

**International
Institute of
Social Studies**

Erasmus

Family Reunification in Ghana and the Best Interests of the Child:

Perspectives of Social Workers

A Research Paper presented by:

Patience Atanga

(Ghana)

in partial fulfilment of the requirements for obtaining the degree of
MASTER OF ARTS IN DEVELOPMENT STUDIES

Major:

**Social Policy for Development
(SPD)**

Members of the Examining Committee:

Karin Arts

Roy Huijsmans

The Hague, The Netherlands
December 2023

Disclaimer:

This document represents part of the author's study programme while at the International Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

Inquiries:

International Institute of Social Studies
P.O. Box 29776
2502 LT The Hague
The Netherlands

t: +31 70 426 0460
e: info@iss.nl
w: www.iss.nl
fb: <http://www.facebook.com/iss.nl>
twitter: [@issnl](https://twitter.com/issnl)

Location:

Kortenaerkade 12
2518 AX The Hague
The Netherlands

Acknowledgements

I began this study several months ago motivated by my profession as a social worker and a schedule officer responsible for facilitating the admission of children living in vulnerable conditions to Residential Homes for Children (RHC), and their subsequent reunification with families. Along the line, I encountered several challenges trying to narrow down my idea for this study to fit the expectation of the International Institute of Social Studies (ISS) Master of Arts in Development Studies (MADS) program. By the grace of Almighty God and the Holy Spirit, I remained determined and committed to finalize this study. My supervisors, Professor Karin Arts and Associate Professor Roy Huijsmans have been very instrumental right from the proposal to the final draft of this study, offering their unwavering comments, support, and cooperation in making this research a reality.

I acknowledge my three children Nnaba, Maala and Nnamya who have been sources of my strength for this program. The emotional support from my mother, father (who passed on during this program), and my entire family throughout this journey cannot be undervalued.

Contents	
Acknowledgements	iii
List of Acronyms	vii
Definitions and Terminology	viii
Abstract	ix
Relevance to Development Studies	ix
Keywords	ix
CHAPTER ONE Introduction	1
1.1 General Introduction	1
1.2 Familial Care and the Origin of Residential Homes in Ghana: A Brief Historical Background	2
1.3 Advantages and Disadvantages of Residential Care	2
1.4 The Inception of Care Reform Initiative (CRI) in Ghana	3
1.5 The Research Problem Statement	4
1.6 Justification and Relevance of the Research	5
1.7 Research Objectives and Questions	7
Main Research Question	7
Sub-Research Questions	7
1.8 Chapter Outline	7
CHAPTER TWO Research Methodology and Methods	8
2.1 Introduction	8
2.2 Study Approach	8
2.3 Study Site and Population: Social Workers in Accra	8
2.4 The Research Participants	11
2.5 Sampling Technique, Sample and Characteristics of Research Participants	12
2.6 Data Collection Method, Data Processing, Handling, and Analysis	14
2.7 Positionality and Reflexivity	14
2.8 Strengths and Limitations	15
2.9 Ethical Considerations	16
2.10 Conclusion	16
CHAPTER THREE Conceptual and Theoretical Frameworks	18
3.1 Introduction	18
3.2 Theorizing the Best Interests of the Child	18
3.3 Theorizing the Street-Level Bureaucrats (SLBs)	21
3.4 Conclusion	22
CHAPTER FOUR Social Workers and their Context	23
4.1 Introduction	23
4.2 Responsibilities of Department of Social Welfare and Community Development (SW&CD)	24

4.3 Responsibilities of Residential Homes for Children (RCHs)	25
4.4 The Caseload of Social Workers in Ghana	25
4.5 Responses to Children in Vulnerable Conditions and Process of admission into RHCs	26
4.6 Process of Reunification	27
4.7 Important Social Intervention Programmes in Ghana	27
4.8 Conclusion	28
CHAPTER FIVE The Perspectives of Social Workers: Findings and Analysis	29
5.1 Introduction	29
5.2. Transition from Institutionalization to Deinstitutionalization	29
5.2.1. Knowledge and Perceptions of Social Workers on Reunification	29
5.2.2 Distribution of Functions in the Implementation of Reunification	30
5.2.3 Requirements for Policy Implementation	31
5.2.4 Levels of Expertise and Compliance with the Guidelines for Reunification	31
5.3 Social Workers' Conditions of Service and Reunification	32
5.3.1 Workforce for Case Management and Reunification	32
5.3.2 The Nexus between the Principles of Street-Level Bureaucrats (SLBs) and the Social Worker on Reunification	33
5.4 Operationalizing the Best Interests of the Child	33
5.4.1. Reunification in the Case of Children with Special Needs	34
5.4.2 Provision of Basic Needs as Elements for Determining the Best Interests of the Child	34
5.4.3 Other Family Conditions Affecting Reunification	35
5.4.4 Child Participation and the Views of the Child	36
5.5 Conclusion	37
CHAPTER SIX Summary, Conclusions, Personal Reflection, and Recommendations	38
References	40

List of Tables

List of Figures

Figure 1. Trends in RHCs in Ghana, 1949-2016	1
Figure 2: Number of RHC in Ghana in 2019, by Region	11
Figure 3: Research Participants	11
Figure 4: Participants by Gender	12
Figure 5: Participants by Age Range	12
Figure 6: Participants by Qualification	13
Figure 7: Participants by Service Years	13
Figure 8: Composition of DSW&CD in Ghana	23
Figure 9: Stages of Case Management	25
Figure 10: Response to child vulnerabilities and the admission process to RHC	26
Figure 11: Process of Reunification	27

List of Maps

1. Map of Ghana	9
2. Map of Accra	10

List of Appendices

Appendix 1. Consent form	45
Appendix 2. Interview guide	48
Appendix 3. Available Staff at the DSW&CD at the time of data collection	50
Appendix 4. Available Staff at the DSW&CD at the time of data collection	51

List of Acronyms

BCS	Bethany Christian Services
CRC	Convention on the Rights of the Child (United Nations, 1989)
CRI	Care Reform Initiative
CRU	Care Reform Unit
CSOs	Civil Society Organisations
DSW	Department of Social Welfare
DSW&CD	Department of Social Welfare and Community Development
FDGs	Focus Group Discussions
GASOW	Ghana Association of Social Workers
GOG	Government of Ghana
Gh¢	Ghana Cedis
LEAP	Livelihood Empowerment Against Poverty
MMDAs	Metropolitan, Municipal, and District Assemblies
MoGCSP	Ministry of Gender Children and Social Protection
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
OHLGS	Office of the Head of Local Government Service
OVC	Orphaned and Vulnerable Children
RHCs	Residential Homes for Children
SERs	Social Enquiry Reports
SHS	Senior High School
SLBs	Street-Level Bureaucrats
SOPs	Standard Operating Procedures
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Definitions and Terminology

A child: “Every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (CRC, 1989: art. 1).

Alternative care: Any arrangement, formal or informal, temporary, or permanent, for a child who is living away from his or her parents (Better Care Network, 2010: 9).

Care reforms: The transformation of the child protection and care system from one orientation to another, in pursuit of an approach to care and protection that better meets the needs of children and their families and is in accordance with their rights (Better Care Network, 2023: n.n.).

Children in need of care and protection: Children (age 0-18) who: are orphaned or abandoned by their relations, have been ignored or mistreated by the individual with child custody, have parents or guardians who do not provide appropriate guardianship, lack resources, are under the supervision of parents or guardians believed to be unfit due to criminal or alcohol-related behaviours, are loitering without a home or a stable residence, and lack obvious means of support (The Children’s Act, 1998: section. 18).

Children living in vulnerable conditions: Children who belong to high-risk groups who lack access to basic social amenities or facilities (World Bank and UNICEF, 2002: 17).

Child reunification: Returning children who received childcare service outside home, to their home of origin or a related home (Child Welfare Information Gateway, 2011: n.n.).

Orphaned: All children under the age of eighteen who are maternal, paternal, or double orphans (Detters and Bajaj, 2008: 3).

Residential care: Care received from a residential or institutional setting.

Residential Homes for Children (RHC): Facilities which provide shelter, care, and support for children who are orphaned, abandoned, or held to be living in conditions of vulnerabilities. These facilities are typically run by the government or Non-Governmental Organizations (NGOs) and offer necessities, education, healthcare, and emotional support to children.

Reintegration: The Inter-Agency Group on Children's Reintegration (2016:1) define reintegration as “The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life”.

Wellbeing: It refers to a child’s welfare, highlighting on their physical, social, emotional, and intellectual growth (Moyo et al., 2015:63).

Abstract

The Convention on the Rights of the Child (CRC) stresses the centrality of a family environment for children (Article 20). It also emphasises the responsibility of states to provide proper and adequate alternative care for children deprived of a family environment. Furthermore, Article 3(1) stipulates that “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”. This serves as a basis for evaluating practices of States Parties, and legally, those who make decisions concerning children, are obliged to behave in the best interests of the child. These matters also play out in relation to the Care Reform Initiative (CRI) in Ghana. Children are sometimes separated from families for reasons including poverty, abuse, and neglect, which sometimes compel their admission to Residential Homes for Children (RHCs). The CRI has presented a policy change from institutionalisation to deinstitutionalisation of such children in Ghana since 2007. Yet data on the perspectives of social workers on the implementation of reunification is limited. Though this study outlines the various forms of alternative care put forward the CRI policy, it specifically adopts reunification as the predominant option aimed at promoting children’s general wellbeing. The purpose of this study is to explore the roles and perspectives of social workers who must deal with this policy shift while ensuring that the best interests of the child are served. Also considering the compelling factors of children’s institutionalisation, the study investigates the various factors that inform social workers’ decisions to reunify children with their families. Data was collected using qualitative techniques through interviews with 14 social workers representing the Department of Social Welfare (DSW) at the national level, the Department of Social Welfare and Community Development (DSW&CD) at the district level, and RHCs also at the district level. The study discusses the findings based on the elements of the concept of the best interests of the child and other provisions in the Convention of the Rights of the Child (CRC), as well as the theoretical concept of Street-Level Bureaucrats (SLBs). It concludes with a summary of the various chapters and states some recommendations in relation to child reunification, and for future studies.

Relevance to Development Studies

Understanding how social workers facilitate family reunification can shed light on the impact of social interventions on vulnerable populations and contribute to the broader field of social development. Research in this area can provide insights into the dynamics of family relationships and the factors that influence successful reunification. These can inform policies and interventions aimed at strengthening families, promoting familial care and the general wellbeing of children. Thus, this research contributes valuable knowledge to the field of development studies, and can help to improve the lives of children, families, and communities, and can inform evidence-based policies and practices.

Keywords

Convention on the Rights of the Child, best interests of the child, Care Reform Initiative, children living in vulnerable conditions, deinstitutionalisation, Ghana, reunification, social workers, Street-Level Bureaucrats

CHAPTER ONE Introduction

1.1 General Introduction

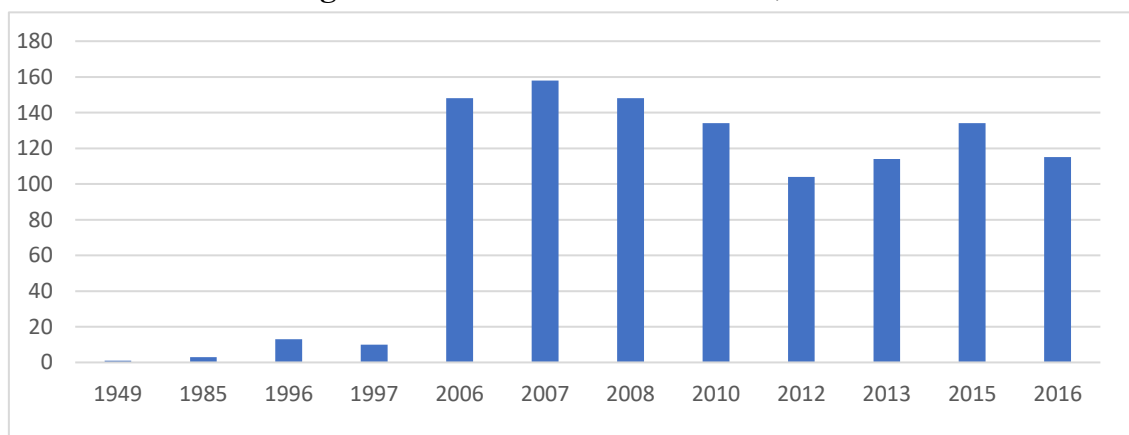
While the centrality of familial care is emphasised in the Convention of the Rights of the Child (CRC, 1989: preamble), this is not a reality for all children. Sometimes children suffer abuse and neglect due to poverty, while living with their families (Bethea, 1999: n.n.). These challenges have sometimes led to their admission into Residential Homes for Children (RHC) where they can receive care and protection (Frimpong-Manso, and Bugyei, 2019: 368-371). Nonetheless, advocates of care reforms believe that children growing up in a familial environment often receive better care than when growing up elsewhere. This also holds true for the CRC (1989: preamble) as it recommends the necessary protection and assistance for the family, to fully assume its responsibilities within the community.

Despite the disadvantages of residential care, RHCs remain the most used alternative care for children worldwide. A recent study found that in 2015, an estimated 7.52 million children lived in RHCs globally (Desmond et al, 2020: 370). Whilst some of these institutions are public owned, others are private (Van IJzendoorn et al, 2020: 606). In the Netherlands for instance, residential care represents approximately 50% of all children receiving care with emerging small-scale residential settings such as family-based residential care and shared family care, rather than their original homes (Knorth and Harder, 2022: 83).

A study conducted in 2020 revealed that, Nigeria's population of orphans and other children living in vulnerable conditions who cannot receive parental care stood at 17.5 million, with 9.7 million being orphans. These children largely depended on RHCs for care and protection, with poverty being the main reason for this living arrangement (Sekibo, 2020: n.n.).

In Ghana, apart from about 61,492 of children who have been reported to be homeless and struggling to make ends meet (Dankyi, 2022: 285), institutional care is the most used formal placement option available for children living in vulnerable conditions (Hickmann and Adams, 2018: 9). A survey conducted by the DSW and UNICEF published in 2021 revealed a total of 3,530 children living in RHCs. Meanwhile, around 2 in 3 of these children have at least one living biological parent (DSW and UNICEF, 2021). For children that find themselves in such homes in Ghana, reunifying them with their biological parents or extended families becomes a priority. Alternative to placement in RHCs, such children may be put in the care of foster parents or as a last resort, given out for adoption (Boafo et al., 2017: 6). Figure 1 below, depicts the trends of RHCs in Ghana for the period from 1949 to 2016.

Figure 1. Trends in RHCs in Ghana, 1949-2016



Source: UNICEF (2018: 60)

1.2 Familial Care and the Origin of Residential Homes in Ghana: A Brief Historical Background

Prior to colonial domination, indigenous Ghanaians relied solely on family networks and other traditional care systems such as aunts, uncles, grandparents, in-laws and even friends or neighbours to provide care for children who for varied reasons (including being orphaned, abused, and neglected) could not receive biological parental care (Kuyini et al, 2009: 440). Though informal, the extended family and community according to Frimpong-Manso, (2014: 402), were accountable for providing care for these children. Nevertheless, this system of care was impacted by economic pressures, and social problems like unemployment and societal shifts due to urbanization and modernization (arising from the presence of Ghana's colonial administrators). This weakened the extended family system and inhibited the ability of kinsfolks to continue to meet the requirements of such children (Nukunya, 2003: n.n).

Institutionalization as a form of care for children dates back many centuries ago. Historically, institutions such as orphanages, foundling homes, and similar facilities served as homes to children lacking parental guardianship: resulting from parental death, poverty, abandonment, among others in many societies or communities. It can be recalled that the Foundling Hospital in London, England, was one of the original recorded institutional care providers for children. It was established in 1739 by Thomas Coram, a philanthropist, to provide care and protect the lives of abandoned children. This initiative paved the way for similar other institutions which were established across Europe and North America during the 18th and 19th centuries (Coram Group, 2023: n.n).

According to Frimpong-Manso, (ibid), RHCs were introduced in Ghana by its colonial administrators (the British) in the early 1900s. This was necessitated by the unavailability of comprehensive state social welfare systems to empower families to provide for children in vulnerable conditions (including children with severe disabilities, and children at the risk of being used as security for a loan). Hence, these children were being cared for by Missionaries. In 1949, a voluntary organization named 'The Child Care Society', established the first RHC in Ghana: the 'Osu Children's Home'. After Ghana gained independence in 1957, the activities of the 'Osu Children's Home' were taken over by the state in 1962. Subsequently, two more homes were established in the Ashanti and the Northern regions of Ghana to cater for children in the Southern and Northern zones respectively (Apt, 1997: 81). In partnership with missionaries and other philanthropic bodies, seven more RHCs were established between 1964 and 1998 to care for about 500 children (Frimpong-Manso, 2014: 402).

These RHCs were mandated by law to register with the DSW which existed since 1946, to exercise oversight responsibility over RHC's activities. However, many of them failed to do so. Instead, they operated illegally without licenses (Simons & Koranteng, 2012: 19). The operations of many of them were unsatisfactory. The reason according to Frimpong-Manso, (2014: 403) was because their operation standards were unrealistic. Since the mid-1990s, several private RHCs started springing up.

1.3 Advantages and Disadvantages of Residential Care

Residential care serves as a temporal intervention to address the problems encountered by children living in vulnerable conditions. This form of care often guarantees shelter, food, clothing, health care, and medical supplies for the children involved. They are also sure of an opportunity to access education, and of access to a conducive and effective learning environment. Residential care also often offers some therapeutic value which makes it conducive for the conservation of the sense of uniqueness of traumatized children (Aldgate, 1978: 29).

On the other hand, residential care is reported as having some negative effects on the development of children. These include negative effects on their intellectual, physical, behavioural, and socio-emotional development (MacLean, 2003: 853). Apart from these developmental challenges, other social issues such as loss of family ties, physical and sexual maltreatment, child molestation, and trafficking have been reported (Diraditsile and Mmeanyana, 2019: 62, Frimpong-Manso, 2016: 173-174). Studies have also revealed that prolonged stays in residential homes might prevent children from receiving continuous, positive individual attention from caretakers. This is because the child-to-caregiver ratio in these environments is typically disturbing and unsuited for delivering care, particularly for a child's emotional needs. Children in such situations also struggle when they reintegrate into their families and communities, and hence frequently stand a higher risk of sexual and physical abuse, a lack of inspiration, and strict discipline (Better Care Network, 2023: n.n.). These negative impacts have raised global interests about the degrading rights of children in RHCs and the need to reunite them with their families (Ismayilova et al., 2023: 2).

The negative impact of RHCs on aspects of children's progress remains an issue of global concern. This has stirred global advocacy for care reforms aimed at transforming child protection and care systems, in quest of an approach to care and protection that aligns more effectively with the requirements of children and their families while respecting their rights (Better Care Network, 2020).

1.4 The Inception of Care Reform Initiative (CRI) in Ghana

Ghana government through the Ministry of Gender, Children, and Social Protection (MoGCSP), in partnership with UNICEF, and the NGO OAfrica introduced the CRI in Ghana, in 2007. The goal was to reduce the dependency on RHCs for the care for children in vulnerable conditions. To attain its goal, the CRI emphasises deinstitutionalization and aims to avoid unnecessary separation of children from families, sub-standard RHCs shut down, and the establishment of new ones prevented. Alternatively, it promotes family or community-based care within a social group consisting of parents and their offspring and the community (Frimpong-Manso, 2016: 174). Hence, children from RHCs are reunited with parents or families. This includes care by extended family members. For children without families, foster care provided by a non-relative and arranged by Department of Social Welfare and community Development (DSW&CD) is advocated for. Though adoption (placement in a permanent family setting) is not prioritized, it is still regarded as a last resort and alternative to residential care.

Since the inception of the CRI in Ghana, the establishment of new RHCs have been banned and about 47 private sub-standard RHCs were closed in 2012 (Better Care Network, 2020). Several of the children living there were assigned to family-based care with an aim of improving their long-term prospects and general wellbeing (Frimpong-Manso, 2014).

In 2010, the MoGCSP created a set of procedures in various manuals including the 'Foster Care Operational Manual', the 'Foster Parent Training Manual', the 'Manual for Routine Monitoring of Alternative Care Systems in Ghana', 'National Standards for Residential Homes for Children', and the 'Case Management Standard Operating Procedures for Children in Need of Care and Protection (SOPs)'. These serve as guidelines for the implementation of deinstitutionalisation and ensuring that organisational strategies and level of care provided to children in RHCs are aligned with national and international legal frameworks, such as the Children's Act 560 (1998), the Legislative Instrument 1705 (2003), the CRC (1989), and the United Nations Guidelines for Alternative Care of Children, (2009). These manuals contain some guiding principles on how the DSW&CD can promote optimal care for children in RHCs and facilitate their proper reunification and reintegration with

families. Particularly, the SOPs aim at providing directions to all stakeholders including DSW&CD, RCHs, children, families, and communities, during case management of children. It also makes provision for the reunification process, by encouraging utmost assistance from the DSW&CD to prepare families for reunification. Furthermore, it advocates for a cooperation between RHCs and DSW&CD to provide after-care supervision services which helps to facilitate children's smooth reintegration with families, when possible (UNICEF and Government of Ghana, 2018: n.n). The guidelines further require regular visits to families for check-up and inclusive participation of children and families in the reunification process (Better Care Network, 2010: 9-13).

In 2018, an updated version of the standards was issued through assessments by residential care stakeholders and the DSW&CD through the Care Reform Unit (CRU) to identify implementation and compliance issues. Though the MoGCSP and the DSW at the national and regional levels in Ghana exercise oversight responsibilities over the tenets of the CRI, the DSW&CD is the implementing body of this policy at the district level. Other stakeholders of the CRI include the MoGCSP, the Foster Care Unit, Metropolitan, Municipal, and District Assemblies (MMDAs), Office of the Head of Local Government Service (OHLGS), Family Tribunals, Child Panels, Civil Society Organisations (CSOs), UNICEF Ghana, United States Agency for International Development (USAID), Brave Aurora, Kaeme, Ghana Association of Social Workers (GASOW) and Bethany Christian Services (BCS).

1.5 The Research Problem Statement

Child rights and care are very critical to the total wellbeing and complete development of the child. For a child whose care is provided by social care providers in RHCs rather than their biological parents, in most cases reunification of that child with the family should be a priority goal (Toombs et al., 2018: 409) unless the home environment is not safe or conducive to the growth of the child. This requires the efforts of social workers and supporting logistics.

In Ghana, the MoGCSP is mandated among other duties to promote the survival, social protection, development, and full participation of children, the excluded and others in vulnerable conditions into national development (MoGCSP, 2023). At the district level, it collaborates with the DSW&CD of the MMDAs through the OLGS. The DSW&CD holds the primary duty of preventing and helping individuals who have experienced abuse, neglect, and exploitation. However, overall budgetary allocations to the MoGCSP and LGS to provide social services to tackle these conditions are insufficient, resulting in a reduction in the quality and effectiveness of social welfare delivery (UNICEF, 2020: n.n.). Furthermore, to guarantee that the DSW&CD can carry out its mandate, the OLGS has developed staffing norms in its operational manual to ensure that staff are effectively utilized in terms of their workload and ensure that all levels have the requisite personnel with the right blend of skills. Per the manual, at least 5,789 and up to 6,736 DSW&CD officers are required to effectively perform the mandate of the department and contribute to the Sustainable Development Goals 2030. This is, given that Ghana has 260 MMDAs comprised of 6 Metropolitan, 101 Municipal, and 153 Districts. Nonetheless, according to a 2020 publication on the 2019 Social Service Welfare Workforce Assessment conducted by the MoGCSP, still only 2,458 DSW&CD officers comprising 1,286 males and 1,172 females were employed, situating the staff strength of the 260 MMDAs at just 42 per cent of the minimum required staff (UNICEF, 2020: n.n.).

Since the initiation of CRI in Ghana, reunification of children from RHC with their natural parents or extended families has been a priority. Records indicate that in 2013, about 1557 out of 4500 children in residential care had returned to their parents or extended

families (Boafo et al., 2017: 6-9). This was achieved through the efforts of social workers, the same professionals who facilitated the admission of some of these children in the RHCs. Studies show that some of these reunified children face challenges such as lack of adequate food, poor living conditions, inaccessibility to healthcare, loss of relationships, stigma, discrimination, and difficulties in accessing education. Limited follow-up services from social workers have been identified as a factor in these challenges (Frimpong-Manso, and Bugyei, 2019: 368-371). Not only could these challenges cause relapse of care but they could also cause permanent physical and psychological damage which contravene the rights of these children as contained in sections 3(3), 6(2), and 13(1) of the Ghana's Children's Act 560 (1998). In the long run, this could seriously jeopardize the ambitions of these children, rendering them liabilities to society.

At the center of the CRI are the efforts of social workers whose duties are to ensure that the CRI does not only serve as a policy but is implemented to the letter to achieve its anticipated goals. The initiation of the CRI in Ghana meant a massive policy shift from institutionalization to deinstitutionalization with a related change in the practices of social workers to suit the objectives of the CRI. Social workers who were concerned, among other duties with providing alternative care including institutionalization of children living in vulnerable conditions (whether their parents are living or otherwise), must deal with this new policy directive with very little resources made available for implementation. Although the policy and regulatory framework of the CRI is broad, there appears to be a disconnect between the policy and its implementation in practice, which may be associated to the working conditions of the policy implementers. The roles in and perspectives of social workers on this new policy shift at the national level and at the levels of practice is worth investigating. It is also important to explore how they adjust to the practice model, and to what extent this affects the implementation of reunification as pursued by the CRI.

1.6 Justification and Relevance of the Research

The need for social workers to provide interventions for social problems in Ghana cannot be undermined. Yet, there has been difficulties in the social protection sector due to limited government funding, as well as change in the viewpoint of the Ghanaian society regarding how social services should be addressed (Baffoe and Dako-Gyeke, 2014: 118). The MoGCSP which is the focal controlling agency for children has one of the smallest budgets in the government ministries (Ghana News Agency, 2022: n.n.). In 2021 for instance, the MoGCSP received less than 0.6 per cent of the total government expenditure, indicating minimal prioritisation of social and child protection financing against the swelling heights of poverty and disparity in Ghana (Ghanaian times, 2022: n.n.). This is confirmed when a survey among nearly two-thirds of the Ghanaian population (poor and or the unschooled) showed dissatisfaction with the government's performance on child welfare. This was associated with government's failure to avail resources to safeguard and foster the wellbeing of vulnerable children in their communities, (Asiamah and Twum, 2023: 2). In the 2020 national budget, Gh¢ 119,000,000, an equivalent of about €10, 115,000 was allocated to cover the salaries of 2,458 DSW&CD staff across all 260 MMDAs, as well as recurrent expenditures for programs related to social welfare and community development (UNICEF, 2020: n.n.).

The Guidelines for Alternative Care of Children, which were embraced by the United Nations General Assembly (UNGA) in 2009, support efforts to keep children with their family whenever possible. When this is not in the best interests of the child, or when children are separated from their families due to poverty, household conflicts, abuses, health issues, or any other likely causes, it is the duty of the state to intervene and provide temporary or long-term care for such children (UNGA, 2009: 2-4). While the child is receiving alternative

care, once the original causes of removal have been resolved or have disappeared, the child's return to parental care should be a key consideration in the best interests of the child. Hence, the decision for removal should be evaluated on a frequent basis to prepare and support the child and family for the former's possible return to the family (Ibid: 10).

My research interest stems from the fact that in the past, I facilitated the admission of children living in vulnerable conditions into RHCs. This was because these settings served as the core alternative for offering care and protection for these children. For instance, about four years ago I managed the case of a single mother of nine children who had a weak immune system due to HIV/AIDS and lacking a permanent income source to provide for her children. All except her last two children, had different fathers who shirked their responsibilities, and their whereabouts unknown. Her first child was then 20 years old, dropped out of school due to truancy and worked as a factory hand for a meagre wage which even for him alone was inadequate. Her second child aged 18, at the time was a day student in one of the Senior High Schools (SHSs) in Ghana. He lived with his friends at a location noted for its prevalence in crime because his mother's accommodation, (for which rent was due then) was not guaranteed and not spacious enough to accommodate him and his other siblings. The third child of 15 years old was sent to serve as a house help elsewhere. Whether she was in school was unknown to her mother. Though the fourth child was enrolled in school, her school attendance was irregular due to her mother's inability to consistently supply her educational needs. Therefore, without any form of assistance from any source, the fourth child and her remaining five siblings were admitted to a RHC where they could receive proper care.

A year before the above-mentioned case, I had facilitated the admission of six other children whose mother had died from a chronic disease leaving eight children in their father's care. Six of the eight children were previously sent to a RHC in another region of Ghana. However, their maternal relation offered to assist by taking them from the facility to her home. Unfortunately, these children were maltreated there and had to be removed from that situation. Eventually they were sent to another residential facility to be cared for whilst their father could find work to prepare for their future reunification. Their first elder sibling had already given birth as a teenager, and the second served as a house help to some family. I recall that after three years, together with the social worker from the RHC where the children were residing, I decided to visit the children's father. We also took one of the children to spend the vacation with him. To our disappointment, he indicated that he could not even fend for himself because he had an accident whilst working and had to stop work. Therefore, he could not provide for that child.

Social workers in Ghana encounter similar cases daily. The initiation of the CRI means they do not only have to focus on providing temporary shelter for such children in RHCs, but also must seek to ensure that these children are subsequently reunified with their families. This task requires much effort by social workers who must make various decisions to promote their general wellbeing while also making the best interests of the child a primary consideration.

Social workers in Ghana are expected to undertake various mandatory duties and respond to different situations at the same time. In the case of the CRI alone, they are expected to appraise themselves with various manuals including the SOPs which remains its flagship document. Even though these workers are doing their best to promote the welfare of children, they continue to face overwhelming challenges in their duties (Baffoe and Dako-Gyeke, 2013: 350). This is mostly factored by very minimal resources. It is therefore important to understand how reunification under such conditions is possible and could offer optimal priority to the wellbeing of children and fulfil the objectives of the CRI. The findings of this research would inform care reform policy efforts and systems strengthening for better

outcomes during reunification and for better reintegration of reunified children in Ghana.

1.7 Research Objectives and Questions

The core objective of the study is to investigate the perspectives of social workers on child reunification as a care reform promoting the general wellbeing of children taking into consideration the factors that compel them into such conditions of vulnerabilities. It explores the roles and perspectives of social workers in care reform, in terms of how they can shift from the institutionalization to the deinstitutionalization of children while the conditions that compelled the institutionalization of the children are not addressed.

Main Research Question

How has the CRI's advocacy for family reunification in Ghana been perceived by social workers, and to what extent does this affect the implementation of the policy?

Sub-Research Questions

1. How have the social workers involved in reunification been able to redirect focus from institutionalization to deinstitutionalization and reunification of the children with their families?
2. How are the social workers able to realize reunification with little resources?
3. Do the efforts of social workers seek to serve the best interests of the child? If so, what does this mean to them?
4. What factors do the social workers consider when reunifying children?

1.8 Chapter Outline

This paper is divided into six chapters. The background information on familial care, RHCs, and the CRI, the research problem statement, justification and relevance of the research, research objectives and questions are all covered in chapter one. The second chapter comprises the approach to the study, the study's location and population, the sampling technique used for data collection, justifications for such choices and ethical considerations. Chapter three provides the theoretical concepts of the best interests of the child and the Street-Level Bureaucrats (SLBs) which would be used to analyse data in chapter five. Chapter four presents the social workers and their context, outlining their duties and staffing norms. The findings and analysis of the roles and perspectives of social workers on how they can shift from institutionalisation to deinstitutionalisation with little resources, and whether their actions serve the best interests of the child are examined in chapter five. Chapter six sums up the findings in response to the research questions and makes some recommendations to improve the implementation of child reunification, and for future research.

CHAPER TWO Research Methodology and Methods

2.1 Introduction

This chapter outlines the type of data used for the study, and the methodological approach employed for data collection. It introduces the fieldwork location, the study population, and the composition of study participants. It also elaborates on the type of sampling technique used, and the sample size and its characteristics. Data processing, handling and techniques used for analysis are again described in this content. Finally, the scope, strengths, limitations, and ethical considerations are all explained in this chapter.

2.2 Study Approach

For this study, I mainly used a qualitative approach through semi-structured interviews to collect primary data. The term qualitative approach refers to an approach to research which depends greatly on words, images, experiences, and observations that are not measured (O’Leary, 2017: 142). Focus Group Discussions (FGDs) could have been an effective method for gathering data for this study. This approach allows the researcher to gather detailed and comprehensive information by observing various interactions on a topic within a controlled timeframe. However, the disorganized and complex nature of data from FGDs can pose complexities in terms of coding, analysis, and interpretation. Additionally, the quality of results obtained through this method depends on the moderator’s skill, and a moderator lacking experience may find it difficult to effectively guide the discussion (Khan and Abedin, 2022: 386-387). Bearing these shortcomings in mind, I choose to conduct semi-structured interviews because this tool equally offered me the opportunity to explore and uncover the experiences of social workers on the implementation of child reunification in an organized manner. Also, the nature of the topic and my advantage of being a social worker myself, incited my decision for conducting individual interviews instead.

Even though interviews have constraints in terms of time utilization (Bryman, 2012: 228), using this research technique presents the researcher the flexibility of amending the direction of questions when desirable. This assists participants to reveal information in a way other methods do not permit, and augments the data (Alamri, 2019: 66). Using interviews to collect data put me in charge as a researcher and offered me the opportunity to remain focussed and ask follow-up questions and probes (O’Leary, 2017: 224). Again, it offered me chance to gather the data required, together with other interesting and unexpected data that emerged. It also gave the participating social workers enough space to express themselves. Secondary data was also obtained from handbooks or manuals used by my target population in their line of duties, and reviews of articles and publications from various websites relating to my topic.

2.3 Study Site and Population: Social Workers in Accra

The Greater Accra Region, in short Accra, is the region chosen for this study. The reason for this choice is that by being the capital of Ghana, it is in the forefront of implementing government policies like the CRI and is most likely to have access to the resources required for that purpose. In other words, it would be relatively best placed to be successful in policy implementation. If social workers in this context still face challenges in the implementation of child reunification which are detrimental to the best interests of the child, lessons could still be learned that would be relevant for other parts of the country with lesser opportunities.

There are 16 regions and 216 administrative units (MMDAs) in Ghana. An

administrative unit with a population of more than 250,000 inhabitants qualifies as a metropolitan. A municipality has a population from 95,000 to 250,000 inhabitants, and a district is made up of a population from 75,000 to 95,000 inhabitants. Below is a map of Ghana in which Accra can be located at the bottom right.

Map 1: Map of Ghana

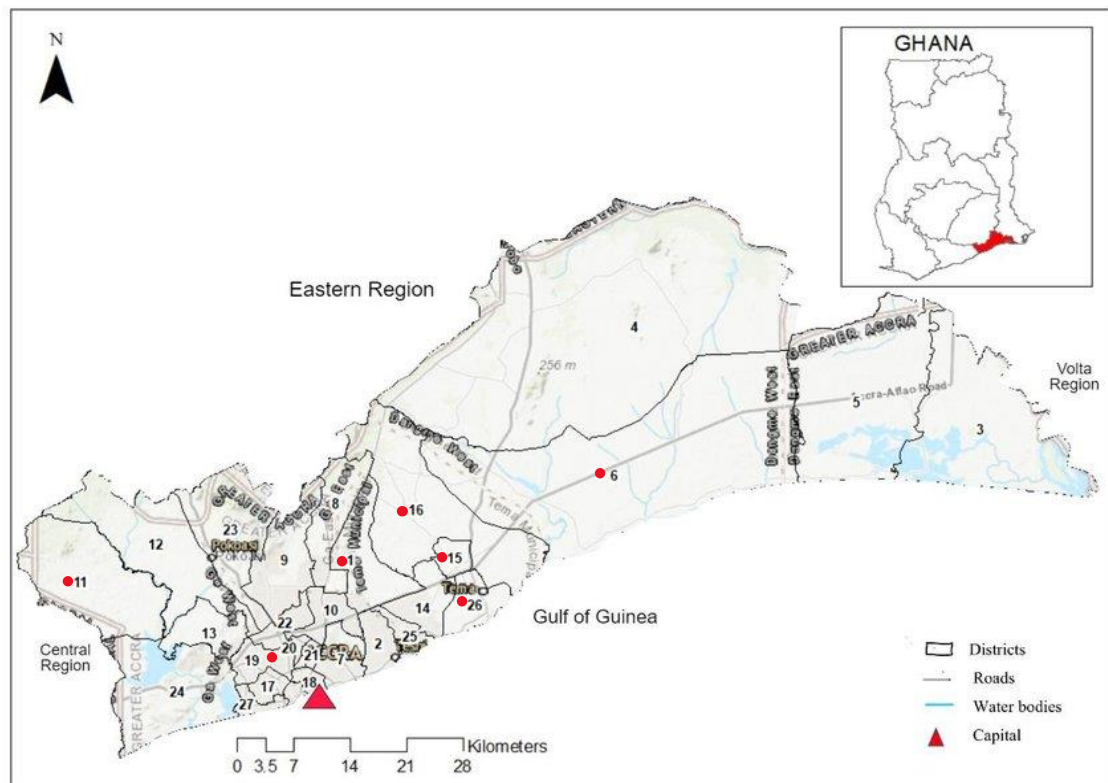


Source: ontheworldmap.com

Flick (2009: 444) refers to triangulation as the use of numerous approaches, research groups, and geographic settings in dealing with a phenomenon. Apart from the combination of primary and secondary data for this study, the study was conducted in seven DSW&CD located in seven different MMDAs and in the DSW head office in Accra. The DSW is the main administrative office for the CRI programs which includes child reunification. This office was chosen because of the supervisory roles it plays in the implementation of all alternative care arrangements including reunification, in the DSW&CD and RHCs in the various MMDAs. Apart from secondary information from manuals on child reunification, there was a need to primarily source information from the supervisors of this policy on the expectations from social workers from the DSW&CD and RHCs in the MMDAs for this policy. Such information set the foundation for the interviews, and not only did it give the researcher the opportunity to validate responses but also helped with critical analysis of responses obtained. DSW&CD and RHCs were chosen because it is their mandate to collaborate to ensure that children in residential homes are reunified. Based on the different working conditions of the DSW&CD and the RHCs, but towards the same goals of reunification, combining these two groups is likely to help generate themes that will contribute to a better understanding of the phenomenon.

There are 29 MMDAs comprising 2 Metropolis, 23 municipalities, and 4 districts in Accra. DSW&CD offices are found in all these MMDAs. Ultimately, two metropolis (Accra and Tema), four municipalities (Kpone-Katamanso, Adentan, Ashaiman and Ga South) and one district (Ningo-Prampram) were selected based on their active engagement in reunification.¹ These offices are marked in the map of the Greater Accra Region indicated below (Map 2).

Map 2: Map of Accra showing Data Collection Areas



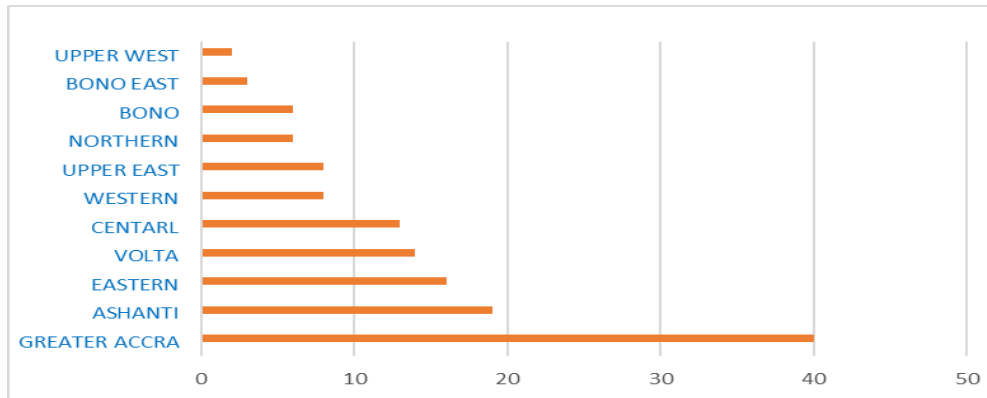
Source: Researchgate.net

It is relevant to note that, not all the DSW&CD offices have RHCs in their jurisdiction and, since social welfare activities are jurisdiction-bound, they are required to operate within the confines of their zones. Hence, districts without RHCs refer cases of children in vulnerable conditions to other districts to facilitate temporary shelter if necessary, and their subsequent reunification. The CRI program at DSW head office, the DSW&CD and the RHCs in the various MMDAs were the main point of reference for the study.

¹ Name of districts: 1. Adentan Municipal 2. Ledzokuku Municipal 3. Ada East 4. Shai Osudoku
5. Ada West 6. Ningo-Prampram 7. La Dade-Kotopon
8. La-Nkwantanang Madina 9. Ga East 10. Ayawaso West 11. Ga South Municipal
12. Ga West Municipal 13. Ga Central Municipal 14. Tema West Municipal
15. Ashaiman Municipal 16. Kpone Katamanso 17. Ablekuma Central Municipal
18. Korle Klottey Municipal 19. Ablekuma North Municipal 20. Ayawaso North Municipal
21. Ayawaso East Municipal 22. Okaikwei North Municipal 23. Ga North Municipal
24. Weija Gbawe Municipal 25. Krowor Municipal 26. Tema Metropolitan
27. Ablekuma West Municipal 28. Ayawaso Central Municipal and 29. Accra Metropolitan.

Even though I have no specific data on the number of children living in RHCs in Accra, the figures presented below illustrate that RHCs in Ghana are largely concentrated in Accra (Figure 2).

Figure 2: Number of RHC in Ghana in 2019, by Region

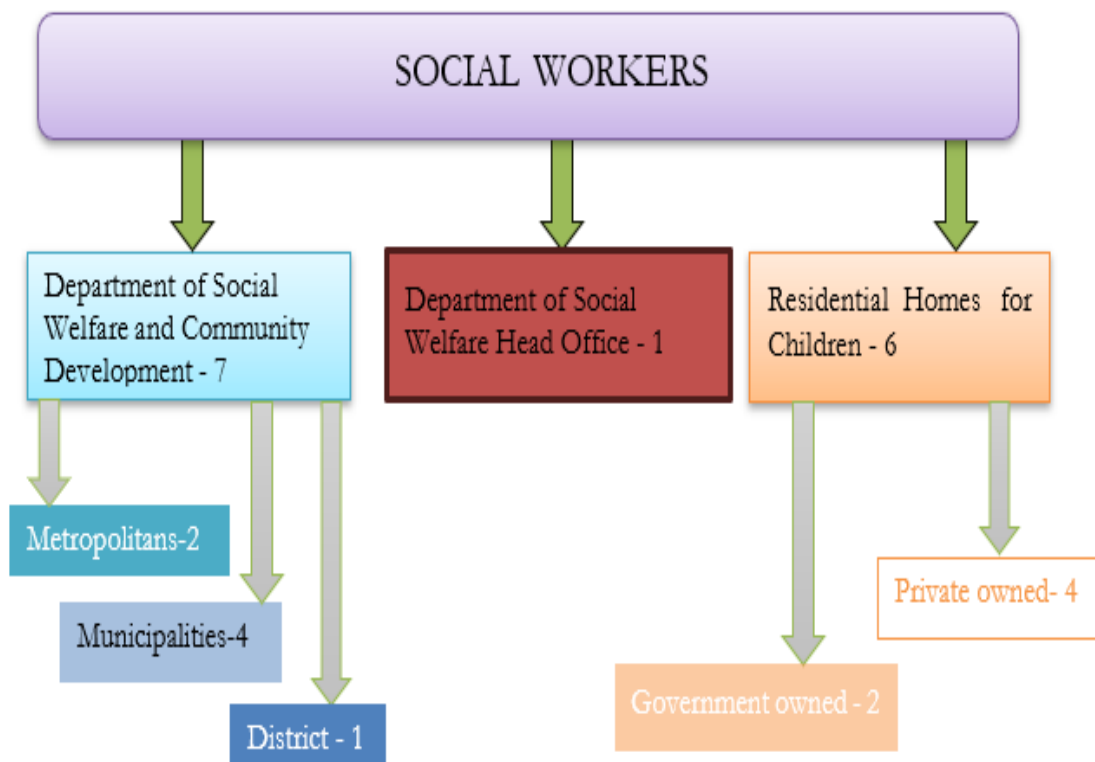


Source: Statista (2023)

2.4 The Research Participants

My research participants comprised one social worker from the office of the CRI program (DSW Head Office), seven social workers from seven different DSW&CD offices, and six social workers from six different RHCs in Accra, Ghana. This is illustrated below (Figure 3).

Figure 3: Research Participants

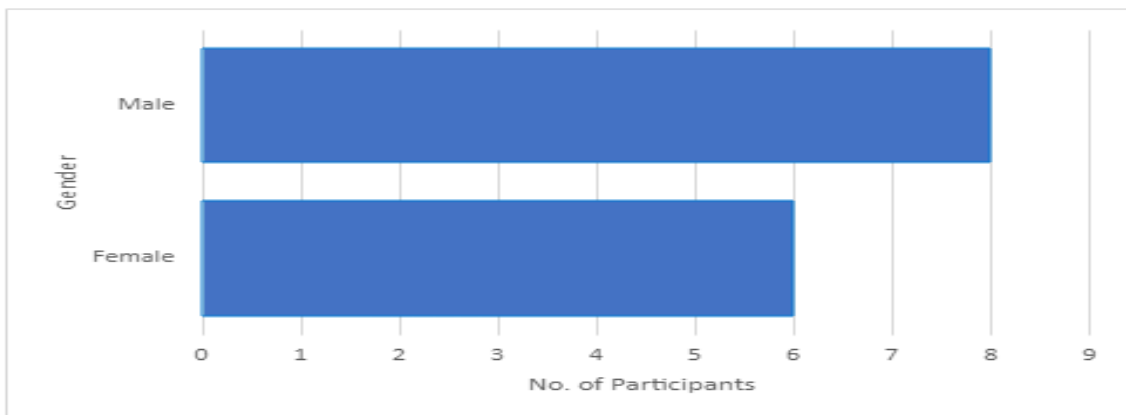


2.5 Sampling Technique, Sample and Characteristics of Research Participants

A non-random sampling technique (handpicked sampling or purposive sampling technique) was used in this study. Non-random sampling refers to the selection of a sample having in mind a particular purpose (O’Leary, 2017: 210). Using purposeful sampling means deliberately choosing participants with knowledge or expertise in the issue under investigation. Hence, this technique gave me the opportunity to derive detailed information from such participants. As indicated earlier, not all DSW&CD offices engage in reunification. Therefore, participants were deliberately recruited from MMDAs who engage in reunification. The officers selected were schedule officers for reunification. The purpose of the study is to understand how social workers can make a shift in a policy change to serve the best interests of children. Hence, a non-random selection was the suitable approach to ensure inclusion of participants who understand the processes of institutionalisation (residential care) and deinstitutionalisation (reunification).

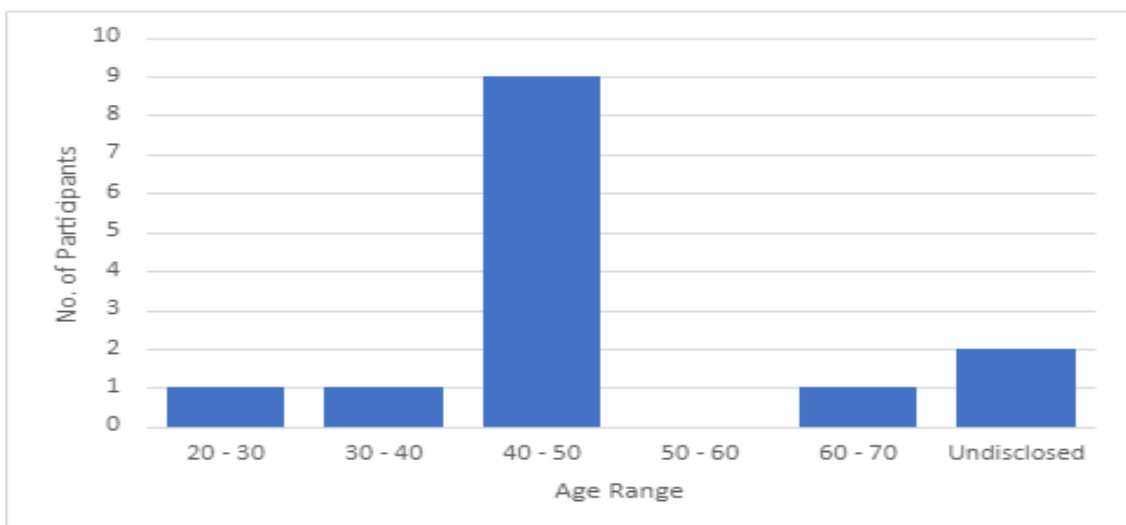
The fourteen research participants comprised eight males and six females as represented in Figure 4 below.

Figure 4: Participants by Gender



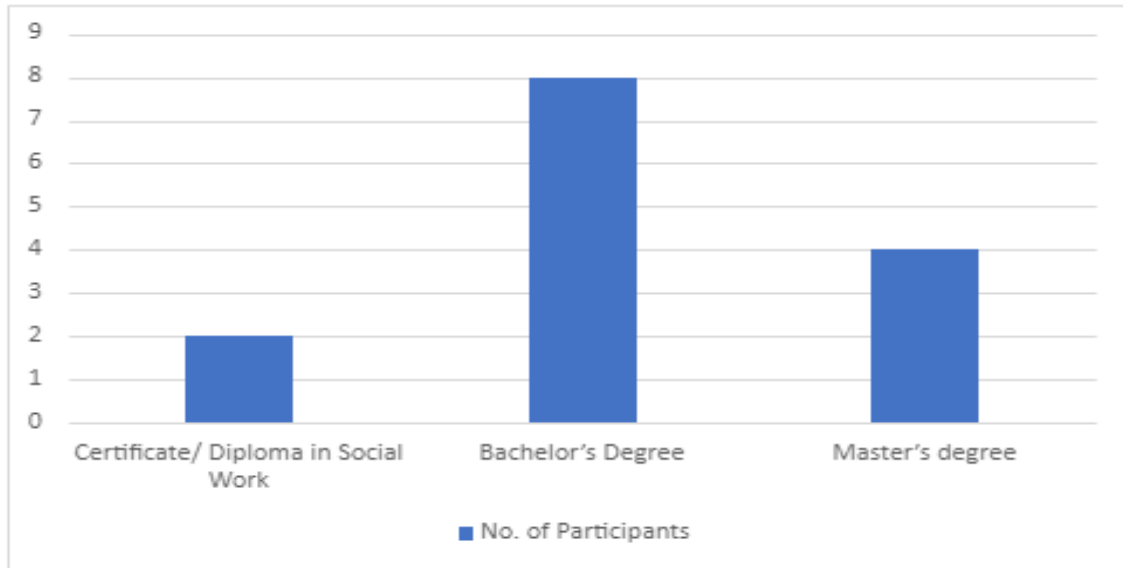
Although two participants failed to disclose their ages, their ages appeared to fall within the disclosed ages which ranged from twenty-eight to sixty-three years as shown below in Figure 5.

Figure 5: Participants by Age Range



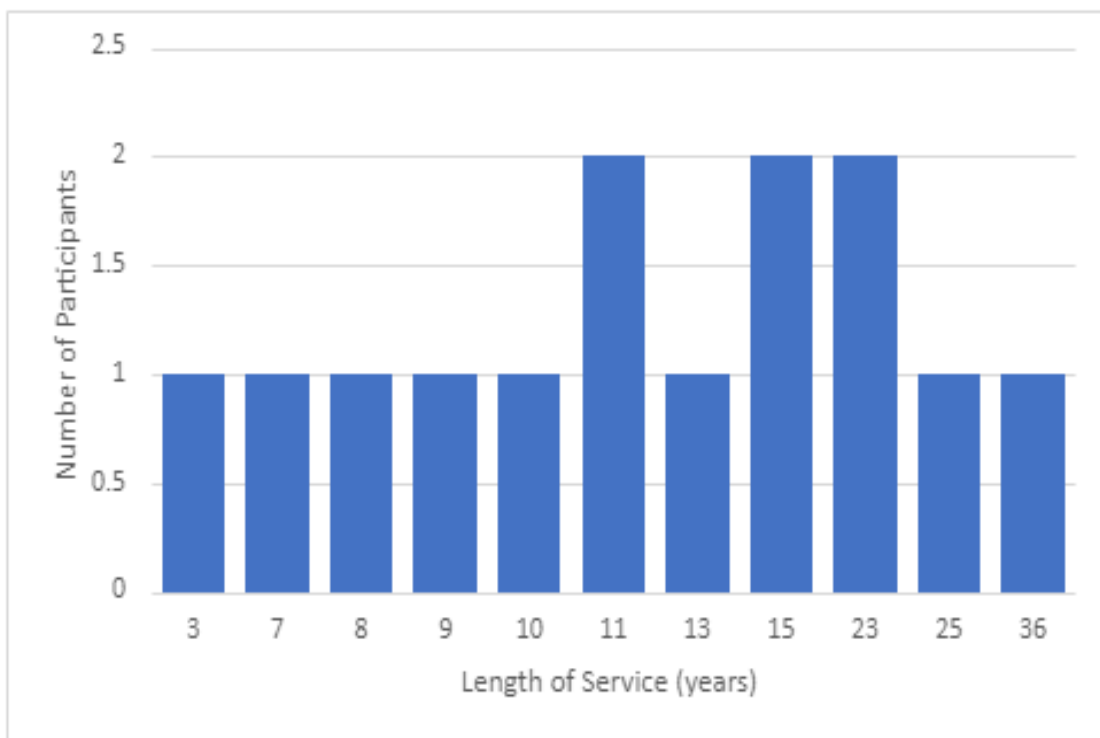
While two of the research participants had a certificate or diploma in Social Work, eight had a Bachelor of Arts (BA) in social work or other Social Sciences. Out of the remaining four participants, two had a Master of Arts (MA) in social work, one in Guidance and Counselling, and one, an MBA in Accounting and Finance. These are represented in three categories below (Figure 6).

Figure 6: Participants by Qualification



There was a nice spread of professional experience among the research participants, ranging from three to thirty-six years of experience on the job as shown in the following histogram (Figure 7)

Figure 7: Participants by Service Years



2.6 Data Collection Method, Data Processing, Handling, and Analysis

A systematic data gathering procedure was applied to facilitate the collection of information from sources. At the head office of DSW, I conducted an interview on the available interventions for reunification and how reunification can be done in the best interests of the child. At the DSW&CD in the MMDAs, my interviews with the social workers related mainly to the practical aspects of child reunification. Same was done at the RHCs with the social workers and or alternative care coordinators.

Though Ghana is multilingual, its official language is English. This language was used to engage all participants.

After every interview, the recorded data was immediately manually transcribed and then read through carefully. This enabled me to generate information that was necessary to be explored further in subsequent interviews. This also helped to rephrase questions that in turn helped receive responses that better answered the study's research questions.

Coding is the first step in opening meanings in data. After the transcriptions, data was manually coded using analytical coding. Analytical coding is coding that results through interpretation and meaning reflection. It considers the meanings in context and produces categories to communicate new thoughts about data. It is the most common method for developing conceptual categories and acquiring the data required to investigate them (Richards, 2015: 112).

The primary data gathered was analysed to answer the study's research questions. A review of secondary data also afforded some clarifications to the responses of participants. Themes were generated from the research findings based on the research objectives and questions. These themes facilitated the study's analysis. The concept of the best interests of the child and the theoretical concept of SLBs were applied to the findings for analysis. Also, data analysis was made based on a review of the guidelines for reunification of children, as well as the workforce and working conditions of social workers and how that affects their service delivery.

All participants were pseudonymized to protect their identity and maintain confidentiality, whereas quotations were used in writing up the findings.

2.7 Positionality and Reflexivity

According to Malterud (2001: 483-484), "A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions". I undertook this study because of my position as a social worker, advocate for the welfare of children, and schedule officer for alternative care for children in vulnerable conditions and for reunification of children. In this study, I see myself mainly as an insider. This is because my position facilitated easy understanding of how reunification is done in the DSW&CD, taking into consideration the working conditions of social workers and because I know the organizational units involved from my own working experience. I could also mobilize my professional network to gain access to interviewees.

As described by Roulston (2010: 119), "in contemporary qualitative research practice, investigation and acknowledgement of one's subjective positions in relation to one's research topic and research participants is routinely seen to be an important aspect of one's apprenticeship as a reflexive researcher, and the absence of subjectivity statements in research reports can be a cause for suspicion on the part of the readers". I must admit that I brought my own pre-understandings into this study, as well as the perceptions which I had gained through the literature concerning the topic that I reviewed. Before the start of the study, I had preconceptions that limited resources may serve as an impediment to the

effective implementation of reunification by social workers. Hence, they may be reuniting children in a way that does not serve the children's best interests. It was exceptionally difficult for me to remain objective because my worldview as a social worker is embedded in me. Nevertheless, I tried to reflect on this pre-understanding, to avoid it making me limit my focus, and to reduce any bias that might be introduced due to such a pre-understanding. In that regard, I kept to my own opinions and tried to remain open-minded even though this was a struggle for me. Despite this preconception about limited resources, I had only imagined that this was an issue for only social workers from the DSW&CD. This assumption was however disproved when respondents from RHCs also raised similar concerns. Again, limited knowledge and training about the CRI and the guiding documents for reunification was a subject I did not expect to be raised by majority of participants especially when they are in the capital of Ghana.

2.8 Strengths and Limitations

Since I am social worker, I had already established some rapport with some of the participants. Hence the interview was more like a discussion even though I made the conscious effort to avoid leading questions. The appointment of a research assistant, who is also an MA graduate and a colleague social worker, was an added advantage to my data collection. He understands research and the confidentiality of the opinions of participants, hence no effort was needed to explain all the processes. Moreso, he assisted me in the transcription of interviews which provided me the time needed to prepare for subsequent interviews.

Despite the success achieved in the data collection process, a few challenges were encountered. One of these was instances of long waiting due to the busy work schedules of the participants. Some of them were either attending meetings or had case conferences. In other instances, I faced several interruptions and interferences from clients and colleagues. This was partly because some of the interviewees shared an office with other colleagues. This, however, did not affect the data collection because I always paused the recording and interview until such participants resumed fully in the discussion. At another instance, the participating officer had invited his friend, who was also a social worker, to be part of the discussion. Though I encountered several interjections from the friend of this participant during the discussion, I realised that some of the information was useful. Therefore, I clearly communicated the purpose, scope, and guidelines of my research to him and entreated him to minimise interjections as I will engage him when the need arises. In one DSW&CD office, I had to interview three social workers together because they could not decide who should participate due to some practice of transparency in their office. Though I was not comfortable with this arrangement, I had to comply. Because of my previous experience with the participant who invited his friend to the meeting, I quickly set some ground rules for the discussion and identified the main participant and engaged more with her. Some supporting information from the other participants were also considered.

Poor road networks coupled with heavy traffic made my trips to meet participants very long and tiring. To minimise this risk, I planned my meetings mostly during off peak hours to avoid running late for my appointments and made sure I did not schedule more than two meetings per day. Ultimately, gathering primary data proved to be time-consuming and involved a significant workload. To address this, I assigned adequate time for the data collection process, considering possible delays and challenges in the planning. These mitigating strategies enhanced my ability to gather sufficient data for my research.

2.9 Ethical Considerations

Research involving humans requires adherence to some ethical standards. These standards spell out codes of ethics and ethical conduct for researchers to overcome ethical issues. Informed consent is a mandatory requirement of such codes (Usher, 2000: 3). However, I was not able to obtain ethical approval from the Ethical Committee in Ghana because the application process is lengthy, and I had limited time to undergo this process before I could commence data collection. Instead, I relied on the professional clearance of my interview requests by relevant senior officials in Ghana and on the informed consent process I designed to protect my participants. After deciding on my study population and sample, I contacted my potential participants and informed them of the study. These included staff and Head of Departments (HoDs) of the DSW&CD who are my colleagues. Through the help of these colleagues, I was able to contact the directors of RHCs about my study and to request their participation.

I sent introductory letters together with a letter of recommendation from ISS, and an informed consent form obtaining approval to conduct the research in these institutions. In the informed consent form, I explained to all respondents that participation in the study was voluntary. Hence, they were not under any obligation to partake in it. Respondents were also informed that they were free to opt out of the interview or ask to be interviewed on another day or time if they felt that need. Institutions that granted me the permission to conduct the interviews introduced me to the schedule officers of reunification. These officers consented to my interviews, and scheduled appointments with me for the interviews at their convenience. Before I started every interview, I ensured that participants had completely read and understood the contents of the consent form, had ticked the appropriate boxes, and appended their signatures as an approval to be interviewed. Nine participants expressed interests in the findings of this study and hence, provided their email addresses in the consent some space provided in the consent form (see appendix 1).

I understand that, paying participants in research can influence their motivation to partake in a study or their willingness to provide correct information. Although this study offered such payment, it was an insignificant amount considering the status of the participants as this was intended to appreciate their time. Meanwhile, most of the participants in this study did not even read the consent form prior to my arrival to the meeting and might not have seen that portion. This means that the likelihood of this financial offer affecting the research information was very minimal.

I tried to avoid any biases and to remain open-minded and conscious of my body language in order not to influence the responses I received from my informants. I also strived to create a comfortable atmosphere by not making the conversation strictly formal. Above all, protection of the identities of participants through anonymity and maintenance of confidentiality were prioritised. All information obtained from participants for this research have been pseudonymized and safely kept, and I am the only person with access to such information.

2.10 Conclusion

The methodological approach to this study is qualitative. Conforming to the ethics of research, I gathered primary data using semi-structured interviews to source information from fourteen respondents from the DSW at the national level, and the DSW&CD and RHCs both at the district level. Non-random sampling was used to recruit participants. This type of sampling offered the researcher the opportunity to be able to handpick participating offices and participants based on their engagement in child reunification. Data was manually

transcribed, anonymized using pseudonyms, and later also manually coded and analyzed. All information regarding the study were safeguarded, preventing their accessibility to any other person apart from the principal researcher, to protect the privacy of participants. A review of secondary data from the operational manuals on the research topic, documents for and about social workers, and literature related to this research also provided insights for the analysis of the study's findings. Even though I was able to establish contact with participants to conduct this study using my network as a social worker, I encountered a few limitations such as long waiting hours, interruptions during interviews, and long travel times to meet participants. However, these setbacks did not affect my ability to gather the required data because I managed to mitigate them through timely interventions and proper planning.

CHAPTER THREE Conceptual and Theoretical Frameworks

3.1 Introduction

This chapter presents some concepts and theories that will be employed for the analysis of the data collected. The fact that reunification of children involves various factors in relation to the children concerned, including their families, and their environment, cannot be disputed. Again, the fundamental qualities of social workers and their mode of practice in this regard deserve to be examined. Having this in mind, the concept of the best interests of the child as provided for in the CRC, in addition to other provisions also contained in the CRC, and the theoretical concept of SLBs will serve as the basis of discussion of the findings of this study.

3.2 Theorizing the Best Interests of the Child

Article 3(1) of the CRC (1989) stipulates that “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”. The words “shall be” in this statement impose stringent legal requirements on states, suggesting that governments may not exercise discretion in assessing whether children’s best interests should be investigated and given appropriate weight as a principal consideration in any action. Other formulations such as “a primary consideration” suggests that the child’s best interests may not be classified on an equal level as all other considerations (CRC General Comment No. 14, 2013: 10).

To understand the roles of social workers in the implementation of child reunification, it is important to first understand the concept of the best interests of the child. This is particularly necessary for children who find themselves in situations of vulnerabilities. The best interests of the child is a concept established in national and international human rights legislation and other instruments, including the CRC (ibid: 3) to which Ghana is a state party.² It is frequently applied in family law and child welfare situations to make judgments that emphasize children’s wellbeing in cases of custody, adoption, child protection, and other issues concerning children’s rights and welfare. It also emphasizes considerations for the child’s needs, safety, and general development in legal and policy concerns involving children. The concept of best interests is very complex and must be determined on a case-by-case basis. Each child’s unique circumstances and needs should be carefully considered, and decisions should be made taking into consideration all relevant aspects. For the lawmaker, magistrate, administrative or social worker, or other authorities to be able to simplify and use this concept, article 3(1) of the CRC should be interpreted and implemented in relation to the other provisions of the CRC (CRC General Comment No. 14, 2013 :3).

CRC Standards relevant to the Best Interests of the Child

Owing to the complex nature of this concept, the Committee on the Rights of the Child (CRC) formulated the following elements based on best interests assessment and determination. These elements are contained in the General comment No. 14 (2013: 13-17), providing considerations when making decisions to meet children’s best interests:

- 1. The Child’s Views:** In assessing the best interests against his or her views, Article 12 of the Convention provides certain guidelines such that any decision that does not consider

² Ghana was the first African country to ratify the CRC on 5th February 1990 after signing on 29th January 1990.

the views of children or fails to recognise or consider the opinions of children in proportion to their age and maturity, overlooks the potentials of children to influence the determination of their best interests (CRC General comment No. 14, 2013:13).

2. **The Child's Identity:** Although basic universal needs are similar among children, there are variations in the expression of these needs. These expressions depend on the personal, physical, social, and cultural aspects, and reflected in their different characteristics such as sex, sexual orientation, national origin, religion and beliefs, cultural identity, and personality. Hence, these must be respected and taken into consideration in the assessment of the child's best interests (ibid).
3. **Preservation of the Family Environment and Maintaining Relations:** It is stated in the CRC (1989: preamble) that the family is "the fundamental unit of society and the natural environment for the growth and well-being of its members, particularly children". While Article 16 of the CRC preserves the child right to family life, paragraph 15 of the United Nations General Assembly (GA) resolution 64/142 on the Guidelines for the Alternative Care of Children (2010: 4) emphasise that, "financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care [...] but should be seen as a signal for the need to provide appropriate support to the family". The term "Family" is broadly interpreted to include natural, adoptive, or foster parents or, where appropriate, "the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child (CRC General comment No. 14, 2013: 14).
4. **Care, Protection, and Safety of the Child:** Article 3(2) of the CRC (1989) obliges State Parties to ensure the necessary protection and care for the wellbeing of the child. According to the General comment No. 14 of the CRC (2013: 15-16), this must be taken into consideration when assessing and determining the best interests of the child to protect the child from any form of harm and promote the provision of his or her physical, educational, and emotional needs, as well as affection for him or her.
5. **Situation of Vulnerability:** Conditions of disability, being part of a marginal group, being a victim of abuse, seeking asylum, being neglected, living in the streets and other vulnerability conditions are equally important elements which must be considered when assessing the best interests of the child (ibid:16).
6. **The Child's Right to Health:** This aspect is addressed in article 24 of the Convention as the child's health condition are central and relevant in assessing the child's best interests (ibid:16).
7. **The Child's Right to Education:** Evaluating the well-being of the child should consider the provision of high-quality early childhood education, encompassing both formal and informal approaches, offered at no cost (Ibid:17).

Ghana's Standards Relevant to the Best Interests of the Child

Ghana's Children's Act, 560 (1998) and its Amendments mention the best interests of the child under the welfare principle. Like Article 3 of the CRC, section 2 of the Children's Act stipulates that "The best interests of the child shall be paramount in any matter concerning a child. The best interests of the child shall be the primary consideration by any court, person, institution, or other body in any matter concerned with a child". Even though this Act does not specifically state the criteria for assessing the best interests of the child, it lists the following rights of children as guides for institutions and other persons concerned when making decisions regarding the wellbeing of children. These rights include the following:

1. **Non-discrimination:** No child shall be discriminated against by any person because of his or her gender, colour, age, religious affiliation, disability, health status, norm, ethnicity, rural or urban context, biological or other status, socioeconomic status, or

refugee status (Section 3).

2. **Right to Grow up with Parents:** Section 5 of the Children’s Act stipulates that “No person shall deny a child the right to live with his parents and family and grow up in a caring and peaceful environment unless it is proved in court that living with his parents would –(a) lead to significant harm to the child; or (b) subject the child to serious abuse; or (c) not be in the best interest of the child”.
3. **Parental Duty and Responsibility:** Whether the parents of a child are married at the time a child is born or not, and are living together or otherwise, none of these factors shall deprive a child of his or her welfare. Also, every child has the right to life, freedom, self-esteem, respect, recreation, health, education, and accommodation from his parents. Parental rights and duties to protect children, whether obligatory by law or otherwise, is also emphasised. In this context, the responsibilities of parents include the protection of children from abandonment, discrimination, violence, abuse, exposure to physical and moral dangers and oppression. It also includes the provision of effective guidance, nurturing, support, and sustenance for the child, ensuring their survival and overall development. It further emphasises the need for parents to ensure that the child is cared for by a competent person in the temporary absence of a parent and considers that a child below eighteen months old shall only be cared for by a person not below fifteen years old, unless the parent has surrendered his or her rights and responsibilities in accordance with law. Each parent shall be responsible for the registration of the birth of their child and the names of both parents shall appear on the birth certificate, except if the father of the child is unknown to the mother (Section 6).
4. **Right to Parental Property:** No person shall deny a child a rational share of his or her parent’s inheritance whether the child was born in marriage or not (Section 7).
5. **Right to Education and Wellbeing:** No person shall deny a child access to education and wellbeing through vaccination, food, clothing, housing, health care, or any other requirement for his growth. Also, a child shall not be deprived medical treatment based on religious or other beliefs (Section 8).
6. **Treatment of the Child with a Disability:** No person shall treat a child with a disability in a humiliating manner. Such child shall be given a right to special care, education, and training wherever possible to develop his optimal potential and be self-reliant (Section 10).
7. **Right of Opinion:** Like Article 12 of the CRC (1989), Section 11 of the Childrens’ Act 560 (1998) also restricts persons from depriving a child capable of forming views the right to express his or her opinion, to be listened to, and to take part in decisions which affect his or her wellbeing. Furthermore, this opinion shall be given due weight in accordance with the age and maturity of the child.
8. **Protection from Torture and Degrading Treatment:** No person shall subject a child to suffering or other punitive, insensitive, or undignified treatment or punishment including any cultural practice which dehumanises or is harmful to the physical and psychological wellbeing of a child. Correction of a child is unjustifiable if it is unreasonable in kind or not on a level in accordance with the age of the child, or his or her physical and mental condition. In addition, a correction is unjustifiable if the child does not understand its purpose due to his or her tender age or otherwise (Section 13).
9. **Penalty for Contravention:** According to Section 15 of the Act, “any person who contravenes any of these provisions on the rights of the child and parental duties, commits an offence and is liable to a fine not exceeding Gh¢500, (an equivalent of about €43), or to a term of imprisonment not exceeding one year or to both”.

The National Standards for Residential Homes for Children in Ghana (2018: 9) acknowledges that the best interests of the child is a child rights principle. Hence, assessing the best interests of the child means to evaluate and balance “all the elements necessary to

make a decision in a specific situation for a specific individual child or group of children”. It adds that to determine the best interests of the child, it is critical that adults consult, understand, and consider children’s perspectives in decisions affecting them.

3.3 Theorizing the Street-Level Bureaucrats (SLBs)

“Street-level bureaucrats” is a well-known theoretical concept in the field of public administration and policy. This theory investigates the role of employees of government agencies, such as teachers, social workers, police officers, and other public servants who oversee the implementation and delivery of government programs and services to the public at the grassroots level. It was introduced by Michael Lipsky who maintained that though these employees have a vital role in moulding the outcomes of public policies, they face a variety of issues and challenges daily. They manage complex interactions with clients, make discretionary judgments, and work with limited resources, all of which can have an impact on the effectiveness and equity of public services (Lipsky, 2010: 13). Principles of SLBs theory according to Maynard Moody and Portillo, (2011: 255) include the following:

1. **“Frontline” Status:** SLBs are the frontline staff of public agencies. They are the first point of contact for citizens. Yet, they are placed at the bottom of organizational hierarchies where they share many working conditions with other staff. In the words of Kanter and Stein (1979: 176), SLBs are frontline workers in all bureaucracies, as those “rewarded the least, valued the least, and considered the most expendable and replaceable in a sense...”.
2. **People Processing:** The condition of work of SLBs is also characterised by their intimate interactions with citizens who become their clients. In these encounters, they frequently experience a mix of empathy, repulsion, dismay, and disappointment and mostly make decisions based on personal attachments. Despite this, their decisions sometimes result in a transformation of their clients (Lipsky, 1980: 9).
3. **Inherent Discretion:** Discretion refers to the authority and freedom these frontline public servants have in interpreting and implementing policies. It is the SLBs theory’s key principle on which Lipsky contends that SLBs have great discretion in decision-making. According to him, adaptation of policies to the unique and often complex situations encountered by SLBs is made possible by this discretion. This in turn may result in inconsistencies in how policies are applied, due to influences by personal values, beliefs, and professional judgments of individual bureaucrats. Lipsky further acknowledges the indefinite nature of discretion and points to the fact that though SLBs are mandated to operate based on legal guidelines, agency rules and regulations, available resources, and organizational culture, they are still able to manage such restrictions. Lipsky also posits that, whilst an over-exercise of discretion can lead to an accountability dilemma, uninformed and varied decisions, or the opposite can lead to strict and unresponsive public services which poses a challenge to right evaluations (Maynard Moody and Portillo, 2011: 258).
4. **Irreducible Autonomy:** Another aspect of SLBs is their attainment of decision-making autonomy in their field of duty. Because much street-level work occurs outside the horizon of supervisors, supervision of activities becomes difficult. Hence, supervisors of SLBs cannot guarantee that the latter’s judgments are in conformity with their preferences (Brehm and Gates, 1997: 7). Some early research concluded that SLBs develop different priorities than their supervisors and the organizations within which they work. Although inadequacy of resources is a key source of street-level autonomy, the provision of resources to SLBs often is inadequate and sometimes unavailable which makes it hard to respond efficiently to the needs identified in policy directives (Maynard Moody and Portillo, 2011: 260).

5. **Ultimate Policymaking:** Before the initial work on SLBs theory, SLBs were not considered as policymakers. If they were considered as part of the policy process at all, they were regarded as the last and least influential in policy implementation. Subsequently, Lipsky (1978: 401) considered street-level bureaucrats as the ultimate policymakers and posits that “policy is an abstraction until it is realized when delivered to citizens and that street-level policy realizations define policy”.

3.4 Conclusion

This chapter centered on provisions included in the CRC (1989) and Ghana’s Children’s Act 560 (1998) in relation to the promotion of the wellbeing of children. Particularly, elements of the best interests including a consideration of the views of the child, the provision of their basic needs enshrined in the CRC General comment No. 13 (2013:13-17), together with other rights provided in the Ghana’s Children’s Act, as well as the principles of the theoretical concept of SLBs, are considered together. A combination of these theories offers the framework for understanding how social workers approach the new CRI policy in Ghana under their working conditions.

CHAPTER FOUR Social Workers and their Context

4.1 Introduction

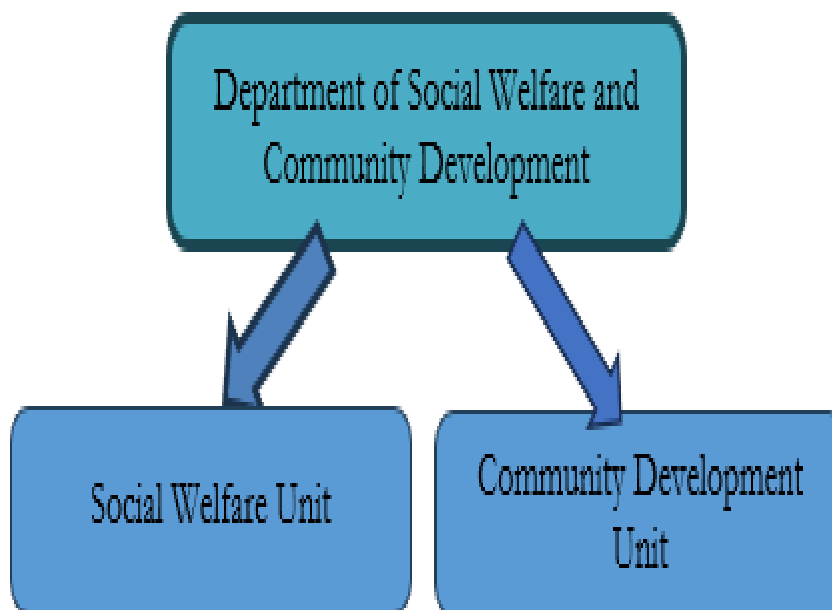
Social work profession supports societal change, problem-solving in human networks, and enabling the liberation of people to improve their wellbeing. It also mediates at places where people interrelate with their surroundings, using ideas of human conduct and social classifications. Fundamental principles to social work are human rights and social justice (Hare, 2004: 409). To understand the implementation of child reunification, there is the need to understand who the implementers of this policy are, what their context is, and how they are connected to the policy in question. Social workers are an example of SLBs and seek to improve the general wellbeing of people and communities by offering the necessary assistance aimed at meeting their basic and complicated needs. These professionals work with a wide range of persons and populations, particularly the vulnerable, oppressed, and impoverished (Baffoe and Dako-Gyeke, 2014: 114).

In Ghana, these professionals are either certificate or diploma holders from the School of Social Work, Bachelor of Arts in Social Work or other degrees in the Social Sciences or related discipline from the University of Ghana, or other universities in Ghana (Baffoe and Dako-Gyeke, 2014: 118). Social workers in the DSW&CD being an example of SLBs are the frontline public service workers who are mostly the first point of contact for clients and citizens, and whose actions when combined result in the policy of the organisation (Lipsky 1980: 3).

DSW&CD formerly functioned as different departments, namely Department of Social Welfare and Department of Community Development. The declaration of LI 1961 brought about the merger of these two departments at the local level to become a Department of the MMDAs with the new name DSW&CD. At the regional and national levels however, they continue to remain two separate departments (DSW&CD Training Manual, 2014: 21).

Figure 8 depicts a composition of social workers in the DSW&CD, indicating the various units.

Figure 8: Composition of DSW&CD in Ghana



Other social workers in Ghana can be found in RHCs and NGOs. Their numbers are however insignificant compared to the numbers at the DSW&CD. For purposes of this paper, social workers in the DSW&CD and the RHCs shall be considered.

The function of the DSW&CD according to the DSW&CD Training Manual (2014: 21), is to “assist the assembly to formulate and implement social welfare and community development policies within the framework of national policy”. To undertake these tasks, the OLGs has developed staffing norms in the Operational Manual of DSW&CD to ensure that staff are effectively utilized according to their workload and to ensure that at all levels, there are available personnel with the right blend of skills. According to these norms, (refer to Appendix 3), in terms of minimum and maximum, the required staff for a district is 20 and 23 respectively. For a municipal, the number is 25 and 29 whilst 34 and 48 is required for a metropolitan respectively.

4.2 Responsibilities of Department of Social Welfare and Community Development (SW&CD)

The DSW&CD undertake the following programmes which are contained in their Training Manual:

- 1. Child Rights Promotion and Protection:** This programme is handled by the Social Welfare Unit (SWU) of the DSW&CD. It relates to general case work management, including but not limited to rendering assistance to families and persons in cases of maintenance, child abuse, custody and fatherhood cases, and others related to family reconciliation. Under this program, social workers also offer alternative care for children lacking parental support and collaborate with street children and their families to facilitate their removal, rehabilitation, and reintegration. The supervision, monitoring, and facilitation of Day Care Centres’ registration also fall in this category (DSW&CD Training Manual, 2014: 35-55).
- 2. Community Care:** This is another programme of the SWU which includes activities such as the implementation of Livelihood Empowerment Against Poverty (LEAP) activities, registration of NGOs, provision of welfare services in hospitals, assistance to the impoverished, psychiatry patients, stranded people, and services related to Community Based Rehabilitation (CBR), identifying and registering Persons with Disabilities (PWDs), conducting physical, medical, and psychosocial need assessments and psychosocial counselling for them, whilst also facilitating skills training programmes. Supervising and monitoring the operations of RHCs is captured in this programme too. Also, under this programme are, conducting and writing social investigation reports for the purposes of licencing and compliance of the National Standards for Residential Homes, as well as family assessments for the reunification of children, or placing them in other alternative forms of care (ibid: 56-75).
- 3. Justice Administration:** This includes involvement social workers in Family Tribunal sittings by representing juveniles and providing probation services to juveniles and families. Conducting social investigations and preparing home study reports for the courts and regional office and is within the scope of the SWU. Additionally, this unit collaborates with the police and hospitals in instances involving missing, abandoned, or children at risk, and is also in-charge of establishing child panels in the various MMDAs (ibid: 76-91).
- 4. Adult Education, Extension Services and Home Science Extension/Local Economic Development:** The Community Development Unit is in-charge of this programme. It covers the procedures for initiating, monitoring, and evaluating programs

at the community level. Other activities under this programme include organising weekly adult education programmes, identifying, maintaining, and updating information on numerous groups in the community, conducting assessment of community needs, mobilizing community members for collective work and self-help initiatives, as well as resource mobilisation for community development interventions. Furthermore, education for women on home management, childcare, and entrepreneurial skills, and the dissemination of child protection toolkits through community involvement and dialogue sessions are offered (DSW&CD Training Manual, 2014: 22).

5. Budgeting and Planning: In terms of budgeting and planning, both units (DSW&CD) are responsible for drafting budgets and action plans for the execution of activities of the department, which is submitted as one document. They also compile activity reports and quarterly and annual reports as one document.

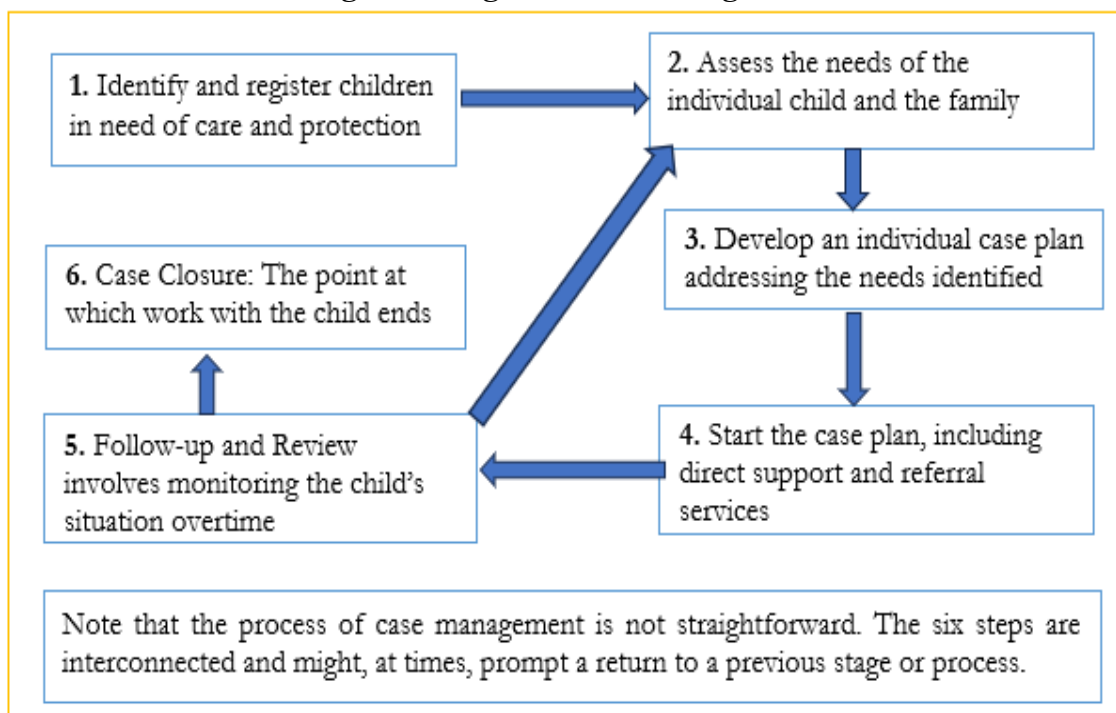
4.3 Responsibilities of Residential Homes for Children (RCHs)

At the RHC level, social workers are responsible for the daily running of the homes, ensuring that children’s needs are met whilst also making necessary plans for their long-term care. In addition, they are charged to assist the DSW&CD to monitor and supervise reunified children.

4.4 The Caseload of Social Workers in Ghana

Apart from the outlined responsibilities of social workers, the inception of the CRI has presented other required caseloads. The policy requires social workers to manage several cases related to the tenets of deinstitutionalisation in a step-by-step manner, to ensure that the provision of services meet the best interests of the child. These stages are presented in the Case Management Standard Operating Procedures (SOPs) as sketched below (Figure 9).

Figure 9: Stages of Case Management

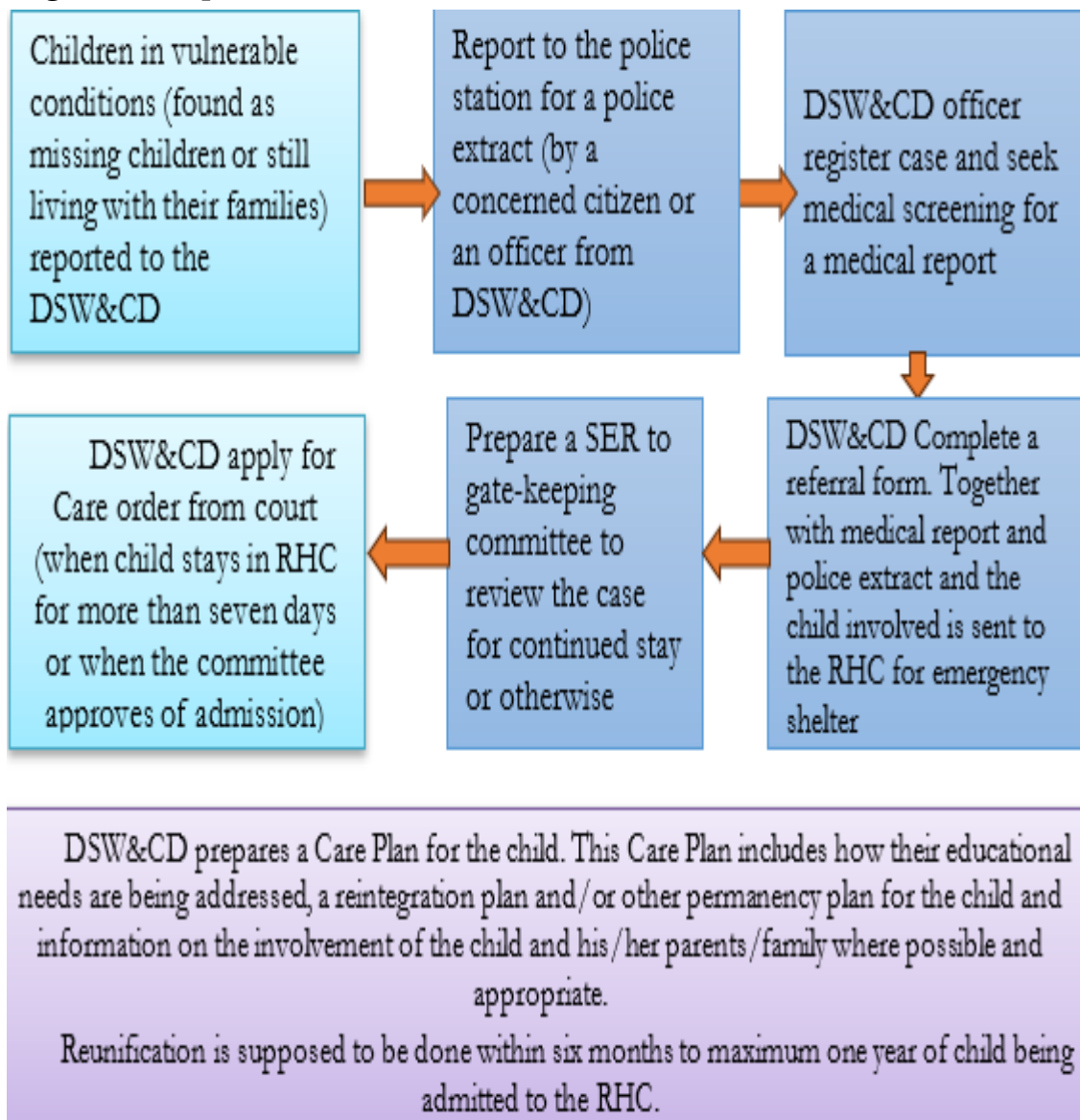


Source: Case Management Standard Operating Procedures for Children in Need of Care and Protection (2018: 12).

4.5 Responses to Children in Vulnerable Conditions and Process of admission into RHCs

Admission into RHCs is illustrated in the following diagram. When a child stays in a RHC for more than seven days, a care order from the Family Tribunal is required to permit the continuous long stay of such a child. The duration of a care order is a maximally three years or until the child reaches eighteen years, whichever is earliest. However, the Family Tribunal may make a provisional order or vary the order (Section 20 of the Children’s Act). The following is a sketch of the response to children in vulnerable conditions and the process of admission (Figure 10).

Figure 10: Response to Child Vulnerabilities and the Admission Process to RHCs

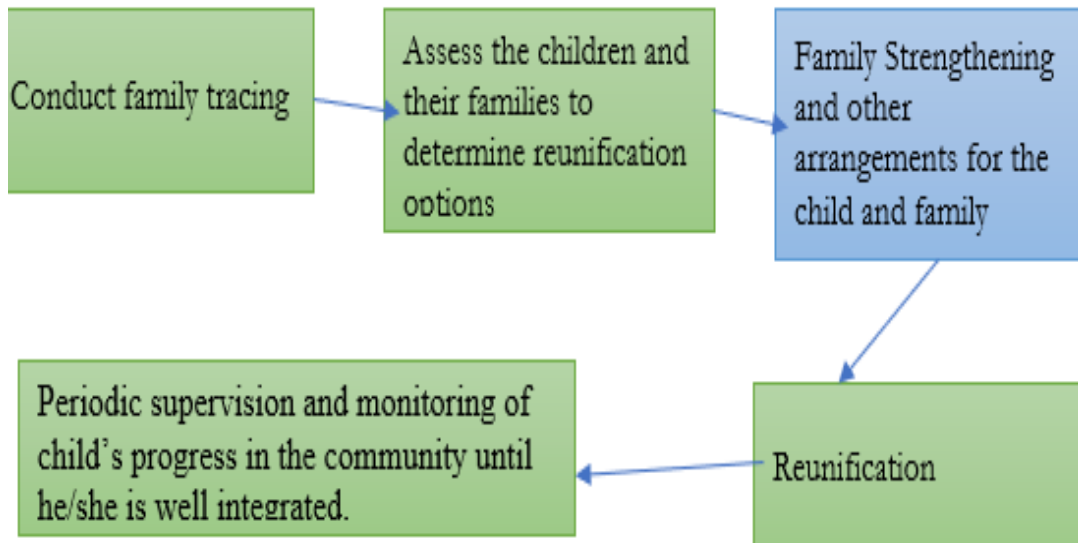


Source: Based on personal experiences from facilitating admissions of children using Sections 17 -20 of the Children’s Act 1998(560).

4.6 Process of Reunification

In the case of reunification, social workers are required to strengthen families by providing counseling and support services to address the primary issues that contributed to child neglect or endangerment. There is no specific document stating the process of reunification. Information of this form is dispersed in the various manuals of the CRI. Therefore, the sketch in Figure 11 is based on practical experiences at the DSW&CD.

Figure 11: Process of Reunification



4.7 Important Social Intervention Programmes in Ghana

Three main social intervention programmes are most relevant to the subject of this study, they are co-called LEAP and NHIS.

The Livelihood Empowerment Against Poverty (LEAP)

LEAP is a cash transfer programme introduced by the Government of Ghana (GOG) in 2008, for extremely poor and vulnerable households. The main objective of the LEAP program is to reduce poverty by increasing and promoting access to services and opportunities among the extremely poor and vulnerable. Eligible persons are orphaned and vulnerable children (OVC), persons with a severe disability without any productive capacity, and elderly persons who are 65 years and above. Beneficiary households must meet the following conditions and co-responsibilities: children between 5-15 years must be enrolled in public basic schools; and children between 0-5 years must be registered and must visit health facilities regularly for vaccinations and growth monitoring. Payment of beneficiaries is made bi-monthly and currently the amount stands at Gh¢128 for a household with one beneficiary, Gh¢152 for two, Gh¢176 for three and Gh¢212 for four or more (MoGCSP, 2023: n.n). These figures are equivalent to about €11, €13, €15, and €18 respectively.

The National Health Insurance Scheme (NHIS)

This program was introduced by the Ghana government to provide financial access to quality health care for residents in Ghana. It is regulated by the National Health Insurance Authority (NHIA) and largely funded by the National Health Insurance Levy (NHIL), the Social Security and National Insurance Trust (SSNIT), returns on National Health Insurance Fund (NHIF) investments, and premium paid by informal sector subscribers (NHIA, 2023: n.n.). Health care provisions include Out and In-

Patient Services, and emergencies. There are, however, specified medicines which are not covered (ibid) and subscribers must pay fees for such drugs. There are also other instances where subscribers have had to pay for medicines that were supposed to be covered by the NHIS at health facilities, even though their NHIS cards were active (Kotoh, 2018: 450).

4.8 Conclusion

This chapter described the profession of social workers and the context in which these professionals discharge their duties particularly in Ghana. It indicated the agencies they operate with, and the training required to earn such profession. The programmes they must undertake especially in the DSW&CD namely Child Rights Promotion and Protection, Community Care, Justice Administration, Adult Education, Extension Services and Home Science Extension/Local Economic Development, as well as Budgeting and Planning are expanded. The additional caseload because of the CRI is indicated, and a brief statement about the roles of other social workers in RHCs is also defined. Moreover, the staffing required to ensure that these professionals effectively utilise their skills is summarised, and a referral is made to appendix 3 for a clearer picture of the staffing norms developed by the OLGs for the DSW&CD in the various MMDAs. Finally, two important social intervention programmes namely, LEAP and NHIS which seek to reduce conditions of vulnerabilities among the clients of social workers are also explained.

CHAPTER FIVE The Perspectives of Social Workers: Findings and Analysis

5.1 Introduction

This chapter presents the main findings of the Research Paper, in line with the research questions of the study. The findings have been categorized into the following: transition from institutionalization to deinstitutionalization, social workers' conditions of service and reunification, and operationalizing the best interests of the child. Analysis of these findings including other emerged themes will be done through the theoretical lenses of best interests of the child as a general child rights principle, and SLBs.

5.2. Transition from Institutionalization to Deinstitutionalization

The wellbeing of children involved in reunification must be primary concern during such transitions, and social workers must ensure that the physical and emotional health of these children are not impacted negatively. Other areas of concern are individualized care which considers the unique needs of the children, supervision to track the progress of the children's progress, and collaborative efforts tailored towards safeguarding the wellbeing of reunified children to promote the integration of these children. However, there is the need for the required knowledge and expertise as well as resources for this shift.

5.2.1. Knowledge and Perceptions of Social Workers on Reunification

The findings of the study indicate that reunification was already in practice prior to the inception of the CRI. However, the introduction of manuals and forms is what differentiates the current practice of reunification from the previous one.

Though thirteen respondents made this claim, those from RHCs made it most confidently:

“Before the care reform initiative, we were doing reunification. We admitted children, made sure they were well to do, gave them the basic needs of life, and then we were involved in reunification. So, before they introduced their forms, we've done reunification” (Desmond, interview 8 August 2023).

However, one interview participant from DSW&CD who has been in the service for 23 years expressed a different view: “In those days, when you found a child, you just sent the child straight to the residential home and you were done” (Kiwi, interview 31 July 2023). These statements suggest that, for various reasons, different social workers might apply different practice models or might have done so at different moments in time.

All participants embraced reunification as a policy and perceive it as a positive step towards providing the desired familial setting for the growth of children. Nonetheless, the fact that the policy presents additional responsibilities to the social worker was not overlooked. According to Kiwi (interview 31 July 2023):

“I would not say it is only a burden but an additional responsibility (...) this one, you have to locate the family and make sure that it is their real family. After that, you have to send the child to them. You have to be monitoring to see the development of the child and the family. All this chain of processes requires resources to undertake them”.

Even though this statement emphasises workload, the fact that the means to achieving these tasks is also a concern cannot be denied. Before the inception of the CRI, reunification was least heard of, and the mission of the social worker from the DSW&CD who happens to facilitate the admission of a child into a RHC most was accomplished if the family of such a child does not show up or express an interest of having such child back. Not only does this action deny the child his or her right to a family life but disregards such provisions in Article

16 of the CRC (1989).

5.2.2 Distribution of Functions in the Implementation of Reunification

Child protection work requires a multisectoral and multi-stakeholder approach through an effective communication and coordination, to ensure a holistic approach to child welfare. To address the child's best interests during reunification, collaborations between social workers, educators, healthcare providers, law enforcement agencies, communities, families, and children, is key. Coordination, as defined by Graham and Barter (1999: 7), is "a relational system in which two or more stakeholders pool together resources in order to meet objectives that neither could meet individually".

The National Standards for RHCs encourage assistance from DSW to prepare families for reunification, and a collaboration between DSW&CD and RHCs to provide after-care supervision services which help to facilitate children's reintegration with families, when possible (UNICEF Ghana, 2018: n.n). Though some social workers from both the DSW&CD and RHCs make efforts to play their roles accordingly, others especially from the DSW&CD have relaxed on this duty. According to Mina (interview 31 July 2023): "so for us we start with the assessment of the child, then we start preparing with the psyching. Then we do the tracing. This is where sometimes you are not successful, and sometimes you require logistics". Kofi (interview 14 August 2023) shared that:

"The assembly sometimes gives us the vehicle to do the tracing, to do the reunification.

Sometimes but not always, depending on the availability of the vehicle. The rest is left to us, to manage to achieve what we want to achieve. If we put in the request, sometimes we get it but it comes late. Sometimes we don't get it at all".

Family tracing has been a key focus for reunification yet remains a big challenge also. Even though four participants from DSW&CD indicated that the MMDAs assist with family tracing by providing vehicles, this support is sometimes limited, and social workers have sometimes relied on their personal finances to undertake such activities. This lack has sometimes served as a compelling factor for them to abandon their duties as explained by the following social worker from an RHC: "But because of lack of resources, some of these officers abandon their cases and we have to pick them up. Meanwhile, we've not been mandated to be doing their jobs, we are supposed to work in collaboration with the referral source" (Nii, 7 August 2023).

This elicits some potential frictions and unclear responsibilities between these two settings and can over burden social workers in the RHCs because they are compelled to add up to their existing workload. By way of confirming the above statement, all participants from the DSW&CD indicated that they rarely undertake supervision after reunification although they are aware this is likely to promote the wellbeing of reunified children. One participant explained this as follows:

"We do not really carry out these supervisions due to inadequate funding. But then they keep telling us that this is what we have to do. But where is the money to do that? Because if you have to follow-up to another region, how do you cater for that? (...) So these are some of the challenges. They keep preaching good standards but implementing it is another problem. Let me be honest with you. We don't often do supervision, it's just once or twice though it's even within our region" (Enyo, 10 August 2023).

Once financial lack has been mentioned by a staff from the DSW&CD as a reason for failing to conduct supervision on reunified child, this could confirm that these social workers certainly sometimes shirk their responsibilities on staff of the RHCs.

5.2.3 Requirements for Policy Implementation

The implementation of a policy requires some form of sacrifices in budget allocations. This is evident in a statement made during an Asian senior budget officials meeting in Bangkok which indicated that, the formulation and implementation processes of policies are interdependent with an adequate budget being a requirement. In the absence of a budget, implementation will be muddled (Shand, 2010: 3). With the inception of the CRI and its emphasis on reunification, participants expected budget allocation for this cause. However, this has not been the case as explained by Ismael (interview, 8 August 2023):

“I don’t think government really has put in (...). Well, not that I am aware of anyway. I don’t think government has done much. It’s more like, oh, because maybe UNICEF or the UN is saying this, so let’s (...). The things that have to be in place for the children to be safe, they are not there”.

It was observed that DSW&CD perceive RHCs as well-resourced due to the ability of some of them to undertake family strengthening programmes and help reunited children to integrate. This could be a reason why the former sometimes shirk their responsibilities. However, all research participants, even those from RHCs, also expressed dissatisfaction about the government’s financial contribution to reunification. Per the Standard Operating Procedures (SOPs), the Government is responsible for providing direct assistance to children, whilst Civil Society Organisation (CSOs) or NGOs play a supplementary role to government’s efforts (UNICEF and Government of Ghana, 2018: 13). Yet, RHCs have also been overburdened financially to cater for children in RHCs and reunited children. According to Enyo (interview, 10 August 2023): “As long as the child grows, the government should take up from the NGOs. You see NGOs support them through education, feeding, medical. The government is supposed to do that (...) and take up that task from the shelter”. Kudjo (interview 1 August 2023) added that: “When it comes to the implementation (referring to reunification) (...) most of the time it is the NGOs that support the departments in most of the processes”.

Social workers have raised hopes that, funding from Government is a condition for effective reunification. Hence, the absence of this provision has made adaptation to this new policy not only tasking and problematic for social workers, but also impacts on the effectiveness and equity of public services according to Lipsky (2010:13).

5.2.4 Levels of Expertise and Compliance with the Guidelines for Reunification

The very nature of the best interests of the child and its possibility of impacting the lives of children means that staff must demonstrate the required skills, competencies, and attitudes. Apart from three participants from the DSW&CD who did not receive formal training on the guiding documents for reunification, the rest did. One of these three participants had to self-learn the contents of some of the operational manuals related to reunification per the CRI as explained below:

“Even with this care reform initiative you are talking about, most of us are not in the know, like trained. We have heard about it, we have read books about it, but occasionally, we have to be trained. When they introduced them (SOPs), they just came and rushed us through the entire policy, very bulky, and then left. So, some of us who were that inquisitive, we had to be boarding cars and go to the regional office of social welfare and see the officers (who seem to have in-depth knowledge about how the SOPs work). Now, they are all on retirement” (Mary, interview 10 August 2023).

Though the following participant had some training, he emphasised the intensity of this knowledge lack and raised concerns about how information relating directly to reunification is scattered in different documents: “Sometimes we visit some districts as part of our work, you ask them about care reform and they don’t even know about it. I don’t think the education has

reached every district. (...) What I want to add is having one document that guides everybody” (Ismael, interview 8 August 2023).

These were statements from participants who work in the regional capital of Ghana. Based on these comments, one can only imagine that not only would other social workers without the opportunity to access information relating to reunification would fail to implement this policy, but they may be implementing it in a manner which fails to meet the required standards of the policy.

5.3 Social Workers’ Conditions of Service and Reunification

The conditions of service of social workers play a key role in child reunification. If they lack adequate resources and are taxed with high caseloads with limited staff, their ability to effectively assess and facilitate reunification may be affected. This could result in prolonged separation of children from their families or potential risks to their wellbeing when reunified.

5.3.1 Workforce for Case Management and Reunification

Serving the best interests of children requires the availability of the necessary systems and an ability to adapt to a wide range of service delivery. In this context, the social worker must not only adjust to general policy guidelines to the specific needs of clients, but also needs a very strong workforce. Reunification starts with assessments, preparing the child’s mind through psychosocial counselling and other support, followed by family tracing. Family tracing takes a lot of effort especially when children have been living in the RHCs for a long time and have experienced the relatively comfortable life there where everything is at their disposal. Assessment continues even when the family is identified. If the family is found to be incapacitated, capacity building and family strengthening become necessities. All these processes are key in ensuring that the child receives the desired care, protection, and safety which Article 3(2) of the CRC obliges States Parties to guarantee. Without adequate human resources, this can be very tasking and challenging. This was another concern for all participants of the DSW&CD, as explained by Kiwi (interview, 31 July 2023):

“I would say the workforce is very weak (...) and the staff that we have is even scanty. (...) The pressure is on the little, the ones that are in the office. So, the workforce is overburdened”. According to Salma (interview, 3 August 2023):

“Our workforce is not enough. One person is supposed to do all this tracing (...) Now, there’s a regulation that before a child is reunified, you fill all the forms required. Initial screening, (...) when the child is about being reunified, you fill the comprehensive form again. So it is quite tasking”.

Another interviewee from an RHC shared similar views on human resources:

“It is nothing to write home about because if we are to do social work properly reunification has to get its own staff or department, a small department of about 2, 3 or 4 staff to work on because the children are many for a particular district. But finding one person doing reunification, doing this, doing that (...) we are understaffed (sighs)” (Joshua, interview 17 August 2023).

Though the remaining participants from the RHCs were content with their workforce, even with just one social worker in that outfit, the statement above held much weight because this author had the most experience working with the DSW and subsequently an RHC. Information obtained staffing of the DSW&CD indicate that none of the staffing of the DSW&CD met the staffing norms contained in their operational manual (see appendix 3).

5.3.2 The Nexus between the Principles of Street-Level Bureaucrats (SLBs) and the Social Worker on Reunification

As noted by Lipsky, social workers possess a frontline status as SLBs which compels them to adapt to policies even in complex situations they encounter by using their inherent discretion (Lipsky, 1989). This could be influenced by personal values, beliefs, and professional judgments. While these may sometimes yield positive outcomes, these influences could also result in inconsistencies in how policies are applied to clients, and in this case children. Even though there are guidelines for the implementation of reunification, these are not strictly followed, not only because social workers find them bulky, but also because of differences in individual cases. According to Mandela (interview, 17 August 2023):

“I think the way we go about it on the ground now is okay. And it is not something that you follow the guidelines rigidly. With that you fail. Because cases are dynamic. So if A comes and I use the guideline portion of it and it has been successful, that might not be successful for case B. So the guideline is there to guide us but it doesn't mean we should follow it rigidly. Whether it's working or not.”

The above statement confirms Lipsky's contention that the adaptation of policies to the unique and often complex situations encountered by SLBs is made possible by their discretion. It also buttresses the point that the social worker yields such authority in terms of the use of discretion according to Maynard-Moody and Portillo, (2011: 258).

The absence of training even intensifies their use of discretion and, although this may be a positive attribute of the social worker, there is still the need to limit the extent to which the social worker can express his or her discretion in order not to out step boundaries and undermine some aspects of what is in the best interests of child. The statement translates to mean that, once the social worker gets satisfaction in this mode of implementation, that remains what he sticks to, hence overlooking all other elements that are worth considering. Eventually, that becomes the practical policy.

The correlation between income level and job satisfaction cannot be overemphasised (Bame, 1974: 151). Income serves as a motivation for workers to perform their duties (Herzberg, et al., 1959: n.n.). Part of the attributes of social workers as SLBs is their poor working conditions. For instance, a social worker can earn between Gh¢7,800 and Gh¢26,500 on average in Ghana (World Salaries, 2023). This is equivalent to about €663 and €2253 respectively. Though it cannot be concluded that an inadequate salary perse leads to poor implementation of a policy, it can empirically be drawn that this condition is a possible demotivating factor for social workers to make optimal efforts in reunification tasks. I deduced this point from the following viewpoint of a participant who had served in the DSW for 23 years and later in an RHC:

“It is a call work. If you don't have the calling you cannot do the work well because the motivation is not there. Some join because abroad for instance, a social worker is earning well, and his report is final. That is why some would like to branch out to a social work program, some would also like to run away because it is not a well-paid job,” (Joshua, 17 August 2023).

5.4 Operationalizing the Best Interests of the Child

Determining the best interests of the child starts with an assessment of the specific circumstances that make the child unique. Per the standards of the CRC, introduced in chapter there, these circumstances are related to the individual characteristics of the children in question. These include age, gender, level of maturity, experience, belonging to a minority group, having a physical, sensory, or intellectual disability, as well as the social and cultural context in which the child or children belong. It can also be the presence or absence of parents, whether the child or children live with them, and the value of the existing relations

between these parties, or the security of the environment, the availability of quality alternative means to the family, extended family, or caregivers (CRC, 2013: 13).

Global standards of the best interests of the child emphasize the need to raise a child in a stable family environment. When this is impossible, the child should be placed in an environment closely resembling a caring family environment. All participants acknowledged this need and emphasised that the family creates a sense of belonging for children, gives them the opportunity to grow with siblings, and the opportunity to secure their heritage. According to Mintah (interview, 1 August 2023): “There is no better place for a child to grow up like in his or her own family, in a community set up”.

5.4.1. Reunification in the Case of Children with Special Needs

Though reunification works for some children, the state of children with special needs is different. These children are sometimes denied the right to grow up in a family environment as provided for in Section 5 of the Children’s Act. As Kofi (interview 21 August 2023) explained:

“Unfortunately, it becomes an albatross around our neck because the referral source or the case worker has no plan for that child [children with special needs]. (...) The difference is that we are not seeing the adults in their 30s here. Simply, earlier the Americans, the Europeans, they come to adopt such children. (...) But unfortunately, since the embargo that was placed on adoption (...) these children are still here. For internal adoption, no, I have never witnessed a child with special needs being adopted internally. It has never happened, even not foster care.”

In the absence of biological families some children still stand a chance of receiving other optional care in family-like settings. However, the plight of some children with special needs remains a great concern for social workers because their chances to be reunified or placed in familial care are nearly impossible. This undermines their right not to be discriminated against according to section 3 of The Children’s Act 1998 (Act 560).

5.4.2 Provision of Basic Needs as Elements for Determining the Best Interests of the Child

Despite that reunification offers children an increased sense of identity and belonging, individual attention from caregivers and the shedding of the stigma attached to institutional care (Spencer and Jini, 2018: 317), social workers have sometimes failed to reunite children. This is mostly on the grounds of the inabilities of some families to provide the basic needs of children. Instead, these children are allowed to continue to live in RHCs. As Mintah (interview, 1 August 2023) told me: “If parents don’t have the resources to take care of them, take them to school, look after their health and everything, then the children being in the shelter would be an advantage”. And:

“They (referring to RHCs) are safe for them to get their basic needs. Every child has a right to basic needs fulfilment. So at the end of the day when a child is denied all of these things and the shelter is ready to give them all these things, then I see it as very favourable for the child to stay in that particular environment” (Mintah, 1 August 2023).

Two participants mentioned LEAP as government’s support for the provision of basic needs for reunified children. LEAP is a cash transfer program for extremely poor and vulnerable households comprising OVC, persons with a severe disability and lacking any productive capacity, and elderly persons who are 65 years and above. As one of them stated: “So the role of government in this is that some of the communities are on LEAP. So if a household is benefiting from LEAP, then it becomes a support to the household (...) because largely that is the essence of livelihood empowerment against poverty, to support households with orphan and vulnerable children, to be able to meet their basic needs” (Mandela, 14th August 2023).

This information was rare as four of the other twelve participants only hinted at government's support in the form of untimely and occasional provision of vehicles to assist family tracing and reunifying some children, whilst the remaining eight indicated that there is no government support at all. According to Mary (interview, 23 August 2023): "No, for now I can't tell. For my district, no. If you know, do tell us. We are not aware of any such interventions". Mandela (interview, 14 August 2023) added: "I don't know but I know of NGOs. There were times when an NGO came here. They wanted a list of children that have been reunified for them to reach out to them with food items. We gave them the list and they were able to reach out to a couple of them".

While the CRI regards LEAP as its primary intervention to prevent unnecessary separation of children from families, the statement referencing LEAP revealed some misconceptions among some social workers about its purpose in relation to the CRI and reunification.

Another participant mentioned the NHIS as support for reunified children: "Now we have the NHIS, that is the National Health Insurance Scheme. If they don't have the means of going to the hospital, it could be registered for them for free" (Mina, 31 July 2023). Meanwhile, the NHIS does not assure the provision of optimal healthcare needs because of its low coverage of services (Kotoh, 2018: 450).

5.4.3 Other Family Conditions Affecting Reunification

Conditions of vulnerabilities among children is a common reason for children being admitted to RHCs, and poverty remains the key cause of such vulnerabilities. Reunification initiatives aim to reconnect these children with their families, but it does not always work due to factors including poor home environments and other family dynamics. For example, the issue of acceptance of children from RHCs by family members was reported as a factor inhibiting reunification:

"You can't just say I've sent you back, before you even send the child there are preparations that you need to do. Are the parents willing to accept the child? Like, that child that we sent to Cape Coast. They were not willing to accept him. Because the child now knows how to smoke weed. A 14-year-old boy, he could virtually do anything. He knows how to drink, have sex, and his nickname '*Okunipa*' means murderer. When we sent him there, they said they won't accept him. He was crying all over. (...) we sent him and later when they said they won't accept him, we had to look for a residential home there as we work with the community, and the parents as well. But later, we again saw him at the same place" (Mandela, interview 14 August 2023).

The scenario above is an indication of a parental duty and responsibility denied the child which further prevents this child from growing up with his family, and to receive affection according to the elements for determining the best interests of the child. This rejection could cause more harm or may traumatize the child even further, compromising his best interests.

In other instances, some children refuse to go back home:

"Samuel initially didn't want to go because he thought the father would beat him. And he said it here, 'my father has been beating me'. Maybe the father thinks that the child has done something wrong so he must correct the child. But it might be that the method that he is using to correct the child is not suitable for the child. Before you do such a reunification, you need to counsel the parents (...). And again, see whether the parents have the desire to absorb the child back into the family. You need to check all those things. If you realize that it is okay, then you can do reunification. When it happens and you are even doing the reunification, you

as a social worker, you also have some joy” (Mandela, 14 August 2023).

Though physical abuse must not be condoned, proper assessment, counselling are key in addressing this situation, both on the part of the child and the parent. Ascertaining the cause of such abuse and the views of the child can assist the child with a better understanding of the situation and could result in a better opinion in his best interests.

While some social workers encounter hostilities in their attempt to reunify or follow-up on families of reunified children, some families also demand assistance when their children are reunified. As shared by Enyo (interview, 10 August 2023):

“Sometimes, after the unification is done, when you try to call the parents, they are like, madam, I’ve gotten my child, why are you calling me again? I received hostile responses from some parents stating that it’s their child and he’s in their custody so why am I calling them again?” (Enyo, interview 10 August 2023). According to Kudjo (interview, 1 August 2023): “Even families when you are taking their own children to them, they are demanding from the organization that rescues their child (...) Asking if the child’s education is going to be catered for by the organization. As if you are the one who gave birth to their child”. And Mary (interview, 23 August 2023) added the following: “We did a reintegration, a family member stood in, but at the end of the day, for two or three years, the person will tell you that they are tired and that you’ve given them an added burden. Most times these people are of the view that you have some funds to provide. They expect something, so when along the line, they don’t see any kind of support forthcoming, then they begin to back off”.

These expectations from families may be said to form the basis for the unwillingness of some social workers to make any efforts to reunite children. In as much as familial care is important, sustainable and continues care within this setting to promote the child’s wellbeing is necessary. It is not in vain that Article 27(3) of the CRC entreats state parties to take appropriate measures to provide material assistance and support programs, particularly regarding nutrition, clothing, and housing. Hence, the state’s responsibility to take the necessary measures to assist parents and others responsible for the child to realize their rights is in the right direction to promoting the best interests of the child.

5.4.4 Child Participation and the Views of the Child

As was explained in chapter 3, considering the views of the child is one element of assessing the best interests of the child and all participants indicated that children would always prefer RHCs to their families. The reason being that the RHCs provide for basic needs better than the children’s families. Social workers are aware of this, and understand that, when the families of these children are empowered to provide such basic needs, children would preferably return home. Yet due to the unavailability of such means of empowerment, coupled with their people processing principles described in chapter 3, their empathy for children and may be disappointment towards the state as well as their irreducible autonomy allows them to make decisions which fail to serve the best interests of the child. Social workers have merely referred to offering information regarding the children’s situations and counselling as a way of involving children in matters that concern them. Five of the 14 interviewees see the child as incapable of making the right choices and have often decided what they think is the best for the child. However, others take quite a different view. Mina (interview, 31 July 2023) stated this as follows:

“Their participation is key, right from the start of their case. Child participation is really adhered to, even from their care plans that are being developed right through some of the case managements from having a case conference with them, telling them that we are speaking to their family. It’s like we involve the children in every way. We seek their opinion but seeking their opinion doesn’t mean that we always go with that”.

Based on the five counterviews among the interviewed social workers, and the latter

part of the above statement, the fact that the views of the child must be given due weight in accordance with the age and maturity of the child (Section 11 of Act 560) has sometimes been taken for granted. Consequently, some children have been reunified to face difficulties at home.

5.5 Conclusion

For an effective reunification, resources must be made available to physically take children to families, as well as to capacitate families to provide favourable conditions at home for the general welfare of the children when they are reunified. The above account has revealed that reunification has been a challenge for social workers who endeavor to serve the best interests of the child through this policy. Due to limited support from government, social workers have had to mostly depend on NGOs who are usually short lived due to their reliance on short term budgets. That aside, some of these NGOs who mostly run the RHCs also struggle to meet the needs of children in their custodies. Hence, they hardly make provisions for other budgets especially related to child reunification. Family dynamics, coupled with parental irresponsibility, have in many instances deprived children of their rights to family life. The importance of human and capital resources for the implementation of policies cannot be over-emphasized. What is more, to serve the best interests of children is to have all the necessary systems and social protection interventions in place not only to ensure that the needs and rights of children are protected, but to also ensure that those with the duties to children perform their duties. The CRC's statement that poverty should not be a reason for separating a child would become a vague statement if steps are not taken by states parties to ensure that the necessary systems are in place to capacitate families to be fully responsible for children. From all indications, even though the social workers try to promote the general wellbeing of children, they have mostly failed to do so because to serve the best interests of the child is to consider all the elements for determining the best interests of the child outlined in chapter three.

CHAPTER SIX Summary, Conclusions, Personal Reflection, and Recommendations

This chapter presents a synopsis of the research paper. Chapter one presented a general introduction of the study, outlining some background information such as the overview of RHCs and the CRI in Ghana. This was followed by a statement of the research problem, background of the problem, justification and relevance of the research and the research objectives and questions. Chapter two outlined the research techniques and methodology, offering some justifications for the choice of methods and tools. In Chapter three, the concept of the best interests of the child, and its global and Ghanaian context and the theory of SLBs were presented. Chapter four gave some content information about social workers and their context while chapter five analyzed and discussed the study's findings.

Employing a primary data collection method, the study explored the perspectives of social workers on the policy shift from institutionalizing children living in vulnerable conditions to reunifying them with families. It further investigated their roles in this policy, considering how they have adjusted to it. Additionally, the factors they consider while reunifying children and their understanding of what the best interests of the child entails were investigated.

In response to how social workers involved in reunification have been able to redirect focus from institutionalization to deinstitutionalization (reunification) with their families, the study revealed that dealing with the new policy directive like reunification without adequate training needs and human and capital resources is a struggle for social workers which leads to some failures. Though the CRI has provided guidelines to this effect, the government has offered little training for some districts, and none for others. Social workers have often struggled to make decisions about reunification due to the appalling conditions of some families of these children. Even though such conditions should not serve as reasons to not reunify children.

To the question on how social workers can do reunification with little resources, responses centered mostly on assistance from NGOs. In other instances, they rely on their personal finances. For this reason, they have frequently overlooked some important tasks related to reunification such as: assessment, capacity building, and regular follow-up for supervision. These duties assist to ensure that reunification serves the best interests of the child and are key in promoting the integration of children with families. Though active participation between DSW&CD and RHC is encouraged, these efforts are minimal.

In reply to whether the social workers seek to serve the best interests of the child, the findings discovered that, in general terms, the social worker mostly strives to ensure that the rights of the child which are linked to his or her best interests are always paramount. For example, while the right of children to grow up with parents is important for social workers, their rights to education and basic needs have been of primary concern. For these reasons, some social workers continue to keep children in RHCs. Once these are met, then the best interests of the child are served. Though the views of the child are always in favor of RHCs, after all most will not have left home lightly, decisions of social workers are often based on the necessities of life. Hence, the views of the child may be said to hold little weight in this context which means a denial of the rights of the child to have his or her views considered.

This research project has recalled some memories of my experiences as a social worker whose concern has been to seek shelter in RHCs for children in vulnerable conditions, based on the lack of necessities of life in their families. The study served as a learning process for me. After a review of documents in relation to the best interests of the child I recommend

less institutionalization of children. However, financial, and other resources are necessities in laying foundations for the development and improvement of interventions for effective reunification. Otherwise, practice is unwieldy.

I also recommend future research tailored towards how foster care can be utilized its maximum to ensure that children are provided with family-like care rather than RHCs.

References

- Alamri, W.A. (2019) 'Effectiveness of qualitative research methods: Interviews and diaries'. *International Journal of English and Cultural Studies*, 2(1):65-70.
- Aldgate, J. (1978) 'Advantages of residential care. Adoption & Fostering', 92(2):29-33. doi.org/10.1177/030857597809200210.
- Apt, N. (1997) 'Children without parents-A Ghanaian case study'. Centre for Social Policy Studies, University of Ghana. Available at: <https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/children-without-parents-a-ghanaian-case-study> (Accessed: 5th August 2023).
- Asiamah, G.B. and Twum, M.A. (2023) 'Child Welfare in Ghana: Citizens say Government is not doing enough'. Available at: <https://www.afrobarometer.org/publication/ad596-child-welfare-in-ghana-citizens-say> (Accessed:30th September 2023).
- Baffoe, M. and Dako-Gyeke, M. (2013) 'Social problems and social work in Ghana: Implications for sustainable development'. *International Journal of Development and Sustainability*, 2(1):347-363.
- Baffoe, M. and Dako-Gyeke, M. (2014) 'Social Work Practice in Ghana: Changing Dynamics, Challenges and Opportunities': 7 in Agyei-Mensah, S., Ayee, J. A. and Oduro, A. D. (eds) *Changing perspectives on the social sciences in Ghana*. Dordrecht: Springer. doi: 10.1007/978-94-017-8715-4.
- Bame, K. N. (1974) 'Job satisfaction and salary: an illustration from Ghana'. *African Studies Review*, 17(1):151-158.
- Bethea, L. (1999) 'Primary prevention of child abuse' *American family physician*, 59(6): 1577-1585.
- Better Care Network, (2010) 'Guidelines for the Alternative Care of Children: A Tool for Reviewing the United Nations Framework with Children'. Available at: <https://bettercarenetwork.org/sites/default/files/guidelines> (Accessed: 2nd June 2023).
- Better Care Network, (2020) 'Deinstitutionalisation Practice Model: A Guide for Residential Homes for Children Ghana'. Available at: <https://bettercarenetwork.org/practitioner-library/care-reform>. (Accessed: 18th September 2023).
- Better Care Network, (2023) 'Care Reform'. Available at: <https://bettercarenetwork.org/practitioner-library/care-reform> (Accessed: 11th November 2023).
- Better Care Network, (2023) 'Leaving Alternative Care and Reintegration'. Available at: <https://bettercarenetwork.org/library/principles-of-good-care-practices/leaving-alternative-care-and-reintegration>. (Accessed: 11th November 2023).
- Boafo, F.S., et al. (2017) 'Care Reform in Ghana: Achievements and Challenges'. 1D Ghana Country Presentation: London.
- Brehm, J., and Gates, S. (1997) 'Working, Shirking, and Sabotage: Bureaucratic Response to a Democratic Republic'. Ann Arbor: University of Michigan Press.
- Bryman, A. (2012) 'Social research methods'. Oxford University Press.
- Child Welfare Information Gateway, (2011). Available at: <https://www.childwelfare.gov/glossary/glossaryf/>(Accessed: 11th November 2023).
- Coram Group, (2023) 'Our history'. Available at: <https://www.coram.org.uk/about-us/our-story> (Accessed: 29th May 2023).
- CRC, (1989) 'Convention on the Rights of the Child'. Available at: http://wunrn.org/reference/pdf/Convention_Rights_Child.PDF (Accessed: 16th May 2023).

- CRC (2013) 'UN Committee on the Rights of the Child to have his or her best interests taken as a primary consideration' (art. 3, para. 1), General comment No. 14 CRC /C/GC/14. Available at: <https://www.refworld.org/docid/51a84b5e4.html> (Accessed: 12th November 2023).
- Desmond, C. et al. (2020) 'Prevalence and Number of Children Living in Institutional Care: Global, Regional, and Country Estimates'. *The Lancet. Child & adolescent health*, 4(5):370–377. doi: 10.1016/S2352-4642(20)30022-5.
- Deters, L. and Bajaj, D. (2008) 'Orphans and vulnerable children in Ghana A contextual analysis: ECCD stakeholders adapting the safety net'. *Master of Arts in International Educational Development at Teachers College, Columbia University*, 1-21.
- Diraditsile, K. and Mmehanyana, I.G. (2019) 'Perceived Effects of Prolonged Residential Care for Children: Botswana Experience' *African Journal of Social Work*, 9(2):59–66.
- DSW&CD (2014) 'Training Manual'. Available at: <file:///C:/Users/633766pa/Downloads/SOCIAL-WELFARE-MANUAL.pdf> (Accessed: 2nd November 2023).
- DSW and UNICEF, (2021) 'Children Living in Residential Care in Ghana: Findings from a survey of well-being.'
- Flick, U. (2009) 'An introduction to qualitative research'. Los Angeles: Sage Publications.
- Frimpong-Manso, K. (2014) 'From Walls to Homes: Child Care Reform and Deinstitutionalization in Ghana' *International Journal of Social Welfare*, 23(4):402–409. Doi: 10.1111/ijsw.12073.
- Frimpong-Manso, K., (2016) 'Residential care for children in Ghana: Strengths and challenges' *Residential child and youth care in a developing world: Global perspectives*:172-186 ed. 1: The CYC-Net Press Editors: Tuhunil Islam & Leon Fulcher.
- Frimpong-Manso, K. and Bugyei, A. G. (2019) 'The Challenges Facing Children Reunited with their Families from an Orphanage in Ghana' *Children & Society*, 33(4):363–376. Doi: 10.1111/chso.12314.
- Ismayilova, et al., (2023). 'From institutional care to family reunification in a post-Soviet country: A qualitative study of challenges and opportunities in restoring child-parent relationships'. *Children and Youth Services Review*, 106993.
- Ghanaian Times, (2022). Available at: <https://businessghana.com/site/news/general/274738/unicef-demands-govt-increase-mogcsp-s-budget-allocation> (Accessed: 11th October 2023).
- Ghana News Agency, (2022) 'Ghana government urged to increase budgetary allocation for child protection'. Available at: <https://www.ghanabusinessnews.com/2022/12/08/ghana-government-urged-to-increase-budgetary-allocation-for-child-protection/> (Accessed: 3rd November 2023).
- Graham, J. R. and Barter, K. (1999) 'Collaboration: A Social Work Practice Method' *Families in Society*, 80(1):6-13.
- Hare, I. (2004) 'Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work'. *International social work*, 47(3):407-424.
- Herzberg, F. et al. (1959) 'The Motivation to Work', 2nd edn. New York. NY: *John Wiley & Sons*.
- Hickmann, M., and Adams, B. (2018) 'Assessing alternative care for children in Ghana'. Inter-Agency Group on Children's Reintegration, (2016) 'Guidelines on Children's Reintegration' Available at: https://resourcecentre.savethechildren.net/pdf/guidelines_on_childrens_reintegration

- [digital_1.pdf](#)/(Accessed:10th June 2023).
- Kanter, R. M., and Stein, B. A. (1979) 'Life in Organizations: Workplaces as People Experience Them'. New York: Basic Books (eds).
- Khan, N. A., and Abedin, S. (2022) 'Focus Group Discussion'. In *Principles of Social Research Methodology* 377-387. Singapore: Springer Nature Singapore.
- Knorth, E. J., and Harder, A. T. (2022) 'Residential care for children and youth in the Netherlands: High difficulties in lowlands'. In J. K. Whittaker, L. Holmes, J. F. Del Valle, & S. James (Eds.), *Revitalizing residential care for children and youth: Cross-national trends and challenges*, 193-208. Oxford University Press. <https://doi.org/10.1093/oso/9780197644300.003.0014>.
- Kotoh, A.M., et al. (2018) 'Factors That Influence Enrolment and Retention in Ghana National Health Insurance Scheme'. *Int J Health Policy Manag.* 1;7(5):443-454. doi: 10.15171/ijhpm.2017.117. PMID: 29764108; PMCID: PMC5953527.
- Kuyini, A. B. et al. (2009) 'Traditional Kinship Foster Care in Northern Ghana: The Experiences and Views of Children, Carers and Adults in Tamale' *Child & Family Social Work*, 14(4): 440–449. doi: 10.1111/j.1365-2206.2009.00616.x.
- Lipsky, M. (1978) 'Standing the Study of Public Policy Implementation on Its Head' In *American Politics and Public Policy*, W. D. Burnham and M. W. Weinberg (eds). Cambridge, MA: MIT Press.
- Lipsky, M. (1980) 'Street-Level Bureaucracy: Dilemmas of the Individual in Public Services' New York: Russell Sage Foundation.
- Lipsky, M. (2010) 'Street-level bureaucracy: Dilemmas of the individual in public services' Russell Sage Foundation.
- MacLean, K. (2003) 'The Impact of Institutionalization on Child Development' *Development and psychopathology*, 15(4): 853–84.
- Malterud, K. (2001) 'Qualitative research: Standards, Challenges, and Guidelines'. *The lancet*, 358(9280):483-488.
- MoGCSP, (2023). Available at: <https://www.mogcsp.gov.gh/projects/livelyhood-empowerment-against-poverty-leap/> (Accessed: 7th October 2023).
- Maynard-Moody, S. and Portillo, S. (2011) "Street Level Bureaucracy Theory". The Oxford Handbook of American Bureaucracy. Durant, R. F. (ed). Pages 252–277 doi.org/10.1093/oxfordhb/9780199238958.003.0011.
- NHIA (2023) 'Brief Introduction to the NHIS'. Available at: <https://www.nhis.gov.gh/about> (Accessed: 12th November 2023)
- Nukunya, G. K. (2003) 'Tradition and change in Ghana: An introduction to sociology' (2nd edn.). Accra: Ghana University Press.
- O'Leary, Z. (2017) 'The essential guide to doing your research project' 3rd edn. London: Sage Publications: 204 - 243.
- On The World Map (2021) 'Ghana Map'. Available at: <https://ontheworldmap.com/ghana/>(Accessed:12th October 2023).
- Research Gate (n.d.). Available at:https://www.researchgate.net/figure/Map-of-Greater-Accra-Region-with-29-districts-and-neighboring-regions-roads-water_fig1_352143669 (Accessed:14th November 2023)
- Richards, L. (2015) 'Handling qualitative data: a practical guide'. 3rd edn. London: SAGE.
- Roulston, K. (2010) 'Reflective interviewing: A guide to theory and practice'. *Reflective Interviewing*, Thousand Oaks, CA: SAGE 1-216
- Sekibo, B. (2020) 'Experiences of Young People Early in the Transition from Residential

- Care in Lagos State, Nigeria' *Emerging Adulthood*, 8(1):92–100. doi: 10.1177/2167696818822232.
- Shand, D. (2010) 'Improving Budget Implementation OECD-Asian Senior Budget Officials Meeting Bangkok 4-5 February 2010. Available at: <https://www.oecd.org/governance/budgeting/44683588.pdf> (Accessed: 22nd October 2023).
- Simons, B. and Koranteng, C. (2012) 'Residents' perception of the built environment quality in an orphanage', *Advances in Applied Science Research*, 3:19.
- DSW&CD (2018) 'Operational Manual'. Available at: <http://www.mfantsemanma.gov.gh/wp-content/uploads/2021/06/Social-WCD.pdf>. Accessed on: 30th September 2023.
- Spencer, L. J. and Jini, L. R. (2018) 'Comparing reunified and residential care facility children's wellbeing in Ghana: The role of hope'. *Children and Youth Services Review Statista*, (2023). Available at: <https://www.statista.com/statistics/1314479/number-of-residential-homes-for-children-in-ghana-by-region/> (Accessed: 2nd November 2023).
- The Children's Act (1989) 'Act 560' Available at: [https://lawsghana.com/post-1992-legislation/table-of-content/Acts%20of%20Parliament/THE%20CHILDREN%27S%20ACT,%201998%20\(ACT%20560\)/171](https://lawsghana.com/post-1992-legislation/table-of-content/Acts%20of%20Parliament/THE%20CHILDREN%27S%20ACT,%201998%20(ACT%20560)/171) (Accessed:15th November 2023).
- Toombs, E. *et al.* (2018) 'First Nations Parenting and Child Reunification: Identifying Strengths, Barriers, and Community Needs Within the Child Welfare System' *Child & Family Social Work*, 23(3): 408–416. doi: 10.1111/cfs.12430.
- UNICEF, (2018) 'Mapping of Residential Homes for Children in Ghana'. Available at: <https://www.unicef.org/ghana/reports/mapping-residential-homes-children-ghana> (Accessed: 2nd November 2023).
- UNICEF, (2020) 'Budget brief: Strengthening decentralized social service workforce for responsive services for vulnerable children and families'. Available at: <https://www.unicef.org/ghana/media/3741/file/Budget%20Brief%20-%20Funding%20Social%20Welfare%20Workforce.pdf> (Accessed: 11th October 2023).
- UNICEF and Government of Ghana, (2018). Available at: <https://www.unicef.org/ghana/reports/standard-operating-procedures-alternative-care> (Accessed: 3rd November 2023).
- UNICEF and Ghana, (2018) 'National Standards for Residential Homes for Children in Ghana'. Available at: <https://www.unicef.org/ghana/reports/national-standards-residential-homes-children-ghana> (Accessed: 14th November 2023).
- United Nations General Assembly, (2009) 'Guidelines for the Alternative Care of Children'. *UN Document A/RES/64/142*. Geneva: United Nations.
- United Nations General Assembly, (2010) 'United Nations Guidelines for the Alternative Care of Children'. Available at: <https://resourcecentre.savethechildren.net/document/united-nations-guidelines-alternative-care-children/>(Accessed:19th October 2023).
- Usher, K. (2000) 'Obtaining ethical clearance to conduct research: can the current situation be changed?', *Contemporary Nurse*, (9:1):3-5, doi: [10.5172/conu.2000.9.1.3](https://doi.org/10.5172/conu.2000.9.1.3).
- Van IJzendoorn, M. H. *et al.* (2020) 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development' *The lancet. Psychiatry*, 7(8):703–720. doi: 10.1016/S2215-0366(19)30399-2.
- World Bank and UNICEF. (2002). *Education and HIV/AIDS: ensuring education access*

for orphans and vulnerable children. Publisher: United Nations Children's Fund.
World Salaries (2023) 'Average Social Worker Salary in Ghana for 2023'.
Available at <https://worldsalaries.com/average-social-worker-salary-in-ghana/>
(Accessed: 10th November 2023).

Appendix 1.



Consent form

Date: July to August 2023 Classification: Public

I am Patience Atanga, a staff of the Department of Social Welfare and Community Development, Tema, Ghana. I am also a Master of Arts student in Development Studies, majoring in Social Policy for Development (SPD) at the International Institute of Social Studies, Erasmus University-Rotterdam, The Netherlands. This is a 15.5-month course, and I am in my final term of the program. To fulfill the academic requirements for the award of my MA degree, I am expected to conduct research.

My research is on “Family Reunification in Ghana and the Best Interests of the Child: Perspectives of Social Workers”. It is funded by the SPD Field Research Fund. However, it is independently conducted as the financial contribution has no influence on the outcomes of this study.

I will explain the study below. While reading, you can mark parts of the text that are unclear to you, and I will provide an explanation. You can also ask me additional questions at any time. If you want to participate in the study, you can indicate this at the end of this form.

Purpose of the Research

The purpose of this study is to explore the experiences and perspectives of social work professionals in Ghana, who have had to prioritize the reunification of children living in vulnerable conditions from residential facilities with families.

Importance of Participation

You have the experience in the practice of seeking the welfare of children. You have previously facilitated the admission of children in residential homes and have also facilitated the reunification of children with families as required by the Care Reform Initiative. Hence, your opinion provides information to help strengthen care reform efforts and systems to better the livelihood of reunified children in Ghana.

Expectations

The study lasts between 4 to 8 months and employs qualitative methods involving an in-depth interview. Participation in this study is completely voluntary and not participating will not affect your work or work-related assessments. You can stop at any time and would not need to provide any explanation.

If you decide to participate in this study, I will visit you at your own choice of location on your appointed date and time or the vice versa, for a face-to-face interview which is likely to last between 45 minutes to one hour. The interview will be purely narrative and will include few demographic data. I may follow-up with further questions after the interview if the need arises. Topics to be discussed would include:

- The nature of practices of care for children living in vulnerable conditions.
- Perceptions on Care Reform Initiative on reunification.
- Best interests of the child.
- Factors mitigating the successful implementation of the Care Reform Initiative

I will make an audio recording of the conversation which would serve as reference for

purposes of this study only. If you do not want to answer a question during the interview, you are not required to do so.

At the end of the discussion, you will have the opportunity to comment on your answers. If you disagree with my notes or if I misunderstood you, you could ask to have parts of them amended or deleted.

Potential risks and discomforts

You are only required to give information on practical or personal experiences in relation to reunification. Therefore, I do not anticipate any risks or discomforts while participating in this study. Nonetheless, unintended, or unexpected information are likely to come up. Should this occur, such information and every other information obtained would be treated as confidential and properly shielded for the purpose of this study only.

Compensation for participation

After the interview, I will make a travel reimbursement of €10, provided you have had to travel to participate. In addition, you will receive a bottle of perfume as a souvenir for your time. In the case where you do not have to travel to participate, you will only receive a bottle of perfume as compensation for your time. If you quit the study earlier, but had travelled for it, you would be paid €5 as travel reimbursement.

During the interview, the following personal data will be collected from you: name, age, gender, length of stay in the service, duration of time engaging in reunification, audio recordings, sentiments/feelings/opinions about children living in vulnerable conditions. In addition, you may like to talk about some political influences on the Care Reform Initiative.

I will need your **bank account or mobile money number** for reimbursement of travel cost if applicable.....

Accessibility of Data

At the end of this data collection process, all information will be identified using numbers, codes, or made-up names, and will be stored in a safer place where only I will have access to. Same applies to the recordings before and after they are transcribed.

All information provided shall be confidential and treated as such by the principal investigator. Only persons involved the research can see (some of) the data, and it remains my duty to ensure that they protect any information they may have access to.

Data such as your name, address, and other direct personal data will be accessible to only the principal investigator (me). These will be stored separately from your responses and the transcriptions. All information provided will be used for analytical purposes during the master’s thesis only and will not be used in a way that can link the information back to you.

Storage of Personal Data

According to the Erasmus University Rotterdam (EUR) research data management policy, EUR researchers must ensure that published and unpublished data, software codes, and research materials are managed and stored securely for at least 10 years, so that the integrity of the research can be verified. Accordingly, some of your data will be retained for a minimum of 10 years so other researchers could verify that this research was conducted correctly. Appropriate measures will be taken to pseudonymize the data as soon as possible, while taking into consideration the feasibility of the research and ensuring integrity.

Study Results

Indicate if you would like to receive the results of the study by ticking the appropriate box.

I would **Not** like to receive the results of the study.

I would like to receive the results via email.

Provide email address.....

I would like to receive the results via WhatsApp.

Provide WhatsApp number.....

Questions about the study

If you have any questions about the study or your privacy rights, such as accessing, changing, deleting, or updating your data, please contact me.

Name: Patience Atanga

Phone number: 0249949946 OR +31 648651517 (both on WhatsApp)

Email: patienceatanga1982@gmail.com

Regrets for Participation

Should you have regrets for participating, do not hesitate to contact me. You should however note that deleting your data is no longer possible if the data has been anonymized or pseudonymized making it impossible to trace which data came from you. These are done within 4 weeks after the data has been collected.

Declaration of Consent

I have read the information letter. I understand what the study is about and what data will be collected from me. I was able to ask questions as well. My questions were adequately answered. I know that I am allowed to stop at any time.

By signing this form,

Check the boxes below if you consent to:

Interview

I consent to participate in the interview.

Audio recording

I consent to the interview being audio recorded.

Age

I confirm that I am at least 18 years old.

Voluntary

I understand that participating in this research is completely voluntary and that I can stop at any time.

Information used for educational purposes and further research

I consent to having my personal data, namely responses, stored and used for educational purposes and for future research also in other areas of research than this research.

My answers in an article

I give permission for my answers to be used in papers, such as an article in a journal or book. My name will not be included

New research

I give permission to be contacted again for new research.

Name of Participant:

Participant's Signature: Date:

Kindly **tick** the box if you would like to receive a copy of the complete information and consent form.

N.B.

The results of the research would be published on the Erasmus University website on the address: ***www.eur.nl***

Appendix 2.

Interview Guide

Interview Number: Location:

Date: Time:

1. Demographics

Age:

Gender:

Position/Rank:

Length of time in the service:

Educational level:

2. Original practices of care for children living in vulnerable conditions

- a. What does the term 'children living in vulnerable conditions' mean to you?
.....
- b. What factors contribute to children living in such conditions?
.....
- c. What are the available interventions for children in such conditions?
.....
- d. What are the most prevailing factors that inform the admission of children in residential facilities?
.....
- e. Do you find these interventions relevant for the general welfare of these children?.....Explain.....
.....

3. Perceptions about Care Reform Initiative (reunification)

- a. What is your understanding of reunification as a Care Reform Initiative, and what are the processes?.....
.....
How has it been embraced or rejected by professionals?
.....
.....
- b. What is/are your role(s) in the reunification of children and how do these roles help to fulfil the objectives of the Care Reform Initiative?
.....
.....
- c. How has the shift from facilitating institutionalization of children living in vulnerable conditions to reunifying them with their families being for social welfare professionals in practice?.....
.....
- d. How have social workers adjusted to this shift?
.....
.....
- e. What are the available government support systems for reunified children and their families?

.....
How does this/do these capacitate or incapacitate your efforts to ensure a successful reunification and integration?

- f. What are the available private support systems for reunified children and their families?
- g. What are the advantages of reunification?.....
- h. What are the disadvantages of reunification?.....
- i. What are your perceptions about the effectiveness or ineffectiveness of reunification as a Care Reform Initiative?

4. Best interests of the child

- a. What are your perceptions about reunification serving the best interests of the child?
- b. What other options of care would children prefer rather than reunification with their families/caretakers?.....
- c. How are children involved in the reunification processes?

5. Guidelines for Reunification

- a. What are the available guidelines for reunification?.....
- b. What are your perceptions about these guidelines, especially your ability to comply by them during the reunification of children?.....
- c. What would you do differently if you could change anything about the guidelines to reunification?.....
- d. How strong is the social welfare workforce in your organisation to undertake reunification and its accompanying requirements?.....
- e. What would be your suggestions for strengthening Reunification as a Care Reform Initiative at the policy level?.....

Other Information

Other information regarding this discussion you wish should be noted.

Appendix 3.

Staffing Norm of the Department of Social Welfare and Community Development (DSW&CD)

Professional Class	District		Municipal		Metropolitan	
	Min.	Max.	Min.	Max.	Min.	Max.
Chief Social Development officer	1	1	1	1	1	1
Principal Social Development officer						
Senior Social Development Officer	2	2	2	2	3	6
Social Development Officer	4	5	6	6	6	9
Assistant Social Development Officer	6	7	6	7	9	12
Sub-Total	13	15	15	16	19	28
Sub Professional Class						
Chief Social Development Assistant	1	1	1	1	1	1
Principal Social Development Assistant	1	1	1	2	2	1
Senior Social Development Assistant	2	2	3	4	6	9
Social Development Assistant	3	4	4	6	6	9
Assistant Social Development Assistant						
Sub-Total	7	8	9	13	15	20
TOTAL	20	23	25	29	34	48

Source: DSW&CD Operational Manual (2018: 24)

Appendix 4.

Available Staffing at the DSW&CD at the time of Data Collection

Office	Required Staffing (Minimum and Maximum)	Available Staffing
Accra Metropolitan	34 and 48	21
Tema Metropolitan	34 and 48	27
Adentan Municipality	25 and 29	24
Ashaiman Municipality	25 and 29	21
Ga South Municipality	25 and 29	12
Kpone-Katamanso Municipality	25 and 29	22
Ningo-Prampram District	20 and 23	15