioural, psychological or cognitive problem of a child, the application of which requires

skills or knowledge beyond the skills or knowledge normally expected of a parent, teacher or care worker.

**UNCRC**

United Nations Convention on the Rights of the Child, For more information, see [www.unicef.org](http://www.unicef.org).

**Unit**

A building, or part of a building, accommodating a defined group of children at a large Home or school, looked after by one or more designated staff. Each unit may have a separate staff group.

**Usable Floor Space**

Space which is accessible to children for furniture, possessions and daily living, with attention to details including room shape, positioning of doors, windows or en-suite facilities.

**Volunteers**

People working without pay or for expenses only, within or from the Home.

**Welfare**

Meeting each individual child's reasonable physical, security, personal, emotional, and spiritual needs, providing support and guidance as needed, and enabling the child's normal development for the future and fulfilment in the present, taking into account the child's age, characteristics and wishes.

**“Whistleblower”**

A person who in good faith reports significant concerns, allegations or suspicions of circumstances, situations or the behaviour of others which is likely to put a child's safety or welfare at risk.

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