

Assessment of procedural and physical standards in children's residential care institutions in Guyana

Summary and Recommendations

August 2006

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Executive Summary

At present there are 20 identified fully functioning children's residential care institutions in Guyana caring for 566 children of which 268 are girls and 298 are boys. The majority of these institutions are privately managed while 2 are under the management of the Ministry of Labour, Human Services and Social Security (MoLHSSS). Children in these institutions range between the ages of 4 months to 20 years.

These institutions have wide ranging operational and procedural capacity and physical standards which depend on a number of factors including finances, training and number of staff. While the majority of the institutions are managed with some standards in mind, none of these institutions are governed by enforceable regulations for the entire range of services they provide. Most notable is the lack of care plans for each specific child, the lack of consistent record keeping for children due in part to a lack of investigation and knowledge into the child's background and the number and qualifications of care staff looking after the children.

Few children are admitted into institutions through the MoLHSSS (25% of children). The immediate causes for children being admitted to institutions are due to being abandoned, neglected or abused. However, the more underlying cause is significant poverty and lack of adequate social work. It is interesting to note that within the period of 2005, 60% of the institutions mentioned that no government social worker visited them at all.

The majority of families (of children in institutional care) that were interviewed mentioned that they would like their children to come back home but that in some cases the conditions were not suitable at home for their return. This is in keeping with the findings as noted above, that significant poverty and lack of appropriate social work is keeping children in institutional care.

In view of the principle that children are better placed in a family environment, the recommendations are that wherever possible and with assistance to households, reintegration of children is of priority. Of equal priority is the increased role and capacity of social workers and the MoLHSSS in monitoring, following and attending to all cases of children in institutional care; those who are vulnerable to institutional care and those who need to be reintegrated back to families in need of additional support. Meanwhile, institutions need to improve their physical and operational standards to ensure that all children residing in their institutions are claiming their rights to care and protection.

Introduction

The Convention on the Rights of the Child (ratified by Guyana in 1991) clearly states that the institution will act as the last resort of care for vulnerable children when all other options have been exhausted. However, finding and strengthening alternatives to institutional care, such as adequate community-based care or formalised foster care have not yet been given sufficient attention and there is presently a lack of such alternatives in Guyana. Once a child is orphaned or without caregivers, it is up to the State to take responsibility for the child by ensuring the most adequate environment is found but in many cases, due to the lack of care options for children without (adequate) parental care, institutionalisation becomes the only resort for the child's immediate protection.

The Ministry of Labour, Human Services and Social Security (MoLHSSS) has the role of identifying and monitoring the situation of children who are vulnerable. They also have a role in the coordination of responses for such children including providing social work assistance to vulnerable children and their families. Part of this work includes the identification and support of children without parental care (in child residential institutions) or children at risk of losing parental care (in families who suffer from break-down).

Presently the MoLHSSS has no legal or normative framework with which it works with institutions. There are no standards that can be regulated and no means of measuring the level of care and protection being provided by these institutions to children. Due to these gaps, it is possible for children in institutions to go without necessary social work, lack family contact, be transferred from one institution to another and sometimes live in conditions that are not in the best interest of the child. All of this can happen without the knowledge or input from the MoLHSSS. There is a need for more involvement of the Ministry in the welfare of these children including to be able to regulate standards in institutions should they not be in the best interest of the child. Standards must first and foremost be applied to the Ministry's own institutions.

In some cases, children placed in child residential institutions have families who cannot care for them for financial reasons. Due to the inability to provide sufficiently for a child, s/he may be placed in a residential care institution for an undetermined time. Child residential institutions are currently providing a necessary and important response to children without parental care but their response is usually limited to the boundaries of the institution itself. Social work for vulnerable children to reconnect with their families is one of the most important components of supporting a community based system of child care and those children living in residential care institutions and their families would benefit from access to consistent and quality social work.

This research is one component of a larger programme being conducted by the MoLHSSS and will contribute to providing essential information on the cases of children without adequate parental care (in institutional care) for planning appropriate programmes and improving social services for vulnerable children. It will also contribute towards the development of minimum standards and regulations. This programme has been guided by the wider National Policy framework for orphans and vulnerable children (OVC) in Guyana (2006).

Objectives

The overall objective of the study is to gain information on why children are entering institutions, the present capacity of institutions (including standards) to care for children and what measures are being put in place or are needed to reintegrate children back to their families including the role of the MoLHSSS.

Specific objectives include

Collect information from all residential institutions on:

1. The case file of each child in the institution
2. The operating standards and procedures in the institution

Collect information from families where these children come from to find out:

1. The reason for the child entering the institution
2. The possibility and conditions of the child being able to return home with or without additional assistance and/or resources

All case information on children will be inputted into a database for use by the MoLHSSS in an attempt to improve monitoring and follow up of children in institutional care.

Definitions

The study will use the following definitions:

- **Residential institutions/institutions** – orphanage or other child care residential institution providing for the shelter and care of children
- **Home/family/community** – the actual family residence the child comes from
- **Orphans** – children who have lost one or both parents (have died)

Methodology

The data collected for this study was a mixture of both qualitative and quantitative information using checklists, interviews and observation.

The research team was made up of one main researcher, three probation and welfare officers and where possible one administrator/manager of an institution.

Firstly the selected researchers drew up a plan of action and timetable for the collection of data required. To be able to collect the information, the research team used a number of tools for data collection including checklists and guides for interviews with managers and administrators of institutions, as well as children in institutions and their families. The research team visited all the children's residential institutions in Guyana, numbering twenty. These twenty institutions were found across Regions three, four and six. Furthermore, the research team visited forty five families/households pertaining to children who live in these institutions. The homes visited were found in Regions three, four, five and six.

Information on each child case was recorded into a database that was submitted to the MoLHSSS. To safeguard confidentiality of children, all data with names and identities of children and their families is for the sole use of the probation and welfare department and not to be shared with other entities.

Institutions helping institutions:

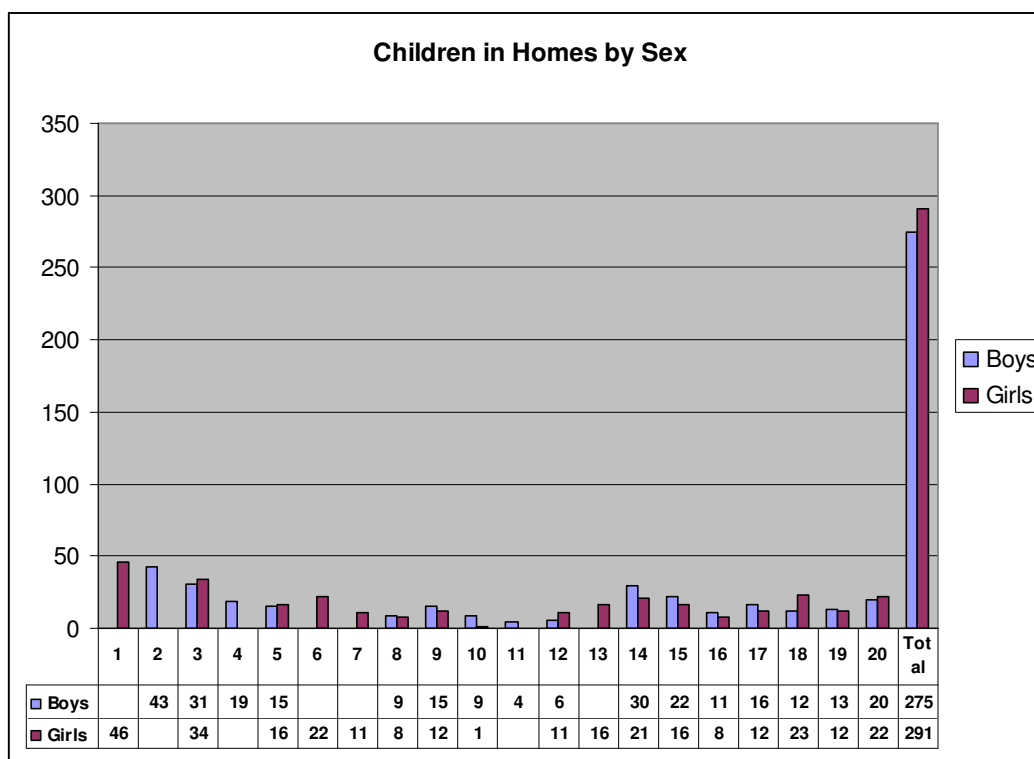
To enable the institutions themselves to participate in their own assessment thus building a better understanding of the problems affecting children and the ways in which to improve themselves, one manager/administrator from one institution accompanied the research team to participate in the data collection of another institution. Due to lack of staff and time, not all administrators of all institutions were able to spare the time to join the exercise.

Constraints

Due to limited time, difficulties in retrieving some data and lack of available staff, accessing information from institutions was at times difficult and the researcher had to return to some institutions on several occasions to obtain the appropriate data. In some cases the administrators filled in the data themselves which meant that it was not possible to cross-check the validity of the data. At one institution the persons in charge of the children's data was on leave and did not leave the necessary information available to the house mother and father.

When visiting families of children, a number of addresses given on forms were incorrect or families had moved on without forwarding new addresses to the orphanages. Therefore many more trips had to be made to families in order to actually make contact with them, this ended up being very time consuming.

The situation of children in institutional care



Based on figures submitted by administrators of the institutions, there were approximately 566 children in orphanages at the time of the research. In some institutions not all child case records were filed and therefore this number is an estimate. Of this 275 are boys whilst 291 are girls. The child case records collected came up to 538 children.

Children in institutions are of mainly African (34.9%) and East Indian (32%) ethnicity followed by a large proportion that are also mixed (28.1%) and smaller numbers of children who are of Amerindian (3.5%), Chinese (0.9%) and Portuguese (0.3%) ethnicity. It was also found that children who were in institutions were between the ages of three months to as old as over twenty years. See table and graph below.

Hope Children's Home and the Red Cross Convalescent Home are the institutions that tend to have the bulk of younger children such as those between the ages of four months to four years. The majority of children in institutions are between the ages of 5 to 14 years old (71%). 8% of children in institutions had some kind of disability.

Number Code	Name of Institution
1	St Ann's Girls Orphanage
2	St John Bosco Boys
3	Joshua Children's Centre
4	Drop in Centre
5	Red Cross Convalescent
6	Shaheed Boys Orphanage
7	Shaheed Girls Orphanage
8	A Sanctuary
9	Save 'Я' Kids
10	Prabhu Sharan Orphanage
11	Bethel Boys Home
12	Bright Horizon
13	Hauruni Girls Home
14	Hope Children's Home
15	Mahaica Children's Home
16	Cheshire Home
17	Alpha Children's Home
18	Berbice Anjuman Orphanage
19	Canaan Children's Home
20	Camal International Home

Table of children by institution and age group

Orphanage	Ages of Children						
	0 to 4	5 to 9	10 to 14	15 to 19	20 & over	Unknown	Total
St Ann's Girls Orphanage		15	20	10		1	46
St John Bosco Boys		25	14	3		1	43
Joshua Children's Centre	1	25	28	7			61
Drop in Centre		2	13	3			18
Red Cross Convalescent	27	3					30
Shaheed Boys			17	5		1	23
Shaheed Girls		1	7	2			10
A Sanctuary	1	1	8	4	1		15
Save 'Я' Kids	3	12	9	3			27
Prabhu Sharan	2	5	3				10
Bethel Boys			2	2			4
Bright Horizon	4	5	5	3			17
Hauruni Girls Home		5	7	4			16
Hope Children's Home	12	21	11	2	1	2	49
Mahaica Children's Home	2	14	13	2			31
Cheshire Home			2		15	2	18
Alpha Children's Home	2	9	9	3	3	1	27
Berbice Anjuman Orphanage		15	12	3	3		33
Canaan Children's Home		2	12	9	1		24
Camal International Home	2	13	11	7		2	35
Total	56	173	203	72	24	10	538

HIV/AIDS

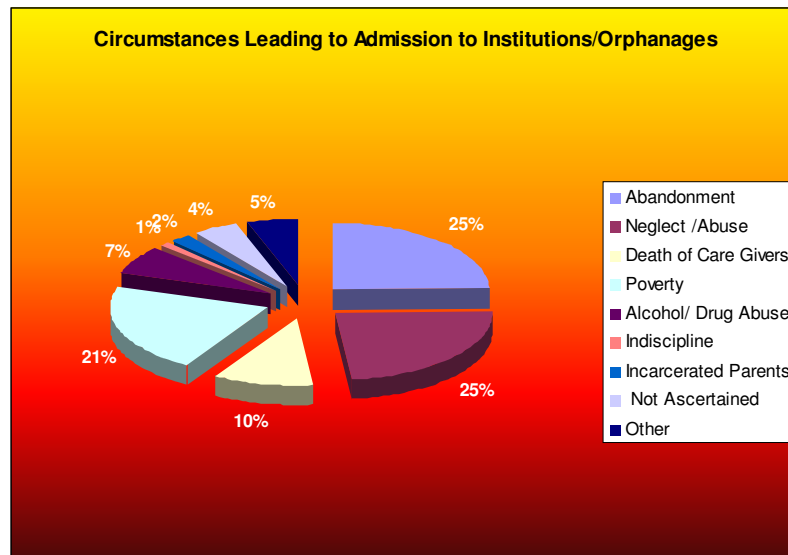
Of all the children in institutional care, 3% (17 children) have been confirmed as living with HIV/AIDS, this is higher than the national average of 2.4% (UNAIDS 2005) and it is likely that this number will increase if children become abandoned or orphaned due to HIV/AIDS. These children in institutions are currently receiving (ARV) treatment and appropriate nutritional diet. The total number of children living with HIV/AIDS in institutions is unknown as not all children have been tested and likewise, the total number of children who are affected or orphaned by HIV/AIDS is also unknown. Due to a general lack of adequate social work as well as pervasive stigma and discrimination, this kind of information is often very difficult to collect.

Orphan-hood

The majority of children in institutions have at least one parent living (62%). 19% of children have lost one parent and very few children (5%) are double orphans meaning they have lost both parents. It is interesting that of the data collected, administrators did not know whether 40% of children's fathers and 20% of children's mothers were living or dead. These parents had simply disappeared from the lives of the children and there was no information on their whereabouts. This points towards several findings: a certain lack of investigation and child assessment in the admissions stage of the child into the institution especially regarding family contacts and the fact that being a single parent may be a strong contributor to many children being in institutions.

Admission of children into institutions

It was found that 25% of the children in homes experienced abandonment and neglect or abuse thus facilitating their entrance into the institutions. Poverty is the second highest category that explains how children end up in institutions but is considered to be the main underlying cause for most admissions.



Unfortunately due to inadequate social work, some of the reasons for children in institutions are unclear. Four percent (4%) of children have 'unknown' circumstances leading to their admission and for many other children the underlying reasons are not clear. The researchers also visited families of children residing in institutions. These families (36 responded) were asked why their children were in institutional care. The responses were as follows.

- 25% of families reported poverty as the main cause for not being able to care adequately for the child at home.
- 22% of the families had placed their own children in institutions because of lack appropriate supervision for them due to the jobs they had.
- 8% of families reported that the children had to be taken out of an abusive environment. In some cases, mothers stated that they would be willing to take back the children once the 'abuser' was out of their lives and the children could be safe.
- 5% of families had put their children into institutions because of one parent being incarcerated. In some cases these parents were out of prison but were still unable to care for children due to poverty. However, they showed willingness to take back their children if they received some assistance.
- 5% of families had sent children away because they were considered 'undisciplined' and therefore unmanageable.
- 5% of families stated that their mother was having personal difficulties. However, in these cases, the grandmothers showed willingness to take back the children.
- One young woman placed her son into the institution because he was a result of a teenage unwanted pregnancy. She is now older and has said she is ready to look after the child.

Case records

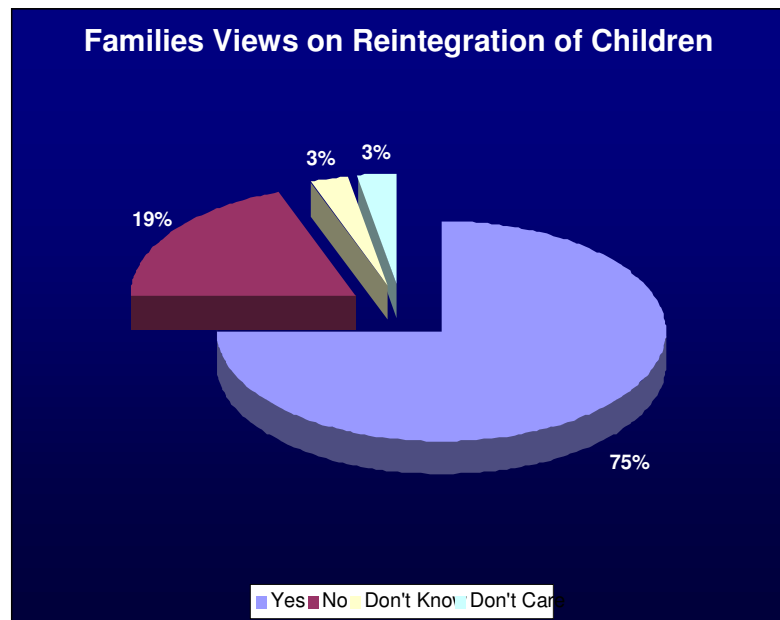
Institutions do keep some case records of the children although the manner in which these are kept and the information they hold is often not consistent or comprehensive. All institutions have some, if not all the birth certificates of the children. Most of them (80%) mentioned they had medical cards for some if not all of the children. The same goes for school reports. The majority of institutions do not have photos of the children nor of their parents and only 3 institutions said the children had mementoes from their homes. In most cases institutions would have some idea of the whereabouts of parents but not all children had home addresses. It is clear that insufficient work has been done to extract more information on the background of the child. This is especially revealing when only 10 institutions said they had some case report notes for the child. This could be due to lack of social worker intervention or lack of constant monitoring of the child. In addition, no institution had carried out 6 monthly reports on the situation of the child indicating a lack of monitoring and future planning for the child. There were also no care or permanency plans for any of the children.

- **No 6-monthly evaluations are done for any child**
- **No care or permanency plans exist**
- **This indicates a lack of planning for the future of any child in institutional care**

Reintegration

The researcher held discussions with 36 families of 72 children in institutional care. Of the 36 homes visited 27 said that there was a possibility for the child to be reintegrated back into the family but only on a number of conditions while 7 of the families said that there was no possibility for the child to return home. The other families were unsure as to the possibility of reintegration.

The significant finding is that 75% of the families visited felt that the child/children could be reintegrated back into the family setting. Although it is encouraging to see that so many families are keen to take back their children from institutions, it will also be necessary for social workers to verify the statements made by these families and cross check that the environments are indeed conducive to the children. When asked if they want to return home, the majority of children in institutional care said that they would.



In contrast to the 75% of families that wanted to take children back, when administrators and child carers from the institutions were asked if the child could be reintegrated back home, the majority replied no (55%). Only 36% of institutions agreed that there was a chance children could return him and 9% did not know whether it was possible. In many cases, those who said no also stated that the reason was because there was no information on the family or because the family did not have the economic means to care for the child.

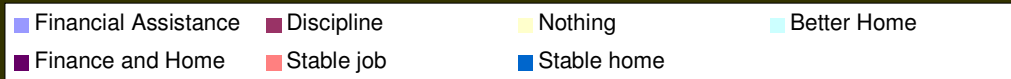
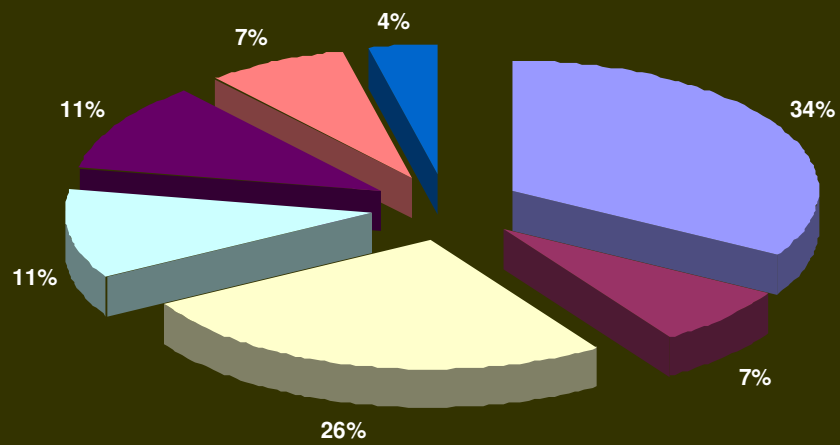
To ensure the information regarding possible reintegration is indeed true, there is need for additional social work to be done with the families and the children as well as the institutions themselves to ascertain the true conditions of the home and what needs the families may have.

What is needed for a child to be reintegrated?

In the majority of cases, in addition to social work being needed to help children to be reintegrated back to their families and to help families receive their children back, it is also necessary to look at improving conditions in the family home for the child. When asked how children can return home, most families and institutions who wanted children to be reintegrated stated that additional assistance and resources would be needed for the family to care for the child. Some of this assistance includes finances, better homes, supervision for children, counselling for children and families. Some families indicated that they actually did not need any additional support to take back the child. In addition, when the researchers asked children in institutions if they wanted to go home, the majority answered yes.

The families who said no to the reintegration of the child back home had reasons such as death of parents, neglect of children and sexual abuse. In these cases children are probably better off in institutions until other options of community and family care become available.

Families Needs to Facilitate Reintegration of Children



Physical and operating standards and procedures in institutions

Researchers visited each institution and researched their physical and operational standards. Find below a summary of the findings.

Physical structure, safety and security

- 60% of institutions did not have fire escapes
- 70% of institutions did not have fire extinguishers
- 50% of institutions had neither fire extinguisher nor fire escape

Facilities

- 60% of institutions had a ratio of 1:5 (or less) children to toilets
- 20% of institutions had a ratio of 1:13 (or more) children to toilets
- 75% of the institutions had enough beds for each child
- 100% of institutions had a separate dining area for children
- 100% of institutions kept some books and toys for children although not all of them had a specific 'recreational space'
- 40% of institutions had working computers for use by children

Food

- 100% of institutions ensure that children receive at least 3 meals a day at specified times. These institutions also ensured that the diet was balanced however this was not verified by the researchers.

Education

- It was reported that although most children in institutional care attend school, 22 children of school going age did not. In some cases this was due to the child having some form of disability.

Discipline

- 16% of institutions had written rules that were placed for all to see
- 65% of punishments resulted in the withdrawal of certain privileges from the child
- 55% of institutions allowed beating of the child as a form of punishment but the person who administered the beating varied from institution to institution
- 70% of the institutions did not allow isolation of children

Care Staff

- 55% of the institutions had an average ratio of 1:6 -10 care staff to children.
- In the extreme institutions were also noted to have a ratio of 1:20 and 1:30 staff to children

Health and Safety

- 90% of institutions had first aid kits although not all of them were in good working order and some of them missed certain medicines
- 20% of institutions also had a sick bay for the child
- 30% of institutions had a trained medical person as staff

Written authorisation for keeping Children

- 25% of institutions had written authorisation from the probation department for the majority of the children
- 55% of institutions had written authorisation from the probation department for only some of the children
- 35% of institutions had no written authorisations from the probation department for any of the children
- 15% of the institutions had written authorisations from the courts for only a few of the children.
- 10% of the institutions had signed documents from parents or guardians of the children granting the institution the authority to look after them

External Contact and Social Work

- All institutions said that they allowed family contact but some institutions had specific days and times when family could visit
- 60% of the institutions reported that no probation officer had visited the institution in 2005.
- 15% of institutions reported that they were visited quite often by the probation department in 2005.

Finances

- 70% of the institutions reported that they would normally receive a GY\$100,000.00 yearly subvention from the Ministry of Labour Human Services and Social security.
- 25% of the institutions reported that they did not receive a subvention from the ministry whilst one institution did not provide the information due to the absence of the accountant/manager.
- 60% of institutions stated that they received funding from alternative sources (other than the State) but did not disclose the amounts.
- Only 30% of the administrators reported who their donors were and what was donated to the institution but in most cases this report included material goods and not financial amounts.

Summary of recommendations

- Administrators need to be held more accountable regarding record keeping for children in the institution. Often administrators quote figures of the number of children within institutions but are unable to produce further background information on all of them.
- All children should be questioned thoroughly (if they are of sound mind and at the age of understanding) upon entry into an institution so that what is recalled about the home could be properly documented. It would seem that a lot of the children can provide information that can be recorded in their files.
- Care givers in institutions should be allowed to and make it their duty to familiarize themselves with each child's case.
- Institutions should all have medically trained personnel on staff.
- First Aid boxes should always be well stocked according to health standards and regulations.
- Ministry should stipulate that administrators make weekly reports on children so as to keep track of all developments.
- Written rules should be posted in all institutions for children and staff to follow.
- Administrators should keep a log book that can be easily updated by all visitors providing their reasons for visiting the institution, contact information and their relation to the child visited. This may serve as future reference not only for the administration but for the children themselves especially in cases of abandonment.
- Criteria needed to be drawn up for administrators by ministry to decide what needs to be assessed before children can be considered candidates for reintegration into the homes or go for holidays. This is to facilitate all administrators making decisions based on the same criteria.
- Institutions that house both sexes need to have them separated by floors.
- Adequate recreational facilities should be a standard requirement of institutions.
- Institutions must ensure that children with disabilities are sent to schools that will cater to their needs.
- Institutions that house children with special needs should have the necessary staff trained to deal with these needs.
- Institutions should screen donated food as there is no idea as to the hygiene standards under which it is prepared.
- Institutions need to ensure that each child has his/her own bed space.
- It should be a standard requirement of institutions to have children of school age enrolled in the requisite institutions of learning as it was found at one institution that children of school age were not attending school and it would seem that adequate efforts were not being made by this institution.
- Administrators should ensure that the inside and surrounding area of the institutions is kept clean.
- Children in institutions need to have stipulated times for everything, especially bedtimes. It seemed that children in some institutions were allowed to go to sleep when they pleased.
- There should be strict guidelines for care givers to ensure proper personal hygiene practices are kept by the children within the various institutions. For example; regular change of clothing, brushing of teeth, bathing etc. As it was

found at one home visited in two consecutive days children seemed to have been in the same clothes from the previous day.

- Each institution should have some form of transportation at their disposal as this is no longer a luxury but a convenience especially in cases of emergency.
- Institutions that are overcrowded need to be downsized. There are other institutions that are not crowded and can accommodate more children.
- Administrators of children's institutions need to network with each other either by monthly or quarterly statutory meetings or whatever other suitable medium. This can help with the issue of overcrowding and excess of clothes and goods donated to be properly distributed.
- Every institution for children needs to develop care plans for each child.
- Every institution for children needs an assigned Probation Officer and Social Worker
- The MoLHSSS needs to enforce minimum standards for children's institutions.
- Best practices of children's institutions need to be commended.

Conclusion and recommendations

The information collected in this rapid assessment has produced important findings for the planning and programming of both institutions and the MoLHSSS for children. The relationship between these two entities needs to be improved considerably to ensure the best interest of the child.

Even before a child is admitted into an institution, social workers have a duty to ensure that all options for the child have been explored and institutionalisation is indeed the last resort. In some cases increased social work at the family level can prevent children from becoming separated from their families and put into institutions. Institutions too need to improve their gate-keeping techniques. One way of doing this is to ensure that all children who are admitted into institutions are done so through the MoLHSSS, at present this is only done consistently by 25% of institutions. This would ensure that some investigation is done into the background of the child to see what the problem is and whether social work can be done with the family to enable them to take back the child. Additionally, MoLHSSS social workers must take on board all the cases of children in institutional care. The institutions themselves clearly do not have the capacity to carry out all family investigations, social work and counselling. The fact that 60% of institutions were not visited by a social worker during the year of 2005 is indeed troubling.

The reintegration of the child is another responsibility of the MoLHSSS social workers. This should be done after careful investigation into the family environment and an analysis of necessary additional support to the family. Most families interviewed stated that they wanted their children to return (75%) and most children also stated that they wanted to go home, however, due to conditions at home or conditions of parents, institutions can be reluctant to let the child go home. This situation can only be remedied when all sides (especially the child) are convinced that it is safe and secure to return home. Indeed if it is possible for families to receive some support to care for children then many children who are presently assisted in institutions could be assisted right at home instead.

When considering reintegration of children into homes it is also worth looking at tailoring programmes that could assist families to care for the future of their child. Needs of families vary widely and while some families require only more intensive social work and monitoring, other families may require provision of some resources for a given time to assist in child care. Others still may require assistance with child supervision (in the form of day care or other options) and other families would benefit from cash transfers. All these programmes should be carried out with a long term perspective and looking at improving economic and sustainable livelihoods for poor families.

The partnership between the MoLHSSS and the institutions should also ensure that all children have accurate, complete and up to date case records and where needed, additional investigation should be done to find out about the child's history and background. Where possible, contact between the child and the family should be encouraged and children should be able to keep mementos from home if so desired.

While all should be done to ensure institutionalisation is the last resort option for a child and all should be done to reintegrate children back home where possible, it is true that institutions provide a very valuable and necessary service. At present it is the only option for children who cannot stay at home and as such is considered very important. However, institutions themselves can and should improve the standards by which they work which include both the physical and operational.

The findings point to some shortcomings in the standards of institutions. Most notably in the area of safety and security where 60% of institutions had no fire escapes and 70% had no fire extinguishers. Given the fact that some houses are entirely made of wood, the very real danger that fire poses to children should be taken seriously. It is recommended that these homes put in the necessary features for the safety of the children.

Basic facilities for children need improving too. Over-crowding in institutions has decreased the number of accessible facilities for children which contributes to an unhealthy and unhygienic environment e.g. 20% of institutions had 1:13 toilets to children. The recommendation here would be as a priority to decrease the number of children in institutions through reintegration (where possible) allowing the improvement of conditions.

Due to over-crowding of institutions and lack of care staff, children do not get the individual attention they require e.g. institutions that have a ratio of 1:20 or 1:30 staff to children. The recommendation here is again to look at decreasing the number of children in the institution (where possible) through more aggressive social work so that staff are not overwhelmed and those children remaining can have more individualised attention.

While standards obviously need to be improved, these improvements must come hand in hand with sufficient social work to divert children from institutional care where possible and to reintegrate those who can go back home. This would release up space in the institutions for those children who really have no place to go and who really need the services provided by institutions. The fear is that if

insufficient social work is done, while standards rise and conditions improve, institutions will become all the more over-crowded and overwhelmed. The MoLHSSS while instituting standards should also assist in their improvement including provision of necessary social work.

Further areas of attention needed for children residing in institutions include looking more closely at the participation of children in regular decision making and in planning their future. More attention also needs to be given to those children who are infected or affected by HIV/AIDS. Presently stigma and discrimination may drive institutions to refuse children who are infected or affected. This means that these children are placed in only a select few institutions; this increases the discrimination against them as they may be seen as standing out from the other children. Those institutions that care for children infected or affected need to seek assistance so that all children can have access to the necessary services. Staff of institutions need to develop non discriminatory attitudes regarding HIV/AIDS. Even if the prevalence rate in Guyana drops, the number of children infected or affected will continue to increase for a time. The MoLHSSS and the institutions need to be prepared.