

**CONSULTANCY ON THE ESTABLISHMENT  
OF FOSTER CARE REGULATIONS AND  
MINIMUM OPERATING STANDARDS FOR  
INSTITUTIONAL CARE OF CHILDREN IN  
GUYANA.**

**FINAL REPORT**

**Prepared for Ministry of Human Services and Social Security,  
Ministry of Health and Unicef**

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# **CONSULTANCY ON THE ESTABLISHMENT OF FOSTER CARE REGULATIONS AND MINIMUM OPERATING STANDARDS FOR INSTITUTIONAL CARE OF CHILDREN IN GUYANA**

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# 1. EXECUTIVE SUMMARY

The original terms of reference envisaged the preparation of Standards for the operation of Children's Homes and the provision of foster care regulations. However the Initial Assessment<sup>1</sup> carried out in April 2006 found that Guyana in common with many other Commonwealth countries was struggling to meet the present care and protection problems facing children because of outdated legislation and social work practice that was relying on residential care and had no history of community placements. The Initial Assessment recommended that improvements were needed to the social work systems and structures particularly in the areas of assessment, best interest decisions, care planning and case review. Many children were found to be in the Children's Homes for reasons of poverty and would be able to return home with financial and social work support. For these reasons it was recommended that Guyana rebuild an effective child protection service and improve its social work practice. Guyana was assessed as needing to develop a range of family and community placements and that long term solutions/placements would be necessary for many children that would not be met by setting up foster care, which is short term and needs to be supervised.

Research carried out found the standards in the Children's Homes to be poor, but the main issue was the absence of oversight and supervision of the placement by social workers. There were no care plans for any of the children in the Homes. Since April 2006 the Ministry of Human Services and Social Security (MoHSSS) has worked together with the Children's Homes to develop quality care standards that will be voluntary, a system of registering the Homes and there is a set of regulations that is being prepared to enforce minimum standards should this be necessary. A "Child Protection Service" (CPS) has been established albeit without sufficient manpower and other resources but it is evidence of Government commitment. Child Protection processes and procedures are being put in place to protect children at risk of harm and abuse and to assess and review all residential care placements with a view to reintegration with the family or a community care placement.

Immediate Tasks for the MoHSSS centre on the need to establish the Child Protection Service with core staff, who have job descriptions in Regions 3, 4,5 and 6 to work with children who have been seriously abused or neglected or are at risk. The Child Protection Service staff need to assess and write care plans for all children in the Homes and begin the reintegration of children from the Homes to their own or a substitute family, An inspector needs to be appointed to work on the registration of all Children's Homes and inspect all Homes to assess how they meet the quality Standards for Children's Homes in Guyana and any legal Regulation for Minimum Standards and to set agreed targets for improvement.

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<sup>1</sup> CONSULTANCY ON THE ESTABLISHMENT OF FOSTER CARE REGULATIONS AND MINIMUM OPERATING STANDARDS FOR INSTITUTIONAL CARE OF CHILDREN IN GUYANA. ASSESSMENT REPORT April 2006 - See Appendix 13

Still outstanding are the provision of human resources for the CPS and the necessary reform of the law. The law reform process has been restarted and the law will need to reflect many of the changes discussed in this document. Also needed are the development of community care placements and services, particularly for under 5's and a mechanism of cash transfer to prevent separation and family breakdown.

## **2. SUMMARY OF INITIAL ASSESSMENT**

The Initial Assessment carried out in April 2005 found:

- Very little available data concerning the Children's Homes and the circumstances of the children in them.
- Poor quality and low standards of care provided by the Children's Homes.
- A Probation Service neither sufficiently able to protect children at risk, nor working to help children living in Homes to overcome psychosocial problems or relieve family poverty.
- No practice of helping children inappropriately living in the Homes to return to family life.
- No effective mechanism for financially supporting families where children are at risk, or in danger of being placed in a home for reasons of poverty.
- Very few community care services available to support families or a structured framework in which these services can develop.
- An absence of long term durable community care solutions for children. This problem would not be solved by solely developing foster care.

The assessment recommended that Guyana invest in an effective State child protection service and improve the quality of care in the Homes through:

- Improving practice and the technical capacity of Probation Service staff in:
  - Intervening to support families to prevent family breakdown and the separation of children from their families.
  - Improving the assessments, social enquiry reports and care planning.
  - Best interests' decision-making regarding placement of children and bringing the cases to court.
  - Conducting periodic case reviews for children placed for their care and protection outside their extended family, other than by adoption.
  - Preparing Homes, children and their families for resettlement.
- Improving the management and function of child protection services by:
  - Prioritising the child care and protection workload.
  - Supervising the preparation of reports to the courts and overseeing the recommendations contained in the reports.
  - Effective staff supervision and performance appraisals.
  - Coordinating interagency assistance at local levels to provide a range of services.
  - Creating a research, information, monitoring and evaluation function at central level plus a training unit.

- Creating a Child Protection sub department and a cadre of child care specialists.
- Requiring improvements to the Standards in Homes that would:
  - Increase ratio of staff to children.
  - Put in place case recording, periodic reviews and care plans.
  - Improve the organisation of homes' management committees.
  - Establish an admissions policy.
  - Improve health, psychosocial support and safety.
  - Improve community involvement.
  - Create processes for leaving homes and for reintegration.
  - Develop a trained and competent workforce.
- Improving the range of community services and developing a continuum of care by:
  - Developing a range of alternative family placements to residential care.
  - Long term durable solutions provided outside the nuclear and extended family.
  - The use of fostering as a temporary placement.
  - Developing a cash transfer strategy to keep children and families together.

### **3. SUMMARY OF PROGRESS TO DATE**

Since the assessment was undertaken the MoHSSS has taken measures to improve the care and protection of children. These measures include:

- Establishing a specialist Child Protection Service in a department that manages its own information and has a monitoring and inspection function with regard to it's own practice and practice in the Children's Homes.
- Improving the processes of assessment, best interests decisions, placement, care planning and review. These processes are designed to protect children at risk and to contribute to reintegrating children from the Children's Homes back with their families or into new families.
- Acquiring more information on children in Children's Homes.
- Agreeing voluntary quality care standards with the Children's Homes.
- Establishing a system for registering Homes whereby the MoHSSS agrees the Homes can look after children on behalf of society.
- Drafting a set of basic minimum Standards for Children's Homes that the Minister can use to make regulations and require compliance.

## 4. ESTABLISHING THE CHILD PROTECTION SERVICE.

In 1997 the Children's Services Department was merged with the Probation Department and then in 2005 the Ministry's Social Security personnel were also added to this Department. The staff of the Department had as a result three very different roles to perform. This has made any specialisation and consistent application by staff to the tasks in any one of these areas difficult. Children in need of care and protection have not received the attention they deserve both because there was insufficient by way of policy and regulations as to good practice and no formalised specialist body to ensure that such standards and procedures were in place and adhered to.

The MoLHSSS in proposing this consultancy in early 2006 with the support of Unicef identified the need to address the lack of regulations concerning standards in children's institutions and the lack of departmental policy and procedures for assessing and assisting children who are abused or 'at risk.'

After the August 2006 election a new Ministry the MoHSSS was established with a new Minister. She has appointed a Coordinator to head up the proposed new Child Protection Service (CPS). Although a number of Probation Officers have been designated to join the CPS their appointments have not been confirmed nor the date on which they will take up their posts full-time.

### 4.1 The Mission and Objectives of the CPS.

The Coordinator of the CPS has drawn up a draft concept note outlining the CPS's mission and objectives.<sup>2</sup> (**See Appendix 1**)

The Mission of the CPS is to:

'To reduce the abuse and neglect of children by effective interventions and inter-agency collaboration which enables those children to obtain the care, safety and services their rights entitle them to in their communities and in a family setting.'

The Objectives:

- 'To promote policies and interventions to protect children who are being abused or neglected or who are at serious risk of being abused.
- To prioritise community care interventions, which promote, support and assist both the family and child, so enabling that child to remain either in its own family or an alternative caring family using residential care as a last resort and for as short a time as possible before reintegration back into the community through family support, fostering, adoption or other such alternative.
- To develop a professional and effective workforce which responds to children who are abused and neglected or who are at serious risk of abuse and neglect according to agreed tasks and procedures based on the best interests of the child.

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<sup>2</sup> Concept Note for Child Protection Unit, 13.10.2006, Ann Greene

- To work with other agencies such as the probation service, police, social services, judiciary, health, education, other national and local government departments, churches, youth and community groups and NGOs for the overall protection of children.’

A policy statement setting out the purpose, function, structure and procedures of the newly formed CPS will be required so that both its staff and the Ministry are clear about its mandate and direction, and can inform other Ministries and agencies.

It is important to publicise the CPS role as the specialist service to protect children from abuse and neglect and that wherever possible it will be seeking solutions that allow a child to stay in their family and that where that is not possible to look for extended family or other substitute family options. The CPS will provide support and monitoring and use placement at a Children’s Home as the last resort. At the start the CPS will have limited staff and will need to prioritise its areas of work, such as: cases of serious abuse and neglect and their support and work with Children’s Homes: in their registration, assisting Homes meet the ‘Standards for Children’s Homes in Guyana’ and in reintegrating children resident there back into their families or into an alternative family.

#### **4.2 Management and Structure of CPS.**

The prime demand for the services of the CPS will be in the populated urban coastal belt of regions 3 and 4 around Georgetown and regions 5 and 6; these 4 regions have three quarters of the country’s population and two thirds of its children<sup>3</sup>. All the Children’s Homes are in regions 3, 4 and 6. To begin with it is appropriate to concentrate the limited resources of the CPS around Georgetown and Berbice.

Under the Coordinator it is envisaged that Georgetown and Berbice. will both have a Senior CPS caseworker both in At the beginning these two areas would need all the child care caseworkers available. Two teams of 4 and 3 CPS full-time caseworkers under the senior for Regions 3& 4 and 5& 6 respectively, based in their separate areas would enable the Service to seriously take on its responsibilities. To provide specialist cover for all regions the CPS will require over 20 specialist staff.

The other personnel at the CPS main office in Georgetown would be the Homes’ Inspector and the data-base technical officer.

The Coordinator’s role is to:

- advise the Minister and the Director of Social Services,
- promote policies nationally that bring better protection, resources and facilities to ‘at risk’ children and their families,
- promote inter-agency dialogue and action,
- increase neighbourhood assistance to vulnerable families by way of playgroups, crèches, pre-schools, family assistance,

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<sup>3</sup> An Assessment: the situation of orphans and other vulnerable children, 2004, MoLHSSS, MoH & Unicef

- ensure the CPS has a clear policy and procedures and that these are followed,
- supervise the two senior CPS specialists,
- advocate for good social work practice,
- analyse the work being done, to set targets and a clear direction for the work of the CPS and its staff.

### **4.3 Immediate Tasks.**

For the next year the CPS should in our opinion concentrate its interventions in the following areas:

- children who have been seriously abused or neglected;
- children who are at serious risk of abuse and neglect;
- the registration of all Children's Homes;
- the regular inspection of all Homes to assess how they meet the quality Standards for Children's Homes in Guyana and any regulation for Minimum Standards and to set agreed targets for improvement;
- the drawing up of care plans for all children in the Homes;
- the reintegration of children from the Homes to their own or a substitute family;
- the giving of financial assistance when it will allow a child to be reintegrated;
- the follow-up of all children assessed by the CPS as being at risk or placed by the CPS until they are no longer seen to be at risk, this would include children returned to their families.

### **4.3 Work Plan for the first 90 Days.**

The Coordinator and CPS staff have put together an initial plan for the first 90 days once the CPS is formally set up and staffed<sup>4</sup>. (See Appendix 2)

## **5. CHILD PROTECTION - PROCESSES, PROCEDURES AND FORMS.**

Child protection covers a wide area of concerns. The Child Protection Service has been brought into being to address and counteract the impact of serious incidences of abuse and neglect once they become known. Some of the children it will come into contact with will be very traumatised and in extreme cases their circumstances life threatening. Once the CPS becomes involved it must have in place systems which will show that it has carried out its role responsibly and in line with the Ministry's agreed procedures. This is vital to ensure the best options are taken for those children and to show that the CPS takes its accountability for its decision-making, interventions and support seriously.

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<sup>4</sup> Child Protection Unit 90 day work plan



## **5.1 The Concept of Significant Harm.**

The CPS will want to consider the threshold of “abuse” or “risk” at which it should act. At this point in time the CPS could do worse than consider using the concepts from the Children’s Act in UK. The Children Act 1989 in England and Wales introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of a child. Significant harm can be indicated by a single traumatic event (for example, a violent assault, suffocation, shaking or poisoning.) However, significant harm is more commonly attributed to an accumulation of significant events that damage a child's physical or psychological development. Careful professional and legal assessment are essential in determining when a child’s needs are not being met to such an extent that it constitutes significant harm being caused to the child. Harm is defined in Britain as 'ill-treatment or the impairment of health and development'. There needs to be placed on the CPS a duty to make enquiries when it has 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm.'

Guidance then needs to be given to the CPS staff as to what might constitute significant harm. CPS is advised to sit and decide the definitions appropriate for Guyana. It is suggested that the CPS looks at websites for Local Authorities in Britain and uses their guidance as a starting point for discussion.

## **5.2 Best Interests Decisions and the use of the Courts.**

A most important aspect which removes from the CPS some of the weight of responsibility for the decision-making as to who should look after a child “at risk” where the child needs to reside away from his/her family comes from the role of the High Court. It is that court’s responsibility to decide within 48 hours of the child’s removal from his/her home whether the court should take on the custody of the child; it will greatly depend in making that judgement, on the views of the CPS caseworker involved. The need to provide the court with evidence to assist it in making this decision underlines the importance of gathering accurate information and records being available, ie from the ‘At Risk Assessment Form’ (see 5.4 below). While the child is in the custody of the court any change of residence will require an order from the court. It is important therefore that a relationship of trust and mutual respect is built up between the High Court and the CPS.

The following are key stages in the making of decisions concerning an at risk child. With each of these stages is a form which is both an important tool and a record of the decision-making process.

## **5.3 The Referral.**

The CPS is a specialist cadre of staff that will need a referral from other persons before taking on a case. The initial referral form (CPF 5) completed by the Probation Service intake person will alert the CPS of an ‘at risk’ case that may need their attention. This referral form should explain the nature of the concern. It is suggested that this form goes

to the relevant Senior CPS supervisor to decide whether this is an ‘at risk’ case which requires a CPS caseworker. This filtering process is important to stop CPS staff becoming inundated with non-abuse or neglect cases which could effectively be dealt with by others. If the case is appropriate for the CPS then the case is passed on to a CPS caseworker to complete an At Risk Assessment Form. (See **Referral Form Appendix 3**)

#### **5.4 At Risk Assessment.**

The purpose of this assessment is to decide what action is needed to prevent any further serious harm to the child or any likely harm taking place. An At Risk Assessment Form (CPF 1) should be completed on any child referred to a CPS caseworker by his/her supervisor. Collecting the information necessary to fill out the form satisfactorily will probably take many hours or even several days work, hence the need for the earlier vetting by the CPS supervisor.

This form requires detailed information about the child and his/her family and current carer, the harm inflicted now and in the past and whether the child would be safe at his/her home. In the case of serious harm it requires liaison with the police if the child is to be removed from the home and a medical report on the child’s condition from a Doctor. For a better understanding of “risk” in relation to the child the views the health clinic nurse, the teacher and other respected community members who know the family may need to be sought This will help deciding on the best course of action.

Once all the investigations have been completed the CPS caseworker will draw up the action plan. Discussion with his/her supervisor will be essential during the 48 hour period in which much of this report may need to be completed. The views of the family and child to the assessment and action plan are required. If in the best interests of the child he/she needs to continue to be placed away from his/her home then the caseworker will have to go to the High Court. This form will provide essential information for that hearing. Before a decision as to a placement can take place the caseworker’s supervisor will need to endorse what is being proposed and sign off their agreement. The speed with which the decision to take the matter to the court has to take place will require excellent liaison between the caseworker and supervisor. (See **At Risk Assessment Form – Appendix 4**)

#### **5.5 High Court Order.**

Where a child has been removed from his/ her home and the collective evidence gathered from the doctor, police, other sources and the CPS caseworker’s own findings for the At Risk Assessment indicate that the child would be in danger of further harm if he/she returned home then the caseworker must go to the High Court within 48 hours. The purpose in bringing the case to court is to request that the custody of the child be temporarily transferred to the High Court by a court order and an alternative placement for the child agreed to also by a court order.

The High Court will need to be notified of any plan to change the placement of a child in its custody and to give its authorisation for the change.

Those children currently in Children's Homes without a court order who after having an assessment are not seen as likely to return to their home in the next 6 months should have their case taken to the High Court so as to obtain a court order to legitimise their being in the Home.

## **5.6 Assessment for Children in Homes.**

An assessment is specifically needed for all children currently resident in a Children's Home as most have not had any previous detailed assessment made on their circumstances. As there are about 566 children in the Homes this will be a major exercise over the next year. It may be that volunteers, who have had social work training, can work alongside CPS staff after being adequately trained and assist them complete the Assessment of Children in Homes Form. (CPF 2)

The purpose of this form is to obtain details of the child and their family, to build up an understanding of the history of the child's well-being, to review home contact and to look at what would be in the best interests of the child, particularly as to whether plans could be made for the child to return to his/her family or a substitute family rather than to continue to stay at the Home. It requires meeting with the child, his/her parents/carers, and Home staff and finding out their responses to proposed action plans. The CPS staff supervisor must agree with the assessments conclusions and action plan before any action can be taken. (See **Assessment for Children in Homes Form – Appendix 5.**)

## **5.7 Care Plan for Children.**

The purpose of the Initial Care Plan is to decide with the child, parent/carer and Person in Charge of the Home (if applicable) what is to be achieved for the well-being of the child. The care plan should be made in the next 6 months after a placement has been made. The Initial Care Plan Form (CPF 3) is the means by which this information is recorded. The making of a Care Plan does not remove the duty of the CSP caseworker to visit as regularly as deemed appropriate in discussion with his/her supervisor.

This Initial Care Plan form should also be used where a child is at risk but the court has agreed or the CPS has decided that the circumstances are favourable enough for the child to live at home or be returned to live with his/her parents or a member of his/her extended family.

The form sets out the objectives for the next 6 months and the actions and services to be delivered, the person responsible and the expected outcome. The views of the child, parent/carer and Person in Charge of the Home if applicable are to be recorded. The CSP caseworker's action plan requires the endorsement of his/her supervisor. (See **Care Plan for Children Form in Appendix 6.**)

### **5.8 Care Placement Review and Planning.**

The purpose of Review and Planning Form for Children at Risk or Placed by CPS (CPF 4) is:

- to review the child's progress during the current placement and what has been done to effect the last care plan,
- to ascertain the opinions of the child, the family and other professionals,
- to review the contacts that have been made with the child by his/her family and friends and by the assigned CPS caseworker with the child and his/her family,
- to decide how the care plan should be revised in the light of any changes that have occurred and if a new care plan is needed the tasks and responsibilities assigned and expected outcomes recorded.

The form emphasises that coming to a decision as to a revised care plan is a joint undertaking and hence it records all those who participated in drawing up the new care plan and particularly the involvement of the child where possible.

After the initial care plan, this review and planning form, is the on-going means by which the child's progress and efforts to return the child to a family is recorded. It should be completed 6 monthly unless it is agreed by all parties that it should be done annually as the situation is stable and beneficial to the child. The CSP caseworker's review and action plan requires the endorsement of his/her supervisor. (See **Review and Planning Form in Appendix 7.**)

### **5.9 Reintegration.**

When a child is reunited with their family or a substitute family the circumstances of that reintegration need to be recorded including what needs to be done and by whom to make the reintegration a good experience for the child. Also agreement as to any assistance, including financial, to be given to the family must be recorded. All these agreements will need to be followed up. The CSP caseworker's reintegration and care plan requires the endorsement of his/her supervisor. (See **Reintegration Form – Appendix 8.**)

### **5.10 Case Closure.**

Once a child has been adequately reintegrated into a family or has set themselves up on their own after leaving a Children's Home the point will come that further formal contact with the CPS is not required. When this situation is reached there should be a form of closure with the child where it is recognised that they are resettled and no longer require visits from the CPS. This is grounds for congratulation to them and to their families. A form stating why the caseworker feels closure can take place and signed by the child or young person if over 18 years and their carers is completed and a copy left with the child, once agreed to and signed by the caseworker's supervisor. The court should be informed of the CPS's plan to close the case and any issues remaining about custody resolved.

### **5.10 Supervision.**

It will be seen that in carrying out the above procedures it is essential that the caseworker has the endorsement of his/her supervisor for the actioning of decisions. This is necessary as these decisions have immense impact on the lives of the children concerned and it is important that the best judgements possible are made in assisting each child.

### **5.11 Inter-Agency Cooperation.**

The establishing of good relations with the major agencies who are likely to be involved in the removing, investigating the circumstances, deciding on the custody and the placement of a child, and in providing the child's care needs will require considerable ground work in the form of advocacy and planning at all levels within the CPS.

The MoHSSS with the support of the Coordinator will need to establish good relations and systems with:

- the head of the police so that certain officers can be trained and assigned to work with CPS staff for the protection of a child and the enforcement of any measures;
- the medical services so that doctors interested in working with harmed children are identified, are informed of the CPS's processes and arrangements made for them to be the ones to investigate abuse cases where it is felt necessary;
- the High Court judges responsible for family matters and particularly those in the proposed Family Division;
- NGOs, the churches and other organisations who can provide aspects of care for children, such as specialised facilities in the community, like day care or pre-school
- the Children's Homes;
- those government Ministries and departments who can assist in improving the lives of at risk children and their families.

## **6. DEVELOPMENT OF QUALITY STANDARDS FOR THE CHILDREN'S HOMES**

### **6.1 Research into the Children's Homes**

Recent research<sup>5</sup> conducted for the Ministry by F. Magda Wills has provided more information on the lives of children in the Homes and has highlighted weaknesses in the service delivery system. The main findings were;

- There are 20 fully functioning Children's Institutions in Guyana with 566 resident children (47% girls, 53% boys); 71% are between 5-14 years.
- There were no care plans for any of the children in the institutions.

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<sup>5</sup> The Assessment of Standards and Processes in all Children's Residential Homes in Guyana – Report of Study. Magda Fiona Wills - 2006

- 60% of institutions said no visits had been made by probation officers in 2005.
- 61% of mothers and 47% of fathers were known to be alive.
- Poverty (in 21% of cases) is the third main reason leading to children's admission to Homes after abandonment and neglect or abuse.
- Of 36 families visited with children in institutions 27 (75%) said they could return, but of these about 74% said they needed some assistance, often financial (34%).
- The majority of the children asked if they would like to go home answered in the affirmative.
- 55% of Administrators said use of corporal punishment was necessary.
- 70% of institutions have no fire extinguishers; 60% no fire escapes.
- Toilet and bathing facilities are inadequate – average 1:10 children
- Average ratio of care staff to children is 1:10.
- Written agreement for the Home to look after the children from the Probation Service was variable. 25% had letters; 55% had a few letters and 35% had none.
- Homes in Guyana lacked trained and qualified staff.

(See **Appendix 9 Assessment of procedural and physical standards in children's residential care institutions in Guyana - Summary and Recommendations. Magda, Fiona Wills and Unicef, 2006.**)

## **6.2 The Collaborative Development of Standards for Children's Homes**

The Standards for Children's Homes in Guyana contribute to the realisation in full of the right of each child to be cared for by his/her parents<sup>6</sup> and to grow up in their family environment unless the family care is deemed significantly harmful to the child in which case alternative nurturing family care arrangements are to be sought. Poverty should not be the reason for a child needing a care placement.

The Ministry of Human Services and Social Security recognized that it had an obligation to set out a framework for childcare in policy and law and to ensure that childcare provision meets minimum standards in line with the UN Convention on the Rights of the child. Following the Consultants' Report<sup>7</sup> meetings were held between MoLHSSS and the Children's Homes to present and discuss the findings. The findings of the research<sup>8</sup> were also circulated to the Homes. The development of the Standards for Children's Homes in Guyana has been a collaborative venture between the MoHLSSS and the people/NGOs/Churches running and managing the Homes. Two meetings were then held with the Consultants, the first to discuss the need for Standards and work on the outcomes for children that needed to be achieved. The outcomes were then grouped together and the Homes together with MoHLSSS staff began to formulate the standards and deciding

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<sup>6</sup> CRC Article 9

<sup>7</sup> CONSULTANCY ON THE ESTABLISHMENT OF FOSTER CARE REGULATIONS AND MINIMUM OPERATING STANDARDS FOR INSTITUTIONAL CARE OF CHILDREN IN GUYANA. ASSESSMENT REPORT April 2006

<sup>8</sup> The Assessment of Standards and Processes in all Children's Residential Homes in Guyana – Report of Study. Magda, Fiona Wills - 2006

the evidence base of practice that would show that the standards were being maintained. The Standards were then worked on by the consultants and MoHLSSS and brought back to the managers of the homes for discussion.

The Standards are above the minimum and are designed to promote good practice in the Homes. The Standards are laid out in 8 groups under the headings

1. The Rights of the Child.
2. Planning and Legalising Children's Care.
3. Administration and Management of the Home.
4. Staffing.
5. Safeguarding the Child while in the Home.
6. Quality of Care.
7. Nutrition, Health, Education and Religion.
8. Environment of the Home.

The standards represent the development of a practice quality framework for looking after children who need placement in a Children's Home.

These Standards have been prepared by the Ministry of Human Services and Social Security in consultation with the Managers of the Children's Homes. The Standards for Children's Home are based on international standards in the UNCRC, but are also shaped by research into current practice and knowledge of good practice. In summary these standards are an assurance given by Government and the service provider of a measurable level of quality in service provision. The Standards are voluntary but many of the Managers of the Homes have already signed a declaration<sup>9</sup> that they are willing in principle to work towards the implementation of these standards in their Homes. The Standards are meant to be attainable and realistic and not beyond the capacity of Homes to meet most of them with support and guidance.

Each "Standard" is headed by an "outcome for children" and followed by "expected practice." All three of these elements are important. The "outcome for children" is to remind "Homes" and their staff that it is the children who must benefit from the care provided by the Home. The "Standards" are agreed statements of a measure of quality of services and require a quality assurance mechanism to implement them. This will be carried out by the Inspector of Homes and the Visiting Committee. The "expected practice" is what the children and visitors to the home would expect to be able to observe. It is evidence that the Home is working to meet the Standards. (See **Standards for Children's Homes in Guyana - Appendix 10.**)

### **6.3 The Process of Registration.**

This is part of the process of the State taking some responsibility for the children living in Children's Homes and the way that the Children's Homes are managed. The registration process requires that there is a Person in Charge of the Home and a Management Committee for the Home composed from the community and that the Home sets out

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<sup>9</sup> See Appendix 14 – Declaration on Standards by Children's Homes

clearly its purpose and how it wants to look after children. It establishes the characteristics of the children it will look after and agrees with the State the maximum number of children that can be accommodated and the number of staff required to look after the children. During the registration process the Home will be visited by an “Inspector” from MoHSSS and members of the visiting committee. If the Home is already operating the parties will agree what improvements need to be made to reach the Standards.

The Person in Charge of a Home is expected to complete a MoHSSS Children’s Homes registration document, this will, after being signed by all parties provide the necessary agreement for the Home to look after children. The Person in Charge of the Home and the Management Committee will become accountable to MoHSSS for the care they provide. As part of this agreement the Home will agree to be visited by an Inspector from the MoHSSS and members of the Visiting Committee. At the registration stage for existing Homes, the Home and the MoHSSS will have agreed in outline the improvements that need to be made by the Home in order for it to begin to meet the Standards.

(See **Registration Document as appendix 11.**)

#### **6.4 Regulation to Require Minimum Standards.**

The present “Standards for Children’s Homes in Guyana” are voluntary and aim to improve practice through collaboration. They recognize that the State relies upon the Children’s Homes to provide care for many children that the State should be responsible for if it had the means and had acquired the proper legal authority. With the “Standards for Children’s Homes in Guyana” compliance is expected but voluntary avenues will have to be found to support the Homes to reach the Standards.

It will be Legislation and the use of Regulation made by the Minister that will provide the approved baseline for the quality of services. It is recognised that there are certain baselines below which a Home should not fall. If a Home does fall below these baselines as spelt out in Regulations then the children should not be living there. Homes, which can show no evidence of actively working to meet the Regulations may have the children in their Home removed and be closed, and so be no longer eligible to receive children. Progress is being made in developing legislation to protect children which will eventually set out the legal framework for Minimum Standards.

(A draft for **Regulations for Minimum Standards in Children’s Homes in Guyana** can be found in **Appendix 12**).

## **7. INFORMATION, MONITORING AND INSPECTION.**

### **7.1 Information, Monitoring & Evaluation.**



To be able to assess the impact of the CPS data needs to be collected, collated and analysed. It is proposed by the MoHSSS that there is a CPS data base with a technical officer to input and assist in analysis. If this is to work successfully then all CPS staff must ensure that all the necessary forms are sent to the data base officer. In the CPS annual report it would be essential that there is collated and analysed data concerning children who have been the responsibility of the CPS.

Decisions will need to be made as to what data it will be most useful to collect and which will show the scale of the work undertaken by the CPS and the extent to which they are able to support children satisfactorily within families and substitute families rather than in Children's Homes. Information on court orders, children's placements, reintegration and the Homes should be updated 6 monthly but if not at least annually.

At a minimum, data would be required in the following areas:

- Children Placed on High Court Custody Orders and their Placement in the current year, to include;
  - Name of child, date of order, age, sex, type of placement.
- List of children placed in Substitute families, to include;
  - Name of child, age sex, name and address of family.
  - Assessment form completed and date.
  - Care Plans completed and dates.
  - View of child re-placement.
- List of Homes and for **each** Home the following data;
  - Registered by the MoHSSS , date or not.
  - Inspections by MoHSSS, dates.
  - Agreed max. number of children when Registered.
  - Agreed number of care staff when Registered.
  - Current number of children, date, disaggregated by sex and age range.
  - Current number of care staff, date, disaggregated by sex.
  - Current ratio of care staff to children.
- Children in each Children's Home, for **each** child in each Home the following data;
  - Name, sex and date of birth of each child in each Home.
  - Assessment completed, date.
  - Care plans completed, dates.
  - Does the Care Plan propose reintegration or staying at the Home during next 6 months?
- Children Reintegrated During the Year;
  - Name of child, age, sex.
  - Person placed with and address.
- Children to whom a One-Off Payment made;
  - Name of child and family and address.
  - Date of payment and how much.
  - Is the child still with the family after one year, if not where is the child?
- Cases Closed During the Year;

- Name of child, date, age, sex.
- With whom living? (own family, substitute family, adopted.)

Although the CPS does not include the Adoption Board there will need to be close contact between them and it would therefore be logical for the Adoption Board's statistics to be held on the same data base. It would be helpful to know the number of national and international adoptions per year and whether these children had been in the custody of the High Court and where they had been placed prior to their adoption and whether the CPS were involved in the process.

For appropriate monitoring of the work done by CPS there must be close liaison between the Coordinator and CPS Supervisors with the data base technical officer and feed back to staff. Where the forms require the approval of the caseworker's supervisor before implementation this should be rigorously carried out. Regular monthly supervision meetings between each caseworker and supervisor will be essential to ensure high standards and a consistency of practice.

Evaluation of the progress being made by individual staff members and the CPS as a whole require individual annual appraisals and at least to start with a 6 monthly as well as an annual meeting with all staff to study and review the CPS's interventions. This should be greatly assisted through the analysis of the data held on the data base. After one year it may be helpful to have an outsider to evaluate the progress made and the areas which require more attention.

## **7.2 Inspectorate Function.**

It is proposed that an Inspector be appointed to lead the inspections of Children's Homes with one or two members of the independent Visiting Committee and one or two local government officials. The purpose of the inspection is to ascertain from meeting the children, the Home staff and especially the Person in Charge of the Home and by seeing round the Home to assess how well the Home is meeting the Standards for Children's Homes in Guyana and to decide the targets that need to be most urgently set, in agreement where possible with the Person in Charge, to attain those standards. Once the Regulations over the Minimum Standards are in place they will become a base-line which it is imperative for all Homes to meet.

The Inspection team will also be checking that the CPS staff are performing their duties in relation to their undertaking child assessments, care plans and visits to the children and the Home.

The Inspector will be responsible for a report being written on each Home in consultation with the Visiting Committee and other local officials involved in the inspection. Each report will comment on the extent to which the Home is meeting the quality standards and set targets to be achieved over the next 6 or 12 months depending on the urgency of the improvements that have to be made. Every Home should be inspected at least annually. The report should be circulated to the Home (its Management Committee and

the Person in Charge,) the Visiting Committee and local officials who attended the inspection.

Where on an inspection it is clear the standards in the Home are well below those expected then a meeting with the Management Committee should be arranged or notification given that if improvements are not made within the next 3 months the registration of the Home will be reviewed which may lead to the children being removed. The removing of children and the closing of a Home would require the agreement of the Coordinator and approval of the Minister.

A revised Job Description for the Inspector needs to be drawn up and a TOR concerning the role of inspections of Children's Homes.

### **7.3 Visiting Committee.**

The Visiting Committee has not carried out an inspection since 2003. As an independent body of respected people it has an important role in assisting the Inspector. We are of the opinion that the Inspector should organise the attendance of members of the Visiting Committee on each inspection and that the Inspector should be a member of each inspection and be responsible for the allocation of work. It has been suggested that there be 12 members on the Visiting committee.

## **8. THE FUTURE – WHAT NEEDS TO BE DONE.**

### **8.1 Tasks for the MoHSSS and/or Child Protection Service.**

- Establish the Child Protection Service within the Civil Service.
- Recruit core staff, with job descriptions and assign them to Regions 3, 4, 5 and 6 to work with children who have been seriously abused or neglected or are at risk.
- Train cadre of CPS staff regarding work with abused children and the social work processes and procedures.
- The Child Protection staff must assess and write care plans for all children in the Homes and begin the reintegration of children from the Homes to their own or a substitute family.
- Appoint an inspector to work on the registration of all Children's Homes and inspect all Homes to assess how they meet the quality Standards for Children's Homes in Guyana. and to set agreed targets for improvement.
- Appoint suitable people to the Visiting Committee.
- Make legal Regulation for Minimum Standards.

### **8.2 Human resource development and training.**

The lessons from other countries are that implementation of reforms is a long and difficult process when resources are limited. Supervision, performance appraisals and in service training are essential elements of staff development for social workers. As the

laws, structures and processes change this becomes even more important. It is recommended that MoHSSS considers making a human resource development plan that examines these issues.

### **8.3 Law Reform.**

Presently of the laws affecting children in Guyana need modernising to bring them in line with treaty obligations and international standards such as:

- UNCRC and new International Protocols on Child Labour, Trafficking, Sexual Exploitation, Child Soldiers.
- Hague Convention on International Adoption.
- Juvenile Justice Standards e.g. Beijing Rules, Riyadh Guidelines, Tokyo Rules.

Parallel to processes of working on standards and establishing a Child Protection Service has been a stalled child law reform process. There is now a situation where 5 Bills have been in draft since 2004/5:

- The Status of Children Bill.
- Custody, Access, Guardianship and Maintenance Bill.
- Adoption Bill.
- Child Care and Development Services Bill.
- Protection of Children Bill.

The concepts and language in the present draft have been criticised for being complex and outdated, e.g. the terms “custody” and “access” are still used instead of “residence” and “contact.”

As practice has been slow to change in Guyana as regards residential care, use of custody and a belief in parental rights and corporal punishment, the new legislation will need to lead and guide practice.

The slow process of the current law reform means that the policies and principles on which the new law was based might now be outdated or have become obscure in the detailed task of drafting.

In summary new laws are needed to improve the situation regarding:

- Promoting the family and extended family as the place for raising children.
- Supporting families to look after children below school age.
- Preventing separation and family breakdown.
- Where the parents and family cannot make decisions in the best interests of the child it is necessary in law to make decisions that:
  - Establish parenthood if necessary.
  - Decide on parental responsibilities and what parental responsibilities the State should take on corporately.

- Ensure that the child is maintained – finance for child survival and development.
- Decide where a child will live – e.g. residence orders.
- Decide who can have contact with the child and who should not have contact.
- Protect children's property and possessions.
- Protecting children from abuse and exploitation (violence, sex, trafficking and labour.)
- The powers and authority to social workers to act and make decisions. Providing the State with mechanisms to undertake its duties and responsibilities under the CRC.
- Dealing with children who break the criminal law, fail to attend school or are mentally ill.
- Ensuring children's rights are met:
  - Taking into account children's participation and taking into account children's evolving capacities.
  - Best interests decisions.
  - Survival and development.
  - Discrimination – disability, gender and ethnicity.
- Ensuring good standards of practice, process and procedures – by regulation?
- Establishing structures to deliver services.

#### **8.4 Juvenile Justice.**

The present law on protecting children is found in the Juvenile Offenders Act. This Act criminalises wandering the streets, begging and other survival activities. To have an effective child protection service this Act needs complete overhaul. There needs to be clarity on welfare and justice issues. As with child care there are very few support mechanisms in the community for children and families. These are needed to prevent offending and to offer a means of diversion, mediation and establishing restorative justice.

#### **8.5 A range of family and community placements.**

At the present time social workers can only place children in need of protection with family members or institutions. A system of supervised fostering needs to be developed for children needing a short placement while difficulties within the family are overcome. The majority of children placed in Homes are there for reasons of poverty or are abandoned or abused by parents. Some family breakdowns can be prevented and while returning home and cash transfers may reduce the problems of poverty, long term placements are needed within families for many children. Improved adoption processes can help the babies and young children but may not be appropriate for older children who have sporadic contact with their families. Some thought needs to be given as to the best placement for these children. If it is residential care then Standards must improve dramatically.

## **8.6 Developing Community Care Services.**

It is essential to develop services to support young children and their families. Crèches, nursery, day care, home help are all examples of early childhood development services that enable families to stay together and look after the children. These services help prevent deprivation that scars a young child with often consequences for the future. Without these support services social workers have very little to offer families living in poverty. As well as licensing and regulating these services that can be run by the NGOs or private sector some means of fast tracking their development is needed. This could be in the form of grant funding or public private partnerships. MoHSSS should look to donors to see if such funds can be established.

## **8.7 Cash Transfers.**

In the findings of the recent study on Children's Homes it was estimated that about 21% of the children were admitted because of family poverty, which was the third main reason after abuse and neglect, and abandonment. Of the 75% of parents interviewed who said they could have their children back 34% said they could only do this if they had financial assistance. A cash grant to a number of children's families could enable them to return home. No research has been done as to how best this could be done. In many countries cash transfers to poor and highly at risk families is being done on a monthly basis for a number of years or until the children finish schooling. Sometimes these transfers come with conditionalities, e.g. a child attending school, a baby receiving immunisations and regular medical check-ups and parents attending parenting skills sessions. The setting up of a sophisticated system would take time. However, funding may be available for at least a one-off payment where families have been assessed as willing and capable of caring for a placed child if they had the funding to carry out some basic requirements. They may for example need to partition a room, do some roofing, buy a bed and bedding, buy shoes and clothes for the child. It would need the MoHSSS to calculate whether a family has this financial need and maybe to verify this with a respected person in the community who knows the family. For families who it is assessed need financial assistance a set amount could be given as a one-off payment. If US\$200 was seen as an amount that could allow poor families to readjust to caring for an extra child, then with the possibility of 3-200 of the 566 needing financial assistance a fund of US\$ 60,000 could with some casework support enable a good number of the children in Homes to be reunited with their families. It is likely that some families may need more regular payments. The MoHSSS's Difficult Circumstances Board could be one of the sources of funding as could Unicef and the Global Fund.

As an experiment it would be useful to see whether such a one-off payment to poor families to assist them to take back their children enables them to continue looking after their children on a long term basis. The data base could be used to assess this.

## Appendix 1

### **DRAFT CONCEPT NOTE FOR CHILD PROTECTION UNIT**

*“Protecting children from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development” UNICEF.*

Governments the world over are committed to creating a protective environment for children. At the United Nations (UN) 1991 Convention on the Rights of the child world leaders pledged their commitment to making it possible that every child will get a better future. To achieve this goal, Governments are expected to place children in the forefront in their programmes for development. Here in Guyana, the Government has accepted the challenge, and in safeguarding the Rights and Welfare of all the Children of Guyana has established a national framework that guides appropriate strategies, activities and legislation for orphans and vulnerable children (OVC). One of the recommendations coming out of consultations for the project is that a unit that focuses directly on child care and protection be established.

There is definitely a need for an established system for safe-guarding children in Guyana. Research has found 566 children living in homes and institutions without adequate social work interventions, largely due to staff shortages and limited resources. There are also a number of children outside of institutions, who lack safe and stable families to help them grow into healthy and productive adults. Establishing a unit to cater for the social work and welfare needs of children is a step in the right direction of creating a protective environment for children.

**The Child Care & Protection Unit** will be part of the Probation & Social Services Department. It will comprise of a Coordinator and a team of child care specialists. (See organization chart attached). The main role of the coordinator is to coordinate the day-to-day activities of the Unit; collate all relevant information on Child Protection issues; monitor and review practices; develop policy and run training courses for staff; families and care-givers as well as health workers, police and the voluntary sectors on child care and protection.

#### **The goals & Objectives of the Unit:**

- ✓ To promote, safe-guard and protect the overall well-being of children and families
- ✓ To intervene on behalf of children who have been abused/neglected or to prevent abuse/neglect.

- ✓ To work with children their families and care-givers to assure that every child has a permanent safe and nurturing environment in which to achieve their maximum potential
- ✓ To work with other agencies such as the police, social services, health, education youth and community groups for the overall protection of children.

## **The Mission**

Improving professional practices with at risk children and their families in a timely manner

## **List of Responsibilities:**

- ✓ Investigate all reports of suspected child abuse
- ✓ Initiate victims' rehabilitation Programme
- ✓ Educate and train parents /care givers
- ✓ Facilitate child placement and reunification
- ✓ Undertake assessments and provide support for children in need and their families
- ✓ Arrange and manage appropriate services to children in need and their families
- ✓ Maintain appropriate care plans and case records for children in child protection service
- ✓ Provide therapeutic social work service to children and their families
- ✓ Engage in statutory and routine visiting of children in residential care facilities
- ✓ Supervise/monitor children who have been made the subject of Court Orders and in need of Protection
- ✓ Prepare reports for the Courts and for other purposes
- ✓ Present appropriate reports and attend child review meetings
- ✓ Carryout duties associated with the protection of children under the provisions of the relevant Acts in the Laws of Guyana and within Departmental procedures
- ✓ Provide training opportunities for staff and personnel in child care & protection



- ✓ The collection of data on at risk children

**Staffing:**

See organization chart attached

**Location:**

The Child Care & Protection Unit will form part of the Probation & Social Services Department. A location on the ground floor of the Ministry of Human Services & Social Security has been identified as a temporary location for the team of child care specialists. However, a more child friendly building is needed.

**Immediate Needs:**

- A child abuse “hot line” to be manned by the child care specialists.
- 4 computers with UPS and workstations for staff
- A television set to monitor programmes that feature reports of child abuse and for training
- A motor vehicle to be assigned to the unit to be used for investigation of child abuse reports
- A sum of money to be set aside for victims’ rehabilitation and family reunification of children in residential care facilities.

## Appendix 2

### CHILD PROTECTION SERVICES NINETY-DAYS ACTION PLAN

| AREA OF OPERATION                  | WHAT TO BE DONE  | BY WHOM                                   | WHEN   |
|------------------------------------|--|---|--|
| Administration & Staffing          | Official Launching of the Unit: <ul style="list-style-type: none"> <li>Probation &amp; Social Services Staff and Other Agencies Awareness</li> </ul>   | Honourable Minister/Permanent Secretary   | With immediate effect  |
|                                    | Office Space to be allotted  | Permanent Secretary                       | -do-   |
|                                    | Re-designation/appointment letters for the 7 core staff identified   | Permanent Secretary                       | -do-   |
|                                    | Identified staff from Probation Service to be relinquished   | Chief Probation & Social Services Officer | -do-   |
|                                    | A vehicle to be assigned to Unit   | Permanent Secretary                       | -do-   |
| Child care & Protection Activities | Prepare quality assessments & care plans for 50 children from Joshua House, Mahaica Home & Drop-in-Centre with a 50% target of reunification with assistance from the Difficult Circumstances Unit, Food for the Poor and other community organizations. | Staff of Child Protection Unit            | Beginning 1 <sup>st</sup> November and to be completed by the end of the 90 days |
|                                    | The identification of working definitions for Child abuse & Children at risk   | -do-                                      | With immediate effect  |
|                                    | Obtainment of legal papers for children being taken into care  | -do-                                      | Commence 1 <sup>st</sup> November  |
|                                    | Psychosocial support and reviews for the children reunited with families   | -do-                                      | -do-   |
|                                    | Operationalising the visiting Committee & Inspectorate   | the Coordinator of the Unit &             | By the end of the 90 days  |

|  |   |  |  |
|--|---|--|--|
|  | <p>Make the standards effective</p> <p>Arrange inter-active session with police, constabulary, school welfare officers, health social workers &amp; community leaders (one-day seminar to forge partnership)</p> <p>Data Collection on children being looked after and being reunited with families</p> <p>Arrange expert training for staff on child protection issues</p> | <p>Permanent Secretary</p> <p>The coordinator of the Unit</p> <p>Staff of CP Unit</p> <p>The coordinator of the Unit</p> | <p>First week in December</p> <p>Continuous</p> <p>By the end of the 90 days</p> |
|--|---|--|--|

## **FUTURE ISSUES**

- Development of Foster Care Scheme
- Adoption facilitated
- Law Reform: Children's Bill; Status offences abolished
- Financial Resourcing: incentives for homes; cash transfers
- Manpower Resourcing & Capacity building



**Appendix 3**

**MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY**  
**CPF: NO. 5**  
**SOCIAL SERVICES CHILD PROTECTION REFERRAL FORM**

Date of Intake.....Time.....

To:.....

| Name of Child/Children | Date of Birth | School | Name of Guardian |
|------------------------|---------------|--------|------------------|
| 1.                     |               |        |                  |
| 2.                     |               |        |                  |
| 3.                     |               |        |                  |
| 4.                     |               |        |                  |

Address.....  
.....Tele. No.....

**Reason for Referral**

Why do you think this/these child/children is/are at risk? What evidence is there?

From:

(Name of Intake social Worker).....

Signature.....

**Child Protection Administration use only**

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Case allocated to:.....

Date of Allocation:.....

Supervisor's comments:.....

.....

.....

Signature of Supervisor.....



MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY

**Risk Assessment Form**

**CPF: No. 1**

**Basic Information**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M [ ] F [ ]

Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_

School Attending \_\_\_\_\_ Class/Form \_\_\_\_\_

Name of Father \_\_\_\_\_ Alive/Dead \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of Mother \_\_\_\_\_ Alive/Dead \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of siblings and where they are living

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other important relatives, carers, foster parents, guardians:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Who is currently looking after the child?** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

### Why are they looking after the child?

[illegible]

### What Harm has the child suffered?

|  |
|--|
|  |
|--|

**Give evidence of any previous history of harm to the child or his/her siblings**

[illegible]

**Describe the child's home situation where the abuse took place**

**Child Protection**

Explain whether the child is safe in his/her usual home situation or at risk of abuse or significant harm. What is the evidence?

If you suspect the child has suffered serious harm state the name of Police Officer contacted\_\_\_\_\_

Address of police station/post\_\_\_\_\_

**Action taken by the police**

Name of Doctor who conducted medical examination\_\_\_\_\_

Doctor's address\_\_\_\_\_

**Outcome of Medical Examination**

**Below please consider each of the elements and comment to the extent that they are relevant to the present situation. Base your comments on evidence and state whether you have visited the family at home or made other community contacts in the process of this assessment.**

**Date of Visits to the Child's Home**

**Other Contacts made in the Community with dates, eg health clinic nurse, teacher**



**Survival**

Provision of basic care, shelter, clothes, food

**General Health.**

Condition, disabilities, immunizations, hospital checks or accidents

**Development**

Physical Development; Nourishment, Motor skills, Speech and Communication  
Emotional and Social Development, Attachments, fears, attitudes, confidence, happiness

**Behaviour**

Lifestyle, self control, reckless, self harm, substance abuse, anti social behaviour,  
offending, sexual behaviour, violence, aggression

**Parents Family and Carers**

Family and social relationships including extended family

**Educational attainment and learning (It is vital to contact the child's teacher)**

Attendance, reports, view of teacher

**Housing, Employment, Financial Issues****Social and community support**

What is available to support the child and family eg: day care, nursery, Church

**What are your conclusions?**

Is this child at serious risk of harm and why?

Does the child need to leave his/her present place of residence?

**What do you see as the options for supporting the child in the family/community ?**

**What is your action plan? - Give reasons why you have chosen that course of action and what you want to achieve by it**

**If your action plan contemplates a placement in a Children's Home please state:**

Why the child cannot live with parents or previous carers?

The names of relatives you have contacted about caring for the child and their response

How you will know that the home situation has improved?

Which home would be most suitable and why?

**Child or young person's comment on the assessment and actions identified**

**Parent or carer's comment on the assessment and actions identified**

**Who else needs to be informed of this decision? What are your recommendations to the Court?**

If the Child is to be removed from the custody of its family (nuclear or extended) who will be taking the case to the High Court?\_\_\_\_\_

Name & Signature of Case Worker making the Assessment

.....

Date.....

Name & Signature of Supervisor: that he/she has checked the caseworkers assessment and agrees with the conclusions and action plan

.....

Date.....

**Assessment for Children placed in Children's Homes before 2007**  
**CPF: No 2**

Name of Child \_\_\_\_\_

Ethnicity\_\_\_\_\_Religion\_\_\_\_\_

Name of Children's Home child currently resident in \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

The date the child took up residence at the Home?\_\_\_\_\_

The dates and of all Children's Homes where the child resided before this one

|  |
|--|
|  |
|--|

|                |  |            |
|----------------|--|------------|
| Name of Father |  | Alive/Dead |
|----------------|--|------------|

Occupation\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Name of Mother\_\_\_\_\_Alive/Dead\_\_\_\_\_

Occupation\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Name of siblings and where they are living

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**Other important relatives, carers, foster parents, guardians:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Does the child have a disability?      Yes ☐ No ☐

If 'yes' give details of any special requirements

|  |
|--|
|  |
|--|

## **ASSESSMENT INFORMATION**

### **People present at assessment**

### **What is the stated reason for the child being in the Home?**

Below please consider each of the elements and comment to the extent that they are relevant to the present situation. Base your comments on evidence and state whether you have visited the family at home or made other community contacts in the process of this assessment.

### **Date of visits to the home of the child's family**

### **Other contacts made in the community with dates, eg health clinic nurse, teacher, etc**

### **Survival**

What is your assessment of the ability of the child's family to provide basic care, shelter, clothes, food etc?



**General Health.**

Condition, disabilities, immunizations, hospital checks or accidents

**Development**

Physical development; nourishment, motor skills, speech and communication  
emotional and social development, attachments, fears, attitudes, confidence, happiness

**Behaviour**

Lifestyle, self control, reckless, self harm, substance abuse, anti social behaviour,  
offending, sexual behaviour, violence, aggression

**Parents Family and Carers**

Family and social relationships including extended family

**Educational attainment and learning. (It is vital to contact the child's teacher)**

Attendance, reports, view of teacher

**Housing, Employment, Financial Issues**

**Social and community support back home**

What is available, day care, nursery, Church

**How is the child coping in the Home?**

**How often do the parents and relatives visit – give dates**

**Has the Person in Charge had a meeting with any parent or relative and what was the outcome?**

**Has the child visited any parent or relative – give dates?**

## **CONCLUSIONS, DECISIONS & ACTION**

*Now the assessment is completed you need to record conclusions & decisions. Work with the child or young person and/or parent/carer, and the Person in Charge of the Home and take account of their ideas, solutions and goals.*

**What are the challenges that need to be overcome for this child to return to his/her family or to a substitute family?**

**What do you see as the alternative possibilities which would enable the child to return to the community?**

**What course of action does the child favour?**

**What course of action do the parents and/or relatives favour?**

**What is your Action Plan - give reasons why you have chosen that course of action and what you want it to achieve**

**In relation to the Action Plan what assistance will the child and their carers require?**

**Child or young person's comment on the assessment and actions identified**

**Parent or carer's comment on the assessment and actions identified**

**Person in Charge's comment on the actions identified**

Signed by Parent/Carer..... Date.....

Signed By Person in Charge of Home .....Date.....

Signed by the Child where possible..... Date.....

Name & Signature of Child Protection Service caseworker making Assessment

|                |
|----------------|
| Name.....      |
| Signature..... |
| Date.....      |

Name & Signature of CPS Staff Supervisor: that he/she has checked the caseworker's assessment and agrees with the conclusions and action plan

|                |
|----------------|
| Name.....      |
| Signature..... |
| Date.....      |



**Ministry of Human Services & Social Security**  
**CPF NO.3**  
**Initial Care Plan for Children**

*The care plan is to be made after the assessment form is completed and the child is assessed as being at risk of serious harm. Work with the child, parent/carer and current caregiver where applicable taking account of their ideas, solutions and goals. This form should be completed by the CPS caseworker within 6 months of the assessment being made.*

Name of child \_\_\_\_\_

Gender:      ☐ Female      ☐ Male      Date of Birth \_\_\_\_\_

Child's current address. (If in a Children's Home give name, address & contact person)

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---

Name of parent/carer and relationship to the child \_\_\_\_\_

---

Address \_\_\_\_\_

**Stated Objectives of the Care Plan**

*Consider the help and support the child and their family need, including concerning healthcare, education, financial assistance, home visits, reintegration, finding a substitute family etc*

**Strategies for achieving objectives***How the child and their family will get the help they need***Placement Plan***(Please tick as appropriate)*

|  |  |   |  |
|--|--|---|--|
| Remain with parent(s)                        |  | Foster Placement  |  |
| Return to parents in .....months             |  | Foster Placement with relatives/friends   |  |
| Placement with relatives/friends             |  | Placement with adopters   |  |
| Residential placement (children's home)..... |  | Specialist residential placement (severe disability hospital/convalescent home) |  |

Other, please specify:

---

**Plan for Contact with family & relatives**



**Views of Child concerning the Care Plan**

**Views of Parents/Carers concerning the Care Plan**

**Views of the Person in Charge concerning the Care Plan**

**Actions & Services to be provided**

| <b>Actions &amp; services to be provided</b> | <b>Frequency &amp; length of service</b> | <b>Person/agency responsible</b> | <b>Expected outcome<br/>(<i>progress to be achieved by specified date</i>)</b> |
|--|--|----------------------------------|--|
|  |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |

**Agreements**

Name & signature of parent/carer

Name & Signature of CPS Case worker

.....

.....

.....

.....

Date.....

Date.....

Name and signature of child

.....

.....

Date.....

Name & Signature of CPS Supervisor: that he/she has checked the caseworker's  
assessment and agrees with the conclusions and care plan

.....

.....

Date.....



**Contact date(s) since admission/care plan/last review with child:**

|  |
|--|
|  |
|--|

**CPS contact date(s) and visits since assessment/admission/last review with family members:**

| Name of family member | Date | Name of family member | Date |
|-----------------------|------|-----------------------|------|
|                       |      |                       |      |

**Date(s) of CPS meetings/internal case reviews regarding the child since assessment:**

| Date | Type of Meeting | Date | Type of Meeting |
|------|-----------------|------|-----------------|
|      |                 |      |                 |

**Review of child's contacts**

Has the child/young person had contact with the following people since the last review?

| <b>Person</b>  | <b>Frequency and Dates.<br/>If none state reasons</b> | <b>Type:<br/>Face to face,<br/>telephone,<br/>letters</b> | <b>Arrangement:<br/>Transportation,<br/>location,<br/>supervision</b> | <b>How did contact support the plan for the child?</b> |
|--|---|---|---|--|
| Birth mother   |   |   |   |  |
| Birth father   |   |   |   |  |
| Step-parent/other main carer                         |   |   |   |  |
| Brothers and sisters:                                |   |   |   |  |
| Grandparent(s):                                      |   |   |   |  |
| Other significant people for the child/young person: |   |   |   |  |

## REVIEW AND REVISION OF CARE PLAN

How far have the care plan objectives/review outcomes/actions been achieved or partially achieved?

| From the last care plan/review, list all objectives or planned outcome(s) to be achieved | Person/ agency responsible | Actions undertaken & services provided. (please supply dates) | List actual outcome(s) progress made. Give reason services ended or were not provided. |
|--|----------------------------|---|--|
|  |                            |   |  |

Please record the opinions of the child and family regarding the progress made to date and what do they want to see achieved in the future?

|  |
|--|
|  |
|--|

**Is the child still considered to be at risk of serious harm in his/her home and family environment? Please give evidence or reasons**

|  |
|--|
|  |
|--|

**If the review considers that residential care for the child should continue, please state reasons.**

|  |
|--|
|  |
|--|

**After considering the progress made during the period before this review and the opinions of the child and family, please list the objectives to be achieved during the next period**

|  |
|--|
|  |
|--|

**Please state the views of the child, family and Children's Home/Placement family regarding objectives for next period**

|                                   |
|-----------------------------------|
| Child                             |
| Family                            |
| Children's Home/ Placement Family |



### Future Placement/Care Plan for child

*(Please tick as appropriate)*

|  |  |  |  |
|--|--|--|--|
| Remain with parent(s)                        |  | Foster Placement   |  |
| Return to parents in .....months             |  | Foster Placement with relatives/friends  |  |
| Placement with relatives/friends             |  | Placement with adopters  |  |
| Residential placement (children's home)..... |  | Specialist residential placement (severe disability, hospital/convalescent home) |  |

### Actions & Services to be provided during next period

| Actions & services to be provided | Frequency & length of service | Person/agency responsible | Expected outcome<br><i>(progress to be achieved by specified date)</i> |
|-----------------------------------|-------------------------------|---------------------------|--|
|                                   |                               |                           |  |
|                                   |                               |                           |  |
|                                   |                               |                           |  |
|                                   |                               |                           |  |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

**Plan for Contact with family & relatives**

|  |
|--|
|  |
|--|

**SUMMARY OF REVIEW DECISIONS**

**(It is essential to record the reasons for changes to the plan(s) for the child)**

|  |
|--|
|  |
|--|

## THE REVIEW PROCESS

Those involved in review process:

(Please tick as appropriate)

| Name | Relationship to child/young person/Agency | Report received | Consulted | Invited | Attended |
|------|---|-----------------|-----------|---------|----------|
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |
|      |   |                 |           |         |          |

Did the child/young person attend the meeting?    ☐ Yes   ☐ No

If yes, please describe how they were supported to contribute. If no, please explain why:

|  |
|--|
|  |
|--|

## AGREEMENTS

| <b>Participants</b>              | <b>Name</b> | <b>Signature</b> | <b>Date</b> |
|----------------------------------|-------------|------------------|-------------|
| <b>Child/young person</b>        |             |                  |             |
| <b>Parents</b>                   |             |                  |             |
| <b>Caregivers</b>                |             |                  |             |
| <b>Health Professionals</b>      |             |                  |             |
| <b>Educational Professionals</b> |             |                  |             |
| <b>Other</b>                     |             |                  |             |
| <b>Caseworker</b>                |             |                  |             |
| <b>CPS Supervisor</b>            |             |                  |             |

**Please give details if any participant in the review process disagrees with the any of the decisions/recommendations:**

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## Ministry of Human Services &amp; Social Security

**CPF No. 6**  
**Reintegration Form**

*Reintegration is the placement back home or with relatives of a child who has been living in a Children's Home or with foster parents. Reintegration should have been planned in the care plan or the case review. The purpose of this form is to ensure that the reintegration of the child is in his/her best interests and the parents or relatives of the child have verified their relationship. The child also needs to confirm that he/she wishes to be placed with the parents/relatives.*

Name of child

**Gender:**      ☐ Female      ☐ Male      **Date of Birth** \_\_\_\_\_

**Name of parent/relative and relationship to the child**\_\_\_\_\_

**Address to which the child is returning** \_\_\_\_\_

### Views of Child concerning the reintegration

*Does the child accept that this family are his/her parents or relatives*

### View of Parents/Relatives concerning Reintegration

Are this family the parents or relatives of this child?

**Plan for Follow up contact with family & relatives**

| <b>Actions &amp; services to be provided</b> | <b>Frequency &amp; length of service</b> | <b>Person/agency responsible</b> | <b>Expected outcome<br/>(<i>progress to be achieved by specified date</i>)</b> |
|--|--|----------------------------------|--|
|  |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |

**Other relevant information**

## Agreements

If child is subject to a court order has permission been obtained for the child to return home? Give details \_\_\_\_\_

We the undersigned agree that \_\_\_\_\_ is a child of this family or is related to this family.

Name & signature of parent/relative

Name & Signature of CPS Case worker

.....

.....

.....

.....

Date.....

Date.....

Name and signature of child

.....

.....

Date.....

Name & Signature of CPS Supervisor: that he/she agrees with the decision to reintegrate

.....

.....

Date.....

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

## **Summary and Recommendations**

**August 2006**

**MAGDA, Fiona Wills and Unicef**



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**Admission of children into institutions**

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**Reintegration**

**Physical and operational standards in institutions**

**Conclusion and recommendations**

## **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:*

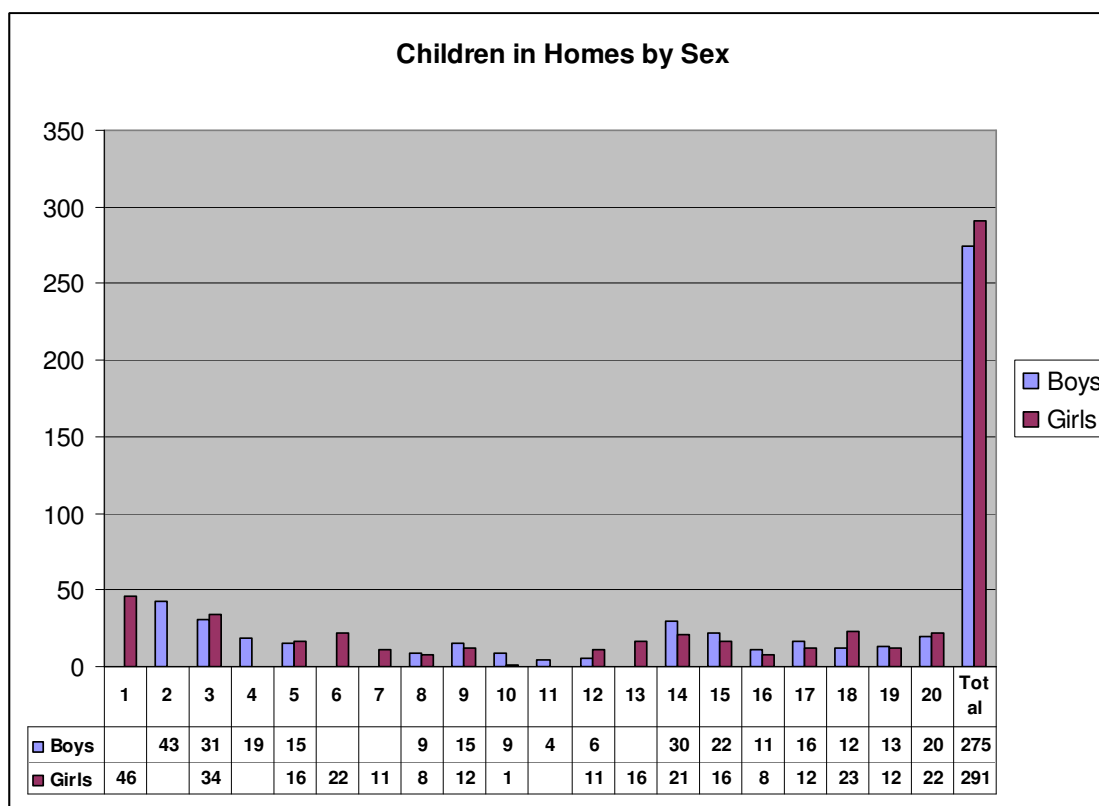
To enable the institutions themselves to participate in their own assessment thus building a better understanding of the problems affecting children and the ways in which to improve themselves, one manager/administrator from one institution accompanied the research team to participate in the data collection 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

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

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.

**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 'R' 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**

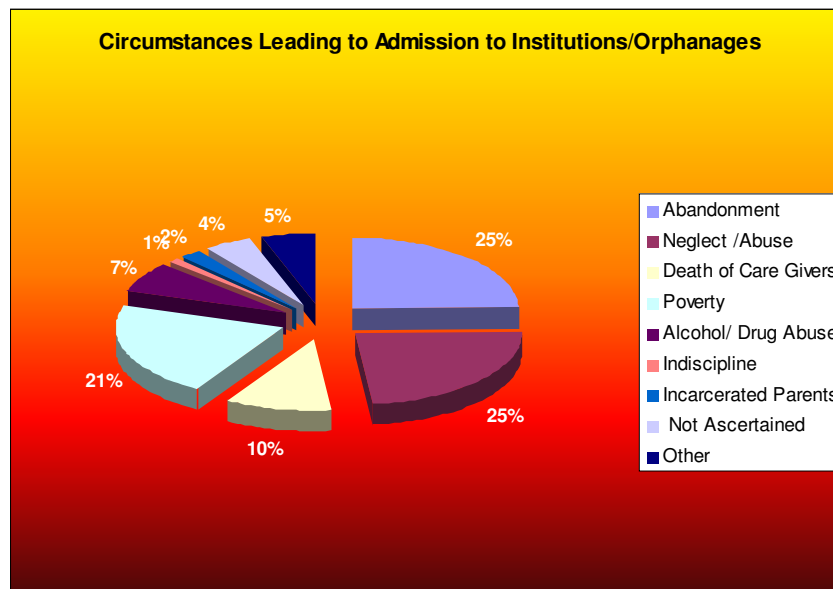
The majority of children in institutions have at least one parent living (62%). 19% of children have lost one parent and very few children (5%) are double orphans meaning they have lost both parents. It is interesting that of the data collected, administrators



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

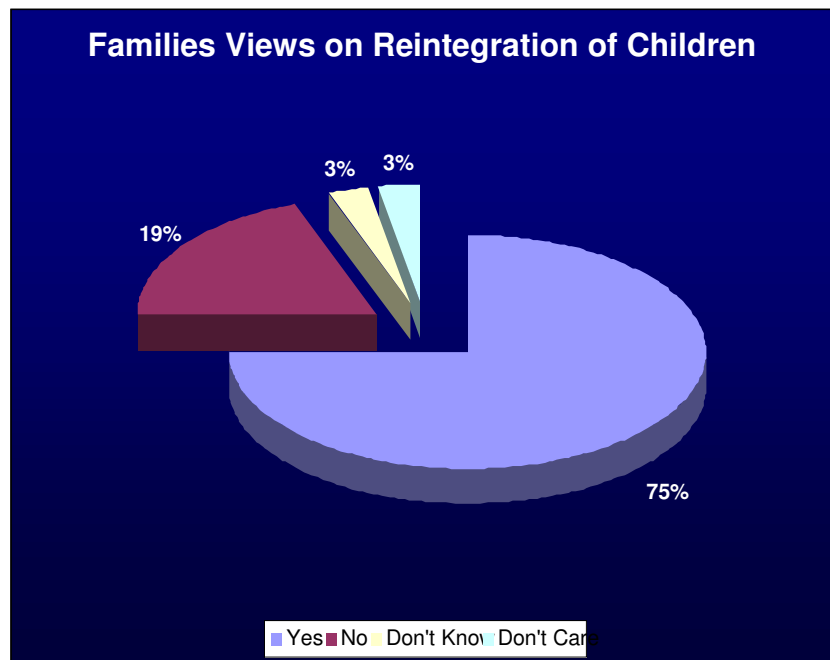
Institutions do keep some case records of the children although the manner in which these are kept and the information they hold is often not consistent or comprehensive. All institutions have some, if not all the birth certificates of the children. Most of them (80%) mentioned they had medical cards 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.

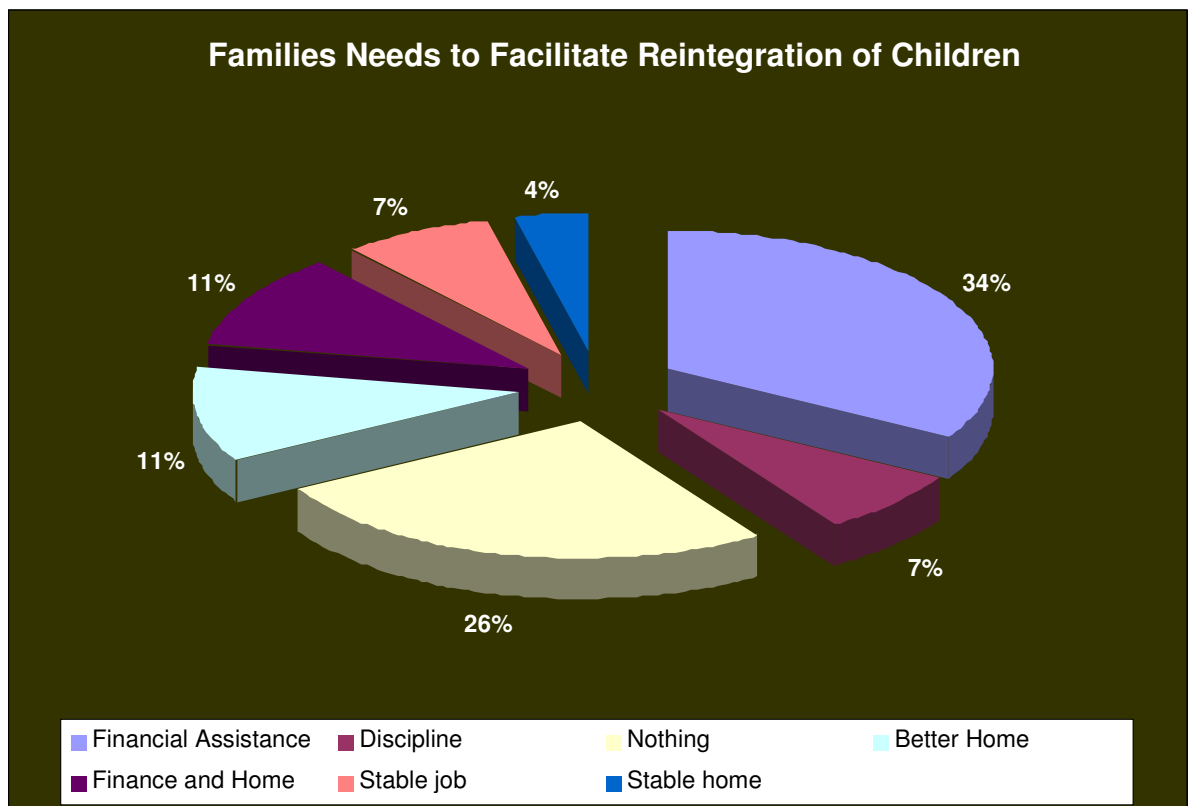
To ensure the information regarding possible reintegration is indeed true, there is need for additional social work to be done with the families and the children as well as the institutions themselves to ascertain the true conditions of the home and what needs the families may have.

### **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.



## **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.

## **STANDARDS FOR CHILDREN'S HOMES IN GUYANA**

The Ministry of Human Services and Social Security recognizes it has an obligation to set out a framework for childcare in policy and law and to ensure that childcare provision meets minimum standards in line with the UN Convention on the Rights of the Child. Progress is being made in developing legislation to protect children which will eventually set out the legal framework for Minimum Standards.

The standards below represent the development of a practice quality framework for looking after children who need placement in a Children's Home. These standards will contribute to the realization in full of the right of each child to be cared for by his/her parents<sup>10</sup> and to grow up in their family environment unless the family care is significantly harmful to the child in which case alternative nurturing family care arrangements are to be sought. Poverty should not be a reason for a child needing a care placement.

These Standards have been prepared by the Ministry of Human Services and Social Security in consultation with the Managers of the Children's Homes. The Standards for Children's Home are based on international standards in the UNCRC, but are also shaped by research into current practice and knowledge of good practice. In summary these standards are an assurance given by Government and the service provider of a measurable level of quality in service provision. The Standards are voluntary but many of the Managers of the Homes have already signed a declaration that they are willing in principle to work towards the implementation of these standards in their Homes. The Standards are meant to be attainable and realistic and not beyond the capacity of Homes to meet most of them with support and guidance.

Each "Standard" is headed by an "outcome for children" and followed by "expected practice." All three of these elements are important. The "outcome for children" is to remind "Homes" and their staff that it is the children who must benefit from the care provided by the Home. The "Standards" are agreed statements of a measure of quality of services and require a quality assurance mechanism to implement them. This will be carried out by the Inspector of Homes and the Visiting Committee. The "expected practice" is what the children and visitors to the home would expect to be able to observe. It is evidence that the Home is working to meet the Standards.

The Person in Charge of a Home is expected to complete a MoHSSS Children's Homes registration document, this will, after being signed by all parties provide the necessary agreement for the Home to look after children. As part of this agreement the Home will agree to be visited by an Inspector from the MoHSSS and members of the Visiting Committee. At the registration stage for existing Homes, the Home and the MoHSSS will have agreed in outline the improvements that need to be made by the Home in order for it to begin to meet the Standards. It will be the future Regulations and Laws that provide an approved baseline for the quality of services

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<sup>10</sup> CRC Article 9

# 1 THE RIGHTS OF THE CHILD

## Respect for the rights of children in the Home

*Outcome for Children: the children live in an environment where all of their rights are respected*

**Standard:** the Management Committee, the Person in Charge and staff ensure that all the children are protected and respected. There is evidence that the Home respects all the articles of the United Nations Convention on the Rights of the Child and systematically applies the general principles in its practice.

### Expected Practice

- Children are informed of their human rights and those of others. The following general rights are ensured:
  - **Non-discrimination:** the Home is able to protect all the children from any form of discrimination and to take positive action to promote each child's rights. Internal guidelines and staff supervision make it clear that discrimination, prejudice, or oppressive behaviour or language are not acceptable, in relation to any of the following: race, culture, age, gender, disability, religion, sexuality or political views.
  - **The best interests of the child:** the care provided is purposeful and responsive to the best interests of each child living in the Home. All decisions taken by staff in the Home regarding the care and protection of children are in the child's best interests. This is evident from the placement planning, case reviews and other recorded decisions.
  - **Survival and development:** all children in the Home are helped to feel safe and secure. The Home makes sure that the child is given the necessary freedom and encouragement to achieve and develop. The Home will monitor the child's health, educational achievement and developmental milestones. The case records in the Home will be used as a monitoring tool.
  - **Children's participation and influence:** the environment in the Home is participatory and the children are consulted regarding decisions which affect them. Each child has a right to participate in decisions in accordance with his/her age and maturity. This must include all decisions about childcare placements and discharge, which should be made through a suitable legal process and consultation, and be periodically reviewed.
- **Complaints Procedures:** the Home has a complaints procedure that is known to all children and staff. It is written down and children know those to whom they can go, to register a grievance. It is the mechanism through which violations of rights can be reported. Any complaint will be addressed without delay and the complainant kept informed of progress.

**Knowledge of parents, family and home community. The right to a name and to know one's family history and relatives**

***Outcome for children:** from the earliest age children begin to form their own identity, know their parents, their relatives and family history.*

**Standard:** the Home does not replace the child's family and the child is helped by the Home to grow up with a sense of belonging to that family and an understanding of his/her background

**Expected Practice**

- All children have a name.
- The child has photographs of his/her family and mementoes from Home.
- If the child is very young when abandoned a memory book is prepared by the Home.
- The Home does not try to deny a child the right to know of his/her parents and background.
- Important events in the child's life in the Home are recorded with photographs and documents wherever possible.

**Contact with family and community**

***Outcome for children:** children are able to maintain constructive contact with their families, relatives, friends and others who play a significant role in their lives.*

**Standard:** Homes encourage parents, relatives and friends to visit regularly, unless this is not in the child's best interests. If a visit is prevented the reason must be explained to the child and recorded in the child's file.

**Expected Practice:**

- It is part of internal regulations that parents, relatives and friends be encouraged to visit on a weekly basis or more often if seen as appropriate. Telephone communication is encouraged.
- There are facilities for contacting significant people in the children's lives.
- Staff meet with parents and/or relatives and the child during their visit. This is noted in the child's file.
- Children attend social events outside of the Home, eg youth clubs, sports clubs, children's parties, festivals. Links with their school peers and their families in the community are encouraged.
- With agreement from the Child Protection Service children are encouraged to visit their relatives.

## **PLANNING AND LEGALISING CHILDREN'S CARE**

### **Statement of the Home's purpose. The home has written aims and objectives**

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

**Standard:** the Home has a statement of purpose which has been developed and reviewed with the involvement of the Management Committee and key stakeholders, including children. Staff understand it and agree to work to it.

#### **Expected Practice:**

- The Home has a written mission statement or statement of purpose which is on display.
- The internal regulations governing the operation of the Home are available to all who wish to read them, and explained to each child individually.
- Each child is assisted to understand the rules, his/her rights, responsibilities and has access to resources at the Home.
- The child and family experience the process of placement as caring and respectful.
- According to evolving capacity, the child has been kept informed and participated in the decision-making at each stage of the placement process.

### **Registration and inspection**

***Outcome for Children:** children live in a home that is properly registered, vetted, inspected and committed to improving its standards and quality of care.*

**Standard:** the Home is registered and cooperates with the Child Protection Service in working to improve standards of care for children.

#### **Expected Practice**

- The Home has completed all registration formalities with the Ministry which includes :
  - Names of Management Committee.
  - Named Person in Charge who is suitably qualified and experienced.
  - Stated maximum number of resident children and the ages of children it will cater for. Also the number of its care staff not including cooks, guards and secretarial staff.

- The inspector and visiting committee visit the Home on a regular basis. Their comments and reports are studied and acted upon by the Staff and Management Committee.

## **Formalising the Care Arrangements**

***Outcome for Children:*** *the children are only placed in the Home after it has been properly decided that it is in their best interests and the decisions are ratified through the courts.*

**Standard:** children are not admitted to the Home unless the assessment and decision making processes have been completed and formalised.

### **Expected Practice**

- Children will not be admitted to the Home or leave without the written authority of the Child Protection Service.
- There are court orders in the files on each child.
- The Home will work with the Child Protection Service to formalize care arrangements for all the children in the Home through obtaining court orders.

## **Assessment and care plan**

***Outcome for Children:*** *children's needs are comprehensively assessed and written care plans outline how these needs will be met and the care plan implemented.*

**Standard:** The Home works with the Child Protection Service to ensure that the children are properly assessed, appropriately placed and their care plans implemented.

### **Expected Practice**

- Appointment of key carer or worker for each child within the Home.
- The home has a copy of the assessment and care plan.
- Staff know of each child's care plan and their role in expediting the plan.
- Staff understand the needs of each individual child.

## **Reviews**

***Outcome for Children:*** *Each child's needs and development are reviewed regularly in the light of their care and progress at the Home. The situation regarding the child's family is also reviewed to see if the child needs to remain in the Home. The child and his relatives have opportunity to fully participate in this process.*

**Standard:** a periodic case review is held on each child every 6 months.



### **Expected Practice**

- Parents and relatives are invited to attend and participate.
- Health workers and the teacher are encouraged by the Home to attend.
- Members of staff of the Home and any relevant others attend and submit a written report or give a verbal report at the review on progress being made towards the tasks identified in the Care Plan.
- The review records the child's participation and opinions.
- Each review states whether continued residential care is in the child's best interests.
- If the decision of the review is that the child is to remain in the Home for a further period the reasons must be explained to the child.
- Staff ensure that the review documentation clearly states what is recommended and what is expected to be delivered by staff members and any others over the next 6 months.

### **Moving into and leaving the Home**

***Outcome for children:** children are able to move into and leave the Home in a planned and sensitive manner.*

**Standard:** staff help the children feel accepted in the Home and where agreed in the Care Plan assist the child to return to his/her family or to a substitute family and reintegrated into the community.

### **Expected Practice**

- Where possible children visit the Home before placement, particularly if they are transferred from another Home.
- Staff explain to the child the reason for admission.
- Immediately on admission the child is introduced to all the children and staff; the child is shown around the Home and knows where to go or who to ask to access resources.
- Staff assist the child with any issues relating to leaving the Home, such as change of placement, return to family or living with another family.
- The Home is in constant contact with Child Protection Service over issues appertaining to home life.

### **Children's individual case files and case records**

***Outcome for Children:** children's needs, development and progress are recorded in the Home's case files and these reflect the child's individuality.*

**Standard:** all case files are complete. Case recording is of high standard, is up to date and is available for inspection at any time.

**Expected Practice**

- Each child's case file in the Home contains;
  - Personal and family details and case histories
  - An Assessment
  - A Care Plan
  - Case Review Notes
  - Education Reports
  - Health Information
  - Copy of Court Order
  - Significant events or happenings while the child is in the home.
- The records are kept in a secure place.

## **ADMINISTRATION AND MANAGEMENT OF THE HOME**

### **The Person in Charge**

***Outcome for Children:** the children's progress is monitored by the Person in Charge of the Home who is responsible and accountable for the welfare of all the children in the Home.*

**Standard:** the Person in Charge of the Home visits the Home everyday, unless there is good cause for absence which is agreed by the Management Committee.

#### **Expected Practice**

- At all times there is a person on duty who is in charge of the Home, this will either be the Person in Charge or a named Deputy.
- The Management Committee will agree on which staff can be Deputies.
- A daily log of important events that happen will be kept by the staff in the Home and counter signed each day by the Person in Charge.

### **Monitoring**

***Outcome for Children:** the care of children accommodated in the Home is monitored and continually adapted in the light of information about how the Home is running.*

**Standard:** the Person in Charge of the Home is aware of the impact of the Home's regime and environment on the children and will regularly, in consultation with children, staff and as necessary the Management Committee and the Child Protection Service, make changes to improve the quality of life in the home.

#### **Expected Practice**

- Regular staff meetings are held and minutes kept.
- The home is visited by the Management Committee at least monthly. The Management Committee will provide oral and written feedback to the Person in Charge and the children.
- All the children and staff meet monthly to discuss issues raised by children and staff and to propose practical actions. These will be noted so they can be monitored.
- The Home will cooperate with the Inspector and Visiting Committee and work to put in place agreed improvements.

## Management of the Home

**Outcome for Children:** *children enjoy the stability of an efficiently run Home.*

**Standard:** the Person in Charge and the members of the Management Committee are suitable people to run an organization concerned with safeguarding and promoting the welfare of children.

### Expected Practice

- Children feel comfortable at the Home.
- The stability of the Home allows children to develop their potential rather than make them fit into a strict regime for the convenience of staff.
- The Home is flexible in its approach to children so as to best cater for their needs and to assist them develop self-confidence and personal success.
- The Home has a bank account and keeps proper accounts. There is good financial planning so that the expenses incurred in running the home are met.
- Records are kept of donations in cash and in kind.

## Management committee

**Outcome for Children:** *the care of the children and the administration of the Home is overseen by a management committee, that is responsible for guiding the running of the Home, for ensuring that staff fulfill their duty of care to the children, for overseeing the accounts and for appointing senior staff.*

**Standard:** the Management Committee is accountable for the welfare and care for the children in its Home and for the keeping of these standards.

### Expected Practice

- The Management Committee will know the staff and children in the Home.
- The Management Committee will comprise of respected local persons.
- The members, roles, responsibilities and duties of the management committee will be in the Home's Registration Document.
- The Management Committee will hear any issues which either staff or children wish to bring and will make their decisions in the best interests of the child/children.
- The Management Committee will do everything in its power to assist the Home reach the required Standards.

## **STAFFING**

### **Adequacy of staffing**

***Outcome for Children:** children receive the care and services they need from competent staff.*

**Standard:** The competence and capacity of staff must be satisfactory in relation to the fulfilment of the Home's mission, the care plans, placement plans and needs of individual children in the home, the number and mix of children in the Home.

#### **Expected Practice:**

- The Home has a full complement of trained staff. This applies overall and on individual shifts.
- The Person in Charge facilitates and enables the staff to undertake training
- All staff should be over 18 years of age.
- Staff help the children towards meeting the Care Plan.

### **Sufficient staffing**

***Outcome for Children:** staff are sufficient in number, experience and qualification to meet the basic needs of the children at all times.*

**Standard:** the Home will employ sufficient staff to be on duty 24 hours a day, 7 days a week to meet the minimum levels stated in the registration document and expected practice below.

#### **Expected Practice:**

- The Home will keep a record of staff that are on duty.
- Where there are girls in the Home a female care staff member is on duty at all times.
- 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.
- At night there will always be at least one carer on duty who is situated where they can hear of any trouble.
- Staff/carers - child ratios will depend on the age of and needs of the children in the Home. The staffing levels must be set in the Registration Agreement. The following are guidelines:
  - For babies and children under 5 years old; 1 staff member to 2 children is required,
  - For children 5 - 12 years old; 1 staff to 5 children,
  - For 13 - 17 years old; 1 staff member to 7 children.

## **Staff support, training and development**

***Outcome for Children:*** *children are looked after by staff that are trained, supported and guided in safeguarding and promoting the children's welfare.*

**Standard:** staff receive training and development opportunities that help them acquire the skills to meet the needs of the children and the purpose of the Home.

### **Expected Practice**

- Staff are properly supervised at all times.
- Staff performance is regularly evaluated, at a minimum this should be annually.
- All staff are trained in the child protection procedures.
- Staff are trained in first aid, fire safety and what to do if there is an emergency.
- New staff are properly inducted into the home.
- Staff training is provided; alternative methods include, homes running a joint course, open distance learning via a university-MoLHSSS-NGO consortium, a release course, in-service training.

## 5 **SAFEGUARDING THE CHILD WHILE IN THE HOME**

### 5.1 Policy and Procedures for “Keeping Children Safe”

***Outcome for Children:** children are protected from violence, abuse and exploitation. An appropriate response is made to any allegation or suspicion of abuse.*

**Standard:** the Home has a clear written policy or arrangements to make sure children are kept safe from harm.

#### **Expected Practice**

- The Home has: the policy or arrangements for keeping children safe from harm that are approved and endorsed by the Management Committee.
- The Home has clear procedures in place that provide step-by-step guidance on what action to take if there are concerns about a child’s safety or welfare. These procedures and the name of a person outside the Home who can be contacted in the event of reported abuse are prominently displayed in the Home.
- All significant events concerning the abuse or exploitation of a child accommodated in the Home are notified by the person in charge of the Home or contact person to the Child Protection Service.
- The consequences of breaking the “Keeping Children Safe Policy” are clear and linked to disciplinary procedures.
- There are well-publicised ways in which staff, children or relatives can raise concerns, confidentially if necessary, about unacceptable behaviour by a member of staff with the Child Protection Service.

### 5.2 Vetting of staff and visitors

***Outcome for Children:** 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.*

**Standard:** there are policies and procedures or agreed ways of recruiting staff and for assessing their suitability to work with children, including police and reference checks. Visitors are monitored.

#### **Expected Practice:**

- No staff member is employed without references and a criminal records/police check.
- Any person known to have abused a child will not be allowed to visit any child unless agreed to by the child and the Child Protection Service.

### 5.3 Relationships between staff and children

***Outcome for Children:** children enjoy safe and caring relationships with staff based on honesty and mutual respect.*

**Standard:** the Management Committee must provide written guidance on appropriate standards of behaviour of adults towards children, especially for those staff who are responsible for caring for the children in the Home.

#### **Expected Practice**

- Codes of conduct/behaviour include statements about the responsibility of adults and children to treat one another with dignity, respect, sensitivity and fairness.
- The Person in Charge and staff promote a culture that ensures children are listened to and respected as individuals.
- The consequences of breaking the rules are clear and linked to the Home's disciplinary processes.

### 5.4 Behaviour management

***Outcome for Children:** children are assisted and encouraged to develop socially acceptable behaviour and there is constructive staff response to inappropriate behaviour.*

**Standard:** there is guidance on expected and acceptable behaviour of children towards other children and towards adults.

#### **Expected Practice**

- There is no corporal punishment.
- The home has alternative, positive ways of managing the behaviour of children that do not involve physical punishment or any other form of degrading or humiliating treatment.
- Children are given explanations by staff as to why any particular behaviour is deemed unacceptable.
- Children who are away from the Home without permission are responded to positively when they return. The police and Child Protection Service are notified of absences without authority.



## 6 QUALITY OF CARE

### 6.1 Support to individual children

**Outcome for Children:** *children receive individual support and attention. Each child feels welcomed, safe and comfortable at the Home.*

**Standard:** staff in the Home understand each child's individual needs and problems.

#### **Expected Practice**

- Each child is allocated a caregiver who has full knowledge of the child's circumstances and is able to offer the child support, guidance and care.
- Staff are respectful to the children.
- The views of each child are listened to and taken into account.
- The way the home functions does not routinely or unnecessarily diminish any child's independence or opportunity to make everyday choices.

### 6.2 Preparation for adulthood and leaving the Home

**Outcome for Children:** *children receive care and assistance which helps to prepare them for and supports them into adulthood and for returning to the community.*

**Standard:** the Management Committee, person in charge and staff support children through the stages of development into adulthood and into leaving the Home.

#### **Expected Practice**

- Management Committee, Person in Charge and staff display strong professional attributes, stewardship, independence, team work. They are honest, dependable, non-judgmental and are able to develop appropriate interpersonal relationships.
- The staff act as appropriate role models and help children make the right choices.
- Children are given increasing responsibilities in line with their evolving capacities.
- Children are helped to form appropriate relationships with their family, foster parents, other children in the community, teachers and community leaders.
- Reintegration processes are in place to help children settle back into family life.

### 6.3 Consultation with children

**Outcome for Children:** *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.*

**Standard:** children's opinions are sought over key decisions which are likely to affect their daily life and their future.

**Expected Practice**

- There are systems in place for implementing this standard, such as written agreements, one to one interviews, key worker sessions and children's or Home's meetings.
- Staff take into account the religious, racial, cultural and linguistic backgrounds of children and their families.
- Significant views, discussions and expressed opinions are recorded promptly.
- 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.

#### **6.4 Personal appearance, clothing, requisites and personal money**

**Outcome for Children:** *children feel confident in their appearance and are able to dress in an individual style.*

**Standard:** children are encouraged and assisted to choose their own clothes and personal requisites.

**Expected Practice**

- Children's right to privacy is respected.
- Children are helped to develop their own style and manner of appearance appropriate to the occasion and circumstances.
- There are facilities for children to store their own property.
- Children learn the value and use of money.
- Children are not asked to share clothes.
- Children are taken or assisted to go to the shops and markets.
- There is privacy in regard to washing facilities.
- Children enjoy a sense of personal space.

#### **6.5 Leisure and activities.**

**Outcome for Children:** *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 or sports.*

**Standard:** Management and staff will ensure that facilities for sport and leisure are made available for use by the children in the Home

**Expected Practice:**

- Staff monitor children's participation in sport and recreational activities.

- Children are able to play sports in the community with children from outside the Home
- There is equal opportunity for recreation and sports for both boys and girls and for all ages.

## 7 NUTRITION, HEALTH, EDUCATION & RELIGION

### 7.1 Nutrition; provision and preparation of meals.

***Outcome for Children:** children enjoy healthy, nutritious meals that meet their dietary needs; they have opportunities to plan, shop for and help prepare meals.*

**Standard:** the Home serves food that is well prepared and provides a balanced diet. The kitchen is clean and is inspected so as it meets all food safety and health regulations.

#### **Expected Practice**

- Withdrawal of food is never used as a disciplinary measure.
- The home observes established religious practices as regards food and diet.
- Clean and safe drinking water is always available.

### 7.2 Good health and well-being

***Outcome for Children:** children live in a healthy and clean environment.*

**Standard:** staff ensure that through their example and guidance that children maintain good health, daily personal hygiene and maintain a clean environment.

#### **Expected Practice**

- High standards of hygiene are promoted, soap, towels and clean clothes are in good supply and made available.
- The Home is clean and well maintained; cleaning materials are easily accessible.
- There is no discrimination against persons living with AIDS or other illnesses.
- Children are asked to assist to keep tidy their own living space in accordance with their age and maturity.
- Mosquitoes, and other insects or vermin that carry disease are kept under control.
- Mosquito nets are provided.
- Bed wetting is dealt with in a sensitive and hygienic manner.

### 7.3 Health care, medical treatment and administration of medicines within the Home

***Outcome for Children:** children's health needs are met and their welfare is safeguarded by the Home's policies and procedures for administering medicines and providing medical treatment.*

**Standard:** children's health needs are monitored through regular checks. When health problems are identified the best medical services and treatment are provided.

### **Expected Practice**

- Each child will be given a medical check up when admitted to the Home. Any health problems that come to light will be addressed.
- All children will have at least an annual medical check up during their stay in the Home.
- A health worker is employed by the Home or visits frequently.
- All children are immunized according to WHO/MoH standards.
- There is a secure store for drugs.
- A well stocked First Aid Kit is available at the Home.
- At least one staff member on duty is trained in first aid.
- If children do not have their own rooms a sick bay will be provided.

## **7.4 Education**

***Outcome for Children:** children receive good quality education from local schools or nurseries according to their age.*

**Standard:** every child of school age attends a community school and is helped to achieve.

### **Expected Practice**

- The education of children is actively promoted as valuable in itself and as part of preparation for adulthood.
- Staff will always encourage children to reach their highest potential.
- There are facilities for self study in the Home.
- Children take their education in community schools so they feel part of the local community, and not within the Home.
- There are qualified staff who can help children with school assignments and homework.

## **7.5 Religion**

***Outcome for Children:** children can practice their own religion.*

**Standard:** it is the policy of the Home that children are enabled to practice their own religion without hindrance.

### **Expected Practice:**

- Children are enabled to go to their respective place of worship and to meet their religious leader.
- The books necessary for their religious reading are made available.
- Religious food requirements and dress codes are respected by the home.
- Children with different religious beliefs do not face any discrimination.

## 8 ENVIRONMENT OF THE HOME

### 8.1 Location, accommodation and size of the Home

*Outcome for Children:* children live in safe, pleasant accommodation providing sufficient space to meet their needs and are not isolated from the community.

**Standard:** the home is made safe and has a family atmosphere not an institutional one.

#### **Expected Practice**

- There is good interaction between community members and the children in the Home.
- Children are able to socialize and develop interpersonal skills.
- There is sufficient space for each child to enjoy the right to privacy.
- Children enjoy home-like accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.
- No home should have more than the maximum number of children laid out in the Registration Agreement.
- Boys and girls sleep in separate rooms, in clearly defined separate areas. Each child has his/her own bed.
- There are adequate facilities for children to keep and store personal possessions.

### 8.2 Toilets, bathrooms and washing facilities

*Outcome for Children:* the children enjoy using facilities that are clean, sufficient in number and of a high standard.

**Standard:** children are provided with facilities that are adequate, safe, hygienic and user friendly.

#### **Expected Practice**

- Children's privacy is respected when washing.
- There are separate facilities for boys and girls.
- Sufficient wash facilities and toilets are available and in working order. The guideline is one toilet and shower for every seven children.

### 8.3 Safety and security

*Outcome for Children:* children live in homes that provide physical safety and security.

**Standard:** the Home has the necessary safety certificates and has taken all necessary precautions to protect children from fire, flood and the elements.

**Expected Practice**

- There are regular fire drills and emergency procedures are understood by staff and children.
- There are fire escapes where necessary.
- There are fire extinguishers and staff and children know how to use them.
- The Home is secure from unauthorized visitors.

## Ministry of Labour, Human Services and Social Security

### **Children's Home Registration Document**

This is a formal agreement between the Government and both the Home's Management Committee and the Person in Charge of the Children's Home, that the below mentioned home will work towards meeting the Guyana Children's Homes Standards and is a home registered to look after children on behalf of the nation

**Name of Home**

**Address of Home**

**Telephone Number**

**Email**

**Statement of Purpose of Home<sup>11</sup>**

**Name of Person in Charge**

---

<sup>11</sup> Please state aims, objectives and implementation strategy



**Experience and qualifications of Person in Charge****Names of Management Committee**

| Office Held                            | Name and Address |
|--|------------------|
| Chairperson                            |                  |
| Deputy Chairperson                     |                  |
| Treasurer                              |                  |
| Secretary                              |                  |
| Staff Representative                   |                  |
| Children's or Families' Representative |                  |
| Community Representative               |                  |
| Social Work Professional               |                  |
| Health or Education Professional       |                  |

**Responsibilities of Management Committee****Duties of the Management Committee**

The Home agrees to be inspected by member of Child Protection Service.

Agreed Maximum Number of Children that can stay in the home

Boys  Age Range

Girls  Age Range

The required number of Care Staff for this maximum number of children

The required number of Ancillary Staff for this maximum number of children

If the Home is already looking after children please state the current number of children in the Home

Boys  Age Range

Girls  Age Range

Current number of Care Staff

Current number of Ancillary Staff

If the number of children currently in the home is above the maximum number please state what is the plan for attaining the agreed maximum

Date visited by Visiting Committee

**Improvements Agreed in next 12 months by Person in Charge of Home, the Inspector and Visiting Committee**

| <b>Area for Improvement and title of Standard</b> | <b>Date required</b> | <b>Person responsible for the improvement</b> |
|---|----------------------|---|
|   |                      |   |
|   |                      |   |
|   |                      |   |
|   |                      |   |
|   |                      |   |
|   |                      |   |

**Date**

**Signed**

**For Ministry of Human Services and Social Security**

**Visiting Committee Member**

**Chairperson of Management Committee**

**Person in Charge of Home**

**REGULATIONS FOR MINIMUM STANDARDS  
IN CHILDREN'S HOMES IN GUYANA.**

*These are Regulations stipulating the required minimum standards which each Home must meet. The Regulations set out the basic requirements and are below the expectations of the quality standards as set out in 'Standards for Children's Homes in Guyana,' Homes that can show no evidence of actively working to meet these Regulations may have the children in their Home removed and be closed, and so be no longer eligible to receive children.*

**1. Rights of the Child.**

- a. All staff have knowledge of the Convention on the Rights of the Child. They have been given a copy of the Convention on the Rights of the Child. The children in the Home have been informed of their human rights and those of others.
- b. Parents, relatives and friends shall be allowed to visit weekly unless it is agreed by the Child Protection Service that it is not in the best interests of the child. A decision preventing a person from visiting a child on a long term basis shall be made by the Courts and the child informed.

**2. Planning and Legalising Children's Care.**

- a. No Home shall receive or look after children unless it is registered with the MoHSSS by a formal agreement using the Children's Home Registration Form.
- b. All children received by a Home shall have a High Court Order placing them there, except in the case of the first 48 hours in an emergency placement by the Child Protection Service.
- c. Files are kept on each individual child and contain background information about their family and personal history in an assessment report and other papers, photos and mementoes, their health and education records, court order, records of achievements, incidents and relatives visits, and their 6 monthly care planning and review documentation.
- d. Discussions with staff, children and a review of Care Planning documents shall show that efforts are being made to reintegrate each child back into their extended family or a suitable substitute family wherever possible.

**3. Administration and Management of the Home.**

- a. Each Home shall have a named Management Committee with written responsibilities and duties, and which meets regularly.

- b. Each Home will have a Person in Charge responsible for the welfare of children appointed by the Management Committee after taking references and checking for suitability.
- c. At all times there is a person on duty who is in charge of the Home, this will either be the Person in Charge or a named Deputy. This person must have full access to the children's records
- d. No staff member shall be under 18 years of age.
- e. Each Home shall have a daily log where all daily events are recorded, such as visits, discipline measures, the arrival and departure of children, illnesses, major activities. There will also be an Admissions and Reintegration Book to record the date of the arrival and final departure of each child.
- f. Each Home shall facilitate inspections carried out by the CPS and Visiting Committee and work towards meeting the agreed targets set.
- g. The Home shall be in regular contact with the local CPS staff member.
- h. Regular checks concerning fire safety standards, flood risks and public health standards have been carried out by the responsible local officials. The Home is in possession of written confirmation that the Home meets the required standards.
- i. The Home's financial and planning records are in good order and available for inspection by the CPS. The Home submits annual audited accounts to the MoHSSS

#### **4. Staffing.**

- a. The number of staff required in the Registration Document for the maximum number of children is in place or being actively increased. These numbers may be revised later but would need to be formalised in writing between the Home and the CPS.
- b. An adequate number of staff are on duty day and night. The ratio of care staff to babies and under 5s is 1:2; for children over 5 years it shall be at least 1:7.
- c. When there are girls in the Home there are female staff members and one is always on duty.

#### **5. Safeguarding the Child while in the Home**

- a. All corporal punishment is prohibited.
- b. There is a complaints procedure in place and on prominent display in the Home where children, staff and visitors can see it.
- c. All visitors to the home are vetted before entry is allowed.
- d. The Person in Charge will report to the CPS and the Police any instance when a child leaves the Home without permission and is considered at risk or does not return to the Home when expected
- e. Any allegation made concerning abuse or maltreatment of a child in the Home must be reported by the Person in Charge or a Deputy to the CPS within 24 hours

#### **6. Quality of Care.**

- a. Children in the Home are healthy, adequately dressed, feel safe and are encouraged to take part in activities.
- b. Each child has an allocated caregiver who has full knowledge of the child's circumstances and offers the child support, guidance and care.
- c. Each Home shall not exceed the maximum number of children as set at the time of Registration or be able to show that it is actively reducing that number to meet the agreed target
- d. Children are treated respectfully by the staff.
- e. Meetings of staff and children are held regularly and the children's views are sought and taken into account in decision-making.

#### **7. Nutrition, Health, Education & Religion**

- a. All children receive 3 nutritious meals a day of a satisfactory quality and quantity.
- b. Children have access to clean drinking water at all times.
- c. On admission every child will be given a medical check up.
- d. At least one member of staff has had First Aid training and there is a First Aid Kit available.
- e. Mosquito nets are supplied and used if malaria is prevalent in the area

- f. All children of school age attend a local community school and those of pre-school age are attending playgroups where these are established locally.
- g. No child shall be forced to change their religion.

#### **8. Environment of the Home.**

- a. The Home has adequate number of showers and toilets for the children (1:7) and those of boys and girls are well apart. They are in good working order.
- b. Each child has his/her own bed and the sleeping quarters of boys and girls are well apart.
- c. Each child has some secure assigned personal space in which to keep their clothes and possessions.
- d. The Home's buildings are clean and in good condition. There is adequate furniture, bedding and utensils. There is an outdoor activity space and leisure equipment.

# **ASSESSMENT REPORT**

**April 2006**

## **CONSULTANCY ON THE ESTABLISHMENT OF FOSTER CARE REGULATIONS AND MINIMUM OPERATING STANDARDS FOR INSTITUTIONAL CARE OF CHILDREN IN GUYANA.**

**Draft 11<sup>th</sup> May 2006**

**Prepared for:**

**Ministry of Labour, Human Services and Social Security  
Ministry of Health  
Unicef**

**John Parry-Williams  
Andrew Dunn**



## Acronyms

|         |  |
|---------|--|
| AIDS    | Acquired Immune Deficiency Syndrome                    |
| ARV     | Anti Retroviral  |
| CBO     | Community-Based Organisation                           |
| CRC     | Convention on the Rights of the Child                  |
| DfID    | Department for International Development, UK           |
| FBO     | Faith-Based Organisation                               |
| HIV     | Human Immunodeficiency Virus                           |
| MICS    | Multi Indicator Cluster Survey                         |
| MoLHSSS | Ministry of Labour, Human Services and Social Security |
| MoHSSS  | Ministry of Human Services and Social Security         |
| MoH     | Ministry of Health                                     |
| MoCY&S  | Ministry of Culture, Youth and Sports                  |
| NGO     | Non-Government Organisation                            |
| NOC     | New Opportunities Corps                                |
| OVC     | Orphans and Vulnerable Children                        |
| PLWA    | People Living with AIDS                                |
| SER     | Social Enquiry Report                                  |
| TOR     | Terms of Reference                                     |
| UNDP    | United Nations Development Programme                   |
| Unicef  | United Nations Children's Fund                         |
| UNCRC   | United Nations Convention on the Rights of the Child   |

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## EXECUTIVE SUMMARY

The Government of Guyana is in the process of developing new policies and laws for the care and protection of children. The Ministry of Labour, Human Services and Social Security faces a particular challenge of setting standards for the minimum care of children in institutions and establishing foster care. Guyana is not unique in this respect as many Anglophone countries are also trying to make reforms to inherited colonial legislation and service delivery systems that were not designed to deal with 21<sup>st</sup> century social issues. So far perhaps more attention has been paid to orphans and vulnerable children that have been affected by the HIV/AIDs pandemic. Experiences from other countries like Uganda has shown that setting standards and regulating children's homes will not, on their own deal with unwarranted use of residential care and violations of children's rights. Setting standards is part of a process that has major implications for social work practice and necessitates changes to policy and legislation. This assessment looks at the rights issues and responsibilities for children currently in the care of NGO and government homes or in custody because of being sentenced for a status offence.

Guyana currently has 24 identified residential care facilities looking after 580 plus children. A rapid assessment of selected homes revealed low staff to child ratios and many children in the homes for reasons of poverty. Further discussions with staff and Probation Officers suggested that a good number of these children could return home or go to live with relatives with the provision of financial and social work support. Other children were in the homes because of abuse, neglect or being abandoned. A more thorough assessment of the homes and the children in them is recommended to take place immediately to provide the MoLHSSS with information for planning. A second finding was that the children needing care and protection required permanent placements with their families or alternative families that was unlikely to be met by establishing foster care systems. Processes for adoption, guardianship need strengthening as do systems for providing support to children to live with their families.

Setting standards and enforcing regulations through inspections will improve the quality of care in the homes. However this by itself will not improve work on prevention, supporting family care, assessments, decision making, periodic review and care planning. These are all social work tasks that need to be performed to build an effective framework for the care and protection of children.

It is recommended that the MoLHSSS address the above areas through establishing a sub department that employs a cadre of child care specialists with access to funds for social transfers. With social work and financial support many cases of unwarranted admission to homes can be prevented and it is anticipated that a number of children can return home. A system of community care support for early childhood development, day care, temporary foster placement also needs to be fast tracked. The NGOs have shown that community care for children affected by AIDS can keep families together. The MoLHSSS may wish also to improve its information, planning, monitoring and evaluation functions to manage the inspection of homes and the achievement of standards in social work and residential care.

In the short term it is suggested that the MoLHSSS and representatives from homes collect the missing data, meet together to agree a set of standards and regulations for the homes that can be self regulated with someone from MoLHSSS taking the lead in coordinating their implementation until the new Children's Bill is passed, the regulations become statutory and the child care services can establish community care and improve practice.

## **1. BACKGROUND.**

The Government of Guyana ratified the Convention on the Rights of the Child (CRC) in February 1991. Its initial report to the Committee on the Rights of the Child was in 2002. In the Committee's Concluding Observations in January 2004 to that report it recommended that the State:

- undertake measures with the view to strengthen the capacities of families, nuclear and extended, to take care of their children;
- set standards for the minimum care of children in institutions, both government and private, and that the body to do this be given sufficient human and financial resources.

The TOR for this assignment is one way the Ministry of Labour, Human Services and Social Security (MoLHSSS) and UNICEF in conjunction with the Ministry of Health (MoH) is addressing these recommendations. The TOR stated that 'The need for monitoring institutional care and having suitable alternatives in Guyana has encouraged the MoLHSSS to have the following objectives :

- Formalizing Foster Care,
- Establishing minimum operating standards for children's institutions,
- Identifying other family and community based options of child care.'

The consultants recognizing the size of the task that the MoLHSSS had set, developed a plan of action over at least 3 visits that would consist of:

- Assessing general standards and practice, and evaluation of standards
- Planning of standards and choosing a system with stakeholders; making decisions on approaches
- Development of standards and regulations for prevention, community care, foster care and residential services with Ministry and other stakeholders.

These were accepted by the MoLHSSS, MoH and UNICEF

## **2. METHODOLOGY.**

A review of the available literature was undertaken and the list of sources is appended. Meetings were held with key stakeholders and with various Homes and Community Care organizations as listed in Appendix 3 The findings and issues from the two weeks

consultancy that need to be addressed were fed back and discussed in a meeting held at the MoLHSSS.

### **3. GLOBAL CONTEXT.**

Guyana, like many Anglophone countries saddled with similar colonial legislation concerning children that has not been appreciably changed since colonial times, realises that these old laws are not delivering the best service to children who are at risk. Further the issues facing families and children worldwide today are different from 50 years ago. Peoples' heightened aspirations, the erosion of strong community ties with rural to urban drift, the lure of greater wealth from migrating, the effects of HIV, these factors and others have increased the strains on families. The family breakdown that these pressures are producing through orphanhood, single parent families and family dysfunction place children at risk and government services are not organized adequately to prevent children being harmed, abandoned or placed in institutions. There is a growing realization that alternative approaches are required, which incorporate 'state of the art' social work thinking and the implementation of the concepts in recent relevant international instruments.

A number of countries have addressed these problems. They have usually set out the principles to which their policies and legislation must adhere and they have researched the situation they are trying to improve. Countries such as Uganda, Ghana, Sierra Leone have introduced or are trying to introduce Children's Acts based on the CRC and, accepted social work good practice after research as to the problems that need to be addressed. This has also been the case in various industrial countries, eg England and Wales. Although such legislation may contain all the right concepts and be acceptable, achievable and affordable there has also to be the means (human and financial) and the political and administrative will to implement its provisions. It is a failure to deliver on this last general requirement that seems most to hinder implementation. A pragmatic way forward increasingly used is to set up a pilot based on agreed principles and look at the evidence-based practice that achieves the objectives or indicates where changes need to be made. This allows for modifications in approach and a greater role for stakeholders in arriving at a workable and participative solution before a final policy, regulation or law is decided on.

The UN and NGOs are currently working on international standards for the protection of children without parental care and these once adopted by the UN will give some authoritative guidance on good practice.

### **4. CONTEXT FOR OVC CHILDREN IN GUYANA.**

The government's CRC report mentioned HIV/AIDS as being the biggest challenge in the protection of children but it is also now recognized that family breakdown, abuse, other chronic diseases, suicide, alcoholism, poverty, migration and imprisonment also

result in children becoming orphaned, living in single parent families and being vulnerable.

There are about 300,000 children under 18 years in Guyana about 40% of the population.<sup>12</sup> According to the 2002 Census households nationally average 4.1 persons per household. The UNDP Living Conditions Survey in 1999 indicated that 35% of the population was living in poverty and 19% in extreme poverty.

According to the Multi Indicator Cluster Survey carried out in Guyana in 2001 65% of children aged 0-14 years were found to be living with both parents (but this was only 47% on the urban coast) while 8 percent lived with neither biological parent even though in most cases at least one is alive. The highest proportion of children not living with their parents is in the urban coast population where it is 11% compared with 8% in the rural coast and 5% in the interior. 32% of 0-14 year olds on the urban coast are just living with their mother although their father is alive compared to the interior and rural coast where it was 14% and 17% respectively. Only 7 percent of children lived with fathers only.

The survey points out that, 'These indicators expose the greater vulnerability of children in the coastal urban areas relative to the interior and coastal rural areas and may partly be the result of the consequences of rural-urban migration.' ((MICS, 2001)

The issue of orphaned and vulnerable children (OVC) in Guyana has only really been highlighted since 2001-2. Unicef's 'Children on the Brink' 2004, estimates that 33,000 children (9% of all children) are orphans (have lost one parent) but that only 2,000 of these are double orphans. Almost twice as many fathers have died than mothers. An estimated 800 children aged under 15 years are living with HIV and AIDS. HIV/AIDS prevalence is estimated at 2.5% and is the leading cause of death among adults aged 24-44, with one out of every four deaths being AIDS related<sup>13</sup> As this is the age when most parents have children many more children are likely to become orphaned than at present thereby placing government services under greater strain. This is so despite the increasing availability of antiretrovirals (ARV).

The raising of awareness over the situation of OVCs has been highlighted by situational analyses on OVCs affected by HIV/AIDS. The Guyana government has raised the profile of OVCs by undertaking an Assessment in 2004<sup>14</sup>, a draft Policy Framework<sup>15</sup> in 2006 and is currently drawing up of an OVC Action Plan. There is a growing realization that the pressures on children, families, communities, the state and NGOs from children being orphaned or vulnerable require a coherent policy response.

Efforts are also being made within a larger context to improve the situation of orphaned and vulnerable children as members of poor families through the Poverty Reduction

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<sup>12</sup> The Republic of Guyana Census 2002

<sup>13</sup> Draft Policy Framework for OVC in Guyana, 2006, MoLHSSS

<sup>14</sup> An Assessment: The situation of orphans and other vulnerable children in Guyana, October 2004, MoLHSSS, MoH & UNICEF

<sup>15</sup> Draft Policy Framework for OVC in Guyana, 2006, MoLHSSS

Strategy Paper 2002 and the Guyana Social Protection Action Plan both of which look to establishing various safety nets and raising the implementation capacity of government ministries particularly of the MoLHSSS.

The ‘Voices of Children: Experience with Violence’<sup>16</sup>, a survey conducted with almost 4,000 children in Guyana in 2004 points out that children are most at risk of abuse from persons they consider friends and family and the children who are most vulnerable are those who have dropped out of school and stay at home. 27% of children interviewed at Children’s Homes and the NOC reported being physically hurt by staff and 20% at Homes spoke of emotional abuse. Children in Homes also reported 46% physical and emotional abuse by other children, while in the NOC 67% of children spoke of emotional abuse and 40% of physical abuse by other children.

## **5. FINDINGS.**

### **5.1. Children In Residential Care**

Research into many Homes globally has shown that the children in them are seldom ‘double’ orphans and that they usually have a parent or relative alive. The small scale study on 51 children in 4 Homes showed that only 8 children (15%) are full orphans or that the whereabouts of the parents are unknown and that 71% were in some contact with a parent or relative, though this was often very irregular.

There are 24 identified Homes including the NOC, the Drop-In Centre and the Cheshire Home, where we know children are resident. 13 of these Homes, including a Home that is being built, attended a meeting of administrators and managers held on February 20<sup>th</sup>, 2006 where the numbers of children resident in these homes was recorded. The total number of children in the 12 Homes was 500 with 188 girls, 248 boys and 64 where no sex was given. During this consultancy 14 Homes were visited, which broadly confirmed the figures originally given, except that the NOC now had 100 residents rather than the 140 recorded earlier. For brief information on all the residential homes and outreach centres visited see Appendix 4. With the updated figures the total number of children for 18 Homes would be 583 but there were still 6 Homes for which the numbers have not been collected.

Of the details taken on 51 children across 4 Homes in Guyana:

- 8 children (15%) are full orphans or the whereabouts of the parents are unknown,
- 10 (20%) were received because of known sexual abuse by a family member, while another 6 were known to live in abusive families,
- 23 (45%) were either abandoned or not wanted or neglected.
- there were a considerable number of disabled children and some were profoundly disabled,

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<sup>16</sup> Voices of Children: Experience with Violence, 2005, Christie Cabral and Violet Speek-Warney, MoLHSSS, Red Thread Women’s Development Programme and UNICEF

- 15 (29%) of the 51 received no visits, so 71% were in some contact with a parent or relative, though this was often very irregular. A parent/relative visiting does not necessarily mean they would be able to provide a safe and caring home but it does give the opportunity to find out more about the family and whether there are any members who with support would wish to care for the child. The child would also need to be convinced that this was for their long term benefit.

In 11 Children's Homes visited the ratio of care staff to children varied from 1:2 in the Red Cross Children's Convalescent Home for under 5s and from 1:4 in the one children's home with the most staff to 1:21 in the Home with the least staff, however it was not clear whether they were only care staff. Most care staff were on duty all the time and apart from a few Homes there appeared to be no shift system functioning.

A number of Home administrators felt that poverty was the underlying cause for many children being brought to their Home and that with financial and social support a good number of children could be returned home. It was estimated by three administrators that poverty was the prime cause for children being there, in the case of:

- 29 (76%) out of the 38 children resident at the government's Mahaica Home,
- 16 (48%) of the under 5s out of 33 at the Red Cross Convalescent Home,
- 80% of the 65 children at Joshua Children's Centre,

In the case of St. John Bosco's it was felt that between 30-40 of the 46 children could return home if they and their families were given support and care.

This impression that poverty is a major factor leading families to take their children to Homes requires further research. It is hoped that the MoLHSSS with the assistance of UNICEF will conduct a study of all children in all or the great majority of Homes to find out their circumstances and possibility of reintegration using certain forms (Appendix 5 a & b). One of its objectives will be to try to ascertain whether staff feel addressing poverty or other factors in the child's family would enable children to return home.

There is insufficient data on the children's homes that would allow the setting of standards or the development of regulations. Research into each home using an assessment form (Appendix 6) would enable homes and MoLHSSS to have a better understanding of their situation and the improvements required.

A different approach to reducing the numbers needs to happen at the National Opportunities Corps (NOC), where the data received on residents in 2005 shows that 102 (73%) of the 140 boys and girls detained were there on the charge of 'wandering'. Of the 55 girls detained 52 (94%) were detained for 'wandering'. The term 'wandering' seems to be a 'catch-all' offence used by the authorities to include loitering, being idle, truanting from school, begging, taking part in selling, being beyond parental control, survival offences, etc. These activities should not be classed as offences as they are primarily about care and protection concerns and about failings by the family, community and the State.

While regulation and setting standards in the homes is important the complementary approach to take is to support children return to their families. To take this rights



approach will mean that improvements have to be made to community care and the functioning of the Probation Service.

## **5.2. Community Care Services**

A few examples exist of organizations carrying out community care by supporting families so that they can continue to care for their children. Some do this directly as in the case of the Linden Care Trust which supports 450 orphans and vulnerable children in their families and has counsellors who visit some homes once a week. St Francis Community Developers provides a variety of assistance for those with HIV, including testing and counseling, it has a school meals and clothes programme to enable children to go to school and gives financial support to keep families together. It directly supports 11 children in their families. It has 16 sub-offices from where advice and assistance can be sort.

## **5.3. Issues That Need Addressing By The Probation Service So As To Better Protect Children.**

- Currently there is little community supervision of children in their families. If it is to be a priority to resettle children in institutions into caring families as soon as is possible and to prevent family breakdown and the separation of children in the first place then the Probation Service will have to concentrate more on supervising and developing community care.
- Probation Officers seldom visit Children's Homes. Their main contact with Homes seems more about placing children there, than assisting a Home develop a work plan for a child's return to a family and to follow that up with family visits.
- Institutions are not used as a last resort. Other options in the community tend not to be investigated as they are time consuming. Instead children at risk are brought to Homes and then not followed up.
- Children are overstaying in Homes. Most Homes see it as their responsibility to look after the children in their care till they are 18 years old. Most do not have the staff to check in the community as to whether the parents or relatives could with assistance take back their children.
- Few offenders received at the NOC have probation reports. The reports that were seen recommended a custodial sentence yet there were few violent offenders (13 all boys) and the majority we were told are first offenders. In all 8 records picked out at random with SERs the Probation Officer had recommended the child go to the NOC.
- In 2005 no Probation Officers visited the NOC. The NOC does the linking with children's parents.
- The Probation Service appears to offer no support system for young people when released from the NOC.

#### **5.4. Positive Aspects.**

There were two positive findings by way of policy and legislation.

##### **5.4.1. The draft 'Policy Framework for Orphans and Vulnerable children in Guyana'**

This document sets out a clear policy concerning its goal that all OVC children achieve their full potential, through the achieving of objectives and strategies. The strategies include-

- strengthening the capacity of families to protect and care for OVC,
- mobilizing and supporting community based responses to assist OVC and their families,
- ensure OVC access to essential services,
- protect the most vulnerable children through improved enforceable policy and legislation,
- through advocacy and mobilization to create a supportive environment for children and families with HIV/AIDS.

It further highlighted 5 priority policy areas for OVC in Guyana that need to be acted on quickly, namely:

- establishment of enforceable standards for the operation of residential institutions caring for children,
- appropriate placement options for OVC without primary caregivers,
- protection of children's rights and future through succession planning,
- provision of psychosocial support to OVC,
- adequate identification, monitoring and evaluation of OVC.

This policy, which also sets out an implementing framework that stresses the importance of coordination and institutional roles and responsibilities, should be adopted.

##### **5.4.2. Current proposed legislation are steps in the right direction but will not solve all the issues.**

The government of Guyana has five Bills awaiting discussion and approval in parliament. They are:

1. Adoption of Children's Bill 2005.
2. Child Care and Development Services Bill 2005.
3. Custody, Access, Guardianship and Maintenance Bill 2005.
4. Protection of Children Bill 2005.
5. Status of Children Bill 2005.

These together will make up the components of a Children's Act. The Protection of Children Bill is particularly relevant to the issue of vulnerability. It sets out general principles emphasizing the 'best interests of the child' and the grounds and the process by which the State could protectively intervene through the Director of Social Services. This could be through family support or if this is not feasible by the child being placed by the court in the care of the Director who would direct where the child should stay. However

this does not address the issue of parents/relatives giving up their children to others or to Children's Homes. So although these bills will assist establishing systems that respect the rights of the child and those of families they do not cover all the situations which lead to children becoming separated from their nuclear and extended family.

## **5.5. Summary of main findings.**

- The draft OVC policy framework moves Guyana in a positive direction and needs to be adopted.
- New legislation is being developed.
- Minimum Standards in residential care homes need to be put in place.
- The Probation Service is not able to sufficiently protect children who are at risk, Questions about professional competence in some areas and authority to act on behalf of the State need resolving.
- Current proposed legislation are steps in the right direction but will not solve all the issues.
- There is no effective mechanism for financially supporting families where children are at risk.
- There are very few community care services available to support families or a structured framework in which they can develop.
- Long term durable care solutions are needed for many children that would not be met only by developing foster care.
- Operationally to improve the standards and gate-keeping in Homes requires the Probation Service to actively become involved in the management of the Homes and community care arrangements for children.
- There is a lack of data concerning the children's homes and the children in them.

## **6. CHALLENGES.**

### **6.1. There are no minimum standards for the care of children in Residential Homes. These need to be put in place.**

Without such standards children can become exposed to harm and there are no straightforward grounds for monitoring, redress and enforcement, whether voluntarily or by an outside body. Without them there can be no expectation that a common standard of care will be practiced across the country. As all but 3 of the 24 Homes are private it is currently up to their management and Boards as to the standards set and whether these are kept. Although Homes are expected to be registered with the Cooperatives Department of the MoLHSSS it involves nothing by way of obligation to any specific standards, nor is it absolutely necessary. It seems that if a Home is de-registered it can continue to function. The MoLHSSS does provide a subvention to many of the Homes of G\$100,000 (US\$500) and its continued payment could be a way of exerting some influence on their performance.

If minimum material standards are set that cannot be met by the homes this would entail considerable resource allocation to put matters right. Improving conditions in children's homes can also create a pull factor for poor families.

**6.2. The Probation Service is not sufficiently able to protect children who are at risk.**

With the merging of the Probation and Children's Services in 1997 and the more recent merger with Social Security personnel in 2005 the previous specialization of officers in the department is being eroded. It seems that conservatively about 20% of Probation Officers time is now taken up with social security matters and that Social Security personnel although receiving some social work training have little time or the experience to take on any other than their original duties. The current complement of officers is 41 made up of 22 former Probation Officers and 19 former Social Security personnel. In addition there is the Chief Probation Officer and 3 assistant chiefs. There are currently 32 vacancies but government has agreed to the recruitment of that number and selection interviews are in progress. The demands on Probation Officers of court reports, statutory supervision including parolees and after care cases, counselling adults in domestic violence and matrimonial disputes, counselling children, prison visits, etc leaves little or no time for working with families whose children are at risk or with children in institutions. It would be worthwhile for the Probation Service to review its non-statutory duties and decide what are priorities and what may be left for other agencies, eg matrimonial disputes where there are no young children in the home.

**6.3. No effective mechanism for financially supporting families where children are at risk.**

Government has instituted various ways of assisting poor families through public assistance, the provision of school uniforms and some school feeding programmes. However, these are not directed particularly to families with OVC.

**6.4. There are very few community care services available to support families or a structured framework in which they can develop.**

There is little emphasis on community work in the Probation and Social Security Service as staff are already overloaded with duties. From a brief discussion with the Regional Democratic Council chairman it seems that the Council does not have a defined role towards Child Protection, the Neighbourhood Democratic Council spoken to passed any social issues on to the probation office, while the Community Development Committees where they exist are very much left to decide what they want to do. It seems there is no body deputed by government at the local level which is given a responsibility to have oversight of the care, protection and welfare of children.

**6.5. Long term durable care solutions are needed for many children that would not be met only by developing foster care.**

One of the terms of reference for this consultancy is the establishing of foster care regulations. This is a crucial aspect in providing a range of alternative care options in the community. However, family support, the involvement of the extended family, fit persons, guardianship and adoption tend to provide more permanent community alternatives. Foster care is predominantly used in industrialised countries to deal with a short term crisis that prevents a child from living within the family. It provides the opportunity to resolve problems in the home. However a brief examination of the children in the homes pointed to the children either being there for reasons of poverty or because they had been abandoned or orphaned or sexually abused. It is unlikely that these children would benefit from fostering. It is probable that they can return home if the poverty is mitigated or they need long term care solutions of adoption or guardianship.

Children's Homes exist and are unregulated and until they are regulated, especially through a gate-keeping procedure, they will continue to receive children from parents/relatives and others often as a first rather than a last resort. From a quick assessment there are probably 50% of children in homes who could be living with their parents or relatives with some support. That being the case it is vital that good practices are introduced into the Homes first, especially with regard to gate-keeping and staff-children ratios, so that as alternative family options are found the numbers of children in Homes are reduced and do not go back to their original level. This is a priority rights issue that needs to be addressed before other issues. This task will require a major new commitment by the Probation Service.

**6.6. Operationally to improve the standards and gate-keeping in Homes requires the Probation Service to actively become involved in the management of the Homes and community care arrangements for children.**

Unless the Probation service or some other body takes the responsibility for ensuring agreed Homes standards are met and are involved in both the reintegration of children from Homes into the community and in working for solutions to prevent children becoming separated from their extended families the pressure for institutional placements will grow. Although standards can to some extent be self-regulated by the Homes, the reduction in the numbers of children in homes depends on some community body, such as the Probation Service, with social work skills to undertake preventive and supportive work with families in the community. Improvements in Homes cannot be treated in isolation of parallel work in the community.

**6.7. There is a lack of data concerning the children's homes and the children in them.**

So that MoLHSSS and the Homes can work towards setting standards research needs to be undertaken to find out about how each home is managed, the children it cares for and the facilities it provides (Appendix 6). Also information is needed on each child in the

Homes so it is known why they are there and whether it may be possible to return them to a family in the community (Appendix 5a & b).

## **7. POLICY ISSUES THAT NEED TO BE ADDRESSED**

The problems facing children in need of care and protection who are living in residential care will only be partially resolved by the setting of regulations and standards within the homes. Establishing a system of foster care is only a small part of building a continuum of care of which residential care is the last resort. A rapid assessment of the child care situation in Guyana reveals that many children are in residential care for reasons of poverty while other children require permanent family placements rather than temporary fostering. A considerable part of the problem is an under resourced Probation Service which has competing demands placed on its staff. This service is not equipped, nor does it have the necessary authority to deal with 21<sup>st</sup> century child care problems such as sexual abuse or parents who take drugs. There are not the range of financial or social services and placements available to cope with current demand. This assessment recognises the progress that has been made in Guyana in drafting new legislation that will go some way in meeting the challenges of the next decade. However as important will be the development of a more effective framework for child care and protection with an effective social work/probation service as a main pillar. The next part of the paper considers some of the policy issues and principles that need to be taken into consideration when reforming the systems and structures necessary for protecting children, Many of the changes that are necessary will be over the medium term and recognising this there are suggestions of what can be put in place in the short term and the next steps.

### **7.1. The Rights of the Child and meeting international standards**

Below are some of the policy issues that need to be resolved by discussion among professional staff and policy makers. Many of the obligations of the State are to be found in the UNCRC.

#### ***CRC Article 3.***

*States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.*

#### ***CRC Article 20***

- 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.*
- 2. States Parties shall in accordance with their national laws ensure alternative care for such a child.*
- 3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When*

*considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.*

## **7.2. The role of the State and the concept of public care or looked after children**

The current Guyana legislation varied by the 5 draft pieces of legislation constituting the draft Children Bill give powers to agencies, the police and general public to report cases of abuse and where a child is need of care and protection. Currently if a child is found to be in need care and protection the child is committed to the care or custody of a fit person, a guardian, an institution or a relative. There appears, apart from a general obligation on the state to provide care for its children, no concept of “*parens patrias*”. The main question to be resolved is whether in times of crisis in a family, when a child needs care and protection, or where a child has no family, the State wishes to take on the role of parent and provide through its social workers and funding, a system of public care. By these means the state would take on some of the roles of a parent when a child is in need of care and protection until the child is no longer in need of public care. If the State wishes to provide a system of public care it will need the human resources and the finance to pay for the placements of children.

The primary reasons for Guyana Government having a role in looking after children might be to:

- Improve educational attainment
- Provide better safeguards
- Ensure placement stability
- Ensure high standards of assessment and periodic review
- Ensure minimum standards of care

## **7.3. Improving the States role in prevention**

However what happens before children become looked after has a major influence on what happens during their period in care. Most children become looked after because of adverse experiences in their families. The aim of Government must be to improve the early support available to families, if this happens then we hope that fewer children will face such adverse experiences and that a greater number can be supported safely within their families.

Research<sup>17</sup> in England suggests that there is often room for children's services to act more decisively at earlier stages in children's lives. A key aim of the child care strategy in England is to enable local authority children's services to act earlier and more decisively when children are experiencing unacceptable and damaging family situations.

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<sup>17</sup> See [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

#### **7.4. Role of Family and Parents and Parental Responsibility**

The family is the usual structure for raising children but in Guyana only 65% of children 0-14 years old live with both parents<sup>18</sup>. About 30% live in single-parent households and of children 0-18 between 9-11% do not live with their parents. Information from the Linden Care Trust indicates that OVCs with support can continue to live with their parents or extended families. In Guyana which has a low population and the potential for good ARV coverage very few children can be expected to need alternative family care and residential care because they are orphaned or in need of care and protection. The challenge is to devise a system of care to safeguard children that is not invasive, does not destroy the traditional Guyana mechanisms employed by the family on death of parents or illness to look after the children.

##### ***CRC Article 5.***

*States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.*

Parental Responsibility is often defined as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his / her property'. Each parent who has parental responsibility is entitled to make decisions about the child independently of the other, although they should always consult each other about important decisions.

##### **7.4.1. What are the responsibilities of a parent that can be set out in law?**

Understanding and meeting the different levels of responsibility for realising children's rights and allocating parental responsibilities for children not living at home are important tasks for the government. Below is an example from Britain.

The Children (Scotland) Act 1995 has set down in law what a parent's responsibilities are: you must - in the interests of your child and as far as practicable-

- safeguard and promote your child's health, development and welfare
- give your child the direction and guidance he or she needs
- keep up your personal relationship and contact with your child - even if you do not normally live with him or her
- act when necessary as your child's legal representative

Parents with these responsibilities also have related rights so that they can carry out their responsibilities

There is no limit on the number of people who can have parental responsibility for a child at any one time, and a person does not lose parental responsibility merely because someone else acquires it. In the England and Wales - Children Act 1989 various people

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<sup>18</sup> Guyana Multi Cluster Survey 2001



may acquire parental responsibility for a child in different ways. Although on the making of a care order a local authority obtains parental responsibility for a child, the parents will not lose it and it will be "shared".

#### **7.5. Working with partners - NGOs, Faith Groups and Private Sector**

Choices will have to be made about the role of the Private Sector and NGOs in providing services for children. Residential care facilities are already provided by registered agencies that include churches and NGOs to which Government provides a subvention. Although formally registered these agencies are not regulated or inspected with regard to their capacity to provide child care services. The National Council of NGOs is currently trying to standardise norms and referrals for community care of OVCs and it is possible that NGOs will want to be self monitoring.

#### **7.6. A future potential role for Local government**

In many Anglophone countries it is now local government that is responsible for delivering services to children in need of care and protection, leaving central government the role of policy, planning, monitoring and evaluation. In Guyana some decisions over the long term regarding provision of children's services may now be appropriate with regard to the role of Regional Democratic Councils

#### **7.7. Role of courts in sanctioning decisions and protecting rights.**

*CRC Article 9. 1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.*

When children are removed from their parents or carers for reasons of abuse or neglect it is necessary for signatories to the UNCRC to subject the decisions of child care authorities to judicial review by the courts. This is proposed in the Protection of Children Bill.

### **8. POLICY PRINCIPLES**

Before making new child care policy it is suggested that the Government in consultation with other stakeholders prepares a short paper outlining the principles<sup>19</sup> on which it will make policy and legislation. This process was used in Uganda and Ghana and gets the

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<sup>19</sup> The paper may want to include many of the points raised in the draft Policy Framework for Orphans and Vulnerable Children in Guyana 2006 particularly as regards strategies and priority policy areas.

debate out into the open and the arguments are conducted over the principles rather than over all the detail appertaining to it.

### **8.1. Do no harm to children: all children need safeguarding**

At a minimum, all children in residential care or living in alternative family care, such as fostering and adoption, must be safeguarded. The Government needs to take steps to prevent the abuse of children by people in positions of trust with regard to children<sup>20</sup>. The agencies working for the care and protection of children should establish and be subject to rigorously enforced codes of conduct that have zero tolerance for the abuse and exploitation of children by their personnel<sup>21</sup>.

### **8.2. Apply UNCRC Principles in the homes and in alternative family placements.**

Children growing up outside of family care have rights. The principles in the UN Convention on the Rights of the Child must be rigorously applied by the Government to all children who have been placed in residential care:

- ***Non-discrimination:*** It is the state's obligation to protect children from any form of discrimination and to take positive action to promote their rights. This principle has particular application in Guyana with regard to ethnicity and religion. But a growing concern may be stigmatization of children because of HIV status.
- ***The best interests of the child:*** All decisions taken by states and other organizations regarding the care and protection of children should be in the child's best interests.
- ***Survival and development:*** The state has an obligation to ensure the child's survival and development.
- ***Children's participation and influence:*** The child has a right to participate in decisions in accordance with his/her age and maturity. This must include all decisions about childcare placements and discharge, which should be made through a suitable legal process and consultation and be periodically reviewed.

These CRC principles apply equally, if not more so, to disabled children. Children should not be in residential care just because they are disabled, but should be protected by the same mechanisms as other children in need of care and protection in terms of assessment of abuse, neglect and risk.

### **8.3. Prevention of children needing alternative care by strengthening integrated support for family care during a child's early years.**

Children who have their early childhood disturbed are frequently more difficult to care for as they grow up. Investing in a child's early years and childcare provision gives a good start to young children's development as well as appropriate support to their parents. An example of this is children's centres that combine health and family support

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<sup>20</sup> See *Keeping Children Safe: A Toolkit for Child Protection* a complete package for people working in child protection across the world. It aims to support agencies at international, national and local levels to put these standards into practice. [www.keepingchildrensafe.org.uk](http://www.keepingchildrensafe.org.uk)

<sup>21</sup> A Last Resort – Save the Children position on Residential Care

with early education and childcare. Community participation will be key to the success of early childhood development. The Probation Service may have to ensure appropriate actions are taken by all those able to protect the child where despite community action a child is still at risk.

#### **8.4. Residential care is used as a last resort.**

At the present time in Guyana it appears that only two forms of alternative care exist for children who cannot live with their natural families. The first and most prevalent is the care offered by relatives and extended family. Sometimes this care is supported by agencies like the Linden Care Trust with outreach work. At present the only choice after extended family care for a child is residential care and sometimes residential care is used before a placement with relatives is considered. Processes of assessment, decision making and review need to enforce the principle that residential care is only used as a last resort and wherever possible for the shortest period of time.

#### **8.5. Care and Protection assistance benefits from a coordinated multi-sectoral approach.**

A child's care and protection needs are varied, including health, education, shelter etc and there are a variety of bodies, governmental, community, NGO/CBO and religious, who can assist in reducing a child's vulnerability. These need to be brought together and their actions coordinated to devise the best ways to promote the child's welfare and development until the child is no longer at risk. Guyana should look to develop shared responsibility for child protection across the agencies. This is already emerging in OVC work and needs to be built on.

### **9. BUILDING BLOCKS FOR AN EFFECTIVE STATE SOCIAL WORK SERVICE**

After visiting the children's homes and holding discussions with Probation staff it becomes clear that there is need to improve the social work service (practice) and the way that the service (system and structure) is delivered in Guyana. These are the foundations for an effective social work service.

#### **9.1. Improving Practice And The Technical Capacity Of The Probation Service.**

To enable Probation Officers to acquire these technical capacities will require both clear policy guidelines and supervision from within the Service.

9.1.1. A priority of the Service to be the prevention of the separation of children from their families by intervening to support families and stop family breakdown.

Although the mission statement of the Probation and Family Welfare service includes ‘the promotion of the welfare of members of the society, especially children in difficult circumstances’ and is tasked with the responsibility of ‘intervention to stop family breakdown’<sup>22</sup> and the draft Guyana policy framework on OVC sets out important strategies for doing this there appears to be no directive to officers as to how this is to be done. Officers need to become skilled in family and community work. Specialised help and assistance needs to be able to be delivered quickly and effectively when problems arise at the point of need.

9.1.2. Improving the assessments and social enquiry reports.

Children in the children’s homes had been placed there by Probation Officers without it seems proper assessment of the home situation or consideration of other family placements. In view of this it is recommended for SERs that:

- The system is resurrected by which all court reports are reviewed and counter signed by a senior officer
- All SERs must provide the courts with alternative plans to residential care or custody
- The SERs must clearly state the basis on which they have been prepared eg persons spoken to, documents read, visits made.
- Training is provided for Probation Officers in making assessments and SER writing and an SER Audit is carried out

9.1.3. Officers will have to become accomplished in assessing the support needs of families and advocating on their behalf.

This will require skills in coordinating with government services, eg education, health and housing, other agencies and local NGOs/CBOs and the community so as to strengthen families so they can better care for their children.

9.1.4. Probation Officers decision making will need to be in best interests of the child.

There was little evidence of best practice with regard to the placement of children in residential care. It should be a role of the State subject to judicial review to ensure that the decisions made by homes and other people in authority regarding child care placement are made in line with current best practice. For this to happen the views of the child concerned will have to be sought and their involvement in the decision making process encouraged. The possible alternatives will need to be investigated. The

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<sup>22</sup> Probation & Social Services Annual Report, 2005, MoLHSSS

consequence of this is that coming to a resolution may take some time, especially when it comes to children feeling comfortable with their return to a family.

- 9.1.5. The CRC requires that there is a periodic case review (art. 25) for any child placed for their care and protection outside their extended family, other than by adoption.

It should be the duty of the Probation Officer to either do this or to ensure it is being done by the agency responsible for the non-kinship care placement of a child.

- 9.1.6. Probation Officers to be involved in the preparing for resettlement and the resettlement of children leaving institutions.

Preparing to leave an institution and return to the community can be a very difficult time for a young person or child. As the social workers in the community Probation Officers are best placed to assist children to make this transition. A Probation Officer needs to be designated to each child in an institution and be involved in the plans for their return to the community and to support them when they arrive there. A similar process exists for young people and children released on voluntary After Care from the NOC but is seldom put into practice.

## **9.2. Improving the management and supervision in child protection**

- 9.2.1. Prioritising the workload:

It appears that the Probation Officers and their colleagues are overwhelmed by the work load which includes managing pensions and social security payments as well as providing a personal social work service. The managers in the department need to work with the staff to see if any work can become less of a priority or privatised enabling the collection of fees. Some of the divorce, separation and child custody work could be considered here? One of the stated reasons for courts not asking for SERs before sentencing children was because of the length of time it takes to prepare a report. The Probation Service must renegotiate expectations and deliverables with the courts. The sentencing by the court which are de facto best interest decisions need advice from a Probation Officer and this kind of work cannot be set aside.

- 9.2.2. Supervising the preparation of Social Enquiry Reports and overseeing the recommendations contained in the reports.

Sadly it seems that the credibility of the Probation Officer role is being undermined by reports being ineffective when they are produced. More management oversight of court report recommendations, assessments, decision making and casework supervision is needed. Particularly as children are being sent to the NOC for status offences there is a need for the managers within the Probation Department to review the work and SERs of their staff and to professionally supervise them.

#### 9.2.3. Effective staff supervision and performance appraisals.

Professional social workers thrive on supervision and guidance from senior staff who have good case work experience. Methods have to be found to reward good practice and to find out which staff are more suited to pensions, administration and which staff are good at social casework.

#### 9.2.4. Coordinated interagency assistance at local levels to provide a range of services.

Child care is not solely the province of the probation service. Health, education, police and NGO s all have roles to play and can improve decision making. One way of improving delivery is for the different agencies to improve their communication about social issues that affect children and families and to work together. Key elements of inter-agency coordination arrangements would be:

- A common framework for assessing the needs of a child
- A body at local level able to make decisions, advise on appropriate child care interventions and conduct periodic reviews of placement
- An agreed lead agency
- A mechanism for agreeing a key worker
- An understanding by key agencies like health, education and local democratic councils that they like the MoLHSSS have roles to play in providing effective child care services

### **9.3. Standards in homes: improvements required.**

Most Children's Homes worldwide could improve the way they are administered and their quality of care in relation to their professional practice, the personal care and safety of children, the standard of caregiving and of caregivers, resources and administration. There is now some literature on the subject including 'Raising the Standards, Quality Childcare Provision in E. & C. Africa', that gives a detailed description of the quality standards and indicators which Homes should apply. It provides an important framework for ensuring quality care for children in Children's Homes. This is an area where the draft legislation empowers the Minister to make regulations as a means of dealing with situations where standards are not met. There is scope to do this also under sect. 24 of the Juvenile Offenders Act. The areas highlighted below are those that seemed in most urgent need of attention.

#### 9.3.1. Ratio of staff to children.

"Ensuring there are enough carers to provide some individual attention to children is an important element in providing a quality of care that goes beyond the basic level for survival. Staff- child ratios should vary in accordance with the numbers and age of the children, the age and gender balance, and how many of the children have specific care or protection needs. In addition, staff child ratios will vary in accordance with the competencies of the carers, for example, if the staff complement was new, untrained,

particularly young and inexperienced or elderly. While the number of care staff needs to be defined according to each context, a basic minimum standard should be one care staff member to five children (1:5) with available 'back-up support'. 'Back-up support' should always be available.... With children below 5 years, staff child ratios should increase (1:1 or 1:2) in respect of the greater demands of care and increased need for one to one carer/child interaction. Ancillary, medical or security personnel should not be used as substitute 'child carers' nor should they be included in calculations of staff child ratios'<sup>23</sup>. Reducing the numbers of children in the homes may also positively impact on child to staff ratios.

### 9.3.2. Case Records, Periodic Reviews and Care Plan.

These are essential for all children. The case records should have in them certain automatic information, eg

1. birth certificate,
2. medical card,
3. school reports,
4. photo of child,
5. photo of parent(s),
6. home address, address of parents, relatives or caregiver
7. mementoes from home or memory book,
8. case report notes,
9. 6 monthly periodic review

A 6 monthly review reporting on the progress and any special happenings or problems faced by the child over that period and stating what has been done to address them, what still needs to be done and who is to do it.

In addition a care plan should be drawn up at least once a year which would draw on the 6 monthly review but will come from an in-depth discussion about the child's future. The care plan should detail the child's needs both in the short and long term. In the short term it may look at the child's concerns over visits, education, siblings, wish to spend a holiday with family, employment, health concerns and how those issues are to be responded to. For the longer term it would be about the strategy for their reunification or other long-term care options, taking into account the child's wishes and concerns. It should decide with the child what actions need to be taken and by whom and a way of monitoring that this is done. All this should be written in the care plan.

### 9.3.3. Organisation of Homes' Management Committees.

In some cases Management Committees do not exist and in others they meet rarely. The Management Committee of a private home are those responsible for its overall management and would be liable to prosecution if it could be shown that by the Home's negligence a child suffered injury or harm, eg death through fire, sexual assault, etc . The Management Committee should have on it certain public officials, eg the district

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<sup>23</sup> Raising the Standards, Quality Childcare Provision in E. & C. Africa, Save the Children, 2005

Probation Officer, a medical officer or government health person not below the rank of nurse and a member of the Neighbourhood Democratic Council. The Committee's job is to ensure the best interests of the children in the Home are being met, to listen to the staff and to the children about the improvements and changes they would like to see, to bring about improvements in the regime and the facilities, to hear complaints and to ensure the standards of the Home come up to those voluntarily agreed to by the majority of the Homes until such time they have been established by a Ministerial policy or by legislation.

#### 9.3.4. Admissions Policy.

Currently there is no admissions policy for private Homes, nor for the government Drop In Centre. Homes do not always take children on the authorisation of the Probation Service or the court. Often they just accept children direct from a parent, relative, member of the public or another home. By taking on the full care of the child the Management Committee is acting 'in loco parentis' for that child but if they have no authorisation to receive that child if anything went wrong it could be argued they are holding a child illegally. A clear admissions policy is needed also to effectively gate-keep those who are allowed to become residents. This is necessary to ensure that all other community options have been tried before the child is admitted. Once a child is admitted it becomes more problematic to set up alternative care as the immediate care concerns have been dealt with and this tends to lead to inertia and children overstaying in Homes.

#### 9.3.5. Health, Psychosocial Support and Safety

The great majority of children in Homes are in school and being educated. The question of their health (physical and emotional) and safety seems less well assured. Most homes do not have a resident nurse or even a person with some health training. Some of the children have disabilities and others show aggressive behaviour sometimes as a result of their own abusive upbringing. Staff should have some understanding of the very varied health and psychosocial needs of the children in their care.

In addition many of the Homes are built of wood and present a serious fire risk, which requires that there are fire escapes, that children are not locked in at night, that fire drills are done and that fire extinguishers are there and that children and staff know how to use them.

#### 9.3.6. Community Involvement.

Children attend local schools, which brings them in touch with the community. But this is often as far as it goes; more could be done to introduce the children into community activities and to foster interaction so that the children do not feel isolated from the society around them. This could take the form of joint visits, games, drama, musical events, celebrating festivals, etc.

#### 9.3.7. Processes for Leaving Homes and for Reintegration



More could be done to prepare children for leaving the Home. This requires discussion with them about where they would wish to go, to look with them at the possibilities they have and to make the necessary contacts and initiate meetings with their prospective carers or prepare them for independent living if that seems most appropriate. Coupled with this is the need to find out the conditions of the prospective carer's home and their feelings towards the child and what assistance the family needs and what can be done to meet them. The Probation Officer is currently the person whose mandate covers this role but it could be carried out by a member of a reputable NGO, CBO or FBO. However what is essential is that these home visits are made and that the person reports back in person to the Home and the child and puts in writing the outcomes and what might be the next step.

Once it is agreed by the child and carers to try for reintegration a trial stay would seem essential and would require a Probation Officer to support both the child and family. If reintegration goes forward it will also require the on-going involvement of a Probation Officer and maybe also a voluntary social worker, until such time as the situation has stabilised.

#### **9.4 Developing a Trained and Competent Workforce in Children's Homes**

For the minimum standards to be supported by the care staff in homes they will need to appreciate the principles and laws national and international, especially the CRC, on which they are based. Most of the current workforce is untrained in social work and has had no opportunity to study the rights of the child, child development, accepted good childcare practice and their implications for residential care. To remedy this a course of distance learning could be developed collaboratively between the NGOs (eg. the Red Cross Children's Home involves its staff in social work distance learning and the Roadside Baptistry runs a one year social work certificate course), government and the social work department of the University of Guyana.

#### **9.5 Improving the range of services and developing a continuum of care**

##### **9.5.1. Develop a range of alternative family placements to residential care.**

At the present time community care is evolving through the work of NGOs with OVCs and PLWAs. Guyana needs to develop a continuum of care that includes:

- Ability of social workers to support parents and relatives to care for children
- A system of foster parents able to provide temporary care for children while the situation at home is improved
- A system of paid professional foster parents able to work on a temporary basis with children who have challenging behaviour.
- Where it would be unsafe for children to be returned to their parents to find other appropriate long term community care, eg fit person, guardianship and adoption.

Under the principle that prevention is better than intervention Guyana is advised to develop a range of community care services to include: crèches, day care, volunteers, parenting skills training. These services will assist early childhood development and need to be free and inclusive. In fact this is already envisaged by the Government with enabling legislation contained in Child Care and Development Services Bill 2005

#### 9.5.2. Long term durable solutions provided outside the nuclear and extended family.

In the case of young babies who have been abandoned speedier adoptions should be considered rather than have to wait the 12 months of non-contact by a parent or relative before looking for adoption as at present. We would suggest in such cases that after 3 months of non-contact the child should be placed for adoption; this is especially important for babies who need close loving parental care. In the case of parents who are unable to look after their children but whose whereabouts is known and for whom adoption is not appropriate the court can commit them to the care of a fit person (Juvenile Offenders Act sect. 17) and can order supervision by the Probation Officer.

#### 9.5.3. Use of fostering as a temporary placement.

While a long term placement is sought there may be need of a temporary placement with foster parents. This will require regular monitoring by the Probation Service which is another reason why it is best used primarily on a short term basis until a more permanent family placement is found.

### **9.6 A cash transfer strategy can be developed to keep children and families together**

The visits to children's homes showed that many children were in these establishments for reasons of poverty. For many families escaping from poverty is not an easy task and some children turn to employment on the streets to help their families and are found to be idle or wandering. For other children the parent(s) have insufficient income to feed the children and going to a children's home is the only solution.

Current thinking is that cash transfers may be an effective mechanism for preventing separations and family breakdown. The poverty of families which is putting children at risk of institutionalization is being addressed in a number of countries by this method. Such a system is used in Mexico, Brazil and Columbia among others in Latin America. Sometimes there are conditionalities that the money be used to buy food, school necessities, so the child can attend school, and receive health care. Extrapolating from what staff said there might be 300 children in Children's Homes who such a system could help to return home. A pilot would be necessary to see how best to make it work. Prior to any pilot there would need to be studies of comparable countries to Guyana using cash transfers for the same purpose, reviewing for example criteria for selection, verification, money distribution and management systems they use and some research to calculate the amount that would allow families to take on their responsibilities for their at risk children. Later a more sophisticated system could be devised to use cash transfers to prevent family breakdown.

Social transfers<sup>24</sup> are regular and predictable grants – usually in the form of cash – that are provided to vulnerable households or individuals. They are a form of social protection, in other words, part of a system of public actions put in place to protect and transform the livelihoods of citizens, including the vulnerable and chronically poor

As with parents who have HIV it is unlikely that income support<sup>25</sup> or cash transfers will on their own without supporting programmes be the complete answer but evidence suggests that cash transfers are increasingly the choice of Governments and donors and are effective<sup>26</sup>.

The Government could think about two types of cash transfer:

- First would be payments to families to prevent children from being taken into public care or a children's home and to allow children to be returned to their family from a children's home
- The second could be general and preventative. In terms of prevention it can be argued that by targeting the poorest people and households with cash transfers, you reach vulnerable children<sup>27</sup>, especially where targeting criteria make provisions for children within the households.

### **9.7 Creating a Child Protection sub department and a cadre of child care specialists.**

It is now becoming more acceptable to separate the child protection and justice functions for children in the state social work services and to separate children's services from those provided for adults<sup>28</sup>. It is advised that the Ministry consider setting up a separate department for Child Protection that will employ specialist social workers

One way forward would be to find out if there are members of the Probation Service, especially in region 4 and 6 where there are most Homes and most at risk children, who would wish to become full time child care officers. From these to establish a Child Care section within the Service who specialise in child care, as some do in adoption.

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<sup>24</sup> Using social transfers to improve human development. SOCIAL PROTECTION BRIEFING NOTE SERIES, NUMBER 3 DfID Feb 2006

<sup>25</sup> Equity and Development – World Development Report 2006

<sup>26</sup> Commission for Africa identified social transfers as a key tool in tackling extreme poverty in sub-Saharan Africa. It proposed that African governments should develop social protection strategies to support families living in communities in which orphans and vulnerable children (OVCs) can be found and recommended that donors should commit to long-term, predictable funding of these strategies - Using social transfers to improve human development. SOCIAL PROTECTION BRIEFING NOTE SERIES, NUMBER 3 DfID Feb 2006

<sup>27</sup> Making Cash Count - Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households. IDS, HAI, SC UK 2005

<sup>28</sup> See Children's Act 2004 – England and Wales

### **9.8 Creating a research, information, monitoring and evaluation function at HQ plus a training unit.**

Within a new sub department there is merit in setting up a unit that looks at the issues affecting child care in Guyana, conducts research, inspections and generally provides information on whether policy changes are producing the intended results.

### **9.9 Transport availability.**

Social workers must have the ability to visit their clients in the home and community environment as often as the case work plan dictates. They must be able to bring children and their families together for a periodic review.

## **10. IMPROVING THE LEGISLATION**

The new Bills will improve the situation for children but will not solve all child care problems. The need to regulate standards of care in homes and foster care is addressed in Part IV Child Care and Development Services Bill and the criteria on which a Minister and the Child Care Services Board make decisions need to be put in place. Other forms of care like guardianship, custody, access, care orders and adoptions are also dealt with in the new Bills. Giving the court the ability to dispense with the need for parental consents to provide adoption for abandoned babies is contained in sect.20 The Adoption of Children Bill. This section will greatly assist the social services in finding adoptive families for the children currently overstaying in the Babies Home run by the Red Cross.

### **10.1. Are there Quick Fixes?**

#### **10.1.1 Amendments to legislation**

The current status offences, i.e. offences that only apply to children and not adults and which are about failings in care and protection not about offending should be removed from the statute book eg sect. 17 of the Juvenile Offenders Act should not allow a child to be sent to the NOC nor should 17 (a-g) be regarded as an offence. These children may be at risk but the lack of protection which is the cause of that risk should be addressed rather than their being apprehended and detained as offenders.

#### **10.1.2. Can regulations be made by the responsible Minister under the current Acts?**

There may be possibilities: The Juvenile Offenders Act sect. 24 (b) states that the Minister may make regulations for children under 17 years committed to the care of any person or institution and to their duties and remuneration. The implication is that the Minister might already be able to regulate what happens to children in Children's Homes.

## **10.2. NGOs to agreeing to work with the Government on homes standards in advance of legislation:**

The draft Child Care and Development Services Bill will when passed into law, give the Minister the power to regulate<sup>29</sup> children's homes and to draw up standards. However as yet the Government has not become a parent or taken on a public care role. Nor apart from some subventions does it pay for the care of children in private/NGO homes. Without having clear legislation in force or the financial means to provide community placements or to make provision for homes to meet standards it is suggested that the Government and the homes work together to agree the standards and their voluntary enforcement.

## **11. SUMMARY OF CONCERNS AND WAY TO PROCEED**

As has been discussed putting in place standards in homes will require legislation, Ministerial regulation, additional finance, plus an improvement to the structure and working practices of the State social work service.

Current concerns from this assessment could be summarised as follows:

- Many children do not need to be in residential care. The SERs, social work assessments, homes visits are not being carried out by the current probation service and many children appear to be in the homes when either preventative measures like day care or cash transfers or more effective social work could have helped a child stay at home or with relatives.
- the children in residential care who cannot go home or stay with relatives need long term care solutions that would not be offered by a "foster" placement. These care solutions would be offered by adoption, particularly for young children or by guardianship for older children. However these solutions need both legislation and a more efficient social work service.
- the work load of the current Probation Service and its lack of specialism militates against the supervision or provision of assistance to children who are "at risk" in the community. This needs to be improved as the current state of affairs is resulting in the abuse of children's rights in residential care.

While waiting for legislation and changes to systems and structures which may take sometime it is thought that some progress can be made in the short term to improve the outcomes for children and reduce some of the child rights failures:

- Conduct in-depth research into the reasons for the children living in the homes and find out which children with financial support and some social work could return home. This will require case record sheets being filled out on each of the

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<sup>29</sup> See 11.1

- children in the homes and visits made to their families. This should provide information on which children could return home (Appendix 5a & b).
- Conduct Periodic Reviews on all children in the home and make career/care plans for each child. This is a requirement under the UNCRC. The child, parents, relatives, teachers, the home staff and Probation staff need to meet together to prepare plans for the child.
  - Appoint specialist child care staff within the current Probation Service establishment. Develop action plans for Probation/child care officers to reduce numbers in homes. These staff can then quickly embark on the periodic reviews.
  - Appoint a person responsible for developing standards in the homes and regulating them
  - After homes have been visited and the Guyana Homes Assessment Sheet completed it should be possible with the information properly organised to set minimum standards together with homes' representatives (Appendix 6).
  - It will then be in order for the Ministry to monitor admissions to institutions and put in place activities for Gate Keeping<sup>30</sup>
  - The Ministry needs to give thought to cash transfers and the mechanism for developing, assessing criteria and making payments.
  - Project proposals need to be prepared for donors in order to access funding for community care and cash transfer
  - Develop a proposal to fast track development of community care in selected locations and cash transfers – this could be a joint NGO/Region/Central Govt venture. There needs to be developed a means to quickly develop services in the community for children

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<sup>30</sup> See World Bank & Unicef papers on Changing Minds, Lives and Policies

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# DECLARATION ON THE STANDARDS FOR CHILDREN'S HOMES IN GUYANA

We the undersigned agree in principle to the Standards for Children's Homes in Guyana as a basis for good practice in our work with children both within non-government and government Homes.

|                          |  |
|--------------------------|--|
| Dollette Nicholson       | Ministry of Labour, Human Service & Social Security  |
| Dave A' Kids             | Michel Campbell 17.10.06   |
| Oslyn Crawford           | Ministry of Labour Human & Social Security 14th Oct, 2006  |
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| Andrew Leitch            | Bright Horizon Family Home Kuru-Kurupu.  |
| Geeta Langford           | Ministry of Labour Human Services and Social Security 2006-10-14   |
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| Pamela Chance            | Cheshire Home Maharaica E.C.D. 17-10-06  |

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|                                    |                                    |                                   |
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