FACILITATORS’ TRAINING MANUAL FOR COMMUNITY ENGAGEMENT
PROTECTING CHILDREN FROM VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION

ADDITIONAL MODULE ON ALTERNATIVE CARE OF CHILDREN
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Alternative care: Care for children who are not under the custody of their biological parents. Alternative care can be formal and informal. It includes family-based care, residential care and adoption.

Deinstitutionalisation: Process of reforming child care systems and closing down orphanages and children’s institutions, finding new placements for children currently resident and setting up replacement services to support vulnerable families in non institutional ways.

Family-based care: Family-based care is the alternative care of children in a family environment. Family-based care includes:
- Kinship care (care within the child’s extended family or with close friends of the family known to the child) and
- Short term or long term foster care.

Formal care: All alternative care in which placement has been ordered by a competent administrative body or judicial authority. Residential care is always considered formal care even if the necessary orders have not been obtained. In Ghana, placements of children in residential care without the necessary authority are illegal.

Foster care: Foster care is a way of providing a family life for children who cannot live with their own parents. Foster care is often used to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives. Often children will return home once the problems that caused them to come into foster care have been resolved and it is clear that their parents are able to look after them safely. Others may stay in long-term foster care, some may be adopted, and others will move on to live independently.

Informal care: Any private arrangement provided in a family environment, where the child is looked after on an ongoing or indefinite basis by relatives (kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by a competent administrative body or judicial authority.

Kinship care: Family-based care within the child’s extended family or with close friends of the family known to the child. Kinship care arrangements are also sometimes referred to as informal foster care.

Residential Care: Residential Care is care provided for children in any non-family-based group setting, such as shelters/places of safety for emergency care, and all other short- and long-term residential care facilities, including orphanages, children’s homes and children’s villages. In Ghana all residential care facilities are officially called Residential Homes for Children (RHCs). Regardless of name, residential care has the same features:
- Unrelated children live in the care of paid adults.
- Children are separated from their family and often their community. In many cases, they do not have the opportunity to bond with a caregiver.
- Facilities are usually run according to workplace routines, instead of responding to individual children’s needs, and have an ‘institutional’ rather than a domestic or homely feel.

The goal of residential care must always be to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative, or adoption, within the shortest time possible.
Children living outside of parental care are at high risk of neglect, abuse and exploitation. A permanent, safe and caring family is the best place for children to grow and all children should be cared for by their parents as much as possible. However, not all birth families are safe, nurturing and protective, and there are times when alternative care for children is necessary. Alternative care can be family-based through kinship care or foster care arrangements or non-family-based in residential care.

In Ghana, about 17 percent of children do not live with one or both of their parents. Most of these children are cared for by extended family members, or close family friends, in kinship care arrangements. However, research has found that the extended family network is weakening in parts of the country due to poverty, migration and family breakdown and some families are less willing to care for children that are not their own. Kinship care has also been found, in certain cases, to be open to abuse and can make children vulnerable to exploitation and harm.

For children who can’t be cared for by their extended family, residential care (often called ‘orphanages’) has historically been the main formal alternative care option in Ghana. In 2017 there were 115 known Residential Care Homes for Children (RHCs) in Ghana, caring for about 3,586 children. Studies done all over the world on children in residential care have shown time and time again that institutions have a profoundly negative impact on children’s health, development and life chances. Residential care can never replace a family, even those that are well-resourced with dedicated staff. Formal foster care is undeveloped in Ghana, and currently does not provide a viable alternative for children in residential care who cannot be cared for in kinship care arrangements.

Family-based care alternatives, namely kinship care and foster care, need to be actively promoted and strengthened in Ghana so that children are only ever in residential care as a temporary last resort.

However, the first priority, always and everywhere, is to strengthen families to care for their children and prevent family separations and children living outside of parental care.

**Purpose of the Child Protection and Alternative Care Module**

The Child Protection and Alternative Care Module was developed to raise awareness in communities on the need to prevent family separations and where parental care is not an option and promote family-based alternatives to residential care.

The Module has a similar style and approach to the Child Protection Toolkit Facilitators Training Manual and is also designed for use at the community, district, regional and national levels depending on the audience (e.g. regional and district level social workers, residential homes managers, community leaders, children, etc.).

**How the Module was Developed**

The Care Reform Initiative (CRI) Unit in the Department of Welfare convened a small technical team to draft the Module. Key findings from studies and research on family-based care and residential care, as well as the United Nations Guidelines for the Alternative Care of Children (2009) were used to contextualise the issues. The Module draws on current theoretical understandings of preventing family separation and promoting family-based care.

Content of the draft Module was field-tested with the national training team and revisions were made as needed after the training sessions.
PART 1
CHILD PROTECTION AND ALTERNATIVE CARE MODULE

Description:
This module introduces participants to key concepts in alternative care, including family-based care and residential care, and explains why family-based care is the preferred form of care for children whose parents are unable or unwilling to take care of them.

Learning Outcomes:
By the end of this module, participants will be able to explain the difference between family-based care and residential care and provide key reasons why family-based care is the preferred form of alternative care for children without parental care.

Participants will also be able to explain why it is important to prevent family separation and the need to promote family-based alternative care options to residential care.

Time: 4 hours

Methods:
Presentations, small group sessions, plenary discussions, quiz

Sessions
Session 1: Understanding alternative care (50 minutes)
Session 2: Unpacking why residential care is harmful for children (40 minutes)
Session 3: Strengthening family-based care (20 minutes)
Session 4: Practical application with new and existing tools (2 hours)

Materials:
Handout 1: Fact-sheet on alternative care
Handout 2: Residential Care Quiz – Questions
Handout 3: Why residential care is harmful for children
Handout 4: Preventing family separation and strengthening family-based care
Background Note 1: Vote with your feet – questions and answers
Background Note 2: Fact-sheet on alternative care
Background Note 3: Residential care Quiz - Answers
Background Note 4: Why residential care is harmful for children
Background Note 5: Preventing family separation and strengthening family-based care
PPT 1: Understanding alternative care
PPT 2: Why residential care is harmful for children
PPT 3: Preventing family separation and strengthening family-based care.
SESSION 1: UNDERSTANDING ALTERNATIVE CARE

Alternative Care:

Care for children without parental care or for whom parental care is not an option. Alternative care includes family-based care and residential care.

- **Family-based care** is a form of alternative care that involves a child living with a family other than his/her birth parents and includes kinship care and formal foster care.

- **Residential care** is care provided in any non-family based group setting including orphanages, children’s homes, children’s villages and shelters. In Ghana residential care facilities are called Residential Homes for Children (RHCs).

- **Adoption** is a permanent solution for a child who cannot be with his/her biological parents and is included under alternative care but not as a family-based care option.

Facilitator’s Action:

Start the session by asking participants who has children. Then ask them if they have thought about who would care for their children should something happen that they could no longer take care of them. What alternative care arrangement would they make? If relatives couldn’t take care of their children, then what would be the next alternative? Explain that this module is looking at the different alternative care arrangements for children whose parents are unable or unwilling to take care of them.

Then, ask all participants to stand in the middle of the room. Designate one side of the room TRUE and the other side FALSE. Ask the first question on **Background Note 1: Vote With Your Feet – Questions and Answers**, and ask participants to “vote with their feet” by choosing a TRUE or FALSE position. When participants have done this, ask one person from each group to explain their choice. Then provide the necessary clarification. Do this for each of the questions.

Present slides of **PPT 1: Understanding alternative care** and open the floor for a brief discussion on any concepts that participants may need more clarity on. Refer to **Background Note 2: Background on Alternative Care** to answer any questions that may arise. Emphasise that the first priority is to strengthen families so that children are not separated from parental care. If this can’t be avoided then family-based care is the next best option, preferably informal kinship care and if this is not possible then formal foster care. The key message is: a stable, safe and loving family is always the best place for a child to grow.

Distribute **Handout 1: Fact-sheet on Alternative Care** and invite comments and discussions around some of the issues and statistics. Ask what is surprising? What was expected?
<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>TRUE or FALSE?</th>
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<tbody>
<tr>
<td>1. Alternative care for children means care in an orphanage</td>
<td>Statement is <strong>FALSE</strong></td>
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<tr>
<td>Alternative care refers to the care arrangement that have to be made</td>
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<td>when children’s parents can’t care for them. These are children for</td>
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<td>whom parental care is not an option because parents are either</td>
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<td>unwilling or unable to care for them, including being deceased.</td>
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<tr>
<td>Residential Care in Orphanage is a type of Alternative Care.</td>
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<tr>
<td>2. Family-based care means a child is cared for by his or her parents</td>
<td>Statement is <strong>FALSE</strong></td>
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<tr>
<td>at home</td>
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<td>Family-based care is the alternative care of children in a family</td>
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<td>environment. Family-based care includes:</td>
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<tr>
<td>• Kinship care (living with relatives); and</td>
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<td>• Short term or long term foster care (living in a home with a</td>
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<td>foster parent, who provides round-the-clock care – in the same</td>
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<td>capacity as a biological parent – but is not paid a salary).</td>
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<td>3. Most children in orphanages are not orphans</td>
<td>Statement is <strong>TRUE</strong></td>
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<td>Assumption is that ‘orphanages’ are there to support orphans, but</td>
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<td>80% to 90% of the children have a living parent - +80% of children in</td>
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<td>residential care in Ghana have one or both parents living. The</td>
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<td>majority of these children could be reunited with their families given</td>
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<td>the right support.</td>
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<td>Poverty is recognised as the main driver of institutionalisation in</td>
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<td>most countries – including in Ghana. Parents who can’t afford to feed,</td>
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<td>clothe or send a child to school have little choice and when residential</td>
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<td>care is available they tend to make use of this opportunity.</td>
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<td>4. In Ghana, children who are cared for by their relatives are treated</td>
<td>Statement is <strong>TRUE</strong> and</td>
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<td>the same as other children in the family</td>
<td><strong>FALSE</strong></td>
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<td>In Ghana, the extended family is considered central to children’s</td>
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<td>lives and extended family members (e.g. grandparents, aunts, uncles,</td>
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<td>cousins) are actively involved in the care and socialisation of</td>
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<td>children, stepping in to provide care and support when biological</td>
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<td>parents are unable to do so. Care by relatives offers the benefits of</td>
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<td>a family environment and supports the continuation of important</td>
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<td>familial, communal, and cultural ties.</td>
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<td>Several studies in Ghana have shown that some children placed in</td>
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<td>kinship care may face bias, exclusion, or discrimination from extended</td>
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<td>family caregivers and community members or may be at risk of neglect,</td>
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<td>abuse, or exploitation. For kinship care to be successful, families</td>
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<td>need support from communities and local officials to ensure that children</td>
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<td>are protected.</td>
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<tr>
<td>Question</td>
<td>Statement is <strong>FALSE</strong></td>
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<tr>
<td>5. Formal foster care means a child is put in the permanent care of a foster parent until he or she turns 18.</td>
<td>Formal foster care is a family-based care placement option. It is meant to be a short-term solution until a more permanent option is found e.g. child is returned to birth family or adoption. This requires tracing and actively working with the child’s biological family from the moment the child is placed in care. In some cases, if it is in the best interest of the child, the placement may be long-term up until the child turns 18 or completes schooling, but this is not its primary purpose.</td>
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<td>6. It doesn’t matter if a foster parent is rich or poor, what is important is that the person is willing and able to provide a stable, secure and loving family home for a child.</td>
<td>Foster parents can be rich or poor, educated or uneducated, married or single, able-bodied or living with a disability. What is important is that the person is willing and able to provide a stable, secure and loving temporary family home for a child. People who are interested in becoming foster parents must enquire at DSW for more details. They will undergo a comprehensive screening process, including an inspection of their home, to determine if they are suitable. It is important that their children and extended family members support their decision. Foster parents do not receive any payment for the service. In some cases DSW may assist the family to access support from NGOs to pay for additional costs like schooling or medical care and equipment for children with disabilities.</td>
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<td>7. Parents are allowed to make arrangements directly with the orphanage to care for their children.</td>
<td>Residential care is a <strong>formal alternative care</strong> option. This means that placement has to be done through a competent administrative authority (DSW) and the court (care order). In order to ensure that children only end up in formal alternative care as a last resort a formal and thorough screening process needs to be in place (part of the “gatekeeping” process) to assess whether there really is a need for placement. Some residential homes/orphanages have set up the institution as a business that access funding from international and local donors and they will actively “harvest” children by approaching parents directly to place their children in the Home. The more children they have, the more funding they can attract.</td>
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What is Alternative Care?
Alternative care refers to the care arrangements that have to be made when children’s parents can’t care for them. These are children for whom parental care is not an option because parents are either unwilling or unable to care for them, including being deceased.

Types of Alternative Care
There are two main types of alternative care: family-based care and residential care.

Family-based care is where the child lives in a family environment but is cared for by someone who is not a biological parent such as a relative, close family friend or foster parent. Family-based care is the preferred alternative care option for children because it helps ensure that children grow up in a stable, safe and caring family.

Residential care is care provided in any non-family based group setting including orphanages, children’s homes, children’s villages and shelters. In Ghana residential care facilities are called Residential Homes for Children (RHCs). Regardless of name, residential care has the same features:
• Unrelated children live in the care of paid adults.
• Children are separated from their family and often their community. In many cases, they do not have the opportunity to bond with a caregiver.
• Facilities are usually run according to workplace routines instead of responding to children’s individual needs, and have an ‘institutional’ rather than a domestic or homely feel.

Residential care can be considered as a last resort temporary solution only if no immediate family-based care placement is found, while a longer-term family-based alternative or permanent care solution like adoption is arranged.

Adoption is also a type of alternative care but is not family-based care as it is a permanent alternative care solution for a child who cannot be with his/ her biological parents. Family-based care should be a temporary option to care for children with the goal of reuniting the children with their families.

Formal and Informal Alternative Care
Alternative care can be informal or formal.

Informal care refers to any private arrangement provided in a family environment, where the child is looked after on an ongoing or indefinite basis by relatives (kinship care) or by others in their individual capacity.

Formal care is all alternative care in which placement has been ordered by a competent administrative body (the Department of Social Welfare) and court. Residential care is always considered formal care even if the necessary court orders have not been obtained. In Ghana, placements in residential care without the necessary authority are illegal.

Reasons children end up needing alternative care
Children can be separated from parental care for many reasons including:
• Death of one or both parents
• Abandonment by parents
• Ensuring access to education and other basic services as well as food and other necessities
• Medical treatment or other specialised care for the child (e.g. disability)
• Administrative or court decision that removal from parental care is in child’s best interest (abuse, neglect or exploitation)
• Voluntary placement by parents on temporary basis (e.g. sudden emergency, unable to cope)
• Temporary or permanent incapacity of parents (e.g. imprisonment, illness, unemployment, migration for work, disability)
• Exploitation and other forms of abuse or neglect (e.g. child trafficking)
• Parents giving up their child permanently for adoption (permanent relinquishment)
The activities of the Child Protection Toolkit are focused on addressing the immediate and underlying causes of child protection violations many of which might result in children being separated from their parents.

**Children at High Risk of Placement in Residential Care in Ghana**
- Child with severe/multiple disabilities
- Child of single parent with mental disability or substance abuse problem
- Child from large poor family unable to pay for school fees and other material needs
- Baby of mother who died in childbirth (cursed/evil)
- Child with physical abnormality/difference e.g. 6 toes, born with full set of teeth or full head of hair (witch/wizard)
- Baby of teenage single mother

**Note to the facilitator**
Ask participants if there are other reasons that puts children at risk of placement in residential care apart from those listed above.

**Principles of Necessity and Suitability in Alternative Care**
The principles of necessity and suitability are found in the UN Guidelines on Alternative Care, 2009.

In order to ensure that children only end up in formal alternative care as a last resort a formal and thorough screening process needs to be in place (part of the ‘gatekeeping’ process) to assess whether there really is a need for placement i.e. is it **necessary**?

For many children separation from parents might not have happened if community-based support services were available. Financial and material poverty, or conditions related to poverty, should **never** be the only justification for removal of child from parental care but should be seen as a signal for the need to **provide appropriate support to the family**. Services need to be in place to **PREVENT** children being admitted to formal alternative care settings.

The principle of **suitability** is about ensuring that, when alternative care is required, it is suitable for providing quality care that will meet the child’s needs, circumstances and wishes. A range of alternative care options are needed (including kinship care, foster care, residential care and adoption) if we are to meet the ‘suitability’ principle. Again, the decision as to the most appropriate placement should be made as a result of the screening process.
Global situation:

- Most children without parental care are cared for by extended family or those known to them in informal kinship care arrangements.

- However, millions of children still live in orphanages/institutions worldwide. One estimate puts the total at up to eight million children. Globally 80% to 90% of children in ‘orphanages’ have one or both parents living. The majority could be reunited with their families given the right support, so it is a myth that ‘orphanages’ are there to support orphans. Unfortunately, once orphanages take root in a country they are very difficult to close down and reunify children with their families.

- Poverty is recognised as the main driver of child institutionalisation in most countries. Parents who cannot afford to feed, clothe or send a child to school often believe they have little choice but to send their children to an institution where they can access food, shelter, education, health and other basic services. This is particularly common in the case of children with disabilities, or children with specialist medical requirements, because families do not have access to the right support services or because there is no inclusive education in the local area.

- Formal foster care is main form of formal alternative care in the US, UK and most other Western countries and some counties in Africa like South Africa. In these countries residential homes are only for children with severe behavioural or emotional disturbances and need short-term care in a contained, therapeutic environment. Trained, professional workers – child and youth care workers and social workers - provide the care in small residential facilities (usually not more than 10 children).

Situation in Ghana:

- 17% of children in Ghana live with extended family/kinship care and not parents.

- Before 1996, orphanages were not common in Ghana but increased exponentially between 1996 and 2006:
  - In 1996 there were only 13 orphanages with about 250 children.
  - In 2006, there were 148 orphanages with about 4,500 children in care.
  - In 2016 there were an estimated 3,586 children in 115 orphanages. This decrease is due to the efforts of the Department of Social Welfare’s Care Reform Initiative (CRI).

- It has been a very challenging process to close down orphanages in Ghana because donors like to fund and be associated with “beautiful” orphanages, and for some people, running an orphanage is a lucrative business.

- In Ghana more than 80% of children in orphanages have one or both parents living. Poverty is also the main driver of children ending up in residential care/orphanages in Ghana. Most children in residential care in Ghana are there for reasons related to poverty, not because of severe behavioural or emotional issues.

- Formal foster care is undeveloped and underutilised in Ghana. In 2016, there were only about 40 DSW approved foster parents in Ghana, with 32 children in foster care.
What is Alternative Care?
Care for children who are not under the custody of their biological parents

Alternative Care Types:
- Family-based care: kinship care & foster care
- Residential care: Residential Homes for Children (RHCs), orphanages, children’s homes, shelters, children’s villages, transit homes

Formal and Informal Alternative Care:
- Informal: kinship care
- Formal: foster care, residential care

Why is Alternative Care a Child Protection Issue?
- Children can be separated from parental care because of violence, abuse, neglect or exploitation – and if both their parents are dead.
- Children in alternative care – especially residential care -can be at greater risk of violence, abuse, neglect and exploitation.

Children at High Risk of Placement in Residential Care in Ghana
- Child with severe/multiple disabilities
- Child of single parent with mental disability or substance abuse problem
- Child from large poor family unable to pay for school fees and other material needs
- Baby of mother who died in childbirth (cursed/evil)
- Child with physical abnormality/difference e.g. 6 toes, born with full set of teeth or full head of hair (witch/wizard)
- Baby of teenage single mother
What does the CRC say on Alternative Care?

- Parents have primary responsibility for upbringing and development of the child
- Where parents are unwilling or unable to provide care, alternative care arrangements may have to be found

UN Guidelines on Alternative Care, 2009 provide guidance on how States can meet these obligations

What does the Ghana Child & Family Welfare Policy say about Alternative Care?

Strategy 4.1: Alternative care - when child’s family is not an option

- Ensure child is maintained in own family as much as possible.
- Only remove child in case of immediate danger.
- Place child with his or her family, in same community or local placement with pool of pre-determined persons.
- If no immediate placement in the community is found, residential homes may be considered a temporary solution while a longer-term family-based alternative is sought.

Principle of Necessity

Necessity principle: Is there really a need for a formal placement? What can be done to prevent unwarranted placements and keep children with their own family?

Ensure first and foremost mechanisms and services are in place to PREVENT children being admitted to formal alternative care settings

Financial and material poverty, or conditions related to poverty, are a signal for the need to provide appropriate support to the family – NOT placing the child in an orphanage

Principle of Suitability

- A range of options should be available where formal alternative care placement is considered necessary.
  
  Formal foster care - family-based care  
  Residential care – last resort, temporary, small, specialised service  
  
- Suitable formal placements should be determined on a case-by-case basis in best interest of the child.
Alternative Care - Facts & Figures

- Globally, majority of children without parental care are cared for by extended family or those known to them.
  - 17% of children in Ghana live with extended family/kinship care and not parents.

- However, millions of children still live in orphanages/institutions worldwide. One estimate puts the total at up to eight million children.

- Myth that orphanages are there to support orphans - 80% to 90% of children have one or both parents living. The majority could be reunited with their families given the right support.
  - In Ghana more than 80% of children in orphanages have one or both parents living.

- Poverty recognised as the main driver of institutionalisation in most countries. Parents who can’t afford to feed, clothe or send a child to school have little choice.
  - Poverty also the main driver in Ghana.

- Formal foster care main form of formal alternative care in the US, UK and other Western countries.
  - Only 100 approved foster parents in Ghana, with only 32 children in foster care. Foster care undeveloped and underutilized in Ghana.
SESSION 2: WHY RESIDENTIAL CARE IS HARMFUL FOR CHILDREN

Learning Outcome:
By the end of this session, participants will demonstrate a clear understanding of why residential care is harmful for children and should only be used as a last resort for the care of children whose parents are unable or unwilling to care for them.

Time: 40 minutes

Materials:
- Handout 2: Residential Care Quiz – Questions
- Background Note 4: Residential care Quiz - Answers
- Background Note 5: Why residential care is harmful for children
- PPT 2: Why residential care is harmful for children
- Flip chart and markers

Facilitator’s Action:
Divide participants into six groups and ask them to discuss the questions on Handout 2: Residential Care Quiz – Questions. Allocate Q1 to groups 1 and 2; Q2 to groups 3 and 4; and Q3 to groups 4 & 5. Give groups 15 minutes to discuss their question. In plenary, ask the group 1 to read the question and provide their answer then give the other group an opportunity to give their inputs if not the same. Repeat for the other groups. Refer to Background Note 4: Residential Care Quiz – Answers to clarify any misconceptions. (25 minutes)

Present sides of PPT 2: Why Residential Care is Harmful for Children to wrap up the session and allow some time to answer questions. Refer to Background Note 5: Why Residential Care is Harmful for Children for additional information. (15 minutes).

Residential Care:
Care provided in any non family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short and long-term residential care facilities including group homes. Residential care is the umbrella term that encompasses institutional care such as orphanages, children’s homes, children’s villages, shelters for abused, trafficked or street children, transit homes and care facilities for children with disabilities. Its basic characteristic is that it is a group living facility where salaried staff or volunteers ensure care for un-related children living there. In Ghana policy and law, residential care facilities are called Residential Homes for Children.
1. You visit an orphanage to give a donation of food. It is the first time you have visited the orphanage and all the children run up to greet you. They hug you and two children hold your hands while others hold on to your arms. They don’t want to let you go even when the caregivers tell them to go and play.
   • Why do you think the children behave like this?
   • How does this behaviour make you feel?

2. When you are at the orphanage you visit the babies room. There are 10 babies in the room each lying in their own cot. The room is silent. All the babies are awake, lying still with their eyes open, not making any sound.
   • Why do you think the babies are so quiet?
   • What do you think the caregivers are doing to keep the babies so quiet?

3. When Moses was 4 years old he was put in an orphanage because his mother was hospitalised due to mental illness and none of the other family members wanted him. At the age of 10, after 6 years of living in the orphanage, an uncle said that Moses could live with him and his family. Moses has been living with his uncle for a few months but is not happy. He complains that his uncle is giving him too many household chores, even though they are the same amount as his cousins. He also doesn’t like eating fish with every meal and complains that there is no meat. He doesn’t like it when his cousins tease him because he can only speak Twi and doesn’t understand when they speak Ewe. He feels sad that he can’t talk to his grandmother who can only speak in Ewe.
   • Why do you think Moses is behaving like this?
   • Is this the kind of behaviour you would expect from a child who has been given an opportunity to live with his relatives instead of an orphanage?
1. You visit an orphanage to give a donation of food. It is the first time you have visited the orphanage and all the children run up to greet you. They hug you and two children hold your hands while others hold on to your arms. They don’t want to let you go even when the caregivers tell them to go and play.

Response: Most children who grow up in families are naturally shy of strangers and will hold back until they get to know the person a bit better and are reassured by their caregivers. The indiscriminate friendliness and clinging behaviour that some children in orphanages display is a sign of an insecure attachment disorder. Many children in residential care do not receive the holistic care needed to grow optimally. They may have shelter and food, but they do not have a sense of belonging to a family. They may go to school, but do not have one constant adult who loves and cares for them, someone they feel closely bonded with and connected to. The vast majority of children in residential care did not contribute to the decision to place them in the home (orphanage). It is difficult for residential homes (orphanages), even those that are well-run, to meet the most important needs of children like love, trust, protection and a sense of belonging. Studies have shown that children growing up in residential homes experience developmental delays and struggle to form positive relationships/bonds with other people. The damaging effects are especially profound for children aged 0 – 3 and who have been in care for months and years.

2. When you are at the orphanage you visit the babies room. There are 10 babies in the room each lying in their own cot. The room is silent. All the babies are awake, lying still with their eyes open, not making any sound.

Response: In residential homes, babies/toddlers can be left alone for long periods of time as caregivers have many children to take care of. If you visit a residential home (orphanage) and you see children lying quietly awake in their cots, this does not mean they are “good” children or content. Their silence means they have given up asking for their needs to be met. You may also see young children sitting by themselves rocking; this is an attempt to feel something rather than nothing and a reaction to a lack of human love or contact. At feeding time, babies are often propped up on pillows with the bottle, instead of being held. Studies have shown that children growing up in residential homes experience developmental delays and struggle to form positive relationships/bonds with other people. Residential homes are especially damaging for very young children (0 – 3 years), as they do not provide the child an opportunity to bond with one constant (primary) attachment figure.

3. When Moses was 4 years old he was put in an orphanage because his mother was hospitalised due to mental illness and none of the other family members wanted him. At the age of 10, after 6 years of living in the orphanage, an uncle said that Moses could live with him and his family. Moses has been living with his uncle for a few months but is not happy. He complains that his uncle is giving him too many household chores, even though they are the same amount as his cousins. He also doesn’t like eating fish with every meal and complains that there is no meat. He doesn’t like it when his cousins tease him because he can only speak Twi and doesn’t understand when they speak Ewe. He feels sad that he can’t talk to his grandmother who can only speak in Ewe.

Response: Children in residential care are separated from their family and often their community. They lose touch with family and cultural practices e.g. eating fish not meat, and their home language/s. Some orphanages insist that children only speak English, or have caregivers who only speak Twi, and in this way children lose touch with and forget how to speak the language/s spoken by their birth families. When these children return home, they feel like strangers in their own family. In addition, facilities are usually run according to workplace routines, instead of responding to individual children’s needs. Children are often not included in the routine daily life of the facility and when they are reunited with their families are unused to doing ordinary chores (like washing dishes or sweeping the yard or helping in the vegetable garden) and can see this as exploitation. Reintegration of children with their birth families or extended families is a difficult and time-consuming process. It requires careful planning, and facilitation as well as ongoing support, and conflict resolution, to ensure that the child is settling into the home and does not run away.
Studies done all over the world on children in residential care, including in Ghana, has shown time and time again that while some institutions may be well-resourced with dedicated staff they cannot replace a family and a loving, caring, nurturing family to be the best place for all children to grow. Daily life in a residential care home, especially those with large numbers of children, is very different to the daily life of family. In a loving family, children experience close relationships and day-to-day interactions that contribute to healthy social and emotional development, self-image, and sense of belonging. Without growing up in a family, it is difficult for a child to learn the meaning of kinship and parenting, potentially hindering his or her own ability to parent effectively later in life.

Many people think that residential homes are safe places for children in need of care and protection, but this is often not the case. Eighty years of research has shown the negative impact of institutionalisation on children’s health, development and life chances including physical stunting; poor social and psychological development; lower IQs and levels of brain activity; and poor self-confidence, lack of empathy, aggression, tendency to self-harm and delayed language development. Children living in institutional care often do not develop social networks or skills that are essential in adulthood. It is harder for them to find employment and they are more likely to have behavioural, physical and mental health problems, including high-risk behaviours, sexually transmitted infections, alcohol or drug misuse and violence.

The detrimental effects of residential care are increased when children are placed at an early age and/or for long periods of time and especially in institutions with large numbers of children and few caregivers.

Studies also show that children who grow up in residential care are frequently unprepared for life outside of the institution. Despite the best efforts of some residential care homes, life skills necessary for successful, independent living are more difficult to learn in this type of living situation. Too many times this results in unemployment, homelessness, conflict with the law, and sexual exploitation. Survey data on of children who grew up in institutions in Russia found that:

- 1 in 3 became homeless
- 1 in 5 had a criminal record
- 1 in 7 became involved in prostitution
- 1 in 10 committed suicide

These same studies show that children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes than children living in residential care.

Children in residential homes are also at a higher risk of abuse and neglect due to poor standards of care in some homes. The closed and often isolated nature of residential care, together with the fact that many resident children are unaware of their rights and are powerless to defend themselves, make these children significantly more vulnerable to abuse, exploitation and neglect. Children with disabilities are at an increased risk of such abuses. Some residential homes have been set up as businesses and have been known to go out and “harvest” children so that they can attract more donations.

Residential care cannot replace the loving care of family and too often fails to meet the developmental needs of children so should never be used as a primary or long-term solution. Poverty, financial or material, should never be the only justification for removing a child from parental care, receiving a child into residential care, or preventing his/her reintegration, but should be seen as the signal for the need to provide appropriate support to the family. Removal of a child from the care of the family should always be seen as a measure of last resort. For children who have been orphaned or whose parents are unable or unwilling to take care of them for whatever reason, the first consideration should be for them to remain informally, or formally, within their own extended family. Family-based alternative care is the next best-preferred option. Residential care may be considered as a temporary alternative care solution for some children in emergency situations and with no other means of support but only as a last resort if no immediate placement in the community is found. A small group home may also be most appropriate for older children with extreme behavioral concerns, or children with complex disabilities.
Eighty years of research has shown the negative impact of institutionalisation on children’s health, development and life chances including:

- Physical stunting
- Poor social and psychological development
- Lower IQs and levels of brain activity
- Poor self-confidence
- Lack of empathy
- Aggression
- Tendency to self-harm
- Delayed language development
- Attachment disorder
- Poor social networks or skills that are essential in adulthood
- Unprepared for life outside of the institution.

Why Residential Care is Harmful for Children – Unhealthy Attachment

Image source: https://www.pinterest.co.uk/mckellcl/attachment/
Deinstitutionalisation

- Deinstitutionalisation is the process of finding family homes for children currently resident in orphanages, promoting family-based care.
- Became best-practice in many developed countries in the 1960s and 1970s. It has been happening in Eastern Europe since the fall of communism. Starting in Africa and Asia.
- Successful deinstitutionalisation: Build capacity of communities and social services to provide family-strengthening services & family-based care alternatives
  - Child Protection Toolkit NB family-strengthening resource

GoG Policy on Residential Homes

- Children should be cared for by their families as much as possible.
- Residential care may be considered as a last resort temporary solution if no immediate placement in the community is found while a longer-term family-based alternative is sought.
- No unlicensed or sub-standard residential homes should be allowed to operate.
- No new residential homes should be established. Ghana already has too many residential homes.
- No children should be in residential homes if they have families and poverty is the only reason they are in the institution.
  - Child Protection Toolkit KEY tool to prevent family separation and promote family-based care alternatives
SESSION 3: PREVENTING FAMILY SEPARATION AND PROMOTING FAMILY-BASED CARE

Learning Outcome:

By the end of this session, participants will have an understanding of key messages to prevent family separation, strengthen family-based care options and discourage residential care.

Time: 20 minutes

Materials:

Handout 3: Key messages on preventing family separation and promoting family-based care
Background Note 5: Key messages on preventing family separation and promoting family-based care.
PPT 3: Preventing family separation and promoting family-based care
Flip chart and markers

Facilitator’s Action:

Present the first slide of PPT 3: Preventing Family Separation and Promoting Family-Based Care and allow time for some discussion on alternatives to institutionalisation including family-strengthening activities and services that participants are aware of. Then present the remaining slides of PPT3. Ask individual participants to stand up and read each of the key messages on each side. Ask them to read the messages with conviction and enthusiasm. These are the messages we want to get across to the community when implementing the Toolkit activities.

The two core messages are (1) A family is the best place for a child to grow, not an orphanage; and (2) Strengthening families to care for their children should be the first priority, always and everywhere.
Strengthening families to care for their children should be the first priority, always and everywhere.

Institutionalisation of children is not a necessity – it is a choice. There is a persistent misconception that institutionalisation is a valid means of delivering social, health, educational and other services to children, or at the very least, an inadequate but essential response due to a lack of alternatives. There are however cost-effective alternatives that allow children to live in a protective family environment:

- **Preventing separation:** Services in the community can prevent family separation and stem the flow of children into institutions. Examples include schools, healthcare, financial and legal support, services for parents and children with disabilities, parenting guidance, child protection and social protection, among many others. Fortunately, evidence suggests it is much cheaper to support a family with social services than to provide for a child in an institution.

Studies show that when parents and relatives are presented with the option of support or social services to avoid placing their children in residential care, most would resoundingly choose to keep their children at home.

Experience shows that in the absence of family-strengthening services, residential homes can proliferate and “pull” children from families for the wrong reasons. Parents and communities may see residential homes as a solution to difficult circumstances.

Residential homes are also too frequently promoted as offering more, in a material sense, than some families are able to provide, without recognizing the vital role that emotional and social relationships play in a child’s development and are best provided in a family setting:

- **Reuniting families:** 80% of children in institutions have at least one living parent and reasons for separation include poverty, disability, access to education and emergencies. Many children can return to live with their birth families when the right community-based services have been put in place. However, it is critical to carefully prepare institutionalised children for the move and to ensure that each child goes to a protective environment that is in their best interests.

- **Family-based alternative care:** Where it is not possible to return to their birth family (including cases of abuse or neglect), children can live in family-based alternative care with relatives, foster families or adoptive parents. All these potential caregivers must be carefully screened, trained and monitored to ensure the placement is protective and in the best interests of the child.

Families and family-based care are not perfect, but on the whole they are better than the residential care alternative.

Any type of care, family-based or residential, can be implemented badly and damage children. Without support, family care and family based care, especially kinship care, can be inadequate.

In Ghana most children separated from their parents live in extended families that are poor and unable meet all their needs, and some children in the care of relatives are treated less well than the relative’s own children. It is clear though that families have better potential to enable children to establish the attachments and other opportunities for individual development and social connectedness than does any form of residential care.

Strengthening families and addressing children’s basic needs while enabling them to remain within family care is critical.
• The overall aim of family-strengthening programmes is to enable and empower parents to care for their children so that families can remain together.

• Support may involve strengthening their economic activities; providing cash transfers; or linking families to emotional, spiritual or social work support. Education is one of the major expenses many households face, in some cases the costs of sending children to school are a significant factor in a parent’s decision to place a child in residential care. Making primary education genuinely free—including the removal of hidden costs such as uniforms, school supplies, meals and transportation could make a huge difference to families.

• Specialist services for particularly vulnerable families and children include programmes to support young and single mothers and projects that prevent the exploitation of children for example, putting a stop to child trafficking.
Handout 3: Key Messages on Preventing Family Separation and Promoting Family Based Care

Key Messages

- Every child should grow up in a family. Strengthening families to care for their children should be the first priority, always and everywhere.

- If children can’t live with their parents let them live with their extended family, not an orphanage. Strengthening families to care for their children should be the first priority, always and everywhere.

- In Ghana some children who live with their relatives are treated less well than other children in the family. Let’s make sure that all children in our family are protected, cared for and loved.

- Ghanaians have a long tradition of caring for their own children. Let’s get children out of orphanages and back with their families where they belong.

- It takes a family to raise a child, this can’t happen in an orphanage. Let’s work together to support families to care for their children at home.

- Instead of spending money on beautiful orphanages let’s support families to care for their children at home.

- Orphanages are not – ever – a better environment for children than a loving family.

- Orphanages can’t give children the same level of love and support for their optimum development as a family. With support from extended families, communities and authorities, many children can return to their birth families.

- Children growing up in orphanages are separated from family and community life and have less protection from abuse and exploitation. Let’s work together to support families to care for their children at home.

- Foster care is a better alternative to orphanages but Ghana only has 100 approved foster parents. You can help keep children out of institutions by becoming a foster parent. Speak to DSW for more information.

- Foster care, not orphanages, should be the first choice for children whose parents or relatives can’t care for them.
Institutionalisation of children is not a necessity - it is a choice

Persistent misconception that institutionalisation is a valid way to care for children, or at the very least, an inadequate but essential response due to a lack of alternatives.

There are cost-effective alternatives that allow children to live in a protective family environment:

- Preventing separation: Services in the community can prevent family separation and stem the flow of children into institutions.
- Reuniting families: At least 80% of children in institutions have at least one living parent and reasons for separation include poverty, disability, access to education and emergencies. Many children can return to live with their birth families when the right community-based services have been put in place.
- Family-based alternative care: Where it is not possible to return to their birth family (including cases of abuse or neglect), children can live in family-based alternative care with relatives, foster families or adoptive parents.

Family-Strengthening to Prevent Separation & Reunite Families

Key messages:

- Studies show when parents are presented with the option of support or social services to avoid placing their children in orphanages, most would resoundingly choose to keep their children at home.
- Experience shows that in the absence of family-strengthening services, residential homes can proliferate and “pull” children from families for the wrong reasons.
- Every child should grow up in a family. Strengthening families to care for their children should be the first priority, always and everywhere.
- Ghanaians have a long tradition of caring for their own children. Lets get children out of orphanages and back with their families where they belong.
- It takes a family to raise a child, this can’t happen in an orphanage. Lets work together to support families to care for their children at home.
- Instead of spending money on beautiful orphanages lets support families to care for their children at home.
- Orphanages are not - ever - a better environment for children than a loving family.
Family-Based Care - Kinship Care

**Key messages:**
Kinship care can be inadequate, kinship care also needs family-strengthening support services.

If children can’t live with their parents let them live with their extended family, not an orphanage. Strengthening families to care for their children should be the first priority, always and everywhere.

In Ghana some children who live with their relatives are treated less well than other children in the family. Let’s make sure that all children in our family are protected, cared for and loved no matter what their relationship to us.

Family-Based Care - Formal Foster Care

Foster care is a better alternative care option to orphanages but Ghana only has 100 approved foster parents.

**Key Messages:**
You can help keep children out of institutions by becoming a foster parent. Speak to DSW for more information.

Foster care, not orphanages, should be the first choice for children whose parents or relatives can’t care for them.
**SESSION 4: PRACTICAL APPLICATION WITH NEW AND EXISTING TOOLS**

**Learning Outcome:**
By the end of this session, participants will understand how to facilitate discussions with community members using the four new alternative care flash cards. Participants will also understand how to use the existing tools in the Child Protection Toolkit to engage with community members on the importance of preventing family-separation and promote family-based care instead of residential care.

Time: 2 hours

**Materials:**
- Activity Guide (Part 2 of this Module)
- Family-Based Care Flash Cards x 4
- Child Protection Toolkit

**Facilitator’s Action:**
Start the session by explaining that four additional flash cards have been developed to help families, community members, teachers, government officials and staff of orphanages/RHCs start discussions around preventing family separations, strengthening family-based care options for children whose parents are unable or unwilling to take care of them and discouraging the placement of children in residential care as much as possible.

Encourage participants to use the family-based care flash cards in communities surrounding orphanages/RHCs and in communities where family members are known to send their children to orphanages or where there are high numbers of abandoned babies. These family-based care flash cards can also be used with staff in RHCs.

Explain that Other activities in the toolkit can also be used with these staff members to promote awareness and facilitate behaviour change on child protection issues. Children in residential homes are at high risk of exploitation and harm and toolkit activities should also be done with them.

Then, present each of the Family-Based Care Flash Cards and facilitate the discussion using the questions on the back of the card. Refer to the Facilitators Guidelines on Alternative Care and Background Notes in this module for additional information. Allow time for questions on any aspects that participants may have difficult to understand or challenges they anticipate facing when facilitating the discussions. (45 minutes)

Next, divide participants into buzz groups. Explain that all the child protection tools and activities in the Child Protection Toolkit can be used to engage with community members on the importance of preventing family-separation and promote family-based care instead of residential care.

Ask each group to choose one tool/activity from the toolkit (this can include another flash card), and discuss how they could use each of these tools to engage with community members on the importance of preventing family-separation and promote family-based care instead of residential care.

During the group discussions move between the buzz groups and provide guidance where needed. Refer to the Suggestions for Using Toolkit Activities for Preventing Family Separation and Promoting Family-Based Care found in Part 2 of the Module.

In plenary ask each group to present the tool with the focus on preventing family separation and promoting family-based care instead of residential care. Ask other groups to give feedback on the presentations and add additional points to strengthen the application of theory to practice (1 hour 15 minutes)

Tell participants for more information they can refer to the Suggestions for Using Toolkit Activities for Preventing Family Separation and Promoting Family-Based Care found in The Child Protection and Alternative Care Activity Guide (in Part 2 of this Module)
PART 2

FACILITATORS GUIDELINES FOR ADDITIONAL TOOLS ON CHILD PROTECTION AND ALTERNATIVE CARE

Introduction

Four additional flash cards have been developed to help families, community members, teachers, government officials and staff of Residential Homes for Children start discussions around preventing family separations, strengthening family-based care options for children whose parents are unable or unwilling to take care of them and discouraging the placement of children in residential care as much as possible. This section provides guidelines for the use of these tools.

Facilitators are encouraged to use the family-based care flash cards in communities surrounding residential homes for children (orphanages) and in communities where family members are known to send their children to orphanages or where there are high numbers of abandoned babies.

Facilitators are also encouraged to use these family-based care flash cards with staff in residential care homes. Other activities in the toolkit can also be used with these staff members to promote awareness and facilitate behaviour change on child protection issues. Children in residential homes are at high risk of exploitation and harm and toolkit activities should also be done with them.

Using Existing Tools and Exercises in the Toolkit to Promote Family-Based Care and Discourage Residential Care

In addition to these four new flash cards, facilitators can use any of the other tools in the toolkit to facilitate discussions on to preventing family separations and strengthening family-based care options for children whose parents are unable or unwilling to take care of them.

Facilitators are encouraged to think creatively about how to do this. Suggestions are provided at the end of this Section.

TOOLS AND EXERCISES: ALTERNATIVE CARE FLASH CARDS

Purpose

The purpose of this activity is to help family and community members to understand that a loving, caring, nurturing family is the best place for every child to grow and children should only be placed in residential care (“orphanages”) as a last resort.
A stable, safe and loving family has been shown time and time again to be the best place for a child to grow. In Ghana, most parents care for their own children, often with support from other family members. When parents are unwilling or unable to care for their child then family-based care is the next best option. Family-based care includes kinship care (care by relatives), informal fostering by close family friends or Queen mothers and formal foster care which has to be arranged by the Department of Social Welfare. Children should only ever be placed in residential care (orphanages) as a last resort and for the shortest possible time. Residential care can never replace a family, not even facilities that are well resourced with dedicated staff.

During the discussion you can add some of the points below that may not have been mentioned by participants:

• Many people think that residential homes are safe places for children in need of care and protection, but this is often not the case. Eighty years of research worldwide has shown that residential care, especially for a long time or from a young age (especially under 3 years), can have very negative and sometimes permanent impacts on a child’s development and social relationships and leads to increased risks later in life.

• There are family-based alternatives to residential care and these should always be considered as the first option before placing a child in residential care (such as placement with extended family members or in formal foster care arranged by the Department of Social Welfare).

• Churches, community groups and non-government organisations can all help to support families who are struggling to care for their own children so that they don’t end up in residential care. Philanthropists should donate to organisations that support families to care for their children rather than to residential homes/orphanages.

• Placement of children in residential homes should only ever be done by a Department of Social Welfare official and should only ever be a temporary and last resort if no immediate placement in the community is found.

• All residential homes must be licenced with the Department of Social Welfare. Family and community members must report any suspected cases of abuse, neglect or inadequate care of children in orphanages to the Department of Social Welfare and/or the police.
Next, show participants Family-Based Care Flash Card # 2 and ask them the following questions, probing further to stimulate the discussion.

1. What do you see in the picture?

2. What kinds of difficulties do parents face in caring for children with disabilities at home, especially severe or multiple disabilities?

3. Why do some parents of children with disabilities abandon them or place them in residential homes for children (orphanages, children’s homes)?

4. What do you think are some of the negative things about living in an orphanage for a child?

5. Why is it so important for a child to grow up with his or her family?

6. How can families and communities support parents to care for their children with disabilities at home?

7. What kinds of services for children with disabilities are available in your community? How can parents be supported to access these services?

During the discussion you can add some of the points below that may not have been mentioned by participants:

Children with disabilities have the same social and emotional needs and rights as other children. They need to be loved and respected. They need to play and explore their world with other children and adults. They need opportunities to develop and use their bodies and minds to their fullest ability, whatever that may be. They need to feel welcome and appreciated by their family and in their community. As with all other children, the best place for children with disabilities to grow is in a loving, nurturing family environment. Caring for a child with a disability can be very challenging for families. Most families need a lot of support to help them to care for children with disabilities at home so they don’t end up in residential care. This support can include medical care, physiotherapy, assistive devices e.g. wheelchair, and counselling.

Communities can also support the family by including them and their child in community activities and by not stigmatising or discriminating against them or their child.

Some children with severe or multiple disabilities may need special services not available in their community and may need to be placed in residential care/institutions to receive these services. But even in these cases, the family still needs to keep in contact with their child.

If a child with severe or multiple disabilities has to be placed in residential care/institution this must be a home that is registered with the Department of Social Welfare (DSW) and must provide quality care in line with the National Standards for Residential Homes for Children.

Then show participants Family-Based Care Flash Card # 3 and ask them the following questions, probing further to stimulate the discussion.

1. What do you see in the picture?

2. Why do some parents abandon their babies?

3. Which babies are most at risk of being abandoned?
   • If not mentioned, explore the following reasons with participants:
     • Child of mother who dies in childbirth and is thought to be evil/bewitched.
     • Child born with some ‘abnormality’ e.g. six toes or a full set of teeth and is thought to be a wizard or witch.
• Twins and triplets.

4. Most babies who are abandoned end up in orphanages/children’s homes. What do you think happens to a young child’s development when he or she grows up in an orphanage?

5. Why is it so important for a young child to grow up with his or her family?

6. What can be done to support parents to protect and care for their own children?

During the discussion you can add some of the points below that may not have been mentioned by participants:

When a baby is abandoned, there is often no identifying information and the baby is unable to provide any information about his or her family and won’t even be able to tell someone his or her name. An abandoned baby who is not reunited with his or her family loses all ties to biological and extended family members and also loses his or her social, cultural and religious identity.

Abandoned babies usually end up in orphanages. Institutional care has been shown to be especially damaging for children from 0-3 years. Not only does the brain fail to develop fully in babies and young children in orphanages - but parts of the brain actually die - and this is not reversible. Children under three years old in orphanages face the risk of permanent damage to their physical and mental development. Studies done all over the world on children in residential care, including in Ghana, has shown time and time again that while some institutions may be well-resourced with dedicated staff they cannot replace a family and a loving, caring, nurturing family to be the best place for all children to grow.

In many cases abandoned babies are put up for adoption. The child could be adopted by a person in Ghana of another country outside Ghana. When a child is adopted the child’s biological mother or father are no longer the child’s legal parents and are likely to never see the child again.

Finally, show Family-Based Care Flash Card # 4 and ask the following questions, probing further to stimulate the discussion.

1. What do you see in the picture?

2. Why is it important for children (especially babies and young children) to bond with their parents?

3. What can parents do to develop this bond?

4. Do you think it is possible for children to develop this kind of special bond if they are in an orphanage?

5. What do you think happens when babies don’t form this special attachment bond?

6. What can families and communities do to support parents to care for own children and prevent separation so that children don’t end up in institutions/orphanages?

7. In some cases when it is not possible for a child to be cared for by parents (such as orphanhood, abandonment, abuse or neglect), what can be done to ensure that the child is still cared for in a family environment?

If not mentioned inform participants about the following options:

• Kinship care - care by extended family members and close family friends.

• Formal foster care – can be formal with placement of children with approved foster parent by the Department of Social Welfare.

• Adoption – this is a permanent solution and once a child is adopted she or he can’t be returned to his/her birth family, unlike kinship care or foster care.
During the discussion you can add some of the points below that may not have been mentioned by participants:

- Babies come into the world expecting someone to take care of them and they form an emotional bond or attachment with this caregiver. It is very important for babies (and young children) to have a secure emotional bond with at least one constant person who cares for them, invests in them and bonds with them. This is critical for a child’s healthy development.

- Parents can develop this bond with the young child through physical touch, eye contact, mimicking the sounds and movements the child makes and responding consistently to the child’s needs. A baby can develop this special bond with his or her mother and father.

- It is not possible for babies to develop this kind of bond with one constant adult if they are in an orphanage/residential care because there are usually a high number of babies to a staff, for example 1 staff member to 10 babies. Also, staff often work shifts, so babies will have one person caring for them during the day and another at night. Staff also take leave and change jobs.

- When young children don’t develop this emotional bond, they often do not achieve their full physical, intellectual, emotional or social development growing up.

In conclusion emphasise that a stable, safe and loving family is the best place for all children to grow. Family-based care alternatives, including kinship care and foster care, need to be actively promoted and strengthened in Ghana so that children are only ever in residential care as a temporary last resort. The first priority, always and everywhere, is to strengthen families to care for their children and prevent family separations and children living outside of parental care. Extended family, community members, churches, NGOs and government departments all have a role to play in supporting families to care for their children so they don’t have to grow up in an institution.

Thank your audience for their time.
### SUGGESTIONS FOR USING EXISTING TOOLKIT ACTIVITIES TO PREVENT FAMILY SEPARATION AND PROMOTE FAMILY-BASED CARE ALTERNATIVES TO RESIDENTIAL CARE

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<tr>
<td>Activity C.1: Children’s Drawing</td>
<td>• Children grow up in many different family settings and can be cared for by adults who may or may not be their biological parent e.g. aunt, grandmother, step-parent, foster parent, adoptive parent. Love and care can be provided in all the different family types. Abuse and neglect can also take place in all forms of families. Whatever type of family children live in, they have a right to love and care and to be protected from abuse, violence, exploitation and neglect.</td>
</tr>
<tr>
<td>Methods:</td>
<td>• Reflect on the different types of families children have drawn. Explain that there are many different types of families. Some children live with their mother and father, others live with a mother or father only, others may live with a parent and stepparent, children can live with grandparents, aunts and uncles. Some children may even live with someone who is not related to them like a foster parent or adoptive parent.</td>
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<tr>
<td></td>
<td>• Remind children that whatever type of family children live in, they have a right to love and care and to be protected from abuse, violence, exploitation and neglect.</td>
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<td></td>
<td>• The second drawing on relationships will share who the child goes to for what and how they interact in the family setting</td>
</tr>
<tr>
<td>Activity C3: Mapping of Safe and Unsafe Areas within the Communities/Schools</td>
<td>• Important to acknowledge that families can also be unsafe. Abuse and neglect can, and often does, happen in families. A family needs to be stable, loving and nurturing to be a safe place for children.</td>
</tr>
<tr>
<td></td>
<td>• Some children grow up in residential homes for children, commonly referred to as “orphanages”. Many people think that orphanages are safe places for children to stay, but this is often not the case, especially if the home is not registered with the Department of Social Welfare and does not meet the standards for providing quality care. Children who live in residential care can be abused, exploited and neglected. Many of them don’t even need to be living in residential care as they have family who can take care of them.</td>
</tr>
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</table>
### Methods:

- **Ask children:**
  - Are there any “orphanages” in this community? Do children think they are safe places for children? Do they know of anyone who lives in a residential home?
  - Tell children that a loving, caring, nurturing family is the best place for all children to grow up, even for children who have no parents or who have disabilities.
  - Children should only stay in “orphanages” under exceptional circumstances, and only in residential homes that are registered with the Department of Social Welfare and that provide quality care in line with the standards. This is very important because children in alternative care deserve to have the same opportunities and to be treated with the same respect as children living with birth or extended families.

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### C.4: Children’s Rights and Responsibilities

- **All children, regardless of vulnerabilities, have rights as human beings. This includes for example: children who have been orphaned, children who have been abandoned, children who have a disability, and children whose mother died in childbirth.**

- **The family is the best place to realize children’s rights, whether a birth family, extended family, blended family (step-parents/siblings), foster family, adoptive family**

- **The closed and often isolated nature of residential care, together with the fact that many resident children are unaware of their rights and are powerless to defend themselves, make institutionalised children significantly more vulnerable to abuse, exploitation and neglect. Various international, and local, studies have recorded a wide range of abuses against children in institutions. These include sexual abuse; exploitation, physical harm such as beatings and torture; and psychological harm including isolation, the denial of affection and humiliating discipline. Children with disabilities are at an increased risk of such abuses.**

- **In exceptional circumstances when a child has to stay in residential care (orphanage) this should be for the shortest possible time and the residential home must be registered with the Department of Social Welfare and must provide quality care in line with the national standards that upholds the children’s rights.**
### Toolkit Activity
**Activity F.1:** Child Protection Flash Cards

**Methods:**
- When going through each of individual rights/responsibilities, remind children that these rights (and responsibilities) apply to all children, regardless of vulnerabilities, have rights as human beings. This includes for example: children who have been orphaned, children who have been abandoned, children who have a disability, and children whose mother died in childbirth. Ask children for their views on this.
- Most of the flash cards provide an opportunity to talk about the importance of family-based care, address the mistreatment of children in kinship care arrangements (research has found higher levels of abuse, exploitation and neglect in children living in kinship care arrangements) and challenge some of the beliefs that lead to children being placed in residential care (orphanages). These pointers could be added to the flash cards and training materials.

<table>
<thead>
<tr>
<th>Flash Card</th>
<th>Description</th>
<th>Questions</th>
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<tbody>
<tr>
<td>FC 1 – A parent beating a child</td>
<td></td>
<td>Is there more mistreatment of children in kinship care arrangements (i.e. living with extended family members and not biological parents)? Why does this happen? What can be done to prevent it? All children have the right to be loved and protected from violence, abuse, exploitation and neglect, whether they live with their parents or other family members or in any other care arrangement.</td>
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<tr>
<td>FC 2 – A child being beaten by a senior sister</td>
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<td>FC 3 – A parent pouring verbal abuse on a child</td>
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<tr>
<td>FC 4 – Putting very heavy loads on a child’s head from the farm</td>
<td></td>
<td>Are children in kinship care arrangements more likely to be exploited than other children? Why does this happen? What can be done to prevent it? All children have the right to be loved and protected from violence, abuse, exploitation and neglect, whether they live with their parents or other family members or in any other care arrangement.</td>
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<tr>
<td>FC 5 – Child selling late in the night</td>
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<td>FC 6 – Child selling while others are at school</td>
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<td>FC 7 – Disruption of education</td>
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<td>FC 9 – Children exposed to hazardous working conditions</td>
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### Toolkit Activity

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</thead>
<tbody>
<tr>
<td><strong>FC 8 – Child falling into the hands of dangerous people in the night</strong></td>
<td>• Are children in kinship care arrangements more likely to be exposed to danger than other children? Why does this happen? All children have the right to be loved and protected from violence, abuse, exploitation and neglect, whether they live with their parents or other family members or in any other care arrangement.</td>
</tr>
<tr>
<td><strong>FC 11 – Rape by neighbour</strong></td>
<td>• What happens to a child if the rape is not by a neighbour but a family member living in the home? Sometimes a child has to be removed from their home for a short time because it is unsafe for her to stay at home. In these cases, the child could be placed in foster care or in a residential care home. But this should only be for a short time and the plan should always be to reunite the child with her family.</td>
</tr>
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</table>
| **FC 12 – Sexual abuse from peers** | • Children living in residential care (orphanages) are also at risk of sexual abuse from peers.  
• Placing a child in residential care does not guarantee that the child will receive proper care or will be safe from abuse, exploitation and neglect. This is why placing a child in a residential home should only be a last resort. The best, and safest, place for a child without parents to grow is with his/her family. |
| **FC 13 – Teenage pregnancy** | • Children living in residential care (orphanages) are also at risk of falling pregnant. Placing a child in residential care does not mean that the child will receive proper care or will be safe from abuse, exploitation and neglect. Children in residential care are often more at risk of abuse, exploitation and neglect, especially when the child is in an unlicensed residential home. This is why placing a child in a residential home should only be a last resort. The best, and safest, place for a child without parents to grow is with his/her family. |
| **FC 14 – Child labour at school** | • This card could also depict child labour in a residential care home (orphanage). Placing a child in residential care does not ensure that the child will receive proper care or will be safe from abuse, exploitation and neglect. This is why placing a child in a residential home should only be a last resort. The best, and safest, place for a child without parents to grow is in a loving, caring family. Families should be supported and strengthened to care for their own children. |
**Toolkit Activity** | **Preventing Family Separation and Promoting Family-Based Care Alternatives**
---|---
FC 18 – Parent accompanying child to school | • When a child is in residential care he misses out on the opportunity of building a close, loving relationship with a constant adult figure (father, mother, aunt, grandparent), or sibling. This is why placing a child in a residential home should only be a last resort. The best, and safest, place for a child without parents to grow is in a stable, safe and loving family. Parents should be supported and strengthened to care for their own children.

• If the child’s own family is not an option then another family-based care arrangement should be found e.g. foster family or adoptive family.

FC 21 – Parent caring and providing for the needs of the child

FC 24 – Bigger brother teaching the younger brother to finish the homework

FC 25 – A parent hugging the child

FC 32 – Mother tying child’s shoelace

FC 33 – Father combing daughters hair

FC 34 – Son playing outside with mum

FC 35 – Father reading to son and daughter

FC 26 – A parent listening to the child who is making a point in the family discussion

FC 27 – A daughter sharing her views in the family discussion

FC 30 – Child being taken care of by aunties.

| | • All children should be given an opportunity to contribute to family discussions, including children in kinship care arrangements. Do you think this is always the case? What can be done to ensure that all children in families are given an opportunity to share their views?

• Family meetings can also be used to obtain support and find solutions, which would ensure that children are kept within the family. Children also need to be included in these discussions.

| | • Family-based care is the best option for children, including children who are orphaned, abandoned or have special needs. Traditional Ghanaian culture dictates that “families should take care of their own”. Families need to be encouraged and supported to do this. |
### Toolkit Activity  Preventing Family Separation and Promoting Family-Based Care Alternatives

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<tbody>
<tr>
<td><strong>FC 36 – Child disability</strong></td>
<td>• Caring for a child with special needs can be very challenging for families and children with disabilities are often placed in residential homes (orphanages) even when they have a family who loves them.</td>
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<td></td>
<td>• Families need a lot of support to help them to care for children with special needs at home. What kind of support do you think these families would need? Who can provide this support?</td>
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<td>• Some children with severe disabilities may require access to specialised services not available in their community and may need residential care but the family still needs to keep in contact with the child. What kinds of specialised services for children with disabilities are available in your community? District? If a child with a severe disability has to be placed in residential care this must be a home that is registered with the Department of Social Welfare and must provide quality care in line with the national standards for Residential Homes for Children.</td>
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<tr>
<td></td>
<td>• The best place for all children to grow, including children with special needs, is in a loving, nurturing family environment.</td>
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<tr>
<td><strong>FC 39 – Traditional authorities gathered to discuss CP in the communities</strong></td>
<td>• Traditional authorities need to talk about how to support and strengthen families so they can provide the best possible care for their children. A stable, safe and loving family is the best place for all children to grow.</td>
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<tr>
<td></td>
<td>• How can traditional authorities help to strengthen traditional Ghanaian culture, which dictates: “families should take care of their own?”.</td>
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<td></td>
<td>• If there are residential homes (orphanages) in the community/District, traditional authorities must find out if these homes are operating legally. To legally operate a residential home for children (orphanage) it must be a registered NGO and must have a license from the Department of Social Welfare. The services provided must comply with the national standards for Residential Homes for Children.</td>
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<td></td>
<td>• What is the role/responsibility of the traditional authority in ensuring that children are only being placed in residential homes as a matter of last resort?</td>
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<td></td>
<td>• What is the role/responsibility of traditional authorities in ensuring that children in these residential homes are not being abused, exploited or neglected?</td>
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### ToolKit Activity

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<tr>
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<tbody>
<tr>
<td>FC 41 – Father accompanying a young daughter to school</td>
<td>• A child living in kinship care has the right to be loved and protected, just like any other child in the household. Do you think this is always the case? What can be done to ensure that all children in families are loved and protected from violence, abuse, exploitation and neglect?</td>
</tr>
<tr>
<td>FC 42 – Father protecting a daughter from risks and harms</td>
<td>• When a child is in residential care (orphanage) she misses out on the opportunity of building a close, loving relationship with a constant adult figure (father, mother, aunt, grandparent). This is why placing a child in a residential home should only be a last resort. The best, and safest, place for a child without parents to grow is in a stable, safe and loving family. Families should be supported and strengthened to care for their own children.</td>
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<tr>
<td>Activity F.2: The Maize Plant</td>
<td>Important for every picture to emphasise that:</td>
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<tr>
<td></td>
<td>• A stable, safe and loving family setting is the best place for all children regardless of their vulnerabilities or relationship to the caregiver which could be the child’s biological parents, relative, close family friend, Queen mothers, foster parent or adoptive parent.</td>
</tr>
<tr>
<td></td>
<td>• Children who grow up in residential homes (orphanages) don’t receive love, nurturing and care from family members.</td>
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<tr>
<td></td>
<td>• The family is the best place to realize children’s rights, whether a birth family, extended family, blended family (step-parents/siblings), foster family, adoptive family.</td>
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<tr>
<td></td>
<td>• The closed and often isolated nature of residential care, together with the fact that many resident children are unaware of their rights and are powerless to defend themselves, make institutionalised children significantly more vulnerable to abuse, exploitation and neglect. Various international, and local, studies have recorded a wide range of abuses against children in institutions. These include sexual abuse; exploitation, physical harm such as beatings and torture; and psychological harm including isolation, the denial of affection and humiliating discipline. Children with disabilities are at an increased risk of such abuses.</td>
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<td></td>
<td><strong>Method:</strong></td>
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<td></td>
<td>• What happens if one or more of the elements are missing? What happens if love is missing? Being held? Belonging?</td>
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<td></td>
<td>• Many children in residential care do not receive the holistic care needed to grow optimally. They may have shelter and food, but they do not have a sense of belonging to a family. They may go to school, but do not have one constant adult who loves and cares for them, someone they feel closely bonded with and connected to. The vast majority of children in residential care did not contribute to the decision to place them in the home (orphanage).</td>
</tr>
</tbody>
</table>
### Toolkit Activity  Preventing Family Separation and Promoting Family-Based Care Alternatives

- It is difficult for residential homes (orphanages), even those that are well-run, to meet the most important needs of children like love, trust, protection and a sense of belonging.

- Studies have shown that children growing up in residential homes experience developmental delays and struggle to form positive relationships/bonds with other people. Residential homes are especially damaging for very young children (0 – 3 years), as they do not provide the child an opportunity to bond with one constant attachment figure.

- Children grow up best in a loving, nurturing family setting, including children with special needs.

### Activity F.3: Child Developmental Ladder

- The developmental needs of children are the same regardless of whether they grow up with their birth parents, extended family, informal fostering by queen mothers, foster parents, adoptive parents or in residential care (orphanages).

- It is difficult for residential homes (orphanages), even those that are well run, to meet many of the developmental needs of children.

- Studies have shown that children growing up in residential homes experience developmental delays and struggle to form positive relationships/bonds with other people. Residential homes are especially damaging for very young children (0 – 3 years), as they do not provide the child an opportunity to bond with one constant attachment figure.

- A loving, nurturing family setting is the best place for children’s developmental needs to be met.

**Method:**

**0 – 3 years:**

- For this age group, emphasise the importance of the child having one constant, consistent caregiver. Young children who are placed in residential care miss out on this opportunity to develop a secure attachment with a constant caregiver.

- In residential homes, babies/toddlers can be left alone for long periods of time as caregivers have many children to take care of.

- At feeding time, babies are propped up on pillows with the bottle, instead of being held. If you visit a residential home (orphanage) and you see children lying quietly awake in their cots, this does not mean they are “good” children or content. Their silence means they have given up asking for their needs to be met. You may also see young children sitting by themselves rocking; this is an attempt to feel something rather than nothing and a reaction to a lack of human love or contact.
### Toolkit Activity | Preventing Family Separation and Promoting Family-Based Care Alternatives
---|---
**Activity F.6: The Family Gift Box** | **Facilitator’s Notes:**
- Emphasize that this applies to all children living in the household. Not only parents biological children.
- The Family Gift Box can also be very helpful tool to welcome children who have been in residential care (orphanages) back into the family. Find out if any participants have had this experience and explore how they can use the Family Gift Box to help reunited children feel loved, secure and protected from harm.

**Activity CM.3: Tug of War**
**Activity CM.4: Sack of Stones** | In communities with residential homes (orphanages) and/or parents sending their children to residential homes include a card that represents this problem e.g. abandoned baby (new); disabled child; child in institution.

**Method:**
- The discussion on how to reduce problems children face should include a discussion on what can be done to ensure that only children whose families are unable or unwilling, even with support, to care for their children, are admitted into residential care?
- When families, communities and social workers can’t find a solution to a child protection case and for whatever reason the child’s family is not an option, what else can be done to provide a family environment for the child to grow? Discuss. Facilitator to add:
  - Where it is not possible for a child to live at home, kinship care, informal fostering by queen mothers, foster care and adoption should be explored before institutions are considered.
  - This is especially important for children under the age of three, since their development is most likely to be damaged by a lack of family care.
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<tbody>
<tr>
<td>Activity CM.5: Children’s Problems, Our Problems</td>
<td>• In communities with residential homes (orphanages) and/or parents sending their children to residential homes try to include this as a problem facing children.</td>
</tr>
</tbody>
</table>

**Method:**

• Separation from family includes placing a child in a residential home (orphanage).

• Most children in residential homes are not “orphans”, and even if they are orphans they usually have other living family members who could care for them.

• Children who live in residential homes (orphanages) are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children under three, in particular, are at risk of permanent developmental damage as a result of the lack of family-based care. And for all children, long-term stays in institutions can have a lasting negative impact. A loving, caring, nurturing family has been shown time and time again to be the best place for all children to grow.

• Families often feel that placing their children into care is the only way to ensure they get an education and enough food and other essentials. With support, the parents and extended families of many of these children could care for them. How can families be supported to care for their children at home and provide for their children e.g. teenage/single mothers; single fathers; parents with large families (more children); parents with children with special needs; elderly parents; parents infected/affected by HIV/AIDS.

• What can be done to ensure that only children whose families are unable or unwilling, even with support, to care for their children, are admitted into residential homes?

• When families, communities and social workers can’t find a solution to a child protection case and for whatever reason the child’s family is not an option, what else can be done to provide a family environment for the child to grow? Discuss. Facilitator to add:

• Where it is not possible for a child to live at home, kinship care, informal fostering by queen mothers, foster care and adoption should be explored before institutions are considered. This is especially important for children under the age of three, since their development is most likely to be damaged by a lack of family care.
### Toolkit Activity

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<tbody>
<tr>
<td>• Residential homes can have a role to play in providing short-term care for vulnerable children who require specialist services or who are waiting for a suitable longer-term alternative e.g., older teenagers or children with severe disabilities. But the decision to place a child in residential care should always be the last resort and for the shortest possible time.</td>
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</table>

### Activity CM.7: Stepping Stones

| In communities with residential homes (orphanages) and/or parents sending their children to residential homes try to include this as a problem facing children. |

#### Method:

- Children who live in residential homes (orphanages) are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children under three, in particular, are at risk of permanent developmental damage as a result of the lack of family-based care. And for all children, long-term stays in institutions can have a lasting negative impact. A loving, caring, nurturing family has been shown time and time again to be the best place for all children to grow.

- Families often feel that placing their children into care is the only way to ensure they get an education and enough food and other essentials. With support, the parents and extended families of many of these children could care for them. How can families be supported to care for their children at home and provide for their children e.g., teenage/single mothers; single fathers; parents/caregivers with large families (more children); parents/caregivers with children with special needs; elderly parents/caregivers; parents and caregivers infected/affected by HIV/AIDS.

- When families, communities and social workers can’t find a solution to a child protection case and for whatever reason the child’s family is not an option, what else can be done to provide a family environment for the child to grow? For example: kinship care, informal fostering by queen mothers, foster care and adoption.

### Activity CM.8: Circle of Support

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<tr>
<th>Facilitators Notes:</th>
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<tbody>
<tr>
<td>• Communities can support families to provide a loving, nurturing home for children to grow and thrive. A stable, safe and loving family is the best place for all children regardless of vulnerabilities or relationship to the caregiver.</td>
</tr>
<tr>
<td>• Philanthropists in communities can also donate to charitable organisations/programmes that support families to take care of their children rather than sending them to residential homes (orphanages).</td>
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</table>
### Activity CM.10: Community Action Plan

- Encourage community groups to include an activity to create “Circles of Support” for vulnerable families so they can be supported to provide loving, nurturing care for their children, including meeting their material needs. These vulnerable families could include single-parent households (widows and widowers), families caring for a child with a disability; families with adults/children with chronic or terminal illnesses.

- For philanthropists in the community this could mean donating to charitable organisations that support and strengthen the ability of families to care for their children rather than sending them to residential homes (orphanages).

- Preventing children being separated from their families and being placed in an institution by strengthening families’ capacity to provide loving, nurturing care for their children;

- Ensuring that any residential care homes (orphanages) that operate in the community are registered as an NGO AND licenced by the Department of Social Welfare to operate a residential home for children AND provide quality care in line with the national standards.

- Report unlicensed residential care homes (orphanages) operating in the community to the Department of Social Welfare to take the necessary action.

- Support the Department of Social Welfare to monitor the quality of care provided by the residential care home (e.g. through monthly Child Protection Committee visits).