Assessing Alternative Care for Children in Ghana

in Ghana

June 2018

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CONTENTS

FIGURES

TABLES

ABBREVIATIONS

BCCC   Better Care for Children Committee
CAA   Central Adoption Authority
CCT   country core team
CRI   Care Reform Initiative
DCOF   Displaced Children and Orphans Fund
DI   deinstitutionalization
DSW   Department of Social Welfare
LEAP   Livelihood Empowerment Against Poverty
LI   legal instrument
M&E   monitoring and evaluation
MOGCSP   Ministry of Gender, Children and Social Protection
NGO   nongovernmental organization
OVC   orphans and vulnerable children
PAP   prospective adoptive parent
RHCs   residential homes for children
SOP   standard operating procedures
USAID   United States Agency for International Development

EXECUTIVE SUMMARY

In the Ghanaian culture, the extended family plays an influential role in children's lives and is actively involved in the care and socialization of children, stepping in to provide care and support when biological parents are unable to do so. However, research has found that the extended family network is weakening in some parts of the country due to poverty, migration, and family breakdown (Ministry of Gender, Children and Social Protection [MOGCSP] & UNICEF, 2014). Residential care has been the main alternative care placement option for children in need of care and protection and for whom family or kinship care is not an option. At the end of 2016, there were approximately 2,900 children in 95 residential homes for children (RHCs) (0.0004% of Ghana's children), with approximately 85 percent of these children having at least one living parent. This represents a decrease from 2015, when 127 RHCs were caring for 4,520 children (United States Agency for International Development [USAID] Displaced Children and Orphans Fund [DCOF], UNICEF, & MOGCSP, 2017).

Between 2009 and 2011, 1,179 children were adopted in Ghana. Of these, 823 (70 percent) were intercountry adoptions. The ages of the children adopted ranged between 0 and 18 years, with most children in the 0 to 5 years age range (USAID DCOF, et al., 2017).

In 2007, the government of Ghana, in partnership with UNICEF, USAID, and the nongovernmental organization (NGO) OrphanAid Africa, launched the Care Reform Initiative (CRI) under the National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC). The goal of the CRI is to establish a more consistent and stable approach to care for vulnerable children in Ghana, so that each child grows up in protective family care. The objectives of the CRI are to:

- Promote family-based care
- Deinstitutionalize and reintegrate children
- Prevent unnecessary separation of children
- Provide alternatives to residential homes (adoption and foster care)

Since its establishment, the CRI has experienced some challenges, such as limited capacity of the Department of Social Welfare (DSW) at all levels; limited financial resources to implement reforms; weak coordination among key stakeholders, including NGOs and RHCs; weak monitoring and enforcement of standards for RHCs and foster care; weak legal enforcement of reintegration procedures; and lack of an effective and robust monitoring and evaluation (M&E) system. Nevertheless, progress has been made—notably:

- National RHC standards have been developed; 1,577 children have been reintegrated from residential care to family-based care; RHC inspections, licensing, and closures have been carried out, including 85 RHCs marked for closure; the DSW turned down approximately 40 applications from NGOs to establish RHCs; and applicants have been encouraged to design programs and projects promoting family-based care.

- Piloting of a monitoring system for children in formal care, including those in RHCs, was conducted in 2017.

- The Central Adoption Authority (CAA) was established; a moratorium on all domestic and intercountry adoptions was issued on May 20, 2013.

In 2017, USAID's DCOF engaged the USAID-funded MEASURE Evaluation project (www.measureevaluation.org) to build on and reinforce progress in the improvement of alternative care for children in Ghana. Using a learning-centered approach that aimed to strengthen the capacity of government partners, MEASURE Evaluation worked with a country core team (CCT), led by the Department of Social Welfare (DSW) of the MOGCSP, to engage government partners and other stakeholders to design, plan, and conduct a participatory self-assessment of the national alternative care system that will support the government and its partners in continuing to advance alternative care.

The assessment framework, finalized with input from USAID headquarters, USAID field offices, and 23 stakeholder interviews in Ghana, covered nine areas of alternative care: (1) prevention of unnecessary child-family separation; (2) foster care; (3) residential care; (4) semi-independent living (in other countries, sometimes called "supervised independent living"); (5) kinship care; (6) "other forms" of care; (7) adoption; (8) family reunification and reintegration; and (9) system deinstitutionalization (DI). Each area of care was assessed through a systems strengthening lens, comprising six system components: (1) leadership and governance; (2) service delivery mechanisms; (3) workforce; (4) monitoring, evaluation and information systems; (5) social norms and practices; and (6) financing. This type of assessment is emblematic of a holistic approach to examining all aspects of health and social service programs and the enabling environment meant to support them.

The assessment was conducted during a workshop held from November 14–17, 2017, in Kumasi, Ghana. Twenty-eight stakeholders participated. It involved building consensus on responses to a series of standard questions covering each area of care. Response options were "completely," "mostly," "partly," and "not at all"; or "yes"/"no." During the consensus-building process, stakeholders discussed priority recommendations for strengthening the national alternative care system informed by the assessment results. Following the assessment workshop, MEASURE Evaluation conducted a thematic analysis of each area of care and each system component.

The findings were reviewed and validated by the DSW and CCT. They are summarized below, organized by system component.

- **Leadership and governance:** In general terms, Ghana has made progress in establishing a legal and policy framework for alternative care. However, many distressed families and children are not adequately covered. The regulations do not contain a provision for specialized support for foster children with disabilities. Regulations for foster care are under way. Regional foster care placement committees have not been established, nor are there guidelines to support them in the determination of children's best interests.

- **Service delivery**: Standards of practice to promote quality of alternative care services exist, but not for all areas of alternative care. In some cases, such as with prevention and reunification and reintegration services, referral mechanisms and coordination between government and NGOs is

weak. The consequences of a service provider not meeting minmum quality standards are not defined.

- **Workforce**: Caseload thresholds do not exist for any cadre in any area of care. These include regional and district social welfare officers and community development staff. It is primarily the regional and district social welfare officers and district community development officers who have defined qualifications/profiles relevant to their roles and responsibilities.

- **Monitoring, evaluation, and information systems:** Data to monitor alternative care programs are generally weak. Some indicators exist and some are being piloted (mainly for residential care). However, there is a lack of standards of practice for M&E to standardize all indicators and related roles and responsibilities. Overall, data quality is poor. An adoption registry (records center) is not electronic, the files are disorganized, there is a lack of data security measures.

- **Social norms and practices:** Some awareness raising on the benefits of support family-based care has occurred but, in general, it is ad hoc and/or is not reaching all service providers and the public. There was a Social Drive event carried out on Novernber 21, 2017 aimed at changing the negative social norms among the public related to institutionalization of children and the importance of family-based care. An advocacy and communication strategy that includes positive norms related to family-based care has been drafted but not yet implemented.

- **Financing:** Cost estimates for most alternative care programs do not exist. However, cost estimation for state-run residential care is strong, and costs are generally included in government budgets.

The DSW and CCT also developed and refined a set of preliminary recommendations, summarized below and organized by system component. The MOGCSP and other implementing partners working on alternative care will review and expand these recommendations and use them to improve programming for children in alternative care in Ghana.

- **Leadership and governance:** Our preliminary recommendations under this system component are to establish guidelines to determine the best interests of the child and their placement in alternative care (gatekeeping mechanisms); train all relevant government and nongovernmental actors on the new foster care and adoption regulations once they are passed by Parliament; review the National RHC Standards of Practice to prohibit the placement of children ages 0 to 3 in residential care and only in exceptional circumstances; ensure the provision of baby units, temporary shelters, "family-type" group homes, residential special schools, and specialized rehabilitation services; develop guidelines and standards for monitoring children placed in family-based care, including kinship, foster care, adoption, semi-independent living, reunified children, and other forms of care, and build the capacity of DSW staff on those standards; adapt international guidelines on reunification and reintegration for the Ghanaian context and train all relevant government and nongovernmental actors on reunification and reintegration; support the implementation of the new five-year roadmap for licensing and closure of RHCs in Ghana.

- **Service delivery:** Our preliminary recommendations under this system component are to support the rollout of the child protection toolkit that UNICEF developed for Ghana, and, in particular, the

additional module on alternative care; train relevant government and nongovernmental staff on the new case management standards of practice; develop a caregiver training manual that includes parenting skills as a form of prevention of unnecessary separation; support monitoring and inspection mechanisms for early childhood development and care services (i.e., day care centers) based on the standards recently developed; support referral mechanisms between government and nongovernmental actors for prevention and response services.

- **Workforce:** Our preliminary recommendations under this system component are to review qualifications/job profiles of all relevant cadres to ensure that all areas of alternative care are addressed, and establish training programs to build capacity of staff to work with children with disabilities, parenting skills, economic strengthening, and accessing social protection services.

- **Monitoring, evaluation, and information systems:** Our preliminary recommendations in this area are to validate the reintegration forms that are being piloted and the scale up these forms to all districts. However, additional recommendations to support strengthening in this area are important to define.

- **Social norms and practices:** Here, our preliminary recommendations are to review and implement the advocacy and communication strategy developed by the DSW and to conduct awareness-raising activities that reach actors involved in alternative care and the general public. The awareness-raising activities will require mobilizing funding.

- **Financing:** Our preliminary recommendations for this system component are to conduct cost estimates for districts, regions, and the national level on alternative care; develop guidance for district staff on budgeting procedures and determine a systematic way of including all areas of alternative care (e.g., MTEF).

INTRODUCTION

Ghana's care reform initiative is based on the United Nations Guidelines for the Alternative Care of Children (hereinafter called "UN guidelines"; United Nations, 2012), which outlines specific principles and standards for the appropriate care of children, to ensure that they grow in a protective environment, free from deprivation, exploitation, danger, and insecurity. In November 2017, the DSW, under the MOGCSP, with funding and technical assistance from USAID's DCOF and MEASURE Evaluation, conducted a self-assessment of the care reform system through a participatory stakeholder's workshop that took place from November 14–17, 2017, at the Sunset Hotel in Kumasi, Ghana.

The assessment workshop aimed to strengthen the capacity of government partners to accomplish the following specific objectives:

- Provide leadership in implementing a structured assessment of national care reform systems and strategies using a standardized framework/tool.
- Identify gaps and continuing needs in care reform.
- Develop plans to address priority needs in care reform.

The preparation and facilitation of the assessment workshop were led by the CCT, which was established in May 2017 and consists of decision makers and specialists from government, development partners, and civil society organizations. The CCT members were selected by the DSW, in cooperation with the USAID Mission in Ghana and MEASURE Evaluation, based on stakeholder expertise, experience, and commitment to care reform in Ghana.

Twenty-eight stakeholders (15 women, 13 men) attended the workshop. Participants were from the CCT; national- and regional-level DSW directors; DSW M&E and program heads; country directors from NGOs/civil society organizations, such as the Kaeme Foundation, Village of Hope, and Bethany Christian Services; a senior lecturer from the School of Social Work, University of Ghana; a representative from the MOGCSP; and USAID and UNICEF representatives. The workshop participant list is provided in Appendix A.

MEASURE Evaluation submitted a report to the CCT that described the workshop events, recommendations for future assessments, and preliminary outcomes and recommendations. The report presented here provides detailed findings from the assessment, based on analysis, and specific recommendations and actions to be taken by the government and partners based on the findings.

ASSESSMENT TOOL AND METHOD

The assessment tool used at the workshop was originally developed by USAID/DCOF and MEASURE Evaluation based on the UN guidelines, and according to the Assessment Framework (Figure 1), with the aim of assessing the care reform system in four countries: Armenia, Ghana, Moldova, and Uganda. An overview of the assessment tool and method follows. A more detailed summary of the assessment is contained in the document, *Assessing, Addressing and Monitoring National Care Reform in Ghana: Workshop Assessment Report* (MEASURE Evaluation, 2017a).

Figure 1. Assessment framework

Figure developed by Molly Cannon and Mari Hickmann, MEASURE Evaluation, 2017
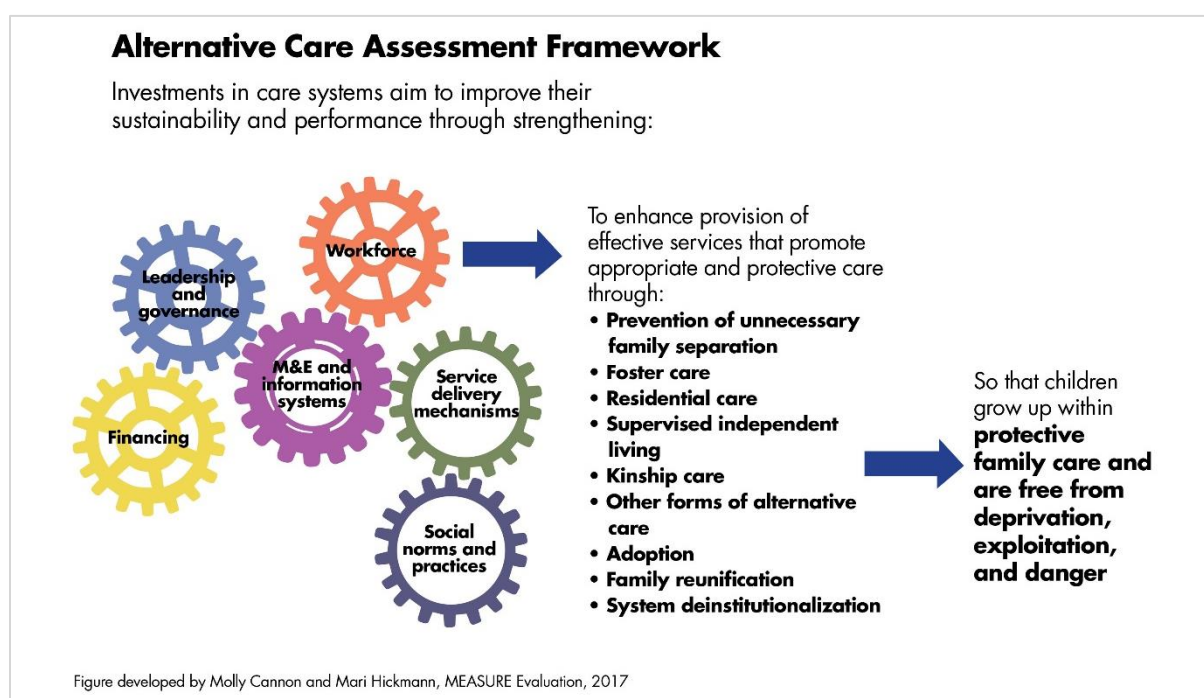
The Ghana CCT reviewed, revised, and finalized the assessment tool and the glossary of key terms (Appendix B), customizing the tool for the Ghanaian context. The tool has several sections, each one representing an area of alternative care for children, as illustrated in Figure 1. In each section, there is a series of statements organized by system component (e.g., leadership and governance, workforce). Workshop participants discussed each statement and provided responses based on group consensus. There are pre-determined response options in the tool: "completely," "mostly," "slightly," "not at all," or "yes," and "no." Space is also provided to write detailed comments in the notes section of the tool. The tool has dashboards to show the status, by area of care and by system component.

Workshop facilitators divided participants into six groups and asked each group to respond to each statement by area of care. (Note: there was some variation in group formation in terms of participants' experience,

skills, qualifications and expertise. s; see Appendix C for the composition of the six groups). After discussing and providing responses in small groups, the plenary reported back on the following:

- Key system weaknesses identified.
- Statements for which consensus was difficult to reach.
- Statements for which answers were uncertain (either due to the lack of information or clarity in the formulation of some of the statements in the tool).
- Recommendations for improving each area of care.

During the workshop, MEASURE Evaluation conducted a preliminary rapid analysis of the groups' reports, and compared commonalities, differences, and split responses. Responses were categorized as leaning toward the positive or leaning toward the negative. Responses that were "completely," "mostly," and "yes" were categorized as leaning toward the positive. Responses that were "not at all," "slightly," and "no" were categorized as leaning toward the negative. Where there was discord, MEASURE Evaluation, in collaboration with the facilitators, presented the disagreement back to the plenary to reach consensus. We completed the analysis for all areas of care except for the last two, due to time constraints; these areas were analyzed according to the method described below, and consensus will be determined with the CCT, where appropriate.

Each group's tools were collected and consolidated by MEASURE Evaluation following the final plenary session for further analysis. All statements in the tool were analyzed to determine where there was consensus, defined as agreement on a single response by four or more of the six groups. Where there was not consensus on any single response to a statement, we calculated an average score for the statement using the following rating scale for responses from each group: "no" or "not at all" = 0; "slightly" = 1; "mostly" = 2; and "yes" or "completely" = 3. In other words, the response from each group was assigned a rating, and an overall score for each statement was computed by calculating the average of all ratings. The final average score was rounded to the nearest whole number and reassigned a response category using the same rating scale. For example, if the average score on a statement was 2.2, we rounded down to a score of 2 and assigned the final response for this statement to "mostly."

Although this rating and scoring method has limitations—groups may have responded differently because they had different interpretations—for most statements, the variation in responses was mainly between "mostly" and "slightly," or between "not at all" and "slightly," a difference that is subjective. Both responses identify weaknesses in the system. Although a group discussion that achieves consensus, identifying one agreed on response for each statement, is the ideal, it would have taken substantially longer time, which was not possible. The scoring method estimates responses based on multiple stakeholder inputs and sets a benchmark for each statement for comparison in later years should repeat assessments occur.

FINDINGS

The findings are summarized according to each area of care. Although both strengths and weaknesses are discussed, the focus is primarily on the gaps identified. This is a reflection of both the results, because many gaps were identified, and in support of an exercise to develop an action plan based on the identified gaps.

Crosscutting Issues

This section describes findings that touch on all areas of care related to leadership and governance, service delivery, workforce, and M&E. It was determined that the other system components are not applicable in a crosscutting setting; they are addressed in the analysis and findings related to each specific area of care. Overall, this section provides findings related to gaps in governance and the existing legal and policy framework; the lack of case management for alternative care; undefined caseload thresholds for specific workforce cadres; and problems with the quality of data collected to better monitor alternative care.

Figure 2. Crosscutting issues dashboard
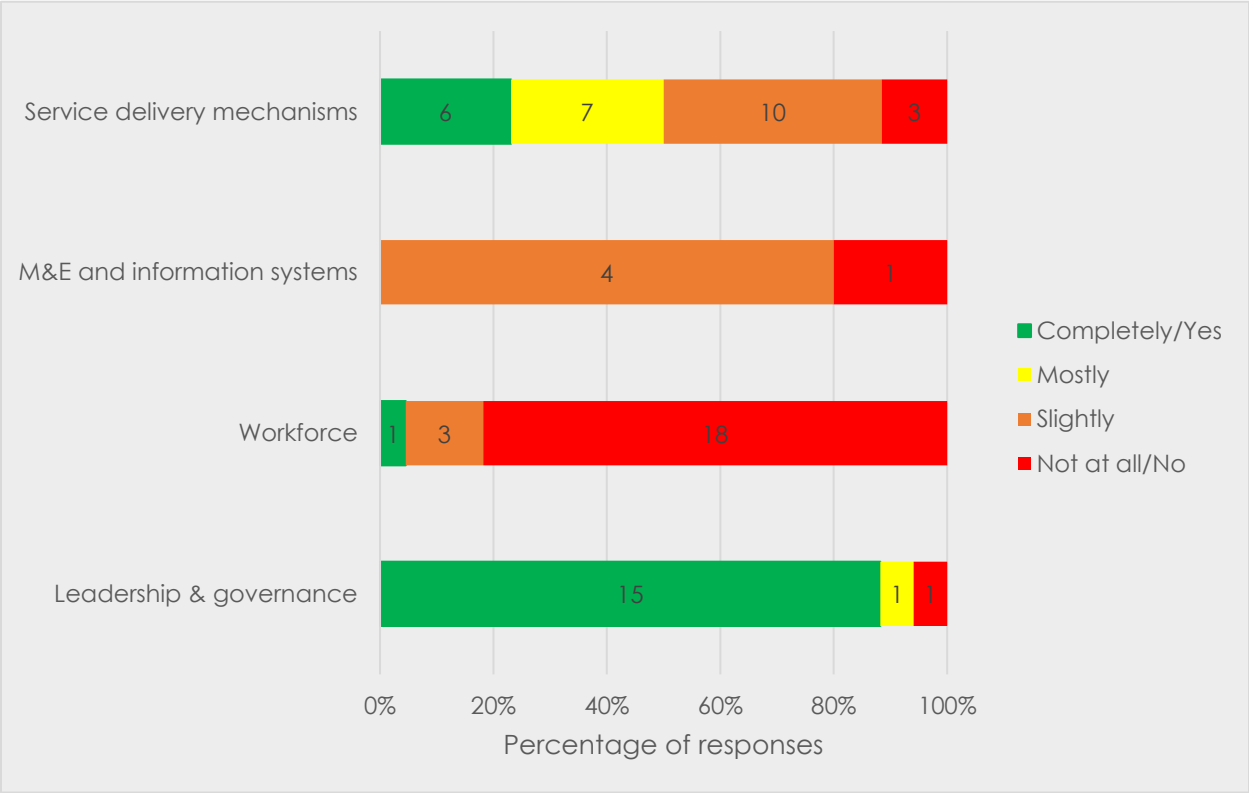
Leadership and Governance

The legal and policy framework that addresses alternative care has many of the provisions required in the UN guidelines; however, a few gaps were identified. The existing legal and policy framework does not properly account for specialized support for caregivers who are disabled. Although there is a national social protection policy (MOGCSP, 2015) that provides for caregivers generally, it does not provide specialty disability services. There is also a Persons with Disability Act (Government of Ghana, 2006), but its provisions do not adequately address support for caregivers and children who are disabled and affected by alternative care.

National oversight of compliance with the legal and policy framework is not clearly understood. When asked whether there is a functioning coordination body that provides multisector oversight to ensure compliance with national policies, participants provided a range of responses. The Better Care for Children Committee (BCCC) is recognized as a coordination body at the national level and which is replicated in each region. However, this committee does not have an oversight function; its role is limited to stakeholder coordination. The BCCC at all levels is either not meeting at all or meeting infrequently. The BCCC has historically been funded by development partners, and when their financial support stopped, no government funding was provided to continue the committee. The MOGCSP and DSW play an oversight function. Workshop participants also noted the oversight role of the CRI Unit and the plans to inaugurate a National Foster Care Placement Committee and an Adoption Board; however, it is unclear whether these oversight functions are multisectoral.

Referrals and Admission for Care

A regulatory framework providing a standard process for referrals/admission of a child to an alternative care setting mostly exists in the amended Children's Act (Republic of Ghana, 2016a), but standard operating procedures (SOPs) for case management of children without parental care and standardized forms are not yet being used. This contributes to referral and admission procedures not being standardized across actors. Draft SOPs and standardized case management forms have been developed by UNICEF and shared with the DSW, but they have not yet been validated for use.

Overall, the DSW is the central body authorized to refer or determine admission of a child to formal alternative care. At the regional level, the DSW is usually involved only in extreme cases, whereas for most cases, the district head makes these decisions. The national level is rarely involved in the decision-making process. Even when the central DSW office is involved in determining a case, the assessment participants noted that funding is generally inadequate for the head office to properly support the case.

Complaint Mechanisms

Complaint mechanisms for children in formal care are articulated in the National Standards for Residential Homes for Children Guidelines (Ministry of Employment and Social Welfare (Ghana) & UNICEF, 2010) and are also in the forthcoming foster care regulations. However, such mechanisms are not yet established for all forms of formal care. In the RHC standards, the complaint procedures are general guidelines. A practical,

step-by-step guideline and tools do not exist, leading to poor implementation of complaint mechanisms in residential settings.

Service Delivery

Although many UN principles are included in the national policy, none of them is fully adhered to in practice. We found the following issues:

- Children are mostly removed from the family only as a measure of last resort, temporarily, and for the shortest duration possible; however, it is acknowledged that this is not always occurring. Children may be removed for reasons other than those related to child protection and may also stay away much longer than expected. Overall, gatekeeping mechanisms need to be better implemented, especially in private RHCs run by NGOs.

- In many cases, children without parental care are provided a legal guardian or other recognized responsible adult or competent public body; however, administrative lapses, lack of care orders for some children, and problems with capacity of some staff contribute to gaps in this area.

- In most cases, the decision to remove a child from the home against the will of his/her parents is made by an administrative body or judicial authority. In cases where this does not occur, it is often because of a removal occurring without proper notification to authorities, such as the DSW and/or the police. Information on removals and their circumstances is not properly flowing among stakeholders.

- Siblings are often placed together in a RHC, unless it is contrary to their best interests. However, in some instances, siblings are not placed together due to inadequate resources at the place of admission.

- Whenever possible, contact is maintained between the child and the family while the child is in alternative care. However, it was noted that there is not proper follow-up or documentation of this. In some cases, RHCs are not promoting such contact, and DSW lacks the resources required to conduct thorough tracing and maintain contact with the families.

- Overall, children in emergencies/special circumstances are being placed in temporary care; however, documentation of such children is not always processed in a timely manner, and some staff lack the technical expertise to place such children. The lack of coordination and collaboration between actors involved in the cases of children who have been trafficked contributes to such children staying in temporary care for a longer period than is ideal.

- As was noted, complaint mechanisms do not exist in the national policy for all forms of formal care. For example, there are standards for RHCs, but general standards for other forms of care have yet to be developed.

- Children in alternative care are not consistently enabled to understand the rules, regulations, and objectives of their care setting and their related rights and obligations. There is concern about the inactive participation of children in matters that affect them, and there is insufficient coverage of

child right's education for children themselves. DSW staff at all levels—national, regional, and district—should be better oriented in this regard.

- The placement of a child in alternative care should generally be as close as possible to the child's place of residence. However, this is not always occurring or being tracked. In some cases, it is because of the lack of services near the residence. In addition, case management forms, such as care plans, need to be updated to allow this issue to be monitored.

- Children under the age of three years should not be placed in RHCs unless there are special circumstances. Although many children under three are placed in kinship care, many RHCs also have children under three, mainly because alternative family-based care options do not exist. It was suggested that the forthcoming foster care program can help reduce the placement of younger children in RHCs.

- Children with disabilities do not often receive specialized support. In general, there is a large gap in the number of therapists in the system. When therapists do exist, specialized support services are often too expensive to provide. Only a few RHCs are specialized in this area due to the lack of resources and training. In the absence of more financial resources to support this area, caregivers could be given basic physiotherapy and psychosocial training.

Case management is completely unstandardized. The development of case management SOPs, which include a process for assessing, planning, and reviewing alternative care placements, is under way. The forthcoming case management guidelines should include best practices related to the UN guidelines and contextualized to the specific needs in Ghana. This includes procedures to identify and trace children's families; procedures to assess a child's short-term and long-term circumstances; a case plan that includes specific goals and measures to achieve them; procedures for the closure of an alternative care case; procedures for specialized support for children with disabilities and special needs; procedures for how the child's case file will follow the child through his/her time in alternative care; and procedures to document and trace unaccompanied or separated children in emergency situations.

Although the national standards for RHCs and the forthcoming foster care regulations include procedures for the regular review of care plans with the aim of permanent family care, this procedure should also be included in general case management guidelines to cover all types of formal care. In terms of implementing case management practices, only a limited number of DSW staff have received case management training to date. The same is true of NGO staff involved in alternative care; many have not yet been trained in this area, at least partially due to non-existent standard procedures. DSW staff, RHCs, and NGO partners need to be trained on the new case management SOPs once they are complete.

Workforce

There are few standard caseload thresholds for relevant workforce cadres (i.e., the number of children in care per worker), except for foster care providers, who will have standard caseload thresholds defined in the forthcoming foster care regulations. The following cadres lack caseload definitions: social workers, healthcare workers, therapists, educators, regional and district social welfare officers, district community development officers, residential care workers, parasocial workers, and NGO staff.

M&E and Information Systems

Data that describe the reasons why children are placed in alternative care exist; however, there is a general concern about their credibility. Data are incomplete and are not being collected from all regions and all RHCs. There have been some surveys, such as the "Hotspot Mapping," which was an analysis of the trends, flows, and drivers of children residing in residential care institutions. This document provides useful information for decision making; however, overall routine monitoring of alternative care is lacking. No data are being collected on the number of children who are unaccompanied or separated in distressed situations. In the absence of case management SOPs and a management information system, there is a lack of monitoring and reporting tools to collect routine and robust data.

Overall, data on alternative care should be shared in the BCCC multisector forum. However, these meetings are not occurring regularly nor are data consistently being shared when the meetings do occur.

Prevention of Unnecessary Family Separation

As defined in the UN guidelines, prevention is the provision of basic services, social justice, and the protection of human rights. This can include basic social services to provide health, education, and protection services to the public through health insurance, education assistance, birth registration, and cash transfers. Prevention also focuses on "safety nets," targeting households for whom basic social services are not sufficient and who are vulnerable, and vulnerable to child-family separation, in specific. Related to alternative care, support can include services to strengthen families through counselling or other available social services (Better Care Network, 2018).

This section describes the overarching social assistance framework in Ghana, which consists of several national programs, such as the Livelihood Empowerment Against Poverty (LEAP) program, the National Health Insurance Scheme, and various education-related services, such as school feedback or school feeding programs and support for school materials. Although there is a legal and policy framework to support these services, there are gaps in the programs' coverage, inadequate training of staff, and areas of poor quality assurance. Data to monitor prevention programs are weak and uncoordinated across all stakeholders involved in each sector. Government financial allocations for prevention services are largely unknown by alternative care stakeholders, and the costs to cover unmet need have generally not been estimated.

Figure 3. Prevention of unnecessary family separation dashboard
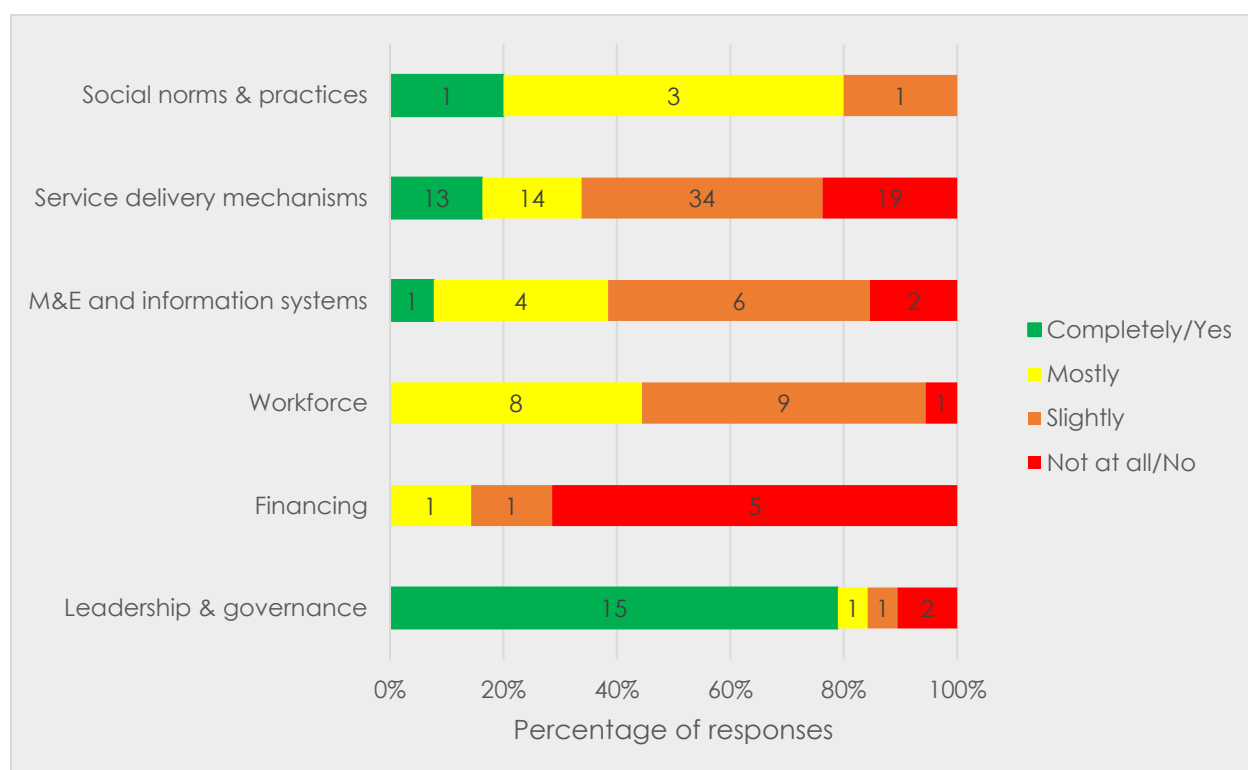
Leadership and Governance

The policy framework for prevention covers most provisions of the UN guidelines. Table 1 summarizes the key prevention services and the legal and policy framework that supports each service. In the next section on service delivery, we note that despite the legal and policy framework for services, there are other implementation challenges. Table 1 summarizes these, as well.

Overall, the legal and policy framework has a few gaps. First, there are no legal or policy provisions for respite services. Although there is provision for psychosocial support in the operational plan of the Child and Family Welfare Policy (MOGCSP, 2014), workshop participants recommended a review of the policy to ensure that there is adequate guidance in the context of prevention. Last, it is important to note that many of the policies do not explicitly link to preventing child-family separation in the context of alternative care; rather, there is an assumption that, as general policies, they may assist in the prevention of child-family separation.

Table 1. Summary of legal and policy framework and service provision for prevention

Prevention service area	Legal and policy framework	Service delivery challenges
Improving parenting skills	• Child and Family Welfare Policy (MOGCSP, 2014) • Ghana child protection toolkit	Ad hoc services, mostly through the Ghana child protection toolkit; parenting training manual being developed for the foster care program, but it does not cover parenting skills for prevention
Early childhood development and care	• Early Childhood Care and Development Policy (Ministry of Women and Children's Affairs, 2005) (under review) • Standards of practice for early childhood development (being finalized)	Primarily in day-care centers and residential care homes, yet there are inadequate and irregular inspections and monitoring
Early identification of families in distress	LEAP	• Challenges in the early identification of families at risk of separation, with some support provided through LEAP, but improved identification is required • Economic strengthening service coverage, limited by the lack of financial resources
Access to education services	• School feeding program • Capitation grant • Free and compulsory universal basic education	• Insufficient coverage of education programs, because of limited enrollment in the programs • Delay in the release of funds/grants (e.g., for the school feeding program and the capitation grant)
Access to health services	• National Health Insurance Scheme	Program coverage high, but issues exist with capacity of the health care system to

Prevention service area	Legal and policy framework	Service delivery challenges
		provide for patients sufficiently, because of gaps, such as pharmacy stockouts
Support and care for single and adolescent mothers	National Youth Policy (Ministry of Youth and Sports, 2010)	Services not commonly provided; some services provided to teenage mothers or services are provided on a limited basis, because of the lack of financial resources
Dealing with alcohol/substance abuse	Mental Health Act (Government of Ghana, 2012)	Services not commonly provided; some support is provided by the Ghana Health Services, Narcotics Control Board, and REMAR Ghana of the Christian Center of Rehabilitation
Specialized support for children with disabilities	Persons with Disability Act (Government of Ghana, 2006)	Services not commonly provided, because of the children's inability to access specialized services and the lack of skilled staff
Services for children born in custody	Children's Act (Republic of Ghana, 2016a)	Children born in custody are most commonly removed from the care of their mothers and placed either in an RHC or with families. These children do not visit their mothers frequently, if at all.
Psychosocial support	Child and Family Welfare Policy (MOGSP, 2014)	Services not commonly provided, because of the lack of financial resources and of expertise and capacity of service providers
Respite services	None	Services not commonly provided and, when provided, are ineffective

Although most government staff have been trained in these policies, more intense training and training for new staff are required. Most relevant nongovernmental actors have also not been oriented or trained on their roles and responsibilities related to implementing these national policies. Although some sensitization to these policies has occurred, NGOs require training specific to the areas of prevention that they support (e.g.,

positive parenting, early childhood development, single/adolescent mothers, families affected by alcohol/substance abuse) and the level at which they operate (e.g., community level).

Service Delivery

Implementation of the legal and policy framework for prevention is occurring to some extent, but many vulnerable families/children are not covered adequately. In many cases, implementation challenges may be attributed to inadequate resources and expertise. Table 1 summarizes these challenges.

Standards of practice to promote good-quality prevention services exist for some types of prevention services, but they are lacking for several services: early identification of families in distress/at risk; support and care services for single and adolescent parents; services for dealing with alcohol/substance abuse; respite services; and specialized services to support children with disabilities to live in families. Standards for psychosocial support and for increasing the capacity of parents with disabilities are likewise lacking.

Overall, government and/or nongovernmental actors use existing standards of practice infrequently. Monitoring of these services to ensure their quality is also infrequent and needs to be improved across all prevention services.

For most prevention services, national policy does not clearly state what happens if providers of that service do not meet minimum quality standards. This is the case for providers of the following services: improving parenting skills; early identification of families in distress/at risk; economic strengthening; supporting single and adolescent parents; psychosocial support; dealing with alcohol/substance abuse; respite services; increasing the capacity of parents with disabilities; and dealing with children born in custody.

When it comes to prevention services, referral mechanisms between government and NGOs are uncommon, perhaps because the mapping of prevention services at the regional level is not routine.

Workforce

Workshop participants agreed that regional and district social welfare officers and district community development officers have defined qualifications/profiles relevant to their roles and responsibilities for providing family strengthening/support services, for the most part. However, healthcare workers, therapists, educators, and NGO staff do not have well-defined qualifications/job profiles that include roles related to prevention in the context of alternative care services.

To build workforce capacity, there are fairly strong training programs available, specifically related to child care, child protection, early childhood development, and children's rights. However, a few training programs require more attention to build staff skills in the following areas: working with children with disabilities and other special needs; parenting skills; and economic strengthening/access to social protection.

M&E and Information Systems

There are no common standards of practice for M&E of services related to prevention of unnecessary child-family separation. Some indicators exist, but they do not adequately support the monitoring of prevention services. Data are not regularly collected across all relevant government actors or from NGO actors. Some data are routinely collected on prevention services, mainly through the LEAP program, but a significant gap remains in monitoring the provision of prevention services in the context of alternative care.

Of the data that do exist, it is primarily possible to disaggregate data related to family strengthening/support services/programs by sex, age, region, and disability type, although it is sometimes difficult to determine the ages of abandoned and missing children. Data quality assurance activities are not conducted regularly; rather, they are only done during monitoring, which is infrequent.

Across relevant actors, roles and responsibilities related to M&E of prevention programs are clearly defined in the DSW, but are not defined across relevant ministries or are they insufficiently defined between the government and NGO actors.

Social Norms and Practices

There are regular awareness-raising activities aimed at prioritizing prevention of unnecessary child-family separation over placement of a child in alternative care, but this is dependent on and limited by financial and human capacity. Some activities are occurring under the Social Drive (a communication campaign on child protection launched in November 2017 by the Government of Ghana), which has a pillar on alternative care. The Social Drive is disseminating messages to the public to promote family-based care. The child protection toolkit recently added a module on alternative care, which is used by community facilitators to raise awareness and engage the community around the institutionalization of children and unnecessary child-family separation. However, a communication strategy targeting professionals in the sector (RHCs, donor, private sector, volunteer placement companies, etc.) has not yet been implemented.

Overall, one of the main challenges in this area is the unavailability of funds to effectively embark on awareness-raising and sensitization campaigns.

Financing

Costs required for prevention services are sometimes, but not always, estimated. For example, the Medium-Term Expenditure Framework in some districts now includes social protection and social and family welfare activities. However, workshop participants categorically stated that costs for prevention activities are not included as a government budget line item in regional budgets or in district budgets. One reason for this could be that regions are given budget guidelines that do not have a provision for family strengthening or prevention activities. In some cases, budgets may include some family strengthening activities, but there is seldom if ever a line item related to prevention of unnecessary child-family separation. Regardless of the budgets prepared, participants expressed substantial concern that funds are generally not allocated or released according to the budget.

Financial contributions from private sector actors that provide support for prevention activities are not tracked by the government. Financial contributions for the same from donors and development partners, such as UNICEF, USAID, the World Bank, and the Department for International Development, are mostly tracked by the government.

Foster Care

Foster care in Ghana is at the beginning stages. The DSW is working to pass new legal regulations in Parliament authorizing and supporting foster care. Once this new regulation passes, substantial training of government and nongovernmental staff, and foster care providers themselves, needs to occur. A mechanism to monitor foster care after a child is placed in a home needs to be established as does an overall M&E framework for foster care. The costs required to provide foster care services are largely unknown, and significant budgetary planning needs to occur at all levels for the government to rollout the foster care program.

Figure 4. Foster care dashboard
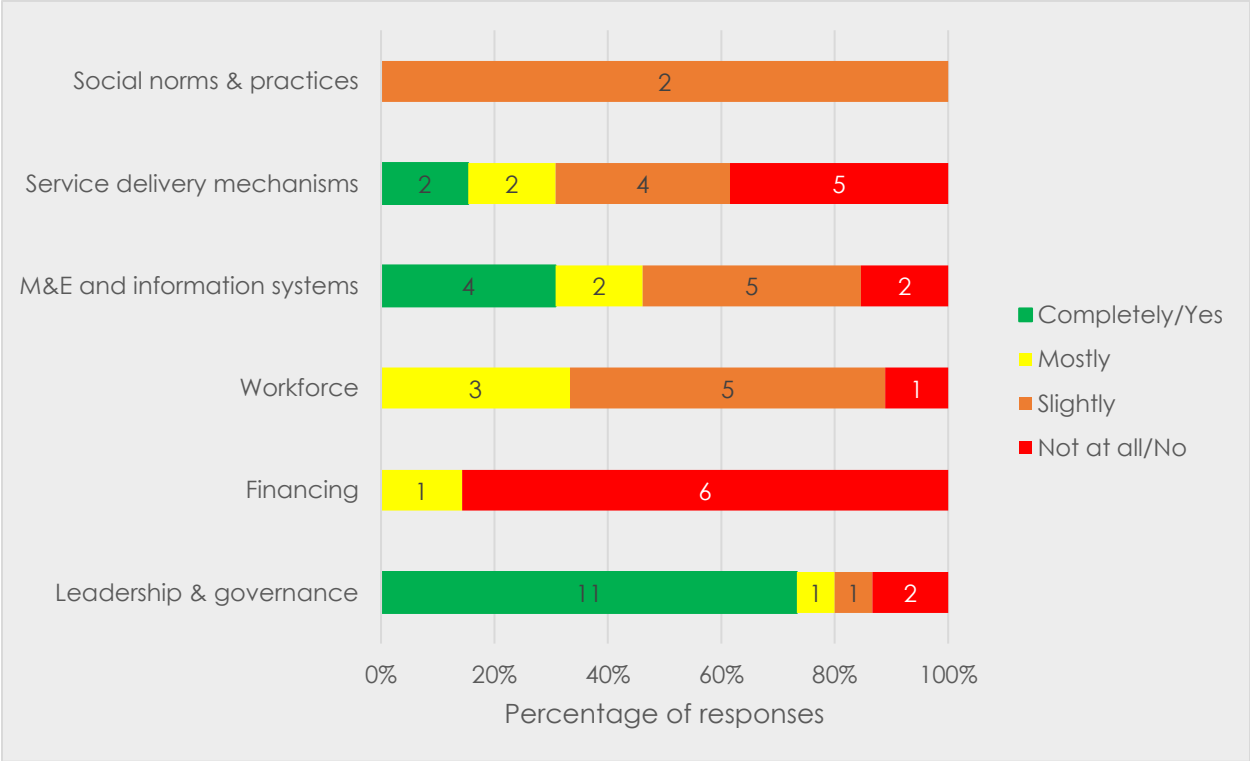
Leadership and Governance

A legal and regulatory framework for foster care exists, mainly in the amended Children's Act. The Child and Family Welfare Policy (MOGCSP, 2014) also provides for foster care options for children in need of family-based care. However, there is a specific National Regulation for Foster Care that has yet to be passed by Parliament. This new foster care regulation includes many critical provisions from the UN guidelines, such as provisions for specialized preparation, support, and counselling for both foster care providers and children before, during, and after placement; provisions for the participation of parents and care providers in administrative and judicial proceedings; provisions for children's views to be taken into account in administrative and judicial proceedings; and provisions for the assessment of children in foster care. A gap in the new regulation is the exclusion of a provision for specialized support for foster children with disabilities.

The new foster care regulation provides for the authorization and registration of foster care providers. At the national level, there will be a Foster Care Unit responsible for ensuring that all providers of foster care comply with national standards through inspections. But the Foster Care Unit is not yet fully staffed to carry out these duties. The new regulation also provides for regional foster care placement committees to discuss the case and give recommendations for foster care placement that are in line with the regulations and in the best interests of the child. These committees have not yet been established nor are there guidelines to support these committees in determining whether foster care is in the best interests of the child.

Preparations are being made to train and orient government and nongovernmental actors on the new foster care regulations. Government and NGO actors need to be trained and oriented on foster care; this includes the regional foster care placement committees.

Service Delivery

Foster care services are yet to be fully implemented. The new foster care regulation is a big step forward in providing foster care services. However, a monitoring mechanism to ensure good-quality foster care services does not exist. It is clearly stated in the new regulation that the DSW is responsible for monitoring placements. The new regulation also specifies what happens when foster care providers do not meet minimum standards. However, a plan for monitoring foster care placements and standards of practice and tools to carry out regular monitoring and inspection visits do not exist.

Workforce

The new foster care regulations provide some clarity on the required qualifications of the workforce and their roles and responsibilities for foster care; however, it is not clear whether all cadres involved in foster care have clearly defined roles and responsibilities. Most social workers, regional social welfare officers, and district social welfare officers have clearly defined qualifications related to foster care. Few district community development officers, residential care social workers, and NGO staff have clearly defined qualifications.

A major weakness is the lack of training mechanisms aimed at building the skills of staff involved in monitoring and supporting foster care placements after Parliament approves the regulation.

M&E and Information Systems

Overall, some standards of practice for M&E related to foster care exist, but they are not uniformly recognized or used by concerned actors. The new foster care regulation includes some guidance on roles and responsibilities related to M&E and data disaggregation, but a comprehensive and uniform guideline for the M&E of foster care does not exist. Similarly, data quality assurance does not exist in this area.

Social Norms and Practices

Activities aimed at raising public awareness about foster care being a more adequate form of care than residential homes are ad hoc. An advocacy and communication strategy that promotes appropriate foster care does not exist.

Financing

Financing levels and plans for financing foster care in the future are weak. The costs of providing foster care services and implementing the regulation have not been estimated. Foster care is not included in central or regional government budgets. Private sector financial resources for foster care are unknown because they are not tracked by the government. Development partners do have financial resources for foster care, which are mostly but not fully tracked by the government.

Residential Care

National standards for RHCs have existed since 2010; however, the standards should be updated. As care reform continues, there is a need to continue to register and authorize all RHCs, the majority of which are not registered or monitored. Additional monitoring of RHCs through inspections is required, which will require additional financial resources. An M&E system for RHC is being piloted in the regions.

Figure 5. Residential care dashboard
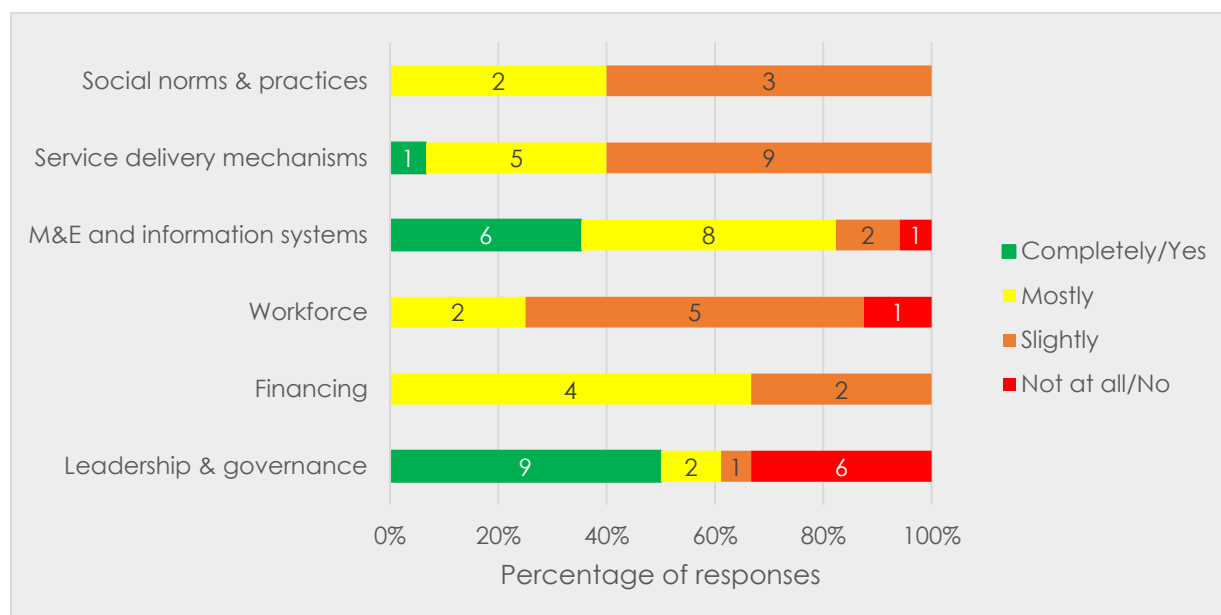
Leadership and Governance

The 2010 National Standards for Residential Homes for Children is the core policy document that regulates residential care. This document includes many key provisions of the UN guidelines, such as standards for both public and private residential homes, and requirements for determining the best interests of the child when she or he is placed in residential care. Both the Children's Act and the Child and Family Welfare Policy also state that the placement of children in RHCs should be the last resort and for the shortest time possible. However, the standards do not explicitly prohibit the placement of children ages 0 to 3 in residential care, which per the UN guidelines, is only allowed in exceptional circumstances. The standards do not include specific provisions for baby units, temporary shelters, "family-type" group homes, residential special schools, or specialized care facilities that provide rehabilitation services.

Most of the relevant government and NGO actors have been trained in the national standards, but it was noted that some actors have yet to be trained, including some RHCs.

There is a national regulatory framework for the registration and authorization of residential institutions. The DSW is the official state body responsible for inspecting and ensuring that all residential care facilities comply with national standards. However, most institutions have not yet been registered or licensed.

Service Delivery

Among the residential institutions, appropriate services are only partially being delivered. Baby units, temporary shelters, "family-like" group homes, residential special schools, and specialized support for rehabilitation and children with disabilities are being insufficiently provided. There are some specialized

shelters, but very few institutions offer specialized services for disabled children. Parents of children with disabilities need to be supported through training to help them address their special needs.

The 2010 national RHC standards are being revised. There is some concern about the quality of the existing standards, which can ideally be addressed during the ongoing revision process. Existing standards clearly state what happens when an institution does not meet minimum standards, and the standards are generally used to monitor the quality of both public and private institutions. In general, institutions that are not performing well are marked for closure, but concern was expressed that political interference sometimes influences whether facilities are ultimately closed or are permitted to remain open.

The DSW, through its M&E unit, has the official responsibility for ensuring that all residential institutions comply with the national standards. The DSW had recently developed SOPs and a checklist for the inspection and monitoring of RHCs. Those documents, together with the revised standards, have not been validated. Monitoring of residential homes through inspection does occur, but it is generally thought to be insufficient. The DSW's M&E unit is relatively new. The lack of a parallel M&E structure at the regional and district levels contributes to the inadequate monitoring of institutions.

Workforce

Regional and district social welfare officers have clearly defined qualifications related to their roles and responsibilities for residential homes, for the most part. Few social workers, district community development officers, residential care social workers, and NGO staff have clearly defined roles and responsibilities.

Workshops to build the capacity of staff in monitoring and supporting RCHs have been conducted, but more training opportunities are required for the staff to be able to perform their tasks credibly.

M&E and Information Systems

There are national standards for M&E of residential care services, which were piloted in four regions and are now being rolled out to all regions in Ghana. In the MOGCSP, there are clear roles and responsibilities related to M&E of residential care assigned to the DSW's M&E unit; however, clear responsibilities for M&E across other line ministries do not exist. The relationship between the MOGCSP and NGOs for M&E in this area is mostly defined, but there is room for improvement.

In the pilot regions, data are being collected for the most part, including data from both government and NGO actors. Of the data that do exist, they can usually be disaggregated by the following: type of care facility; reason that led to the placement of the child in residential care; sex and age of the child; disability type; and region. It is less common that the data can help discern the length of stay of each child in residential care. It was also noted that service providers struggle to determine the exact age of missing and abandoned children and, therefore, it is difficult to disaggregate by age. Overall, data quality assurance activities are insufficient, and participants noted that this is a "huge issue," compromising the use of data for decision making.

Social Norms and Practices

Activities to raise awareness about how placing a child without parental care into residential care is not always in the best interests of the child have been conducted; however, these efforts have mostly focused on educating national and regional government staff and frontline workers involved in residential care. Little has been done to raise public awareness. In November 2017, a Social Drive was launched to raise awareness about the importance of family-based care, which touches on this issue. An advocacy and communication strategy on residential care has been drafted but not yet implemented.

Financing

The cost estimation for state-run residential care is strong. In general, these costs are included in national and regional government budgets. In most cases, the budget request is allocated; however, not all funds allocated are released by the government. This contributes to an overall shortage of funding to properly monitor and support residential care.

There are private sector financial contributions for residential care, donations from individuals or private companies. Examples include donations from celebrities, such as football players and musicians. Some churches also generously contribute to a RHC. Shoprite is collecting donations (money) at their cashiers for orphanages. However, such contributions are not adequately tracked by the government to be able to understand the full picture of financial resources going to residential care.

Semi-Independent Living

In the context of alternative care, as children grow older, they can be prepared for an independent life, exiting the formal care system when they reach adulthood (often defined as age 18). In general, semi-independent living arrangements are not often done, in large part because there is no system to support them. This section provides a short summary, which is not broken down by system component because there is little to nothing existing to support semi-independent living.

Figure 6. Supervised independent living dashboard
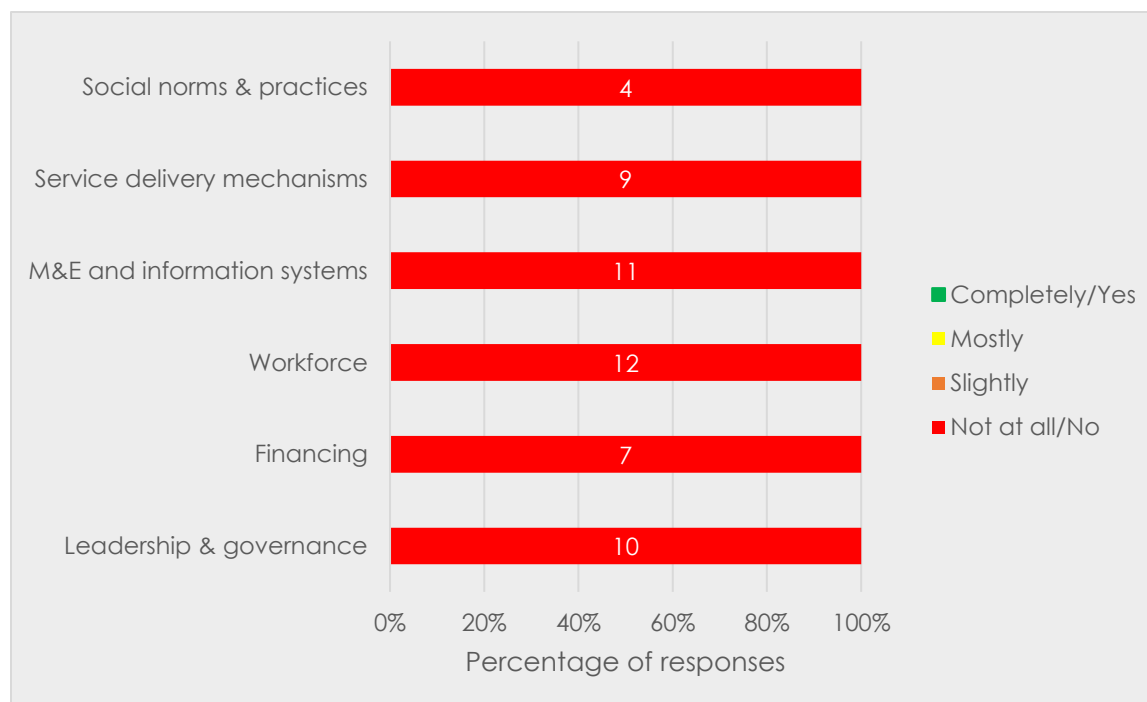
In Ghana, semi-independent living is poorly defined. The only provision is in the RHC guidelines, which states that "young adults leaving care are assisted to find appropriate and affordable accommodation, and assisted when possible with the basic equipment to start independent living" (Ministry of Employment and Social Welfare & UNICEF, 2010). There is no proper legal and policy framework and there is no standard of practice to provide related services. The workforce does not have defined qualifications related to semi-independent living, and no staff capacity building in this area has occurred. There have been no awareness campaigns that include messaging related to appropriate semi-independent living. It is a form of care that is largely unknown and not discussed among stakeholders. No financial resources from government go to supporting or monitoring semi-independent living. Financial resources from the private sector and development partners are little to none and are not tracked by the government.

Kinship Care

Many children who are unable to live with their parents for any reason are cared for under arrangements with family relatives. In some cases, placement of a child with family relatives or close friends is done by a government authority, such as the DSW. This is considered formal kinship care. In this case, the DSW, as the authorizing body that made the placement, has the responsibility to register, monitor, and support the child and family. However, in many cases, children are cared for under informal arrangements with family relatives or close friends. Such care placements are made without the involvement of a government authority; but the government may need to intervene after the child is already living with his/her relatives to provide support services and/or ensure the best interests of the child. Ideally, informal kinship care arrangements that come

into contact with the system would receive counselling and/or other support services that may help the caregiver.

This assessment highlighted that the term "relative foster care" is commonly used in Ghana's legislation (e.g., the Children's Act) and policies; however, it is not necessarily commonly understood by alternative care stakeholders.

Overall, participants expressed that this area of care "has barely started" in Ghana, and there is almost no system in place to support it. This section provides a short summary of kinship care, both formal and informal. The section is not broken down by system component because there is little to nothing that exists.

Formal Kinship Care

Figure 7. Formal kinship care dashboard
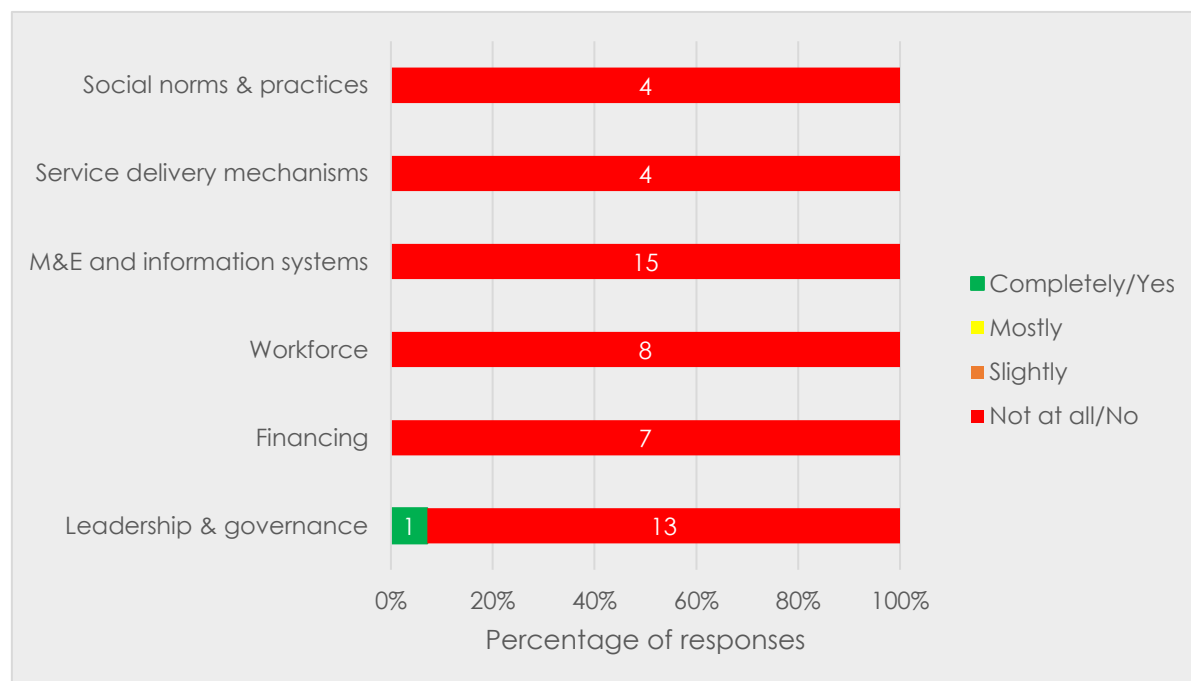
Formal kinship care is not adequately addressed in a legal and policy framework. There are some provisions for formal kinship care in the amended Children's Act (section 937) and the Juvenile Justice Act (Government of Ghana, 2003). However, with the minimal policy provisions for "relative foster care," there is no known provision for services that monitor and support formal kinship care placements. A system to register formal kinship care providers does not exist. The workforce does not have defined roles and responsibilities related to kinship care, and no staff capacity building in this area has occurred. There have been no awareness campaigns that include messaging related to formal kinship care providers' responsibility to take care of children without financial compensation. No financial resources from government go to

supporting or monitoring kinship care. Financial resources from the private sector and development partners to monitor and support kinship care are not known to the government.

Informal Kinship Care

Figure 8. Informal kinship care dashboard
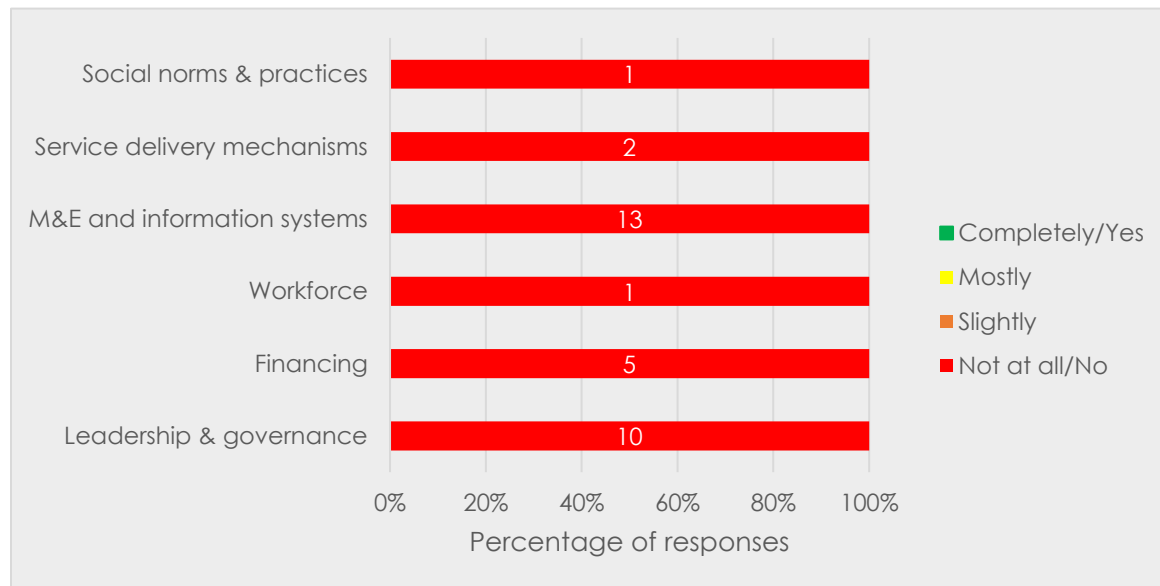
Similar to formal kinship care, informal kinship care is not addressed in a legal and policy framework. A system of notification of informal kinship care arrangements that come in contact with the formal system does not exist, making it impossible to effectively monitor. The workforce does not have defined roles and responsibilities related to informal kinship care. It was noted during the assessment workshop that any support social welfare officers providing informal kinship care arrangements is done outside of their formal roles and responsibilities. No financial resources from government go to supporting or monitoring informal kinship care. Financial resources from the private sector and development partners to monitor and support informal kinship care are not known to the government.

Other Forms of Alternative Care

"Non-relative informal care" is any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by people other than members of the extended family or close friends, and without this arrangement having been organized by any government authority. It is also known as "non-relative informal care," which occurs in Ghana, but has no legal backing. Supportive actions for this type of care through the government system have not been prioritized. Some workshop participants believed that it is too early to prioritize this area of care in the evolution of alternative care in Ghana. This

section provides a short summary, which is not broken down by system component because there is little to nothing existing to support other forms of alternative care.

Figure 9. Other forms of alternative care dashboard
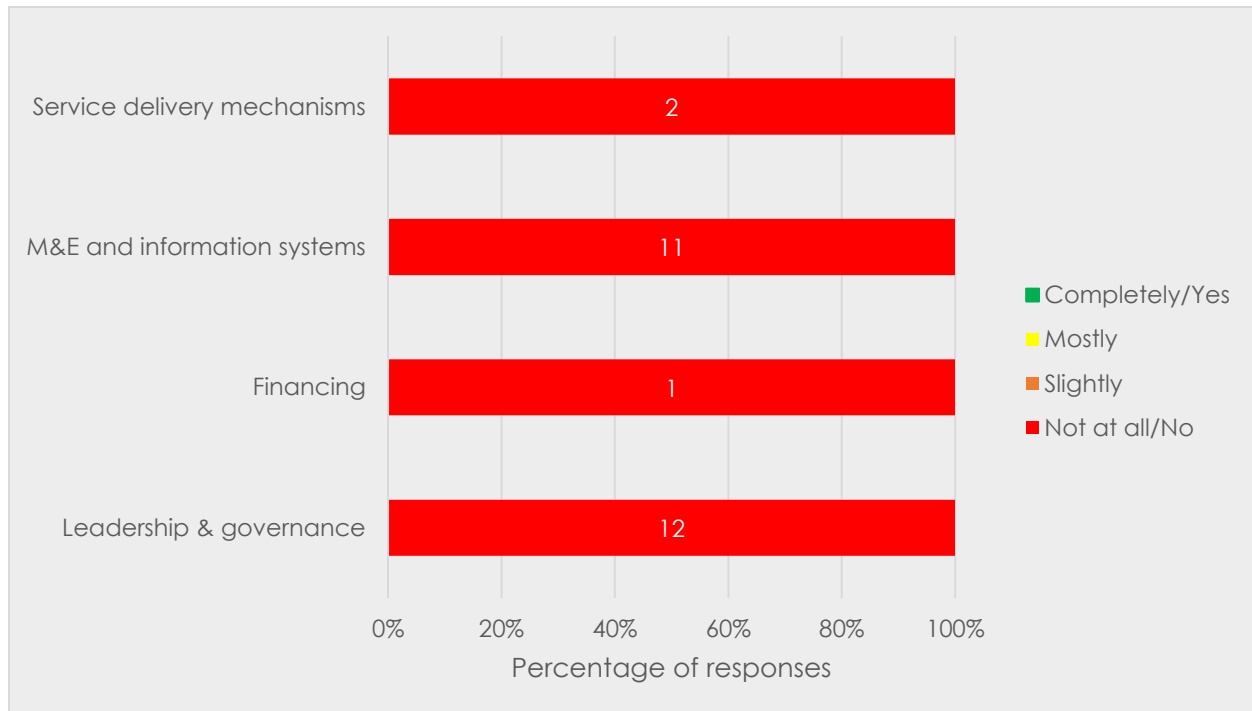
There are no legal or policy provisions related to non-relative informal care. No formal monitoring of such care arrangements occurs. In the absence of a legal and policy framework, workshop participants recommended that non-relative care providers be sensitized on the laws and rights of children and on good parenting. The challenge is that the population providing non-relative informal care is largely unknown and cannot be easily identified in the absence of a system to register such care arrangements. The workforce does not have any assigned roles or responsibilities in this area of care, and there are no designated government financial resources to provide support.

Adoption

Draft legislation on adoption is awaiting parliamentary approval. The international treaty related to international adoption—The Hague Convention—was ratified in 2016, and steps are being taken to establish the related legal and policy framework. The National Adoption Board needs to be inaugurated. Government and nongovernmental staff should be oriented on the new adoption regulation. Mechanisms to properly register and monitor both prospective adoptive parents (PAPs) and adoption placements need to be established, for both domestic and intercountry adoption. The costs required to provide adoption services are largely unknown and significant budgetary planning should occur at all levels of government.

Figure 10. Adoption dashboard
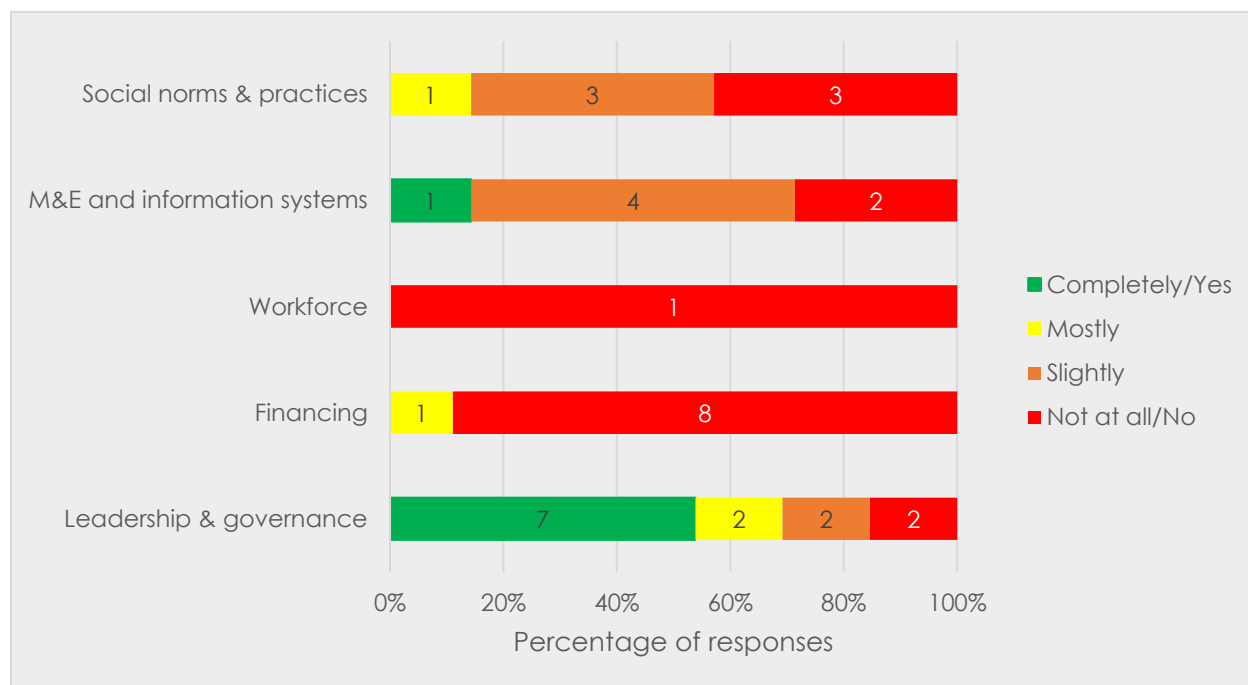
Leadership and Governance

The Hague Convention came into effect in Ghana in January 2016. Adoption is supported by the amended Children's Act and the Child and Family Welfare Policy. A draft legislative instrument on adoption is pending parliamentary approval. Although there is not yet a national strategy for domestic and intercountry adoption, some guidelines and manuals have been developed and are awaiting validation. The guidelines include a systematic process for determining the best interests of the child for adoption placements (e.g., gatekeeping), and a process for determining adoptions that require verification that the child is an orphan or the consent of birth parents/caregivers. Only a few relevant government and nongovernmental actors have been trained on the new regulation/guidelines; additional training is needed.

Adoption placements are determined by the CAA in the DSW. This unit ensures that both domestic and intercountry adoption comply with national standards; however, regional officers are not fully aware of their roles and responsibilities, and the required information does not consistently flow to the central office. In the legal and policy framework, the CAA has established a mechanism for cooperation with authorities in countries receiving intercountry adoption placements.

Overall, modalities are being developed to allow for private sector participation in adoptions. There is a regulatory framework to ensure the authorization and registration of PAPs and a system already exists to document their registration. At present, there are no limits imposed on fees, costs, contributions, and donations required or solicited by state and nonstate actors, institutions, and individuals for intercountry adoption services; however, limits are included in the new regulation awaiting approval by Parliament.

The new regulation has provisions for special preparation support/counselling services for PAPs and for children before, during, and after placement. The regulation also specifies that parents/care givers participate in matters related to administrative and judicial proceedings, and the same for children, in accordance with their age and maturity. However, the regulations do not include specialized support for PAPs or adoptive care providers of children with a disability.

Service Delivery

Although most of the adoptions that have occurred in the last 12 months have been authorized and registered, inappropriate adoptions occur. Many regions and districts have not been adequately oriented to the legal and policy framework for adoption.

Overall, parents/care givers and children are participating in administrative and judicial proceedings for adoption placements, and specialized preparation support/counselling are provided to children before, during, and after placement. However, the provision of specialized preparation support/counselling for PAPs is not common, and information about the PAPs and children is not adequately provided before the placement occurs. Support services are also not available for PAPs of children with disabilities and adoptive care providers of children with disabilities.

There are standards of practice in the new adoption regulations to promote quality adoption placements. They need to be rolled out to ensure quality services.

Although an adoption registry (records center) partially exists, there are concerns that the registry has no security measures in place to protect sensitive information about each child. The registry is not electronic, and files are sometimes disorganized and difficult to find. The DSW is authorized to maintain the adoption registry, which will need to have security measures in place to protect the names of and sensitive information about children. Related to this, post-adoption monitoring mechanisms do not exist for either domestic or intercountry adoption placements.

Workforce

Most government social workers and law officers/justice department staff have defined qualifications/profiles relevant to their roles and responsibilities in the area of adoption. Other categories of staff, such as nongovernmental social workers, do not have well defined qualifications/profiles relevant to their roles and responsibilities. There are no training mechanisms aimed at building the skills of staff involved in monitoring and supporting adoption placements.

M&E and Information Systems

Existing M&E standards do not adequately address adoption and there is a gap in the indicators to enable monitoring of both domestic and intercountry adoption placements. Roles and responsibilities for collecting and reporting on adoption indicators are not well defined in the MOGCSP, or between the Ministry and

nongovernmental actors. Despite the lack of standards, some data on adoption are regularly collected. The flow of data is likely to increase substantially when the new regulation goes into effect.

Social Norms and Practices

There have been few activities to raise awareness about adoption as a permanent form of care for children. In some cases, awareness-raising activities are carried through radio discussions and engagement with churches and other faith-based organizations. However, there is a gap in advocacy and communication strategies that include adoption, specifically as regards the aim to increase the number of adopted vulnerable children and raise awareness that intercountry adoption is envisaged only when no appropriate domestic solution exists for a child.

Financing

Costs estimates for adoption services have not yet been projected. Although there are some provisions for adoption in the central government budget, adoption is not included in regional government budgets. Funding specifically for adoption services is not allocated or released by the government.

Family Reunification and Reintegration

There are international guidelines on family reunification and reintegration, but they should be adapted for Ghana to create specific guidelines addressing key areas of the UN guidelines that are missing in the legal and policy framework. Some reunification and reintegration services are occurring; however, additional support is needed in this area, including quality assurance of reunification placements. More training on reunification and reintegration is needed for both government and nongovernmental stakeholders. The costs required to provide reunification and reintegration services are largely unknown and significant budgetary planning needs to occur at all levels of government.

Figure 11. Family reunification dashboard
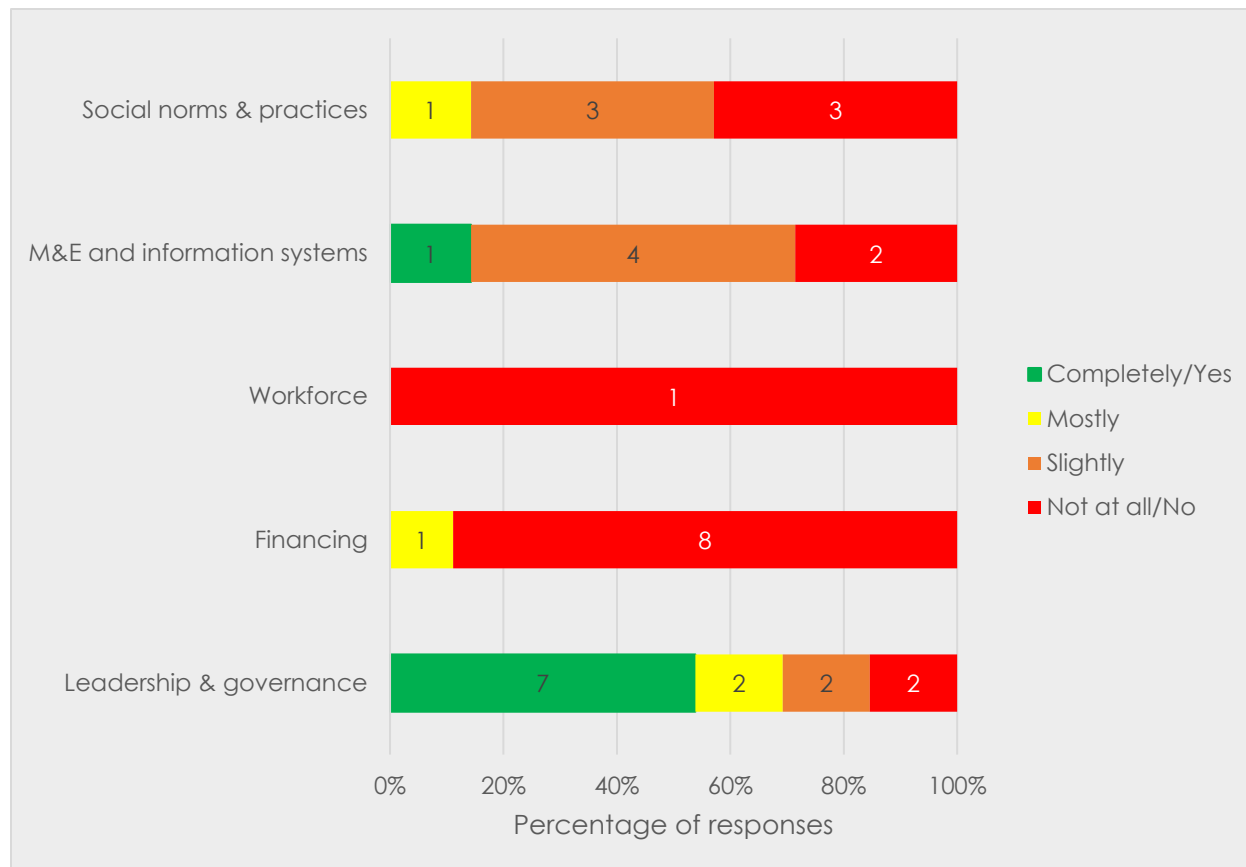
Leadership and Governance

The right to live in a family is articulated in the Children's Act. The main policy document supporting the reunification and reintegration of children who have been separated from their families is the national Child and Family Welfare Policy. Most relevant government staff have been trained in the procedures for reunification and reintegration (conducted in 2016 and 2017), but there is a need to train those who have not been properly oriented. This includes some nongovernmental actors; a few have been trained but many have not yet been properly oriented.

The legal and policy framework that supports reunification and reintegration excludes several core aspects of the UN guidelines. The policy has a systematic process for determining the best interests of the child for family reunification and reintegration (i.e., gatekeeping). There are also policy provisions for services for families before and after reunification (such as psychosocial support and financial services); however, there are concerns about whether this area adequately aligns with global best practices. The legal and policy framework does not include provisions for the following:

- Guidelines for completing a transition plan that includes preparing families and children for reunification.

- Specialized support for the reintegration of children with disabilities.
- Special preparation, support, and/or counselling for children before, during, and after reunification.
- Procedures for when a reunification and reintegration case is considered closed.
- A process for addressing children leaving or aging out of care.

In some cases, international best practices are adopted in practice, but there is a lack of national standards and their use across all relevant actors. DSW officers were trained in some international guidelines, but this has not been captured in a local document. Participants stated that "in practice we adopt international best practices but there is the need for a national strategy."

Service Delivery

Children's views are given weight primarily in administrative and judicial proceedings for reunification decisions. However, services for families and children before and after reunification are not common, at least among government staff who expressed concerns that NGOs providing reunification and reintegration services are rarely, if ever, involving the DSW. In some cases, a reunification certificate is provided to a family, as an indicator of case closure; however, official case closure is very rare. Similarly, there are very few services provided to address children leaving or aging out of care. Children with disabilities seldom receive specialized support services for reintegration.

The quality of reintegration and reunification services are assured based on international standards; however, not all relevant actors have been trained. Most government actors were trained in the standards; however, few RHCs and NGOs were trained in them. As a result, the standards of practice or guidelines are mostly used to guide service delivery provided by government actors. Regular monitoring to ensure the quality of reunification and reintegration services is not adequate, in part due to insufficient financial resources being allocated for monitoring. The consequences of a service provider not meeting minimum quality standards are not described in any national guidelines.

Workforce

Qualifications for staff involved in reunification and reintegration are somewhat, but not fully, defined. Qualifications for social workers and regional social welfare officers are mostly defined. District social welfare officers lead the reunification and reintegration process on behalf of the government. Although workshop participants believe that the qualifications in this area of care are mostly defined, there are concerns that they are not sufficient. The qualifications of residential care social workers, NGO staff, and district community development officers are not well defined. There has been some training to build staff capacity in monitoring and supporting family reunification and/or reintegration, but much more needs to be done in this area.

M&E and Information Systems

Standard M&E forms for family reunification and reintegration are being pre-tested. These draft tools include standard indicators to assess and monitor reunification and reintegration. Roles and responsibilities for collecting and reporting data are documented in the MOGCSP through the DSW. Although data are made

available on request by any ministry, the roles and responsibilities for data collection and data sharing on alternative care are not clearly documented. Similarly, the roles and responsibilities between the MOGCSP and nongovernmental actors are not fully documented; rather, they are specific to the projects involved in pre-testing the draft reunification and reintegration forms. As M&E in this area is new, there is little data regularly collected from both government and nongovernmental actors. Of the data that do exist, they can be disaggregated primarily by region, sex, and age of the child and disability type, but cannot be disaggregated as is commonly done by length of stay with family or pre-reunification type (foster care, residential care, etc.). The data are manually collected and computed; workshop participants expressed concern about their quality. Participants also noted that data quality assurance activities are not regularly conducted.

Social Norms and Practices

There have been some scattered activities aimed at raising awareness about prioritizing family reunification and reintegration over placement in other forms of care. Some awareness raising has occurred through training of national and regional government and frontline staff, but more needs to be done to address the public. There is no advocacy or communication strategy that includes promoting family reunification and reintegration. Although some participants noted that the Social Drive 2017 may help change social norms in this area, other participants noted that the Social Drive does not adequately cover family reunification and reintegration.

Financing

Cost estimates for reunification and reintegration services do not exist. Reunification and reintegration is not a specific line item in the central or regional government budgets; however, the generic budget line item for welfare services can be used for reunification and reintegration in the region/district. Government funding specifically for reunification and reintegration is not allocated or released. The private sector is a major source of funding for this area, mainly through NGOs and faith-based organizations; however, their financial contributions are only slightly tracked by the government. Development partners, such as USAID and UNICEF, also contribute to this area. Their financial allocations are mostly tracked by the government.

System Deinstitutionalization

Although there are laws and policies that support system DI through the CRI strategy, Children's Act, national Child and Family Welfare Policy, and the national standards for RHC, there are no legal provisions that prevent new, large-scale residential institutions from being set up. The official multisector body with responsibility for overseeing DI process—the BCCC—is not meeting regularly, and its membership needs to be reviewed. In 2017, the DSW central office and the ten regional DSW offices developed a five-year roadmap to close down sub-standard RHCs and reintegrate children with their families. The roadmap sets regional targets and serves as a basis for monitoring progress in DI. Guidelines on how to appropriately close or transform an institution do not exist and mechanisms to monitor the closure/transformation are not adequate. Guidelines to collect data and monitor and evaluate the DI process do not exist. The costs required to undergo system DI throughout the country are largely unknown, and significant budgetary planning needs to occur at all levels of government.

Figure 12. System deinstitutionalization dashboard
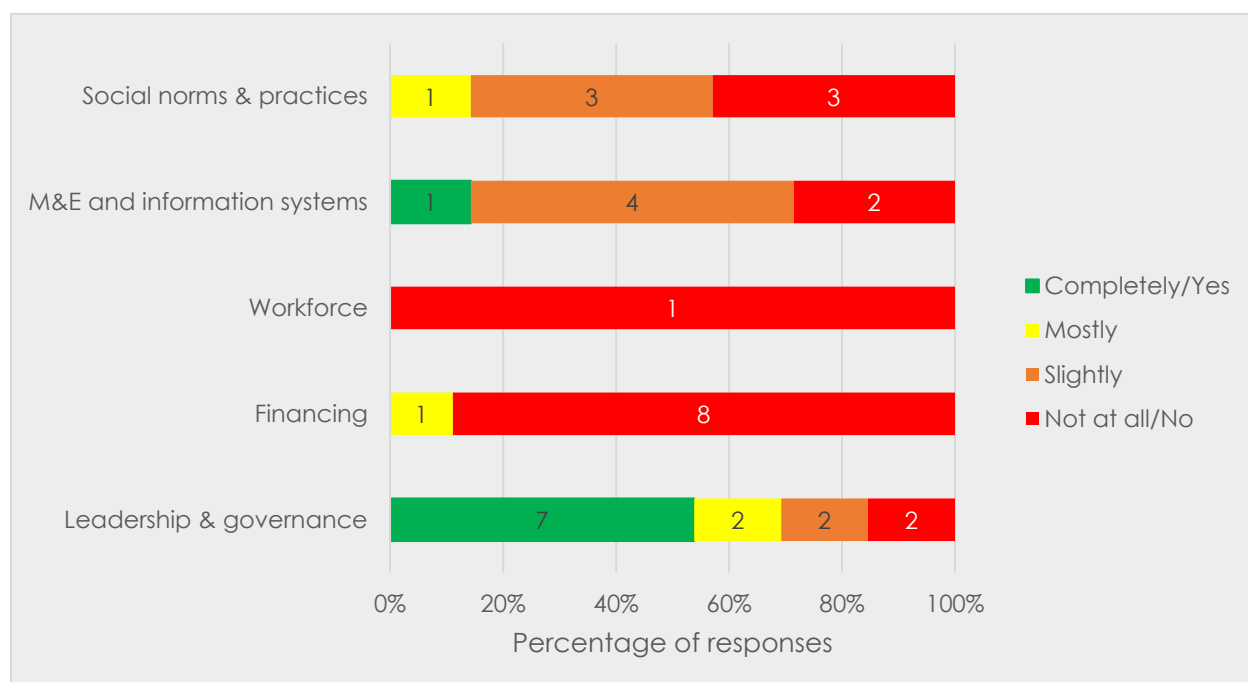
Leadership and Governance

Shifting away from residential care toward family-based care is a best practice, is part of the CRI strategy, and is supported through the Children's Act, the Child and Family Welfare Policy, and the national standards for RHC. However, not all workshop participants agreed that there were legal provisions for shifting away from residential care toward family-based care. For example, there are not explicit legal provisions that prevent new, large-scale residential institutions from being set up. The legal basis for prioritizing family-based care over residential care should be reviewed to determine its adequacy.

The policy framework takes into consideration the interests and needs of children with disabilities and other special needs. However, the UN guidelines stress the importance of children ages 0 to 3 being given priority in the DI process. In terms of policy, this is only addressed in the OVC National Plan of Action, which has expired and is a general strategy for vulnerable children, it is not specific to alternative care or the DI process. In 2015, most relevant government and nongovernmental actors were trained in the policies supporting DI; however, there are actors who have not received training.

The CRI unit and the DSW are the official state bodies responsible for overseeing the system DI process. The BCCC is the main multisector body related to alternative care, including DI. However, this body does not meet regularly due to the lack of funding, and there is concern about whether the BCCC includes all relevant government agencies in its membership.

There are national standards for RHCs, but specific guidelines on how to appropriately close or transform a RHC are yet to be developed and rolled out to RHCs. Mechanisms to monitor the closure/transformation of

RHCs are not adequate. Some RHCs are monitored by regional social welfare officers who send quarterly reports on the status of homes, including those marked for closure. However, such reporting from the regions does not always occur regularly.

Workforce

When institutions are marked for closure, the UN guidelines note that it is important to provide retraining and redeployment opportunities for RHC staff, but this is generally not occurring. In the government RHCs, transfers are done based on request. NGOs are responsible for this in their institutions; however, all participants felt that this is not adequately addressed in the DI process.

M&E and Information Systems

There is a five-year roadmap for closing RHCs that was expanded to Western, Brong Ahafo, Northern, Upper West, and Upper East regions in December 2017. This roadmap includes regional targets. However, there are no standards of practice for M&E that address the entire DI process, and there are not adequate standard indicators to monitor the DI process. Roles and responsibilities for M&E of the DI process are not fully defined. They are more clearly defined in the DSW, but are not well-defined between the MOGCSP and nongovernmental actors. Routine data collection is being piloted, but it has not yet reached all regions.

Social Norms and Practices

A knowledge, attitudes, and practices survey that includes norms and behaviors related to children in institutions has not been conducted and are there no plans to conduct one periodically. Awareness raising aimed at changing the negative social norms related to the institutionalization of children has occurred somewhat, through staff training. It is expected to increase under the Social Drive (November 2017) and through the Ghana child protection toolkit. An advocacy and communication strategy that includes positive norms related to family-based care does not exist, but is planned to be launched soon.

Financing

Cost estimates for deinstitutionalizing and transitioning to a system that prioritizes family-based care do not exist. Deinstitutionalizing and transitioning the system are not included in the central or regional government budgets. This is primarily because the three residential homes run by the government will remain open and most of the homes marked for closure are funded by NGOs/private sector. There are no financial resources from the government allocated or released to support activities to transition the system from institutional care toward family-based care. Funding saved through the closure of institutions is not necessarily used for prevention or other alternative care services. Private sector financial contributions for transitioning away from institutional care and toward family-based care are not tracked by the government; however, most funds from development partners (e.g., UNICEF) are tracked in this area.

SUMMARY

Key findings are summarized according to each system component. The findings cover both strengths and weaknesses, but there is more focus on describing the gaps identified. This is both a reflection of the results, because many gaps were identified, and is also designed to support an exercise to develop an action plan based on the identified gaps.

Leadership and Governance

Ghana has established a relatively comprehensive legal framework for child protection and was the first country to ratify the UN Convention on the Rights of the Child in 1990. Since then, the country has ratified several international instruments relating to child protection, including the African Charter on the Rights and Welfare of the Child in 2005, and most recently, the 1993 Hague Convention No. 33 on Protection of Children and Cooperation in Respect of Inter-country Adoption, which came into force on January 1, 2017).

The original Children's Act (Government of Ghana, 1998) brought about several significant changes to child welfare and protection in Ghana. It provided for the regulation of childcare facilities that were previously absent, and paved the way for the passage of other child welfare legislation, such as the Child Rights Regulations (Republic of Ghana, 2002), the Juvenile Justice Act (Government of Ghana, 2003), and the Human Trafficking Act (Government of Ghana, 2005). It also gave district assemblies the responsibility for liaising with other government departments to ensure the protection and welfare of children in their jurisdiction.

- In general, there is a legal and policy framework to support prevention services. However, there are some implementation challenges. For example, many vulnerable and distressed families/children are not adequately covered under the LEAP program.
- Foster care is at the beginning stages. A new regulation that includes nearly all the UN guidelines provisions is awaiting parliamentary approval.
- Regional foster care placement committees have not been established, nor are there guidelines to support them in their determination of a child's best interests.
- National standards for RHCs exist and include many of the UN guidelines provisions. Most government and NGO actors have been trained in the national standards. A regulatory framework for the registration/authorization of institutions exists.
- Many RHC institutions are not yet registered/licensed.

A proper legal and policy framework and standards of practice to provide related services for semi-independent living do not exist. Only minimal provisions exist in the RHC guidelines, which state: "young adults leaving care are assisted to find appropriate and affordable accommodation, and assisted when possible with the basic equipment to start independent living." (Ministry of Employment and Social Welfare & UNICEF, 2010).

- Overall, "formal kinship care" as a formal area of care "has barely started" in Ghana. The assessment workshop highlighted that the term "relative foster care" is commonly used in Ghanaian legislation; however, it is not necessarily understood by all alternative care stakeholders.
- Informal kinship care is not addressed in a legal and policy framework. A system of notification about informal kinship care arrangements that come into contact with the formal system does not exist.
- Other forms of alternative care, sometimes known as "non-relative informal care," also occur in Ghana, but have no legal standing. Supportive steps in this area of care through the government system have not been prioritized and some participants believe it is too early in the evolution of alternative care in Ghana to prioritize this area.
- In the area of adoption, The Hague Convention was ratified in 2016. Draft legislation on adoption is awaiting parliamentary approval. The legislation addresses the key UN guidelines provisions. There is also a regulatory framework to ensure the authorization and registration of PAPs.
- The legal and policy framework that supports reunification and reintegration excludes several core aspects of the UN guidelines. In some cases, international best practices are adopted in practice, but national standards are lacking.
- There are laws and policies that support system DI. In 2015, most relevant government and nongovernmental actors were trained in the policies that support DI. There is a five-year roadmap for closing RHCs covering some regions. However, there are no explicit legal provisions that prevent new, large-scale residential institutions from being set up.
- The BCCC is not meeting regularly and its membership needs to be reviewed because it does not include key stakeholders.
- Specific guidelines on how to appropriately close or transform an RHC have not been developed and rolled out to RHCs.
- When institutions are marked for closure, the UN guidelines note that it is important to provide retraining and redeployment opportunities to RHC staff; however, this is generally not occurring.
- Because the law has not yet been passed, regions and districts have not been adequately oriented on the legal and policy framework for adoption.

Figure 13. Leadership and governance dashboard of assessment responses, by area of care

Assessment questions				Areas of care			
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification
Legal provision exists	🟩	🟩	🟩	🟥	🟥	🟩	🟩
National policy/ strategy exists	🟩	🟩	🟩	🟥	🟥	🟩	🟩
Policy is up-to-date	🟩	🟨	🟩	🟥	🟥	🟩	🟩
State and nonstate actors trained	🟨	🟧	🟩	🟥	🟥	🟧	🟨
Regional/ district plans exist	🟥	🟥	🟥	🟥	🟥	🟥	🟥

Completely	Mostly	Slightly	Not at all

Service Delivery

- Standards of practice to promote quality prevention services exist for some types of services.
- Referral mechanisms between government and NGOs for prevention are weak.
- Very few institutions provide specialized services for disabled children. Regulations exclude specialized support for PAPs/care providers of children with disabilities.
- Poor performing RHCs are marked for closure, but there is concern about political interference.
- Standards do not include provisions for baby units, temporary shelters, "family-type" group homes, residential special schools, or specialized care facilities that provide rehabilitation services.
- Some reunification and reintegration services are occurring; however, additional support is needed in this area. More training on reunification and reintegration is needed for government and NGOs.
- Government services for families and children before and after reunification are not common. NGOs rarely, if ever, involve the DSW.
- Very few services are provided to address children leaving or aging out of care.
- Standards of practice do not exist for the early identification of families in distress/at risk. Support and care services for single and adolescent parents and services for dealing with alcohol/substance abuse are not provided.
- Specialized preparation support for PAPs is not common; information about PAPs and children is not adequately provided before placement.
- There are no limits imposed on fees, costs, contributions, and donations required or solicited by state and non-state actors, institutions, and individuals for intercountry adoption services.
- Reunification certificates are sometimes provided to a family as an indicator of case closure; however, official case closure is very rare.
- The consequences of a service provider not meeting minimum quality standards are not described in any national guidelines.

Figure 14. Service delivery dashboard of assessment responses, by area of care

Assessment questions	Areas of care						
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification
Standards of practice exist	🟩	🟩	🟩	🟥	🟥	🟩	🟩
Standards are being used by state actors	🟧	🟨	🟨	🟥	🟥	🟨	🟨
Standards are being used by non-state actors	🟧	🟨	🟨	🟥	🟥	🟥	🟧
Monitoring mechanism exists	🟧	🟧	🟧	🟥	🟥	🟥	🟧
Quality assurance of services occurs regularly	🟧	🟧	🟧	🟥	🟥	🟥	🟧
Guidelines state what happens if minimum standards are not met	🟥	🟩	🟨	🟥	🟥	🟥	🟥

Completely	Mostly	Slightly	Not at all

Workforce

- For the most part, regional and district social welfare officers and district community development officers have defined qualifications/profiles relevant to their roles and responsibilities relating to the prevention of unnecessary family separation and foster care.

- The workforce does not have defined qualifications related to semi-independent living, formal and informal kinship care, and other forms of care, and capacity building of staff in these areas has not occurred.
- Caseload thresholds do not exist for any cadre in any area of care.

Figure 15. Workforce dashboard of assessment responses, by area of care

Assessment questions	Areas of care						
	Prevention	Foster care	Residential care	Formal kinship	Adoption	Family reunification	
Social workers	Mostly	Mostly	Slightly	Not at all	Not at all	Mostly	Mostly
Nongovernmental social workers	Slightly	Slightly	Slightly	Not applicable	Not applicable	Slightly	Slightly
Healthcare workers	Slightly	Slightly	Slightly	Not applicable	Not applicable	Not applicable	Not applicable
Teachers/educators	Slightly	Slightly	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Para social workers	Not at all	Not at all	Not at all	Not at all	Not at all	Not applicable	Not at all
Community development officers	Mostly	Slightly	Slightly	Not at all	Not at all	Not applicable	Slightly
Residential care social worker	Slightly	Slightly	Slightly	Not at all	Not at all	Not applicable	Slightly

Not applicable	Completely	Mostly	Slightly	Not at all

M&E and Information Systems

- The M&E system for alternative care is generally weak because data quality assurance activities are insufficient. Workshop participants noted that this is a "huge issue," compromising the use of data for decision making.
- Data to monitor programs are poor and uncoordinated across prevention actors.
- A plan for monitoring foster care placements and standards of practice and tools to carry out monitoring and inspections do not yet exist.
- A mechanism to monitor foster care after a child is placed needs to be established.
- Standards of practice for M&E related to foster care are not uniformly recognized or used.
- However, there are standards for M&E of residential care (being piloted).
- The lack of an M&E structure at subnational levels contributes to inadequate RHC monitoring.
- Some RHCs are monitored by regional social welfare officers who send quarterly reports on the status of homes, including those marked for closure. However, such reporting from the regions does not regularly occur.
- Mechanisms to properly register and monitor both PAPs and adoption placements do not exist for both domestic and intercountry adoption.

Figure 16. Monitoring and evaluation dashboard of assessment responses, by area of care

Assessment questions	Areas of care						
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification
Standard indicators exist	Slightly	Slightly	Mostly	Not at all	Not at all	Not at all	Slightly
Roles and responsibilities for data collection/reporting:							
...in the MOGCSP (DSW) are documented	Completely	Completely	Completely	Not at all	Not at all	Not at all	Completely
…between the MOGCSP (DSW) and non-state actors are documented	Slightly	Mostly	Mostly	Not at all	Not at all	Not at all	Slightly
Data are regularly collected to monitor services in this area of care	Slightly	Slightly	Mostly	Not at all	Not at all	Slightly	Slightly
It is possible to disaggregate data for this area of care by:							
…Sex	Mostly	Completely	Completely	Not at all	Not at all	Completely	Completely
…Age	Mostly	Mostly	Mostly	Not at all	Not at all	Mostly	Mostly
…Region	Mostly	Completely	Mostly	Not at all	Not at all	Mostly	Mostly
…Disability	Mostly	Slightly	Mostly	Not at all	Not at all	Mostly	Mostly
DQA activities related to this area of care are regularly conducted	Slightly	Not at all	Slightly	Not at all	Not at all	Mostly	Slightly

Legend: Completely | Mostly | Slightly | Not at all

Social Norms and Practices

- An advocacy and communication strategy that promotes appropriate foster care does not exist.
- Similarly, an advocacy or communication strategy that includes the promotion of family reunification and reintegration does not exist.
- However, an advocacy and communication strategy around residential care has been drafted, but not yet implemented.

Figure 17. Social norms dashboard of assessment responses, by area of care

Assessment questions	Areas of care						
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification
Awareness campaigns, training, etc., aimed at changing negative social norms are conducted regularly	Mostly	Slightly	Slightly	Not at all	Not at all	Slightly	Slightly
An advocacy and communications strategy, including positive norms related to family-based alternative care, exists	Completely	Slightly	Slightly	Not at all	Not at all	Not at all	Not at all

Completely	Mostly	Slightly	Not at all

Financing

- Financial allocations are generally unknown by alternative care stakeholders and costs to cover unmet needs are not estimated. In some cases, the budget request is mostly allocated; however, not all funds allocated are released by the government.
- The costs required to provide foster care services have not been estimated.
- There are no financial resources from the government allocated or released to support DI activities.
- Private sector financial resources for foster care are not tracked.
- There is no government provision for services to monitor and support formal kinship care placements, and there are no resources from government going toward support for or monitoring of informal kinship care.
- Cost estimates for reunification and reintegration services do not exist.

- Funding saved through the closure of institutions are not necessarily used for prevention or other alternative care services.
- Private sector financial contributions for transitioning away from institutional care toward family-based care are not tracked by the government.

Figure 18. Financing dashboard of assessment responses, by area of care

Assessment questions	Areas of care						
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification
Costs required for services have been estimated	Slightly	Not at all	Mostly	Not at all	Not at all	Not at all	Not at all
Costs for services are included as a government budget line item	Not at all	Not at all	Mostly	Not at all	Not at all	Not at all	Not at all
Funding to support alternative care activities was allocated per the government budgets	Not at all	Not at all	Mostly	Not at all	Not at all	Not at all	Not at all
Financial contributions from private sector actors are tracked by the government	Not at all	Not at all	Slightly	Not at all	Not at all	Not at all	Slightly
Financial contributions from development partners are tracked by the government	Mostly	Mostly	Mostly	Not at all	Not at all	Not at all	Mostly

Completely	Mostly	Slightly	Not at all

RECOMMENDATIONS

During the assessment workshop, the groups identified recommendations for each system component and type of care area. A summary of the recommendations and additional recommendations identified during further analysis of the findings are provided in Table 2.

Table 2. Recommendations, by system component and areas of care

	Recommendation	Area of Care
Leadership and Governance		
1	Revitalize a multisector oversight body for alternative care (e.g., the BCCC) by reviewing its membership, terms of reference, and scheduling and funding regular meetings at national and regional levels	Crosscutting
2	Establish and support the National DSW Foster Care Unit and the regional Foster Care Placement Committees	Crosscutting
3	Establish guidelines to determine the best interests of the child and their placement in alternative care (gatekeeping mechanisms)	Crosscutting or prevention
4	Train all relevant government and nongovernmental actors on the new foster care and adoption regulations once they are passed by Parliament	Foster care and adoption
5	Review the National RHC Standards of Practice to prohibit the placement of children ages 0 to 3 in residential care and only in exceptional circumstances; ensure the provision of baby units, temporary shelters, "family-type" group homes, residential special schools, and specialized rehabilitation services	Residential care
6	Develop guidelines and standards for monitoring children placed in family-based care, including kinship, foster care, adoption, semi-independent living, reunified children, and other forms of care, and build the capacity of DSW staff on those standards	Semi-independent living
7	Adoption and foster care regulations to be passed by Parliament	Adoption

	Recommendation	Area of Care
8	Adapt international guidelines on reunification and reintegration for the Ghanaian context and train all relevant government and nongovernmental actors on reunification and reintegration	Reunification & reintegration
9	Support the implementation of the new five-year roadmap for licensing and closure of RHCs in Ghana	System deinstitutionalization
Service Delivery		
10	Conduct regular joint inspection and monitoring visits to RHCs to license RHCs or close substandard RHCs	Crosscutting
11	Strengthen the implementation of the M&E system for children placed in formal alternative care	Crosscutting
12	Support the rollout of the child protection toolkit (specifically the additional module on alternative care) and community engagement in hot spot districts	Crosscutting
13	Develop child-friendly materials to raise their awareness of their rights	Residential care
14	Train relevant government and nongovernmental staff on the new case management SOPs	Crosscutting
15	Develop a caregiver training manual that includes parenting skills as a form of prevention of unnecessary separation	Prevention
16	Support monitoring and inspection mechanisms for early childhood development and care services (i.e., day care centers) based on the standards recently developed	Prevention
17	Support referral mechanisms between government and nongovernmental actors for prevention and response services	Prevention
18	Conduct a mapping exercise of prevention/response services	Prevention

	Recommendation	Area of Care
19	Update the adoption registry to be fully electronic and include security measures to protect the names and sensitive information about children, including PAPs	Adoption
20	Develop guidelines for RHCs to transform their activities from residential care to family strengthening and family-based care activities	System deinstitutionalization
Workforce		
21	Review qualifications/job profiles of all relevant cadres to ensure that all areas of alternative care are addressed, and establish training programs to build capacity of staff to work with children with disabilities, parenting skills, economic strengthening, and accessing social protection services	Prevention
Monitoring and Evaluation Systems		
22	Validate the reintegration forms that are being piloted and scale up the reintegration forms to all districts	Reunification & reintegration
Social Norms and Practices		
23	Review and implement the advocacy and communication strategy developed by the DSW, and conduct awareness-raising activities that reach actors involved in alternative care and the general public	Crosscutting
24	Mobilize funding for awareness-raising activities	Crosscutting
25	Conduct a survey of children in alternative care	System deinstitutionalization
Finance		
26	Conduct cost estimates for districts, regions, and the national level on alternative care	Crosscutting

	Recommendation	Area of Care
27	Develop guidance for district staff on budgeting procedures and determine a systematic way of including all areas of alternative care in the Medium Term Expenditure Framework (National Development Planning Commission, 2017)	Crosscutting
28	Advocate the allocation and release of government funding for alternative care, including for the government residential care homes and the DI process	Crosscutting
29	Improve mechanisms to track NGO financial contributions to alternative care	Crosscutting
30	Provide guidance to donors and the private sector to re-channel their money to family-based care and family strengthening activities	System deinstitutionalization

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APPENDIX A. WORKSHOP PARTICIPANT LIST

SI	Name	Designation	Organization
1	Daniel Nonah Gbeawu	Acting Director	DSW, Head Office
2	Phyllis Emefa Senyo	Regional Director	DSW, Accra
3	Christiana Addo	Home Manageress	Osu Children's Home
4	Henry Yappellah	DSW	Hohoe District
5	Fred Sakyi Boafo	Deputy Director, Child Rights Protection and Promotion	DSW, Head Office
6	Mary Addo-Mensah	Project Management Specialist	USAID
7	Naa Adzorkor Mohenu	Country Director	Bethany Christian Services
8	Patricia Kyermanteng	Regional Director	DSW, Ashanti
9	Dr. Frimpong Manso	Senior Lecturer	University of Ghana
10	Solomon Amoako	District Social Welfare Officer	DSW, Agona Swedru
11	Alexis Danikuu Dery	Technical Coordinator	USAID/DSW, Head Office
12	Monica Siaw	Program Head	DSW, Central
13	Kinsley Agogoo	Care Reform Initiative Focal Person	DSW, Amasaman, Accra
14	Emily Akotia	Adoption Desk Officer	DSW/CAA
15	Stella Agbezuhlor	Program Head	DSW, Volta
16	Esther Apraku Nyarko	District Head	DSW, Asokore Mampong, Ashanti
17	Georgina Mensah	Deputy Director (Standards, Monitoring & Evaluation)	DSW, Head Office
18	Mabel Boamah	Home Manageress	Kumasi Children's Home

19	Iddris Abdallah	Child Protection Specialist	UNICEF
20	Rita Adjei	Hospital Welfare Officer	DSW, Kumasi
21	Yvonne Norman	Assistant Director (CRI)	DSW, Head Office
22	Antoine Deliege	Child Protection Specialist	UNICEF
23	Kwaku Sarkodie	Managing Director	Village Of Hope
24	Stephen T. Adongo	Country Director	Kaeme Foundation
25	Afua Pomaa Gyan Baffour	Advisor on Adoption and Foster Care	MOGCSP
26	Dombo Tikai Stephen	Assistant Director of NGOs/Tutor	DSW/ School of Social Work
27	Jacqueline Bony	Social Protection Advisor	USAID
28	Genevieve Penn	Secretary	DSW
29	Justice Mawulorm	District Head	DSW, Eastern Region
30	Bashiru Adams	MEASURE Evaluation Consultant	MEASURE Evaluation, Palladium
31	Mari Hickmann	Senior M&E Advisor	MEASURE Evaluation, Palladium

APPENDIX B. DEFINITIONS OF KEY TERMS IN THE ASSESSMENT TOOL

Baby units: A service for mothers who are in crisis situations and at risk of placing their children in alternative care. In such a unit, a mother can live for a limited period with her child or children while social workers assist her in preparing for an independent life. In many cases, the mother learns parenting skills. In some cases, she is supported to finish her education and/or gain employment, and she is assisted in repairing her relationship with her family.

Best Interests Determination: A formal process, with strict procedural safeguards, designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision makers with relevant areas of expertise, and balance all relevant factors to identify and recommend the best option.

Care institutions: See "institutions."

Children born in custody: Children who are born to mothers who are in custody, such as a jail or prison.

Community development officers: Staff who often support vulnerable people in their communities, people who are vulnerable for a variety of reasons. In some countries, community development officers play a role in the prevention, reintegration, and reunification of children in alternative care.

Community homes: Small residential facilities providing for the temporary placement of groups of children without parental care, including children with a disability, who often cannot be placed in foster care or adopted.

Complaint mechanism: Telephone helplines, websites, and any other systems in schools, social welfare offices, law enforcement institutions, or communities through which children in alternative care can notify concerns about their treatment or conditions of placement, and report abuse, speak to a trained counsellor in confidence, and ask for support and advice. Such mechanisms should be well-publicized, easily accessible to children, and should guarantee the safety of children and confidentiality of reporting.

Data are regularly collected: Data that are collected from relevant stakeholders on a routine basis, such as monthly, quarterly, semi-annually, or annually. The frequency of data collection should ideally be set in national standards, but in the absence of its documentation, frequency may be observed informally, in practice.

Data quality assurance activities: Activities to check, verify, or validate the degree to which data correctly describe what is intended to be described. Activities may include data auditing or data "spot checks," which quickly check for inconsistencies in data or analysis. Other data quality assurance activities may be used, such as data cleaning (e.g., removing outliers, missing data interpolation) to remove anomalies in the data and improve data quality for safe information use.

Defined qualifications/profile (of staff): A standard document outlining the type of educational and/or professional experience that is required to obtain a given position.

Disability type: Goes beyond the question about whether a child is disabled (yes) or not (no) to categorize the way(s) in which a child is disabled (deaf, mute, blind, physically impaired, autistic, etc.).

Emergency transit center: A safe place where refugee children and their parents can be brought to prepare for resettlement in a new home, and often receive basic service, such as medical examinations and treatment, orientation workshops, and language courses geared to the countries where they will be resettling.

Explicit references: Language/content that is directly written in a document so that a person may obviously find the reference on looking at the document.

Family group conferencing: A modality by which family members and social workers get together to discuss the family situation, how it affects the child (children), and what is the best care solution for the child.

"Family-type" group homes: Similar to community homes, also called "small group homes." These are arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figure(s) as caregiver(s), but not in the caregiver's usual domestic environment.

Family reintegration: The process of a separated child making what is expected to be a permanent transition back to his or her family and community of origin, to receive protection and care, and to find a sense of belonging and purpose in all spheres of life.

Family reunification: The process of physically returning children in out-of-home care to their families and communities of origin. Following the reunification with the family, the process of reintegration occurs (see "family reintegration" definition).

Foster care: Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved, and supervised for providing such care.

Formal kinship care: Family-based care in the child's extended family or, in some jurisdictions, with close friends of the family known to the child (often referred to as fictive kin), which has been ordered by a competent administrative body or judicial authority.

Functioning coordination body: Group of stakeholders representing government and nongovernmental stakeholders from different sectors. A body is functional if it is meeting regularly (i.e., per the group's terms of reference).

Gatekeeping: A process of making decisions about care in the best interests of children who are at risk of losing, or are already without, adequate parental care. It is a systematic procedure to ensure that alternative care for children is used only when *necessary* and that the child receives the most *suitable* support to meet his/her individual needs.

Government-authorized agency/commission: A body that was given official permission by the government to make decisions for something to happen or to give permission to a third party to do something.

Information system: In many cases, this is referred to as an M&E system. It is a system for collecting, organizing, processing, and analyzing data to inform evidence-based decisions about policy or programs. The purpose of an information system is to turn raw data into useful information that can be used for decision making.

Informal kinship care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by the extended family or close friends of the family known to the child in their individual capacity, at the initiative of the child, his/her parents, or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Institutions/institutional care: An institution or facility that has the purpose of providing care and supervision for children on a 24-hour basis. In many cases, these are also referred to as "orphanages" or "residential care."

Knowledge, attitudes, and practices survey: A representative study of a specific population to collect information on what is known, believed, and done in relation to a particular topic. It helps reveal misconceptions and misunderstandings that influence people's behaviors around a given topic. In many cases, they are used to help identify common barriers related to people's behaviors toward a program, service, or change occurring.

Legal provisions: A statement in an agreement or a law that a particular thing must happen or be done .

Monitoring mechanism (to ensure good quality services): Mechanism to observe whether services/programs are being implemented according to national quality service standards; it acts as an accountability and learning mechanism to enhance the quality of care and/or support services.

National guidelines: A government document that describes a process or program. Guidelines are often used to determine a course of action and support the implementation of a program, activity, or idea.

National policy: A course of government action in response to public problems. A policy is usually put into practice through laws and regulations, strategies, national programs, and action plans.

Non-relative informal care: Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by people other than members of the extended family or close friends, in their individual capacity, at the initiative of the child, his/her parents, or another person, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Oversight mechanism: A body/agency/commission whose role is to supervise the implementation of policies and the observance of legal provisions. In some jurisdictions, it has the mandate to force regulators and service providers to demonstrate and justify the relevance of their regulation (potential and existing) or compliance with certain standards, respectively, and to offer them technical advice.

Para social worker: A supervised para professional staff person or volunteer, often community-based, who serves the needs of vulnerable people, including children and families, particularly where social welfare systems are underdeveloped or severely stretched.

Prospective adoptive parents: Adult(s) who have usually cared for a child for a designated period of time and are likely to legally adopt the child. Courts are often the agency responsible for identifying and determining whether parent(s) meet criteria to later adopt a child.

Quality assurance (of services): A systematic process of checking to see whether a service is meeting and maintaining a desired level of quality, as stipulated in official standards of practice or minimum quality standards.

Registration (of children and/or caregivers): Documentation of the name, contact, and other details of a person used for tracking people.

Regulatory framework: Government documented principles, rules, or laws to govern behaviors, programs, services, etc. Regulation of a given issue may be fully covered in one document or in multiple documents. A regulatory "framework" accounts for all relevant documents.

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 special schools: Schools providing education and residential care to children with disabilities and children with special education needs.

Respite services: Planned, short-term care of a child, usually based on foster or residential care, to give the child's family a break from caring for him/her.

Service delivery: A way in which services are delivered to intended beneficiaries. This includes knowledge of who is providing what type of services, and the knowledge that these services are being provided to intended beneficiaries. This does not account for whether the services provided are able to meet the needs of all people who require those services, but rather whether the services exist.

Social norms: Collective representations of acceptable group conduct and individual perceptions of particular group conduct that govern the behavior of members of a society or community.

Social service workforce: Describes a variety of workers—paid and unpaid, governmental and nongovernmental—who staff the social service system and contribute to the care of vulnerable populations.

Social welfare officers: Staff, often employed by the government, who manage and monitor social services. In some countries, this position requires a social work degree. Responsibilities of these officers vary across countries, but they may include child protection case management, and the provision of counselling and referral to access basic social services, among other responsibilities.

Specialized support (related to disability): Specific health, education, care, case management services, etc., adapted to the needs of children with disabilities.

Standard indicators to monitor: Metrics to regularly measure progress that have been written down and defined to ensure common understanding and use.

Standards of practice to promote quality: Documented benchmarks that describe details of how services/programs should be delivered to provide quality care and/or support.

Standardized process: In the tool it is used in reference to "children are assessed through standardized processes to determine when they are ready to transition out of care." In this context, this refers to the tools and documented procedures to assess children with the explicit purpose of making a determination on whether the child is ready to transition out of his/her current care situation.

Strategy: A government documented plan or course of action to achieve a medium or long-term goal. It generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. Strategies often support the practical implementation of a national policy.

Subnational: The government administrative level after the national or central level. In many countries, they are called provinces, regions, rayons, districts, and/or wards.

Semi- independent living: Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers. Such arrangements and support may be provided for individuals or small groups.

Temporary care centers: Institution for a temporary home, care, and protection of a child in difficulty until reintegration into the biological, extended, or adoptive family. Children should usually not stay longer than 12 months in a center.

Unaccompanied children: An up to 18-year-old child whose parents (or the only parent) has died, has been deprived of parental rights, has been declared incompetent to take care of the child, or avoids taking care of the child or protecting their rights and interests, or has been recognized as dead, missing, or unknown by procedures prescribed by the law.

Voluntary registration (of informal caregivers): Formalization of the informal care arrangement following a suitable lapse of time to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future. This formalization should be done with the consent of the child and parents concerned.

APPENDIX C. WORKSHOP GROUP COMPOSITION

Groups	Name of Participant	Designation	Organization
Group 1			
1	Daniel Nonah	Acting Director	DSW, Head Office
2	Phyllis Emefa Senyo	Regional Director	DSW, Accra
3	Christiana Ado	Home Manageress	Osu Children's Home
4	Rita Adjei	Hospital Welfare Officer	DSW, Kumasi
5	Henry Yappellah	DSW	Hohoe District
Group 2			
1	Fred Sakyi Boafo	Deputy Director, Child Rights Protection and Promotion	DSW, Head Office
2	Genevieve Penn	Secretary	DSW
3	Mary Addo-Mensah	Project Management Specialist	USAID
4	Naa Adzorkor Mohenu	Country Director	Bethany Christian Services
Group 3			
1	Yvonne Norman	Assistant Director (CRI)	DSW, Head Office
2	Patricia Kyermanteng	Regional Director	DSW, Ashanti
3	Dr. Frimpong Manso	Senior Lecturer	University of Ghana, Legon
4	Solomon Amoako	DSW Officer	Social Welfare, Agona Swedru District, Central Region
Group 4			
1	Alexis Danikuu Dery	Technical Coordinator	USAID/DSW, Head Office
2	Monica Siaw	Program Head	DSW, Central

Groups	Name of Participant	Designation	Organization
3	Dombo Tikai Stephen	Asst. Director of NGOs/Tutor	DSW/ School of Social Work
4	Kinsley Agogo	CRI Focal Person	DSW, Amasaman, Accra
5	Afua Pomaa Gyan Baffour	Advisor on Adoption and Foster Care	MOGCSP
Group 5			
1	Emily Akotia	Adoption Desk Officer	DSW/CAA
2	Antoine Deliege	Child Protection Specialist	UNICEF
3	Kwaku Sarkodie	Managing Director	Village Of Hope
4	Esther Apraku Nyarko	District Head	DSW, Asokore Mampong Ashanti
5	Stella Agbezuhlor	Program Head	DSW, Volta
Group 6			
1	Georgina Mensah	Deputy Director (Standards, Monitoring & Evaluation)	DSW, Head Office
2	Mabel Boamah	Home Manageress	Kumasi Children's Home
3	Iddris Abdallah	Child Protection Specialist	UNICEF
4	Stephen T. Adongo	Country Director	Kwaeme Foundation

APPENDIX D. TOOL FOR ASSESSING, ADDRESSING, AND MONITORING NATIONAL CARE REFORM, IN LINE WITH THE UNITED NATIONS GUIDELINES FOR CHILDREN IN ALTERNATIVE CARE

Introduction

Ensuring children grow up in protective family care, free from deprivation, exploitation, and danger, is a priority for many countries. Significant improvements have been made in government systems and policies related to the well-being and development of vulnerable children, with particular attention to preserving and facilitating children's access to appropriate, protective, and permanent family care. The United States Agency for International Development (USAID) Displaced Children and Orphans Fund (DCOF), along with several other stakeholders, invest in strengthening government systems to ensure family-based care for children around the world. MEASURE Evaluation, with support from USAID/DCOF, developed this tool to support countries as they assess, address, and monitor national care system reform.

This tool applies the United Nations (UN) Guidelines for the Alternative Care of Children.* The structure of the tool follows a framework that covers key areas of caring for children outside of family care: foster care, residential care, supervised independent living, kinship care, other forms of informal care, adoption, and family reunification and system deinstitutionalization. This tool also has questions related to preventing unnecessary child-family separation, which is a critical component of keeping children in family-based care. As shown in the graphic, the tool applies a system strengthening framework. We present system components that are commonly agreed upon to be critical to sustainably and effectively strengthening national systems.

Response Types

All statements in the tool have drop-down response options. There are two sets of different response options in the tool, and only one type of response option per statement. Participants must select from the drop-down list provided for each question. The two different response options are as follows:

Where possible responses can fall across a range, these are the options:

Response Option 1—select one response from a drop-down list of four options:

> 1) Completely: This statement is fully correct/true and there is no room for improvement.

2) Partly: This statement is somewhat correct/true and moderate improvements are needed.

3) Not at all: This statement is incorrect/untrue and there is substantial room for improvement.

4) Not applicable: This statement does not apply; development of this area is not part of the country's plans/strategy.

Where possible responses are clear-cut, these are the options:

Response Option 2—select one response from a drop-down list of three options:

1) Yes: This statement is fully correct/true and there is no room for improvement.

2) No: This statement is incorrect/untrue and moderate to substantial improvements are needed.

3) Not applicable: This statement does not apply; development of this area is not part of the country's plans/strategy.

PREVENTION OF UNNECESSARY FAMILY SEPARATION

Leadership & Governance

1. Legal provisions exist to strengthen families or ensure support for families in meeting their responsibilities towards their child and to prevent children from entering alternative care unnecessarily.
2. National policy or strategy exists that addresses provisions to strengthen and support families as a means to prevent unnecessary child-family separation.
   2.1. Policy or strategy is current (includes the current year).
   2.2. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy.
   2.3. There are subnational policies/strategies that align with the national policy/strategy.

3a. National policy/strategy that includes provisions to strengthen/support families explicitly references the following service areas as a means to prevent unnecessary child-family separation:

3a.1. Improving parenting skills

3a.2. Early child development and care

3a.3. Economic strengthening (e.g., access to savings and loans, cash transfers, skills training, or support for income-generating activities)

3a.4. Access to education services (e.g., provision of school supplies or school fees/vouchers)

3a.5. Access to health services (e.g., community-based health services or health vouchers/insurance)

3a.6. Support and care services for single and adolescent parents and their children

3a.7. Psychosocial support

3a.8.	Dealing with alcohol/substance abuse

3a.9.	Respite services

3a.10.	Increasing capacities of parents with disabilities

3a.11.	Specialized services (e.g., health, education, or case management) to support children with disabilities to live with families in the community

3a.12.	Services for dealing with children born in custody

3a.13.	Other? Specify:

3b. The following service areas are being provided:

3b.1.	Improving parenting skills

3b.2.	Early child development and care

3b.3.	Economic strengthening (e.g., access to savings and loans, cash transfers, skills training, or support for income-generating activities)

3b.4.	Access to education services (e.g., provision of school supplies or school fees/vouchers)

3b.5.	Access to health services (e.g., community-based health services or health vouchers/insurance)

3b.6.	Support and care services for single and adolescent parents and their children

3b.7.	Psychosocial support

3b.8.	Dealing with alcohol/substance abuse

3b.9.	Respite services

3b.10.	Increasing capacities of parents with disabilities

3b.11.	Specialized services (e.g., health, education, or case management) to support children with disabilities to live with families in the community

3b.12.	Services for dealing with children born in custody

3b.13.	Other? Specify:

Service Delivery

4.	Standards of practice to promote quality of family strengthening/support services exist.
    4.1.	The standards of practice are being used to guide service delivery provided by government actors.
    4.2.	The standards of practice are being used to guide service delivery provided by nongovernmental actors.
5.	A monitoring mechanism to ensure good-quality delivery of family strengthening/support services exists:

5.1.   Quality assurance of delivery of family strengthening/support services occurs regularly (per national standards, if applicable).

5.2.   National guidelines clearly state what happens when family strengthening/support service providers do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

6. Standard indicators to monitor provisions for prevention of unnecessary child-family separation exist.

7. Data are regularly collected (e.g., annually or quarterly) to monitor family strengthening/support services/programs.

    7.1.   This includes data both from governmental and nongovernmental actors.

8. It is possible to disaggregate data related to family strengthening/support services/programs by:

    8.1.   Locality (urban/rural)

    8.2.   Ethnicity (as appropriate)

    8.3.   Sex of child

    8.4.   Age of child

    8.5.   Disability type

    8.6.   Other? Specify:

9. Data quality assurance activities for data related to family strengthening services/programs are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

10. Financial resources required for services to strengthen/support families as a means to prevent unnecessary child-family separation have been estimated.

11. Costs for activities to strengthen/support families as a means to prevent children from entering alternative care unnecessarily are included as a government budget line item in the:

    11.1. National/central government budget

    11.2. Subnational/local government budget

12. Funding to support activities to strengthen/support families as a means to prevent children from entering alternative care unnecessarily was allocated per the government budget(s).

ALTERNATIVE CARE: CROSSCUTTING

Leadership & Governance

1. A regulatory framework for a standard process for referrals/admission of a child to an alternative care setting exists.

2. There is a government-authorized agency/commission at the national level responsible for referring or deciding admission of a child to formal alternative care.

3. There is a government-authorized agency/commission at subnational levels responsible for referring or deciding admission of a child to formal alternative care.

4. There is a functioning national coordination body that provides multisectoral oversight to ensure compliance with alternative care policies.

5a. National policies/strategies relevant to alternative care include the following provisions:

5a.1. A child is removed from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration.

5a.2. Poverty is never the only justification for the removal of a child from parental care.

5a.3. Each child without parental care is provided a legal guardian or other recognized responsible adult or competent public body.

5a.4. The removal of a child against the will of his or her parents is always made by an authorized administrative body or judicial authority.

5a. 5. Parents and carers participate in matters affecting the care of their children, including in administrative and judicial proceedings.

5a.6. Extended family participate in placement decisions for a child, when appropriate (e.g., "family group conferencing").

5a.7. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings.

5a.8. A standard complaint mechanism exists for children in formal care.

5a.9. Children in alternative care are enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

5a.10. Alternative care placements are as close as possible to the child's place of residence.

5a.11. Siblings are placed together, unless it is contrary to their best interests.

5a.12. Contact is maintained between the child and family while the child is in alternative care, whenever possible.

5a.13. Children are assessed through standardized processes, to determine when they are ready to leave care.

5a.14. Children under 3 years old are placed in a family-based setting, unless specific circumstances apply.

5a.15. Children with disabilities who are in alternative care are receiving specialized support.

5a.16. Children in alternative care whose caregivers are disabled are receiving specialized support.

5a.17. Children in emergency/special circumstances are being placed in temporary care.

5b. The following areas of alternative care policy are occurring in service delivery:

5b.1.   A child is removed from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration.

5b.2.   Poverty is never the only justification for the removal of a child from parental care.

5b.3.   Each child without parental care is provided a legal guardian or other recognized responsible adult or competent public body.

5b.4.   The removal of a child against the will of his or her parents is always made by an authorized administrative body or judicial authority.

5b. 5.   Parents and carers participate in matters affecting the care of their children, including in administrative and judicial proceedings.

5b.6.   Extended family participate in placement decisions for a child, when appropriate (e.g., "family group conferencing").

5b.7.   Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings.

5b.8.   A standard complaint mechanism exists for children in formal care.

5b.9.   Children in alternative care are enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

5b.10.   Alternative care placements are as close as possible to the child's place of residence.

5b.11.   Siblings are placed together, unless it is contrary to their best interests.

5b.12.   Contact is maintained between the child and family while the child is in alternative care, whenever possible.

5b.13.   Children are assessed through standardized processes, to determine when they are ready to leave care.

5b.14.   Children under 3 years old are placed in a family-based setting, unless specific circumstances apply.

5b.15.   Children with disabilities who are in alternative care are receiving specialized support.

5b.16.   Children in alternative care whose caregivers are disabled are receiving specialized support.

5b.17.   Children in emergency/special circumstances are being placed in temporary care.

Service Delivery

6. Mandatory procedures for the assessment, planning, and reviewing of children's alternative care placements (e.g., case management guidelines) exist.

   6.1.   Relevant governmental and nongovernmental actors have been oriented or trained on these procedures.

7. These procedures specify each of the following:
   7.1. Procedures to conduct an assessment of the circumstances affecting the child that takes into account the child's immediate safety and well-being, as well as his or her longer-term care and development
   7.2. Procedures for stating the specific goals and measures to achieve them in each plan for a child's alternative care (e.g., care plan)
   7.3. Procedures to inform each child and his or her parents or legal guardians about the alternative care options available, the implications of each option, and the child's rights and obligations in the matter
   7.4. Procedures for how guardians and potential caregivers (i.e., foster caregivers) should participate in the preparation, enforcement, and evaluation of protective measures that will be carried out for a child
   7.5. A policy stating that care plans for children in alternative care should be reviewed regularly (at a mandatory interval) to consider placement in permanent family care (e.g., return to family, kinship care, adoption, or long-term foster care)
   7.6. Procedures for closure of an alternative care case
   7.7. Procedures for specialized case management support for children with disabilities
   7.8. Procedures for specialized case management support for children with special needs who leave care
   7.9. Procedures for the child's case file to follow the child throughout the alternative care period
   7.10. Procedures to document or register and trace unaccompanied or separated children in emergency situations
8. All service providers of formal alternative care are registered and authorized to operate by a competent authority.
   8.1. Authorization of service providers is regularly reviewed by the competent authorities on the basis of standard criteria specified in the law and/or standards.

Workforce

9. The following staff employed in areas related to alternative care have defined qualifications/profiles relevant to their roles and responsibilities:
   9.1. Government social workers
   9.2. Nongovernmental social workers
   9.3. Child protection specialists
   9.4. Healthcare workers
   9.5. Therapists
   9.6. Educators
   9.7. Foster carers
   9.8. Youth care professionals
   9.9. Social welfare officers
   9.10. Community development officers
   9.11. Institutional care providers
   9.12. Others? Specify:

10a. Standard caseload thresholds (i.e., number of children in care per worker) exist for the following cadres:

- 10a.1. Social workers
- 10a.2. Child protection specialists
- 10a.3. Healthcare workers
- 10a.4. Therapists
- 10a.5. Educators
- 10a.6. Foster carers
- 10a.7. Youth care professionals
- 10a.8. Social welfare officers
- 10a.9. Community development officers
- 10a.10. Institutional care providers
- 10a.11. Other? Specify:

10b. The current workforce meets the standard caseload thresholds for the following cadres:

- 10b.1. Social workers
- 10b.2. Child protection specialists
- 10b.3. Healthcare workers
- 10b.4. Therapists
- 10b.5. Educators
- 10b.6. Foster carers
- 10b.7. Youth care professionals
- 10b.8. Social welfare officers
- 10b.9. Community development officers
- 10b.10 Institutional care providers
- 10b.11. Other? Specify:

11. Roles and responsibilities related to the following areas of alternative care are included in the workforce schemes of service/job descriptions for the appropriate staff (see list in Questions #9–10).
- 11.1. Prevention of unnecessary family separation
- 11.2. Foster care
- 11.3. Residential care
- 11.4. Supervised independent living

11.5. Formal kinship care

11.6. Informal kinship care

11.7. Non-relative informal care

11.8. Adoption

11.9. Family reunification

11.10. System deinstitutionalization

12. Training and other capacity building opportunities to improve skills related to alternative care are provided regularly to the following cadres:

12.1. Social workers

12.2. Child protection specialists

12.3. Healthcare workers

12.4. Therapists

12.5. Educators

12.6. Foster carers

12.7. Youth care professionals

12.8. Social welfare officers

12.9. Community development officers

12.10. Institutional care providers

12.11. Other? Specify:

Monitoring and Evaluation (M&E) and Information Systems

13. There are data at national and subnational levels that describe the reasons children are placed in alternative care.

14. There are data at the national and subnational levels on the number of children who are unaccompanied or separated in emergency situations.

15. Multisectoral forums (e.g., body or commission) exist where data on alternative care are regularly shared and reviewed.

15.1. At the national level

15.2. At subnational levels

FOSTER CARE

Leadership & Governance

1. Legal provisions for foster care exist.

2. National policy or strategy that addresses provisions for foster care services exists.

2.1. Policy or strategy is current (includes the current year).

2.2. National policy/strategy includes a systematic process to determine the best interest of the child (e.g., gatekeeping) for foster care determinations.

2.3. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy.

2.4.   There are subnational policies/strategies that align with the national policy/strategy.

3. There is a national regulatory framework to authorize/register foster carers.

4. There is an official state body (or bodies) responsible for ensuring all providers of foster care comply with national standards through inspections.

Service Delivery

5. National policy/strategy that includes foster care explicitly references provision of special preparation, support, and/or counselling services for foster carers available before, during, and after the placement.
    5.1.   Preparation, support, and/or counselling services for foster carers are being provided before, during, and after placement.

6. Standards of practice to promote the quality of foster care services exist.
    6.1.   The standards of practice are being used to guide service delivery provided by government actors.
    6.2.   The standards of practice are being used to guide service delivery provided by nongovernmental actors.

7. A monitoring mechanism to ensure good-quality foster care services exists.
    7.1.   Quality assurance of foster care services is conducted regularly (per national standards, if applicable).
    7.2.   National guidelines clearly state what happens when foster carers do not meet the minimum standards.

8. Foster care placement options are available for referrals by authorities responsible for placing children.

Monitoring and Evaluation (M&E) and Information Systems

9. Standardized indicators to monitor provisions for foster care exist.

10. Data are regularly collected (annually, quarterly, etc.) to monitor foster care services/programs.
    10.1.   This includes data both from governmental and nongovernmental actors.

11. It is possible to disaggregate foster care data by:
    11.1.   Length of stay in foster care
    11.2.   Locality (urban/rural)
    11.3.   Ethnicity (as appropriate)
    11.4.   Sex of child
    11.5.   Age of child
    11.6.   Disability type
    11.7.   Other? Specify:

12. Data quality assurance activities for data related to foster care are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

13. Financial resources for foster care services have been estimated.

14. Costs for foster care are a government budget line item in the:

14.1.   National/central government budget
14.2.   Subnational/local government budget

Funding to support provisions for foster care was allocated per the government budget(s).

RESIDENTIAL CARE

Leadership & Governance

1. Legal provisions for residential care exist.
2. National policy or strategy that addresses provisions for residential type placement exists.
    2.1.   Policy or strategy is current (includes the current year).
    2.2.   Policy/strategy includes provisions for public residential care facilities.
    2.3.   Policy/strategy includes provisions for private residential care facilities.
    2.4.   Policy/strategy includes provisions for determining whether or not a child should be placed in residential care (gatekeeping mechanism).
    2.5.   Policy/strategy explicitly prohibits the placement of children 0–3 years old in residential care (except in exceptional circumstances).
    2.6.   Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.7.   There are subnational policies/strategies that align with the national policy/strategy.
3. There is a national regulatory framework to ensure authorization/registration of residential care facilities.
4. There is an official state body (or bodies) responsible for ensuring all residential care facilities comply with national standards for residential care, through inspections.

5a. The national policy/strategy that includes residential care explicitly references provision of the following residential care facilities:

    5a.1.   Mother and baby units

    5a.2.   Temporary placement centers

    5a.3.   Community homes

    5a.4.   "Family-type" group homes

    5a.5.   Emergency transit centers

    5a.6.   Boarding schools/internats acting as residential care facilities

    5a.7.   Residential special schools

    5a.8.   Specialized care facilities providing rehabilitation services

    5a.9.   Other (please specify):

5b. The following residential care facilities exist:

    5b.1.   Mother and baby units

5b.2.   Temporary placement centers

5b.3.   Community homes

5b.4.   "Family-type" group homes

5b.5.   Emergency transit centers

5b.6.   Boarding schools/internats acting as residential care facilities

5b.7.   Residential special schools

5b.8.   Specialized care facilities providing rehabilitation services

5b.9.   Other (please specify):

Service Delivery

6. Services provided in residential care facilities meet the needs of children with disabilities and other special needs.
7. Standards of practice to promote quality residential care services for children exist.
    7.1. The standards of practice outline complaint mechanisms for children in residential care to safely report abuse and exploitation.
    7.2. The standards of practice are being used to guide public residential care facilities.
    7.3. The standards of practice are being used to guide private residential care facilities.
8. A monitoring mechanism to ensure good-quality residential care exists.
    8.1. Quality assurance of residential care services is conducted regularly (per national standards, if applicable).
    8.2. National guidelines clearly state what happens when residential care facilities do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

9. Standard indicators to monitor provisions for residential care facilities exist.
10. Data are regularly collected (annually, quarterly, etc.) to monitor residential care.
    10.1. These include data both from governmental and nongovernmental actors.
11. It is possible to disaggregate data related to residential care by:
    11.1. Type of care facility (e.g., public, private, temporary placement centre, group homes)
    11.2. Reasons that led to the placement of children in residential care institutions (e.g., poverty or lack of family-type services) as documented by the decisions of the gatekeeping mechanisms
    11.3. Length of stay in residential care
    11.4. Locality (urban/rural)
    11.5. Ethnicity (as appropriate)
    11.6. Sex of child
    11.7. Age of child
    11.8. Disability type

11.9.   Other? Specify:
12. Data quality assurance activities for data related to residential care are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

13. Financial resources for residential care services are estimated.
14. Costs for residential care are included as a government budget line item in the:
    14.1.   National/central government budget
    14.2.   Subnational/local government budget
15. Funding to support the functioning of residential care facilities was allocated per the government budget(s).

SUPERVISED INDEPENDENT LIVING ARRANGEMENTS

Leadership & Governance

1. Legal provisions for supervised independent living exist.
2. National policy or strategy that addresses provisions for supervised independent living arrangements exists.
    2.1.   Policy or strategy is current (includes the current year).
    2.2.   Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.3.   There are subnational policies/strategies that align with the national policy/strategy.
3. There is an official state body (or bodies) responsible for ensuring all supervised independent living arrangements comply with national standards, through inspections.

Service Delivery

4. National policy/strategy that includes supervised independent living explicitly references provision for special preparation, support, and/or counselling services for children/youth before, during, and after supervised independent living placements.
    4.1.   Preparation, support, and/or counselling services for children/youth are being provided before, during, and after placement in supervised independent living.
5. Standards of practice related to supervised independent living arrangements exist.
    5.1.   The standards of practice/guidelines are being used to guide service delivery provided by government actors.
    5.2.   The standards of practice are being used to guide service delivery provided by nongovernmental actors.
6. A monitoring mechanism exists to ensure good quality of supervised independent living services.
    6.1.   Quality assurance of supervised independent living services is conducted regularly (per national standards, if applicable).

6.2.   National guidelines clearly state what happens when supervised independent living arrangements do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

7. Standardized indicators to monitor provisions for supervised independent living exist.
8. Data are regularly collected (annually, quarterly, etc.) to monitor supervised independent living services/programs.
    8.1.   These include data both from governmental and nongovernmental actors.
9. It is possible to disaggregate data related to supervised independent living by:
    9.1.   Locality (urban/rural)
    9.2.   Ethnicity (as appropriate)
    9.3.   Sex of child
    9.4.   Age of child
    9.5.   Disability type
    9.6.   Other? Specify:
10. Data quality assurance activities for data related to supervised independent living are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

11. Financial resources for supervised independent living arrangements are estimated.
12. Costs for supervised independent living arrangements are included as a budget line item in the:
    12.1. National/central government budget
    12.2. Subnational/local government budget
13. Funding to support supervised independent living was allocated per the government budget(s).

KINSHIP CARE

Leadership & Governance

1. Legal provisions for kinship care exist.
2. National policy or strategy that addresses provisions for kinship care exists.
    2.1.   Policy or strategy is current (includes the current year).
    2.2.   Policy or strategy describes provisions both for formal and informal kinship care.
    2.3.   The role of informal kinship carers and their de facto responsibility for the child are recognized in the policy/strategy.
    2.4.   Policy/strategy explicitly references special preparation, support, and/or counselling services for kinship carers before, during, and after the placement.
    2.5.   Relevant governmental and nongovernmental actors involved in kinship care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.

2.6.	There are subnational polices/strategies that align with the national policy/strategy.
3.	National policy/strategy that includes provisions for kinship care comprises the following:
   3.1.	Systematic process to determine the best interest of the child (e.g., gatekeeping) for placement in formal kinship care
   3.2.	Description of the role of government to provide support and/or oversight of informal kinship care arrangements
4.	A system of registration of kinship carers exists.
   4.1.	Authorization/registration of kinship carers is regulated in the law.
   4.2.	Authorities encourage informal kinship carers to notify of their informal care arrangement (e.g., by raising awareness on the financial support and services available for the child's welfare and protection).
   4.3.	Authorities encourage voluntary registration of informal kinship carers (by providing assistance for preparing the documents, explaining the benefits of formalizing the care arrangement, etc.).

Service Delivery

5.	Special preparation, support, and/or counselling services are available to formal kinship carers before, during, and after the placement.
6.	Informal kinship caregivers are ensured access to available services and benefits, to help them discharge their duty to care for and protect the child.
   6.1.	Informal kinship care arrangements are assessed, as a basis for providing support and/or oversight.
7.	Standards of practice to promote good-quality kinship care exist.
8.	A monitoring mechanism to ensure good-quality kinship care placements exists.
   8.1.	Quality assurance of kinship care placements is conducted regularly (per national standards, if applicable).
   8.2.	National legislation and/or guidelines clearly state what happens when kinship carers do not meet the minimum standards.
9.	Oversight mechanisms for informal kinship care exist.

Monitoring and Evaluation (M&E) and Information Systems

10.	There is a system to document/register and trace children in kinship care.
11.	Standard indicators to monitor kinship care provisions exist.
12.	Data are regularly collected (annually, quarterly, etc.) to monitor kinship care.
   12.1.	These include data both from governmental and nongovernmental actors.
13.	It is possible to disaggregate data on kinship care services by:
   13.1.	Length of stay in formal kinship care
   13.2.	Locality (urban/rural)
   13.3.	Care arrangement (formal kinship care placement/informal kinship care)
   13.4.	Ethnicity (as appropriate)
   13.5.	Sex of child

13.6. Age of child

13.7. Disability type

13.8. Other? Specify:

14. Data quality assurance activities are conducted regularly for data related to kinship care (at least 1 time per year or according to applicable national guidelines).

Financing

15. Financial resources for kinship care have been estimated.

16. Costs for kinship care are included as a government budget line item in the:

16.1. National/central government budget

16.2. Subnational/local government budget

17. Funding to support kinship care was allocated per the government budgets.

OTHER FORMS OF CARE: NONRELATIVE INFORMAL CARE

Leadership & Governance

1. Legal provisions for nonrelative informal care exist.

2. National policy or strategy that addresses provisions for nonrelative informal care exist.

2.1. Policy or strategy is current (includes the current year).

2.2. The role of nonrelative informal carers and their de facto responsibility for the child are recognized in national policy/strategy.

2.3. Policy/strategy references services and benefits for nonrelative informal carers.

2.4. Relevant governmental and nongovernmental actors involved in nonrelative informal care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.

2.5. There are subnational policies/strategies that align with the national policy/strategy.

3. The role of government to provide support and/or oversight of nonrelative informal care arrangements is described in the national policy/strategy.

4. A system of registration of nonrelative informal carers exists.

4.1. Authorities encourage nonrelative informal carers to notify them of their informal care arrangement (e.g., by raising awareness on the financial support and services available for the child's welfare and protection).

4.2. Authorities encourage voluntary registration of nonrelative informal caregivers (by providing assistance for preparing the documents, explaining the benefits of formalizing the care arrangement, etc.).

Service Delivery

5. Nonrelative informal caregivers are ensured access to available services and benefits to help them discharge their duty to care for and protect the child.

5.1.   Nonrelative informal care arrangements are assessed as a basis for providing support and/or oversight.
6. Oversight mechanisms of nonrelative informal care exist.
    6.1.   The government devised special measures to protect children in nonrelative informal care from abuse, neglect, child labor, and all forms of exploitation.

Monitoring and Evaluation (M&E) and Information Systems

7. A system to document/register and trace children in nonrelative informal care exists.
8. Standard indicators to monitor nonrelative informal care exist.
9. Data are regularly collected (annually, quarterly, etc.) to monitor nonrelative informal care.
    9.1.   These include data both from governmental and nongovernmental actors.
10. It is possible to disaggregate data on nonrelative informal care services by:
    10.1.   Length of stay in care
    10.2.   Locality (urban/rural)
    10.3.   Ethnicity (as appropriate)
    10.4.   Sex of child
    10.5.   Age of child
    10.6.   Disability type
    10.7.   Other? Specify:

Financing

11. Financial resources for nonrelative informal care have been estimated.
12. Costs for nonrelative informal care are included as a government budget line item in the:
    12.1.   National/central government budget
    12.2.   Subnational/local government budget
13. Funding to support nonrelative informal care was allocated per the government budget(s).

ADOPTION

Leadership & Governance

1. The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption has been ratified by your country.
2. Legislation on intercountry adoption has been implemented to comply with the Hague Convention.
3. National policy or strategy that addresses provisions for adoption exists.
    3.1.   Policy or strategy is current (includes the current year).
    3.2.   Policy/strategy includes provisions both for domestic and intercountry adoption.
    3.3.   Policy/strategy includes a systematic process for determining the best interest of the child (e.g., gatekeeping) for adoption.

3.4.   Policy/strategy includes a process/criteria for determining adoption that requires either verification that the child is an orphan or consent of birth parents or caregivers.

3.5.   Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.

3.6.   There are subnational policies/strategies that align with the national policy/strategy.

4. There is a designated body/agency in charge of adoption determinations.
    4.1.   Ensures domestic adoption complies with national standards
    4.2.   Ensures intercountry adoption complies with national standards
    4.3.   The body/agency has an established mechanism for cooperation with authorities in countries receiving intercountry adoption.

5. Criteria for accrediting or authorizing agencies involved in adoption placements exist.
    5.1.   Related to domestic adoption agencies
    5.2.   Related to intercountry adoption agencies

6. There is a national regulatory framework to ensure authorization/registration of prospective adoptive parents (PAPs).
    6.1.   Related to domestic adoption agencies
    6.2.   Related to intercountry adoption agencies

7. Limits are imposed on fees, costs, contributions, and donations required or solicited by state and non-state actors, institutions, and individuals for intercountry adoption services.

Service Delivery

8. National policy/strategy that includes adoption explicitly references special preparation, support, and/or counselling services for PAPs before, during, and after the placement.
    8.1.   Preparation, support, and/or counselling services for PAPs are being provided before, during, and after placement.

9. There is a national regulatory framework to ensure a clear and documented process for determining a child is eligible for adoption.

10. There is a national regulatory framework to ensure a clear and documented process for obtaining voluntary and appropriate consent of birth parents for adoption.

11. Standards of practice to promote quality adoption placements exist.
    11.1.   The standards of practice are being used to guide service delivery provided by government actors.
    11.2.   The standards of practice are being used to guide service delivery provided by nongovernmental actors.

12. Post-adoption monitoring mechanisms exist.
    12.1.   For domestic adoption
    12.2.   For intercountry adoption

13. Adoption placements occurring in the last 12 months are authorized/registered.

Monitoring and Evaluation (M&E) and Information Systems

14. Standardized indicators to monitor provisions for domestic and intercountry adoption exist.
15. Data are regularly collected (annually, quarterly, etc.) to monitor adoption.
    15.1.   These include data both from governmental and nongovernmental actors.
16. It is possible to disaggregate data on adoption by:
    16.1.   Domestic vs. intercountry adoption
    16.2.   Geographic placement of child
    16.3.   Sex of child
    16.4.   Ethnicity (if appropriate)
    16.5.   Age of child
    16.6.   Disability type
    16.7.   Other? Specify:
17. Data quality assurance activities for data related to adoption are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

18. Financial resources for adoption are estimated.
19. Costs of adoption services are included as a budget line item in the:
    19.1.   National/central government budget
    19.2.   Subnational/local government budget
20. Funding to support adoption placements was allocated per the government budget(s).

FAMILY REUNIFICATION AND REINTEGRATION

Leadership & Governance

1. Legal provisions for family reunification exist.
2. National policy or strategy that addresses provisions for child-family reunification and reintegration exists.
    2.1.   Policy or strategy is current (includes the current year).
    2.2.   Relevant governmental and nongovernmental actors (civil society organizations, private sector, etc.) involved in reunification have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.3.   There are subnational policies/strategies that align with the national policy/strategy.
3. National policy/strategy that includes provisions for child-family reunification includes the following:
    3.1.   Systematic process to determine the best interest of the child (e.g., gatekeeping) for family reunification determinations
    3.2.   A process for involving children in reunification decisions (e.g., timing or placement)
    3.3.   Guidelines for completing a transition plan that includes preparing families and children for reunification

3.4.   Process for addressing children aging out of care

Service Delivery

4. National policy/strategy that includes family reunification explicitly references services for families prior to/post reunification (psychosocial, financial, etc.).
    4.1.   Services for families prior to/post reunification are being provided.
5. Standards of practice to promote quality reintegration and reunification exist.
    5.1.   The standards of practice are being used to guide service delivery provided by government actors.
    5.2.   The standards of practice are being used to guide service delivery provided by nongovernmental actors.
6. A monitoring mechanism to ensure quality delivery of family reintegration services exists.
    6.1.   Quality assurance of delivery of reintegration services occurs regularly (per national standards, if applicable).
    6.2.   What happens when families do not meet the minimum standards is clearly stated in national guidelines.

Monitoring and Evaluation (M&E) and Information Systems

7. Standard indicators to monitor provisions for child-family reunification and reintegration exist.
8. Data are regularly collected (annually, quarterly, etc.) to monitor family reunification services/programs.
    8.1.   These include data both from governmental and nongovernmental actors.
9. Data to routinely track the number of children from pre-reunification to post-reunification exist.
10. It is possible to disaggregate family reunification and reintegration data by:
    10.1.   Length of stay in family
    10.2.   Locality (urban/rural)
    10.3.   Pre-reunification type of care (foster care, residential care, kinship care, etc.)Ethnicity (as appropriate)
    10.4.   Ethnicity (as appropriate)
    10.5.   Sex of child
    10.6.   Age of child
    10.7.   Disability type
    10.8.   Other? Specify:
11. Data quality assurance activities for data related to child-family reunification and reintegration are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

12. Financial resources for child-family reunification and reintegration services have been estimated.
13. Costs for child-family reunification and reintegration are included as a government budget line item in the:
    13.1.   National/central government budget

13.2.   Subnational/local government budget

14. Funding to provide support for reunification and reintegration was allocated per the government budget(s).

DEINSTITUTIONALIZATION OF THE SYSTEM

Leadership & Governance

1. There are legal provisions to shift away from residential care toward family-based care.
2. There are legal provisions that prevent new, large-scale residential institutions from being set up.
3. National policy or strategy that addresses deinstitutionalization of the formal care system exists.
   3.1.   Policy or strategy is current (includes the current year).
   3.2.   Policy/strategy takes into account the needs of children with disabilities and other special needs.
   3.3.   Policy/strategy gives priority to the deinstitutionalization of children 0–3 years old.
   3.4.   Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
4. There is an official state body responsible for overseeing the system deinstitutionalization process.
   4.1.   This body is multisectoral, including all relevant government agencies in its membership.
5. Guidelines on how to appropriately close or transform residential care facilities exist.
   5.1.   Residential care facility staff are oriented/trained on these guidelines.
   5.2.   Mechanisms exist to monitor the closure/transformation of residential care facilities (timelines for closure/transformation, reports, site monitoring, etc.).

Monitoring and Evaluation (M&E) and Information Systems

6. There are indicators to measure progress on system deinstitutionalization.
7. Data are regularly collected (annually, quarterly, etc.) to monitor system deinstitutionalization processes.

Social Norms & Practices

8. A knowledge, attitudes, and practice survey (or equivalent) that covers norms and behaviors related to alternative care is conducted periodically (per national standards).
9. Activities (awareness campaigns, trainings, etc.) aimed at changing negative social norms related to child institutionalization (e.g., prioritizing residential care instead of family-based care) are conducted regularly.
   9.1.   These activities target the general public
   9.2.   These activities target national and subnational government staff.
   9.3.   These activities target frontline staff involved in caring for children.
10. An advocacy and communication strategy on positive norms related to alternative care exists.

Workforce

11. Retraining and redeployment opportunities are provided (where possible) to carers and other staff employed in large-scale residential institutions.

Financing

12. There is an estimate of the costs required to transition to a system that prioritizes family-based care.
13. Costs for transitioning to a system that prioritizes family-based care are included as a government budget line item in the:
    13.1.   National/central government budget
    13.2.   Subnational/local government budget
14. Funding to support activities to transition to a system that prioritizes family-based care was allocated per the government budget(s).
15. A plan/strategy to redirect savings from institutional closures to community-based services to support children in families exists.
16. Funds saved through the closure of an institution are used for developing other prevention and/or other alternative care services.