

Alternative Care Policy, 2025

Sierra Leone

Ministry of Gender and Children's Affairs

**(logos- back page also and line on completion of policy with the support of UNICEF
Sierra Leone)**

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ACRWC - African Charter on the Rights and Welfare of the Child
CRA - Child Rights Act
CWCs -Child Welfare Committees
CRC - Convention on the Rights of the Child (UN Convention on the Rights of the Child)
CRA 2025 - Child Rights Act, 2025
CSA -Child Sexual Abuse
CSOs -Civil Society Organisations
CT - Cash Transfer
FTR -Family Tracing and Reunification
FSU - Family Support Unit
GBV - Gender-based Violence
GBVIMS+ -Gender-Based Violence Information Management System
Plus
HRA - Human Rights Commission of Sierra Leone (*HRCSL*)
HRCSL - Human Rights Commission of Sierra Leone
M&E - Monitoring and Evaluation
MDAs - Ministries, Departments and Agencies
MoF - Ministry of Finance
MoGCA - Ministry of Gender and Children's Affairs
MoHS - Ministry of Health and Sanitation
MoJ - Ministry of Justice
MoSW -Ministry of Social Welfare
MOSW/MoGCA -Ministry of Social Welfare / Ministry of Gender and Children's Affairs
NCC - National Commission for Children
NGOs - Non-Governmental Organisations
NRM -National Referral Mechanism
OOSC - Out-of-School Children (*appears in community care section sometimes*)
PFA - Psychological First Aid
SDGs - Sustainable Development Goals
SEA - Sexual Exploitation and Abuse
SOPs - Standard Operating Procedures
SOA - Sexual Offences Act, 2019
TIP - Trafficking in Persons
UNCRC - United Nations Convention on the Rights of the Child
UNICEF - United Nations Children's Fund
UN Guidelines - United Nations Guidelines for the Alternative Care of Children
UPR - Universal Periodic Review (*if referenced in alignment of national commitments*)
VAC - Violence Against Children
WASH -Water, Sanitation and Hygiene

Foreward

Children are the foundation of Sierra Leone's future. Their protection, safety, and well-being remain central to our national development priorities and our collective commitment to uphold the rights of every child. As a nation, we recognise that a stable and nurturing family environment is the best place for a child to grow, learn, and thrive. Yet, we also acknowledge that circumstances such as poverty, loss of parental care, violence, and harmful practices continue to expose children to vulnerability. It is therefore our responsibility to ensure that no child is left without protection, dignity, or hope.

The **Alternative Care Policy, 2025** represents a major milestone in strengthening Sierra Leone's child protection system. It sets out a clear national vision that places family-based care at the centre of all alternative care decisions, ensuring that institutional care is used only as a measure of last resort and for the shortest duration possible. This Policy reinforces our commitment to the Child Rights Act, 2025, the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, and regional frameworks that safeguard the rights and welfare of every child.

Through this Policy, the Ministry of Gender and Children's Affairs and its partners affirm their dedication to building a coordinated, accountable, and community-anchored care system. This includes ensuring the early identification of vulnerable children, strengthening kinship and foster care, improving the quality of residential care, and embedding strong monitoring and oversight mechanisms across all levels of government and service provision.

Its successful implementation will require the collective effort of families, communities, local councils, traditional leaders, civil society, and development partners. I therefore call upon all stakeholders to work together to create safe, supportive, and nurturing environments where every child in Sierra Leone can reach his or her full potential.

Together, let us reaffirm our national commitment: no child should grow up alone, unprotected, or without love.

Dr. Isata Mahoi
Hon. Minister of Gender and Children's Affairs

Introduction

In Sierra Leone, the protection of children's rights is a significant concern, particularly for children who do not live with their biological families. According to national statistics, a considerable number of children are vulnerable due to various factors, including poverty, loss of parents, and family breakdown. The Alternative Care Policy is designed to ensure that every child without parental care receives protection and nurturing in an environment that promotes their best interests.

This policy aligns with international child protection standards, notably the UN Guidelines on Alternative Care of Children and the Hague Convention on International Adoption. It outlines the regulatory framework for alternative care in Sierra Leone, prioritizing family-based care solutions while ensuring that institutional care is used only as a last resort. In line with global best practices, the policy promotes the reintegration of children into their biological families wherever possible, ensuring the preservation of family bonds and cultural continuity.

However, the implementation of this policy faces challenges, including limited resources, inadequate capacity at both national and district levels, and a heavy reliance on non-governmental organizations (NGOs) to fill service gaps. Furthermore, children with disabilities, those affected by or at risk of trafficking, and other vulnerable groups require special consideration, as they are particularly susceptible to neglect and exploitation in alternative care settings.

Purpose of the Policy

The Policy affirms that the family is the most appropriate setting for a child to grow and develop. Alternative care shall only be used as a measure of last resort and for the shortest duration possible, in line with international standards. Immediate family tracing and identification of biological parents or suitable foster/kinship caregivers must begin as soon as a child is placed into care. Protection from all forms of violence, abuse, neglect, and exploitation must be prioritised at every stage of the care process. Implementation of the Child Rights Act, 2025 and related child protection laws shall guide all decisions and actions under this Policy.

This framework aims to:

1. Ensure that every child without parental care is provided with a safe, nurturing, and stable environment that promotes their overall development and well-being.
2. Promote family-based care as the primary option, supporting kinship care, foster care, and adoption where appropriate.
3. Set out clear roles and responsibilities for key stakeholders, including the Ministry of Gender and Children's Affairs, Local Councils, NGOs, Family Support Units (FSUs), and other community-level structures.
4. Establish a robust system for monitoring, evaluating, and regulating alternative care placements to protect children from abuse, exploitation, and neglect.
5. Strengthen the legal framework governing alternative care and ensure alignment with international standards.

The policy seeks to address the significant gaps in the current system, particularly the lack of oversight in informal care arrangements (such as the "menpikin" system), and the need for specialized care for children with disabilities and those at risk of trafficking.

Scope of the Policy

The Alternative Care Policy applies to all children in Sierra Leone who are deprived of parental care, including:

1. **Children in kinship care:** Children living with extended family members due to the absence or inability of biological parents to care for them.
2. **Children in foster care:** Children placed in the care of non-relatives by formal means, usually through the court system or child welfare services.
3. **Children in institutional care:** Children residing in children's homes or other residential care facilities due to the unavailability of family-based care.
4. **Children in adoption processes:** Children whose parental rights are legally transferred to another family, either domestically or internationally.
5. **Children with special needs:** Children with disabilities or other vulnerabilities requiring specific provisions to ensure their protection and well-being in alternative care settings.
6. **Children at risk of trafficking or exploitation:** Special provisions for children who are at high risk due to their circumstances, such as those affected by trafficking or forced labour.
7. The policy also applies to Children in Street Situations, children sexually abused, and GBV Survivors; including other categories of vulnerability, like, child labour, abandoned child, domestic violence, cruelty and children in conflict with the law below the age of 18 and children affected by emergencies – flooding, fire disaster, conflict/war, disease outbreak like Ebola, Covid, Mpox, etc.
8. The scope of this Policy also extends to children affected by harmful practices, including child marriage; children exposed to drug or substance abuse; and children who are victims of sexual or physical violence. These categories require strengthened protection and tailored support within alternative care interventions.

The policy outlines clear guidelines for managing and regulating these various care arrangements, ensuring that all children receive the support and protection they need. Additionally, it emphasizes the need for decentralized management and oversight at the district and community levels, empowering local councils, child welfare departments, and community structures to play active roles in implementing the policy.

Guiding Principles

The Alternative Care Policy for Children in Sierra Leone is founded on key principles that prioritize the protection and welfare of every child deprived of parental care. These principles align with international standards, including the UN Convention on the Rights of the Child (UNCRC), and reflect the country's commitment to achieving the best possible outcomes for vulnerable children.

1. Best interests of the child

The best interests of the child shall be the paramount consideration in all decisions and actions concerning children. This principle ensures that every child's physical, emotional, and

psychological well-being is prioritized in all care arrangements. Whether deciding on family reintegration, foster care, kinship care, or adoption, the child's individual circumstances, needs, and safety will guide the process.

- All decisions regarding alternative care must consider the long-term impact on the child's development, relationships, and future.
- The child's need for continuity and stability, as well as their right to family life, should be given primary consideration.
- A child's placement in any care setting must be subject to periodic review to ensure that it continues to serve their best interests.

2. Non-discrimination

All children, regardless of their background, must have equal access to protection and care services. This principle ensures that children will not face discrimination based on race, gender, ethnicity, disability, socioeconomic status, or any other personal characteristic.

- Children with disabilities or special needs must be afforded equal consideration and protection in all care arrangements.
- All care systems should be inclusive and ensure that vulnerable groups, including children at risk of trafficking or exploitation, receive special attention and safeguards.
- The policy should ensure that children in informal care settings (e.g., "menpikin" arrangements) are protected from discrimination and receive the same level of oversight as those in formal care.

3. Child participation

Children have the right to participate in decisions that affect them, taking into account their age, capacity, and understanding. This principle emphasizes that children are active participants in their own lives, rather than passive recipients of care and support.

- Every child must be given the opportunity to express their views, wishes, and concerns regarding their care arrangements, and these views must be taken into account in all decisions, in a manner consistent with their evolving capacities.
- Clear and age-appropriate information should be provided to children about their care options and the decisions being made about their future.
- The participation of children must extend beyond formal consultations, ensuring that they are meaningfully involved in decisions affecting their daily lives and care plans.

4. Family unity and community involvement

Whenever possible, children's care should be provided within their families or communities. This principle supports the idea that the family is the most appropriate setting for a child's upbringing, and that institutional care should be used only as a last resort.

- Efforts should always be made to maintain the child's family ties and reintegrate them with their biological family, unless it is clearly not in their best interests.
- When family-based care is not possible, kinship care, foster care, or community-based alternatives should be prioritized.

- Community leaders and local councils should play an active role in monitoring and supporting care arrangements, particularly in informal care settings.
- Sustainable family cohesion must be promoted and supported for every child, whether biological or non-biological. This includes proactive monitoring of family-based arrangements to ensure that children remain in safe, nurturing, and developmentally appropriate environments.

5. Protection from abuse, neglect, and exploitation

Every child has the right to be protected from all forms of abuse, neglect, exploitation, and violence. This principle is central to the Alternative Care Policy and must be applied at all levels of care.

- Children in alternative care must be safeguarded through strong regulatory frameworks and oversight, particularly in informal care settings, where there is often a lack of monitoring.
- Social workers, community leaders, and child protection services must collaborate to ensure regular assessments and follow-up for all children in care to identify any risks or issues of neglect or abuse.
- Children at risk, such as those with disabilities or those affected by trafficking, must receive targeted interventions to ensure their protection.

6. Accountability and oversight

The effective implementation of this policy relies on clear accountability and oversight mechanisms at all levels of government and care provision.

- Local councils, Child Welfare Departments, and NGOs must be accountable for the care and protection of children placed in alternative care. Regular inspections, data collection, and reporting will be required to ensure that care standards are maintained.
- The role of community leaders, including chiefs and Family Support Units, must be strengthened to ensure the proper monitoring and registration of informal care placements.

7. Holistic development

The policy emphasizes that the care provided to children must support their holistic development—physical, mental, emotional, and social. Children must be given the opportunity to thrive in safe, nurturing environments that foster their full potential.

- Care arrangements must ensure access to education, healthcare, and psychosocial support to help children develop into healthy and productive adults.
- Children must be prepared for life beyond care, with support systems in place to facilitate their transition to independent living, where appropriate.

8. Media and "photo shopping"

The dignity, privacy, and best interests of children in alternative care must be protected at all times. The taking of photographs, video, or other forms of media coverage of children in care

settings, whether by staff, visitors, or external media representatives, shall be strictly monitored and carried out only in accordance with established child safeguarding and data protection standards. Prior informed consent must be obtained from the child (in line with their evolving capacities) and the legal guardian or responsible authority. No images or information that could identify or stigmatise a child should be published. Media engagement should be guided by the UNICEF and Government communication protocols, ensuring that children are portrayed respectfully and never in ways that expose them to harm, discrimination, or exploitation.

The use of photographs or video materials of children in alternative care must adhere to international safeguarding standards, including the principles outlined in the Hague Convention on the Protection of Children and their Cooperation in Respect of Inter-country Adoption. Images of children must accurately represent their identity and circumstances truthfully and respectfully. Any form of digital alteration ("photo shopping") that misrepresents the child, their situation, or context is strictly prohibited. Only minimal technical adjustments (such as brightness or cropping) may be permitted, provided they do not change the accuracy, dignity, or integrity of the child's image. This measure safeguards the child's right to identity, prevents exploitation, and ensures compliance with international child protection norms.

3. Prevention of Family Separation

A core goal of the Alternative Care Policy is to prevent unnecessary family separation and ensure that children can remain in their families whenever it is safe and in their best interests. Family-based care is recognized as the most suitable environment for children, offering the emotional, cultural, and social stability that children require for their development. Preventing family separation is a key strategy to avoid the risks associated with alternative care placements, including institutional care.

3.1 Family support services

Family support services are essential for addressing the root causes of family separation, including poverty, illness, and social issues such as violence and neglect. By providing targeted services to families at risk, it is possible to prevent children from being removed from their homes.

- **Social Assistance Programmes:** Families in vulnerable situations, including those facing financial difficulties or illness, should have access to government-provided social assistance. This includes cash transfer programmes, food support, and assistance with housing to alleviate the conditions that might otherwise lead to the separation of children from their families.
- **Access to Healthcare:** Families, especially those dealing with long-term illness such as HIV/AIDS or other chronic conditions, should receive adequate healthcare support, including counselling and access to essential medications. Special programmes should ensure that parents can maintain their health and continue to care for their children.
- **Parental Counselling and Education:** Families facing social challenges, including domestic violence, substance abuse, or mental health issues, should have access to parental counselling and education services. These services help build parenting skills, improve family dynamics, and create safer home environments for children. Positive parenting training shall be conducted at least every six months in high-risk and vulnerable communities to promote safe, nurturing, and developmentally supportive caregiving.

- **Temporary Relief Care:** Families experiencing temporary crises, such as economic shocks, illness, or the death of a family member, should be supported through short-term relief care services that provide respite care without permanently separating children from their families. This includes kinship care arrangements that keep children within their extended family network.
- In collaboration with other Ministries, Departments, and Agencies (MDAs), MoGCA shall ensure access to skills training programmes, free quality education, and targeted cash transfer support for vulnerable families and foster caregivers. These measures aim to prevent unnecessary family separation and strengthen household resilience. All such support must be monitored to ensure correct utilisation and sustained benefit to the child.

3.2 Community-based programmes

Community-based initiatives are critical in supporting families at the local level, strengthening social safety nets, and preventing family breakdowns. By involving community leaders and organizations, these programmes create sustainable systems for child and family protection.

- **Child Welfare Committees (CWCs) and coordination with line Ministries, including Health and Education:** Local Child Welfare Committees should be empowered to identify families at risk of separation early on and provide the necessary support. CWCs, operating at the community and chiefdom levels, can act as a first line of defence, offering resources and referrals to families in need. CWCs should also be trained to handle cases of domestic violence and neglect to prevent these issues from escalating into family separation. Coordination with line Ministries is critical for providing key services to children who enter the care system.
- **Chiefs and Traditional Leaders:** Traditional leaders play a significant role in community cohesion and should be actively involved in preventing family separation. They can monitor informal care placements (such as "menpikin") and ensure that family-based solutions are prioritized over institutional placements. Chiefs should be encouraged to validate kinship care placements to ensure they are in the best interest of the child.
- **Economic Empowerment Programmes:** Community-based initiatives should include economic empowerment programmes that support families through skills training, microloans, and access to income-generating activities. These programmes can help alleviate poverty, a significant contributor to family separation, and provide families with the resources to care for their children.
- **Community Childcare Programmes:** Programmes that provide temporary childcare or daycare services can be crucial for parents who need support while working or dealing with crises. This can include both formal and informal childcare arrangements, overseen by local authorities or community groups, ensuring children are cared for within their own communities.
- **Community Awareness and Education:** Community-based education programmes should focus on raising awareness about the importance of keeping families together and the harmful effects of unnecessary separation. These programmes should include information about the services available to families in crisis and how they can access support without needing to place their children in alternative care.
- Community structures, including CWCs and traditional authorities, shall be trained on the National Referral Mechanism to ensure that child protection concerns are quickly identified and referred to appropriate service providers for effective case management and follow-up.

3.3 Integration of services

For prevention to be effective, services must be coordinated across sectors and integrated at the community level.

- **Multi-Sectoral Approach:** The prevention of family separation requires a multi-sectoral approach that brings together education, health, social welfare, and justice sectors. Services aimed at supporting families should be coordinated through a central point at the district, regional and national levels to ensure that families receive comprehensive care. This should be led by the Ministry of Gender and Children's Affairs.
- **Role of NGOs and Faith-Based Organizations:** NGOs and faith-based organizations should be involved in providing family support services, but their work should be integrated within government-led (including at District and Chiefdom levels) programmes to avoid duplication of efforts and ensure that families receive consistent support. Community structures, including CWCs and traditional authorities, shall be trained on the National Referral Mechanism to ensure that child protection concerns are quickly identified and referred to appropriate service providers for effective case management and follow-up.

3.4 Early identification and intervention

Early identification of families at risk is crucial for preventing family separation. Systems should be established to ensure early intervention.

- **Risk Assessment Tools:** Child welfare officers and community leaders should be trained in the use of risk assessment tools to identify families facing challenges that may lead to separation. These tools should be used to assess family situations and develop tailored intervention plans. Note that the policy recognises the need to ensure that case management tools are standardized across all sectors.
- **Case Management and Monitoring:** Every at-risk family should have a dedicated social worker or case manager who can monitor the family's situation and ensure they receive ongoing support. Regular monitoring and follow-ups can prevent a family's situation from deteriorating to the point where separation is considered necessary. The Policy approach is also to encourage community leaders and CWCs to be capacitated in case management and monitoring procedures within their communities.
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4. Types of Alternative Care

The Alternative Care Policy recognises various forms of care arrangements for children who are deprived of parental care. These arrangements must always prioritize the best interests of the child, with a strong preference for family-based solutions over institutional care. This section defines and regulates the types of alternative care available in Sierra Leone, ensuring alignment with international child protection standards and national legislation.

4.1 Foster care

Foster care refers to the formal placement of a child with an approved family or individual who is not biologically related to the child. Foster care is intended to provide temporary care in a family

environment until a permanent solution, such as reunification with the biological family or adoption, can be arranged.

- **Regulation of Foster Care:** Foster care placements must be regulated by the Ministry of Gender and Children's Affairs in partnership with Local Councils. Foster parents must undergo a thorough vetting and training process before being approved to care for children.
- **Court Orders:** All foster care placements must be formalized through a court order, as mandated by the Child Rights Act 2025. This ensures that the child's legal status is clear and that their placement is regularly monitored. MOGCA, as the lead partner, supports the application process in partnership with the Ministry of Justice.
- **Periodic Review:** Foster care placements are meant to be temporary, and each case must be reviewed periodically (quarterly) by social workers and the relevant child welfare authorities to assess whether the placement continues to serve the best interests of the child. Efforts should always be made to reunite children with their biological families, where appropriate, and there should be evidence of this attempt through updating both the case file and the care plan.
- **Support for Foster Families:** Foster families should receive support from the government or partner organizations, including financial assistance, training, and access to social services. This ensures that foster parents are equipped to meet the needs of the children in their care. Police clearance is a prerequisite for the foster family application process.
- **Special Needs Considerations:** Special attention must be given to placing children with disabilities or special needs in foster care arrangements that are equipped to handle their unique requirements. Foster parents should be provided with the necessary resources and support to care for these children.

4.2 Kinship care

Kinship care refers to the care of a child by extended family members or close family friends (commonly referred to as "menpikin" in Sierra Leone), in situations where the biological parents are unable to provide care. This type of care is traditionally favoured in Sierra Leone due to cultural practices and the importance of maintaining family ties.

- **Guidelines for Kinship Care:** While kinship care is a common and culturally accepted practice, it must be regulated to ensure that children are protected from abuse, neglect, or exploitation. The Ministry of Gender and Children's Affairs, in collaboration with the Ministry of Social Welfare, traditional leaders and Local Councils, must establish clear guidelines for kinship care arrangements.
- **Registration of Kinship Care Placements:** Chiefs and local authorities should be responsible for monitoring and registering kinship care arrangements to ensure that they are in the best interests of the child. Placements must be reviewed periodically, particularly if the child is placed with non-relatives or in homes far from their community. There should also be evidence to support approvals aimed at preventing trafficking and other violations, as well as approvals conducted at the district level, in coordination with MoGCA. Note that children placed in kinship care must access or enrol in formal education or trade schools, including those with learning needs, and this should be documented in their case file.
- **Monitoring and Support:** Although kinship care is often seen as an informal arrangement, children in such care should be monitored by social workers or local

authorities to ensure their safety and well-being. Kinship caregivers should receive support in the form of financial assistance, access to healthcare, and educational resources for the child in their care.

- **Reducing Harmful Practices:** Kinship care must not be used as a means of exploiting children, particularly in cases where children are placed in homes as a source of cheap labour. Chiefs and local leaders must be vigilant in ensuring that kinship care does not result in abuse or neglect and that children are not being separated from their siblings or families for inappropriate reasons.

4.3 Residential care

Residential care refers to the placement of children in a group or institutional setting, such as a children's home or foster care facility. While it provides an option for children who cannot be placed in family-based care, residential care should be used only as a last resort and for the shortest possible duration.

- **Standards for Residential Care Facilities:** Residential care facilities must be regulated and meet minimum care standards set by the government. The Ministry of Gender, Children, and Gender and Children's Affairs (MoGCA), in partnership with Local Councils, will oversee the registration, inspection, and monitoring of these facilities to ensure compliance with care standards.
 - **Quality of Care:** Children in residential care must be provided with adequate food, shelter, education, healthcare, and psychosocial support. Facilities must be child-friendly and designed to promote the holistic development of children in a safe and nurturing environment.
 - **Staff Training and Conduct:** Caregivers and staff working in residential facilities must receive appropriate training, especially in child protection, psychosocial support, and the rights of children. All staff must adhere to a strict code of conduct to prevent abuse or exploitation of children in their care. There should be a standardized training manual for all residential care providers.
 - **Limiting the Use of Residential Care:** The use of residential care for children under five years of age should be strictly avoided, as this age group benefits most from a family-based care environment. For older children, residential care should be used temporarily until a family-based placement can be arranged.
 - **Regular Reviews and Reunification Efforts:** Children placed in residential care must have an individual care plan, which includes efforts to reunite them with their biological family or find a family-based placement. Regular reviews must be conducted to ensure that the care arrangement continues to meet the child's needs.
 - **Closure and Transition Support:** When children leave residential care, whether through reunification with their families or transition to independent living, they require adequate support to ensure a smooth transition. This includes access to education, vocational training, and social services to prepare them for independent life.

Note: Children in alternative care must be provided with nutritious and balanced meals, consisting of a minimum of three meals per day. Meal planning should, where possible, be guided by qualified nutritionists or food examiners. Counselling and other support services must be conducted in safe and transparent environments that protect the child's privacy while ensuring appropriate safeguarding. Caregivers should avoid situations that place children in isolation with

adults of the opposite sex, and children must be accompanied and supervised during play, rest, and daily activities to ensure their safety and well-being. All staff, including international personnel, are required to undergo cultural orientation and sensitivity training to respect and integrate local cultural norms into caregiving practices.

4.4 Regulating alternative care providers

All alternative care providers, including foster families, kinship caregivers, and residential care facilities, must be registered and regulated to ensure the protection and well-being of children.

- **Inspections and Compliance:** Social workers and child protection officers must conduct regular inspections of foster homes, kinship care arrangements, and residential care facilities to ensure compliance with relevant regulations. Any violations of care standards must be addressed immediately, and facilities or care providers that do not comply should be sanctioned or have their licenses revoked.
- **Data Collection and Monitoring:** A centralized database should be established to track children in alternative care, their placements, and the outcomes of these placements. This will help improve the monitoring and evaluation of care services, ensuring that every child receives the support and protection they need.
- **Capacity Building and Training:** Continuous training and capacity-building initiatives should be conducted for all stakeholders involved in alternative care, including foster parents, kinship caregivers, social workers, and residential care staff.
- All alternative care providers must comply with the Minimum Standards and the Code of Conduct for Children Living in Children's Homes. Failure to meet these standards shall result in suspension or closure by MoGCA. Providers operating without registration must cease operations immediately pending formal registration

5. Quality Standards

Ensuring high-quality care for children in alternative care settings is critical to their well-being and development. This section establishes the **Quality Standards** required for caregivers and facilities involved in providing alternative care. These minimum standards are aligned with international child protection guidelines and aim to ensure that children receive safe, nurturing, and developmentally appropriate care.

5.1 Caregiver training

Caregivers play a central role in the upbringing and protection of children in alternative care. Whether in foster care, kinship care, or residential care settings, caregivers must be adequately trained to meet the diverse needs of children, including those with special needs, disabilities, or histories of trauma. All caregivers, including social workers, matrons, and security officers, shall receive training every six months on the Minimum Standards and the Code of Conduct for Children Living in Children's Homes.

- **Mandatory Pre-Service Training:** All prospective caregivers, including foster parents, kinship caregivers, and residential care staff, must undergo comprehensive training before being approved to care for children. A staff medical should also be done. This training should cover:

- **Child Protection:** Understanding child rights, recognizing signs of abuse or neglect, and preventing violence or exploitation within the care setting.
- **Psychosocial Support:** Caregivers must be trained in providing emotional and psychological support to children, particularly those who have experienced trauma or loss. This includes basic counselling skills and knowing when to refer children for professional mental health services.
- **Health and Nutrition:** Caregivers should be trained in basic healthcare practices, including first aid, nutrition, and hygiene, to ensure the physical well-being of children.
- **Behavioural Management:** Training should include non-violent approaches to managing challenging behaviours and promoting positive discipline techniques.
- **Special Needs Care:** For children with disabilities or other special needs, caregivers should receive specific training to ensure they can provide the appropriate support and accommodations required for the child's development and well-being.
- **Ongoing In-Service Training:** Continuous professional development is crucial to ensure caregivers remain well-equipped to meet the evolving needs of children in their care. Regular in-service training should be provided to all caregivers, covering:
 - Updates on child protection laws and regulations.
 - Advanced techniques in psychosocial support and trauma-informed care.
 - Care strategies for children with special needs, including children with disabilities or those at risk of trafficking or exploitation.
 - Best practices for preparing children for reunification with their families or transition to independent living.
- **Support and Supervision for Caregivers:** Caregivers must receive ongoing support and supervision from social workers and child protection officers. This supervision includes regular assessments of the care environment, as well as opportunities for caregivers to seek advice, guidance, and emotional support. Peer support groups for foster parents, kinship caregivers, and residential care staff should also be established to provide mutual encouragement and problem-solving.

5.2 Facility standards

Facilities providing residential care for children must adhere to high standards that ensure the physical, emotional, and developmental needs of children are met. These standards apply to children's homes, orphanages, and other residential care settings.

- **Physical Environment:** The physical environment of residential care facilities plays a significant role in the overall well-being of children. Facilities must meet the following standards:
 - **Safety and Security:** The facility must be secure, with measures in place to prevent unauthorized access and protect children from potential harm. This includes childproofing living spaces, securing windows and doors, and having trained staff available 24/7 to respond to emergencies.
 - **Space and Privacy:** Children require sufficient personal space to maintain their privacy, especially in shared sleeping arrangements. Overcrowding must be avoided, and dormitory-style accommodations should be limited to ensure individualized care and personal space.
 - **Cleanliness and Hygiene:** Facilities must maintain high standards of cleanliness and hygiene, with regular sanitation of living areas, kitchens, bathrooms, and

shared spaces. Children must have access to clean water, sanitary bathroom facilities, and opportunities to maintain their personal hygiene. All alternative care facilities must have reliable access to electricity, water, and sanitation services.

- **Health and Nutrition:** Residential care facilities must provide children with balanced, nutritious meals and ensure that any dietary requirements (due to health conditions or cultural preferences) are met. Healthcare services should be easily accessible, with regular medical check-ups, immunizations, and the availability of basic health supplies on-site. Every child must undergo a medical assessment prior to being admitted into any alternative care service, to establish baseline health status and ensure appropriate care planning.
- **Child-Friendly Spaces:** The environment should be designed to foster the development and well-being of children. This includes safe outdoor play areas, recreational spaces, and learning environments that encourage physical, intellectual, and social development. Facilities should also provide access to books, educational materials, and age-appropriate toys.
- **Staffing Ratios:** To ensure individualized care and attention, residential care facilities must maintain adequate caregiver-to-child ratios. A higher ratio of caregivers to children is required for infants and young children, as well as for children with special needs who require additional support.
- **Record-Keeping and Case Management:** Each child in residential care must have an individual care plan, and all relevant information about the child's background, health, education, and development must be recorded and updated regularly. Case management systems must include:
 - **Care Plans:** Every child in care must have a care plan that outlines their specific needs, the services provided to meet those needs, and a clear strategy for their long-term care or reunification with their family.
 - **Periodic Reviews:** Each care plan must be reviewed at least every six months, or more frequently if necessary, to ensure that the care arrangement remains in the best interests of the child. Family tracing or identification of biological or foster caregivers must commence immediately upon a child's admission to avoid prolonged stays in institutional care, unless determined otherwise due to the severity of the child's vulnerability.
- **Emergency Preparedness:** Residential care facilities must have a clear and effective emergency preparedness plan in place. This includes fire safety protocols, emergency evacuation procedures, and access to emergency medical care. Regular drills should be conducted to ensure that staff and children are familiar with how to respond in emergencies.

5.3 Monitoring and compliance

- **Government Inspections:** Residential care facilities, foster homes, and kinship care placements are subject to regular inspections by child protection officers and government representatives to ensure compliance with care standards and regulations. Inspections should assess the quality of care, the physical environment, and the well-being of the children in care.
- **Licensing and Registration:** All care providers, including residential facilities and foster parents, must be licensed and registered with the Local Council while MOGCA provide oversight and supervisory responsibilities. Facilities that do not meet the required standards may have their licenses revoked or be subject to sanctions. MOGCA should set standards and provide oversight and supervision whilst the councils implement the policy

and monitor compliance. No Interim Care Centre or residential facility shall operate for the purpose of adoption. Adoption processes must follow the legal provisions requiring parental consent, oversight by MoGCA, and involvement of legal practitioners.

- **Centralized Data Management:** A centralized data management system should be established to track all alternative care placements and monitor the outcomes of children in care. This system should include information on caregiver training, facility inspections, child care plans, and periodic reviews of placements.
- **Community Involvement in Oversight:** Chiefs, community leaders, and Child Welfare Committees (CWCs) should be involved in monitoring care practices, especially in kinship care and informal care arrangements. These community structures should report any concerns about care standards to the relevant government authorities for further action.

6. Child Participation

Child participation is a fundamental principle of child protection and care, ensuring that children are recognized as active participants in decisions that affect their lives. The Alternative Care Policy in Sierra Leone seeks to ensure that children are given opportunities to express their views, have their voices heard, and be involved in decision-making processes related to their care. This section outlines the key mechanisms for ensuring children's meaningful participation in their care arrangements.

6.1 Decision-making

Children have the right to be involved in all decisions that affect their care and well-being, according to their age, maturity, and evolving capacities. Respecting children's views in the decision-making process promotes their sense of autonomy, dignity, and security. Children aged 14 years and above shall provide informed assent/consent in decisions affecting their care, consistent with their evolving capacities. Children who take decisions that may affect their well-being must be supported and guided by adults to ensure safe and appropriate decision-making.

- **Age-Appropriate Participation:** Children's participation in decision-making must be tailored to their age and developmental stage. Young children may need more guidance, but they should still be given opportunities to express their preferences. Older children, particularly adolescents, should be actively involved in decisions regarding their living arrangements, schooling, health, and other aspects of their lives.
- **Consulting the Child:** Before making any decision about a child's placement in alternative care, the child's views should be sought and considered. Social workers and caregivers must provide children with clear and age-appropriate information about their care options, their rights, and the implications of each decision. This process should ensure that children understand the decision-making process and are encouraged to express their thoughts and feelings.
- **Regular Review and Involvement:** Children should not only be involved in the initial placement decisions but also in the periodic reviews of their care and support. Social workers and caregivers must consult with the child during each review to assess whether the current care arrangement continues to meet the child's needs and preferences. Children should have the opportunity to suggest changes or improvements to their care and living conditions.

- **Cultural Sensitivity:** Decisions should respect the child's cultural, linguistic, and religious background, and children must be consulted in a way that acknowledges and supports their cultural identity. Children must not be placed in situations that are inconsistent with their cultural or personal beliefs.
- **Children in Special Circumstances:** Special considerations should be made for children with disabilities, those with mental health challenges, or children at risk of trafficking or abuse. These children must be provided with appropriate support to communicate their views, including the use of alternative communication methods if needed. Children in such circumstances should have their unique needs and vulnerabilities taken into account when making decisions that affect them.

6.2 Feedback mechanisms

Incorporating children's feedback into the alternative care system is essential for improving the quality of care and ensuring that children feel safe, heard, and respected. Feedback mechanisms offer children the opportunity to express concerns, share their experiences, and provide input on how their care can be improved.

- **Anonymous Reporting Channels:** Children in alternative care settings, including foster care, kinship care, and residential facilities, must have access to anonymous feedback and reporting mechanisms. This ensures that children can express concerns or report instances of abuse, neglect, or dissatisfaction without fear of reprisal. Anonymous hotlines, suggestion boxes, or digital platforms (if accessible) should be established to allow children to raise issues confidentially.
- **Structured Feedback Sessions:** Caregivers and social workers must conduct regular one-on-one sessions with children to solicit feedback on their care experience. These sessions should be held in a child-friendly manner, creating a safe space where children feel comfortable sharing their thoughts and feelings. Children should also be informed of the actions taken in response to their feedback.
- **Child Welfare Committees:** The role of Child Welfare Committees (CWCs) should include gathering input from children in their communities, particularly those in alternative care. CWCs can act as intermediaries between children and care providers, ensuring that children's voices are represented in community-level decisions about care practices.
- **Children's Forums:** Group feedback forums should be established in residential care settings, where children can come together to discuss their care experiences and suggest improvements. These forums should be facilitated by trained staff who ensure that discussions remain constructive and inclusive of all children, regardless of their age or background.
- **Appeals and Complaints Procedures:** Clear appeals and complaints procedures must be established for children who wish to challenge decisions about their care. Children should be informed about their right to appeal placement decisions or raise complaints about their treatment in care settings. The complaints procedure must be simple, accessible, and responsive, ensuring that children receive timely resolutions to their concerns.

6.3 Children's representation and advocacy

Children in alternative care should have access to representation and advocacy services to ensure that their rights are upheld and their voices are amplified in decision-making processes.

- **Child Advocates:** Children, especially those with disabilities or facing complex care needs, should have access to independent child advocates who can support them in expressing their views and ensuring their best interests are considered in all decisions. Advocates can provide guidance during legal processes or family court decisions, ensuring that children's rights are protected.
- **Legal Representation:** Children involved in legal decisions regarding their care, such as foster care placements, adoptions, or family reunifications, must have access to legal representation. This ensures that children's perspectives are taken into account and considered in court decisions.
- **Involvement in Policy Development:** Children's participation should extend beyond individual care decisions to include their input in the broader development of policies that affect their lives and well-being. National and local-level child participation initiatives should be established to give children opportunities to engage in consultations about alternative care policy reforms and improvements.

6.4 Monitoring and reporting on child participation

Monitoring and evaluation mechanisms must be established to assess the effectiveness of child participation in decision-making regarding care. This includes regularly reviewing how children's views are integrated into their care plans and ensuring that feedback systems are functioning effectively.

- **Independent Audits:** Periodic independent audits of care settings should include an assessment of how well child participation principles are being upheld. These audits should gather input directly from children and assess the degree to which their views influence decisions about their care.
- **Data Collection on Child Participation:** A centralized database should track children's participation in decision-making processes, feedback mechanisms, and appeals. This data should be used to evaluate the inclusivity and effectiveness of child participation initiatives and to make necessary improvements.

7. Monitoring and Evaluation

Monitoring and evaluation (M&E) are critical components of the Alternative Care Policy. They ensure that all forms of alternative care meet the established standards and that children receive safe, nurturing, and high-quality care. M&E mechanisms also provide accountability and facilitate continuous improvement of care services, enabling timely interventions when care falls short of the required standards. This section outlines the procedures for regular inspections, performance indicators, and other key M&E considerations to ensure effective oversight and quality improvement in alternative care settings.

7.1 Regular inspections

Regular inspections of care facilities and care arrangements are essential for ensuring compliance with national care standards and safeguarding the rights and well-being of children in alternative care. These inspections will be coordinated by the Ministry of Gender and Children's Affairs with local councils and other relevant authorities.

- **Frequency of Inspections/Monitoring:** All alternative care facilities, including residential care homes, foster care arrangements, and kinship care placements, must be inspected at least once every six months. More frequent inspections may be required for high-risk care settings or in response to specific concerns about a child's well-being.
- **Scope of Inspections/Monitoring:** Inspections should cover both the physical conditions of the care setting and the quality of care provided to children. Inspections must assess:
 - The safety, cleanliness, and appropriateness of the living environment.
 - The physical and emotional well-being of the children.
 - Compliance with care plans, health and educational provisions.
 - The ratio of caregivers to children and the adequacy of caregiver training.
 - Records of incidents, grievances, and complaints from children or caregivers.
- **Unannounced Visits:** To ensure transparency and compliance, periodic unannounced inspections should be conducted. This ensures that care providers maintain high standards at all times and do not merely prepare for scheduled visits.
- **Inspection/Monitoring Teams:** Inspection teams should be multidisciplinary, involving child protection officers, social workers, health professionals, and, where necessary, law enforcement officials. Chiefs and community leaders should also play a role in monitoring informal care arrangements such as kinship care.
- **Inspection Reports:** After each inspection, a detailed report must be submitted to the MoGCA and the Local Council. This report should outline any deficiencies found during the inspection and make recommendations for corrective actions. A follow-up inspection must be scheduled to ensure that these issues are addressed.

7.2 Performance indicators

To evaluate the effectiveness and quality of care provided in alternative care settings, specific performance indicators must be developed. These indicators enable the standardized assessment and comparison of care outcomes across different care arrangements.

Key Performance Indicators (KPIs) for Evaluating the Quality of Care:

1. **Child Safety and Well-Being:**
 - Incidence of abuse, neglect, or exploitation reported within care settings.
 - Frequency and outcomes of child protection referrals or interventions.
 - Children's emotional and psychological well-being, as reported through child participation feedback mechanisms.
2. **Health and Nutrition:**
 - Percentage of children receiving regular health check-ups and vaccinations.
 - Quality of nutrition provided, including adherence to dietary requirements for children with special health needs.
 - Number of children with access to mental health and psychosocial support services.
3. **Educational Attainment:**
 - Enrollment rates of children in formal education and other alternatives to formal education.
 - Attendance and performance rates in school for children in alternative care.
 - Access to extracurricular activities and educational materials.
4. **Family Reunification and Permanency Planning:**
 - Percentage of children successfully reunified with their biological families.

- Number of children transitioning from temporary care to permanent family-based care (through adoption, kinship care, or foster care).
 - Timeliness of care reviews and permanency planning.
- 5. Caregiver Performance:**
- Percentage of caregivers receiving mandatory pre-service and in-service training.
 - Caregiver-to-child ratios are maintained at or above recommended levels.
 - Child and caregiver satisfaction levels, as recorded through feedback mechanisms.
- 6. Facility Standards:**
- Compliance with national health and safety standards in residential care facilities.
 - Regular maintenance and cleanliness of care facilities.
 - Child-friendly environments that promote play, learning, and emotional support.
- 7. Complaint and Grievance Handling:**
- Number of complaints raised by children or caregivers and the timeliness of resolution.
 - Effectiveness of anonymous reporting mechanisms for children.
- 8. Data Collection and Case Management:**
- Percentage of children in alternative care with up-to-date and comprehensive care plans.
 - Frequency of periodic reviews and follow-ups for each child in care.
 - Accuracy and completeness of records, including health, education, and placement history.
- 9. Inclusion- including children with disabilities**
- Percentage of children with disabilities in family-based care (foster/kinship) versus institutional care.
 - Percentage of children with disabilities in alternative care with an individual care plan that includes health, education, and disability support services.
 - Percentage of children with disabilities in alternative care enrolled in inclusive education (mainstream schools with support or specialized services where necessary).
 - Percentage of alternative care providers (residential staff, foster carers) trained in disability inclusion and safeguarding.
 - Percentage of children with disabilities in alternative care who have access to safe, child-friendly complaints/feedback mechanisms.
- 10. Documentation and Record-Keeping:** The availability and quality of documentation within care facilities are key measures of accountability and child protection. Indicators in this area will track whether children's information and facility procedures are properly recorded and accessible for oversight.
- Number of facilities maintaining updated registers of children and individual case files.
 - Number of care facilities with written safeguarding/child protection policies and operational complaints-handling procedures.
 - Number of children aware of and able to use complaints/feedback mechanisms within their care setting.

7.3 Child-centred monitoring

Child participation is a key element of effective M&E. Children in alternative care must have opportunities to contribute to the evaluation of their care arrangements.

- **Child Feedback Surveys:** Regular child feedback surveys should be conducted to gather information about children's experiences in alternative care. These surveys must be child-friendly and, where necessary, facilitated by independent child advocates to ensure honesty and transparency.
- **Children's Forums:** In residential care settings, group forums should be organized to enable children to collectively express their views on the quality of care they receive. These forums should be managed by trained staff and closely monitored to ensure that children's concerns are addressed and acted upon.
- **Grievance and Complaint Systems:** Clear and accessible grievance mechanisms should be available to children in all care settings. This ensures that children can safely report mistreatment or dissatisfaction with their care arrangements.

7.4 Centralized data management and reporting

Effective monitoring requires a robust data management system to track the status and outcomes of children in alternative care.

- **Centralised Database:** The Ministry of Gender and Children's Affairs must establish and maintain a centralized database that records detailed information on all children in alternative care. This database should include data on each child's placement history, care plan, health and education records, and progress in family reunification or permanency planning.
- **Data-Driven Decision Making:** Data collected through inspections, performance indicators, and child feedback mechanisms should be regularly analyzed to identify trends, gaps, and areas for improvement in alternative care services. These insights should inform future policy decisions and resource allocation.
- **Annual Reporting:** The MoGCSP must publish an annual report on the status of alternative care in Sierra Leone. This report should include data on key performance indicators, outcomes of inspections, and feedback from children in care. It should also highlight successes and identify areas where care standards need improvement.

7.5 Continuous improvement and accountability

The Monitoring and Evaluation system must be designed to facilitate continuous improvement in care practices and ensure accountability at all levels.

- **Corrective Actions:** If inspections or data reveal that a care facility or caregiver is not meeting the required standards, immediate corrective actions must be implemented. This could include additional caregiver training, improvements to the physical environment, or even the closure of a facility if the safety of children is at risk.
- **Capacity Building:** The M&E process should include capacity-building efforts to help caregivers and facilities improve over time. This includes providing training, technical assistance, and resources to help alternative care providers meet national standards and guidelines.

- **Independent Audits:** Periodic independent audits of the alternative care system should be conducted by third-party organizations to ensure impartiality and objectivity in the evaluation process. These audits should assess the overall effectiveness of the care system and provide recommendations for further improvements.

8. Legal Framework

The **Legal Framework** section ensures that the **Alternative Care Policy** in Sierra Leone is aligned with both international conventions and national legislation, providing a solid legal basis for the protection and care of children deprived of parental care. The legal framework sets out the laws, standards, and responsibilities of all stakeholders involved in alternative care, ensuring that children's rights are protected and upheld at every level.

8.1 Compliance with international standards

The **Alternative Care Policy** of Sierra Leone is grounded in international human rights instruments, particularly those concerning the rights of children. These international conventions establish minimum standards for the care and protection of children, guiding national-level policies on alternative care.

- **United Nations Convention on the Rights of the Child (UNCRC):** The policy aligns with the UNCRC, particularly Article 20, which recognizes the right of every child deprived of their family environment to special protection and assistance from the state. The policy also supports Article 12, which ensures that children have the right to express their views freely in matters affecting them, and Article 19, which protects children from all forms of abuse, neglect, and exploitation.
- **UN Guidelines for the Alternative Care of Children:** The policy is fully aligned with the **UN Guidelines for the Alternative Care of Children (2009)**, which emphasize that family-based care should be the primary option for children and that institutional care should be used only as a last resort and for the shortest possible duration. The policy also supports the guidelines' call for regular monitoring of alternative care placements and ensuring that all decisions are made in the best interests of the child.
- **Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption:** In line with international standards on adoption, the policy references the Hague Convention, which outlines procedures and safeguards for intercountry adoptions. While the policy encourages domestic solutions, intercountry adoptions must adhere to international regulations to prevent exploitation and trafficking.
- **Africa Charter on the Rights and Welfare of the Child (ACRWC):** The policy supports the principles of the ACRWC, ensuring that the rights and welfare of African children are protected in line with cultural and regional priorities. This includes safeguarding children from harmful traditional practices and ensuring that all children are treated equally and without discrimination.
- **Call for Accelerated Action on Africa Fit for Children:** The policy draws upon the African Union's commitment to protect children from all forms of abuse, neglect, exploitation, and violence. This includes ensuring that children in alternative care receive adequate social protection measures, particularly vulnerable children affected by poverty, disability, or family separation.

8.2 National legislation

The **Alternative Care Policy** is built upon existing national laws and regulations in Sierra Leone that govern the rights and protection of children. This ensures that the policy is enforceable under the national legal system and that all care providers are held accountable to the law.

- **Child Rights Act, 2007:** The Child Rights Act of Sierra Leone is the cornerstone of child protection legislation in the country. It incorporates key principles of the UN Convention on the Rights of the Child and sets out the legal framework for ensuring that all children in Sierra Leone are entitled to protection, education, and care. The **Alternative Care Policy** is closely aligned with the Child Rights Act, which mandates the Ministry of Gender, Children, and Social Protection (MoGCSP) to oversee child welfare services, including alternative care arrangements.
 - **Section 53 of the Child Rights Act** mandates that the welfare of the child is paramount in all decisions related to their care, including foster care, adoption, and residential care placements.
 - **Section 54** emphasizes the need for periodic reviews of alternative care placements and mandates that the courts must approve formal care arrangements, particularly foster care and adoptions.
 - **Section 55** requires that the government provide support and services to children without parental care, including children with disabilities and those in kinship care arrangements.
- **Adoption Act, 1989 (Under Review):** The Adoption Act provides the legal framework for both domestic and intercountry adoption in Sierra Leone. However, as noted in the comments, the Act is currently under review to align with international standards, including the Hague Convention. The revised Act will include stronger safeguards against exploitation and trafficking, ensure transparency in adoption processes, and promote domestic adoptions where appropriate.
- **Local Government Act, 2004:** This Act decentralizes child protection services to Local Councils, giving them responsibility for implementing alternative care services at the district level. The policy highlights the role of Local Councils in monitoring care arrangements, registering alternative care providers, and ensuring that children receive the necessary support.
- **Anti-Human Trafficking and Migrant Smuggling Act, 2022 (repealing the Anti-Human Trafficking Act, 2005):** This Act provides the legal framework for combating human trafficking and migrant smuggling, strengthening the provisions of the 2005 law. It upholds the protection of children from trafficking, including those in alternative care settings, and reinforces the need for strong regulations and oversight to prevent exploitation—particularly in intercountry adoptions and informal care arrangements such as kinship care. The 2022 Act further introduces provisions for prosecuting trafficking and smuggling offences and promotes economic alternatives to reduce vulnerability.
- **Sexual Offences Act, 2019:** This Act is referenced in the policy to ensure that children in alternative care are protected from sexual abuse and exploitation. The policy mandates that all alternative care providers adhere to the provisions of the Sexual Offences Act, ensuring that children's rights to bodily integrity and freedom from harm are upheld.
- **Children's Homes Standards (2008):** The policy builds upon the **Children's Homes Standards**, which regulate the operations of residential care facilities, ensuring that they provide safe, nurturing environments for children. These standards include requirements for staff training, child protection protocols, and regular inspections. The Alternative Care

Policy reinforces these standards and expands their application to all forms of alternative care, including foster care and kinship care.

8.3 Legislative gaps and recommendations

This Policy shall align with and be guided by the Child Rights Act, 2025, the Sierra Leone Migration Policy (2022), the National Strategy for Children in Street Situations (2022), the Child Welfare Policy (2014), the Prohibition of Child Marriage Act (2024), and the Minimum Standards and Code of Conduct for Children Living in Children's Homes. While the **Alternative Care Policy** is grounded in existing national and international legal frameworks, there are gaps in the legislation that need to be addressed to strengthen the protection of children in alternative care.

- **Review of the Adoption Act:** The **Adoption Act of 1989** needs to be updated to align with the Hague Convention and other international standards fully. The revised Act should include stronger mechanisms for domestic adoption, ensuring that children are placed in permanent family-based care within Sierra Leone before considering intercountry adoption. It should also improve the regulation of informal adoptions and ensure transparency in the adoption process to prevent trafficking and exploitation.
- **Enforcement of Kinship Care Regulations:** Although kinship care is a traditional practice in Sierra Leone, it often operates informally and lacks sufficient legal oversight. The policy recommends the introduction of enforceable regulations that require kinship care arrangements to be registered with Local Councils and monitored to prevent abuse and exploitation.
- **Special Provisions for Children with Disabilities:** National legislation should be strengthened to include specific provisions for children with disabilities in alternative care. This includes ensuring that all alternative care placements, including foster care and residential care facilities, are equipped to meet the needs of children with physical and developmental disabilities.
- **Strengthening Child Justice:** The legal framework should also be strengthened to protect children in contact with the law who may be placed in alternative care settings. The policy promotes enhanced coordination between the child protection and justice sectors to ensure that children in conflict with the law receive fair treatment and access to appropriate care and rehabilitation services.
- The Child Welfare Policy (2014) shall be reviewed to reflect current realities and the legal reforms introduced under the Child Rights Act, 2025. A national strategy for the elimination of harmful practices, including FGM, shall be developed. The Sexual Offences Act, 2019 should be reviewed to harmonise age-related provisions and strengthen protection of children. Child justice reforms-including the Child Justice Strategy (2014–2018), Diversion Policy, and alternatives to detention-shall be updated and fully implemented, with expansion of juvenile courts and remand homes across districts.

8.4 Institutional responsibilities and accountability

The **Alternative Care Policy** assigns clear responsibilities to government ministries, local authorities, and care providers to ensure that the legal framework is implemented effectively.

- **Ministry of Gender and Children's Affairs (MoGCA):** The MoGCA is responsible for overseeing the implementation of the Alternative Care Policy and ensuring compliance with national legislation and international standards. This includes setting standards for care, monitoring compliance, and coordinating with other ministries and agencies.
- **Local Councils:** Under the Local Government Act, Local Councils are responsible for implementing alternative care services at the district level. They must ensure that care providers, including foster parents and residential care facilities, are registered, monitored, and held accountable for the quality of care they provide.
- **Judiciary:** The courts play a key role in the legal oversight of alternative care arrangements. All formal care placements, including foster care, adoptions, and supervision orders, must be approved by the courts, ensuring that each decision is in the best interests of the child.
- **Child Protection Committees and Civil Society:** Community-level structures, including Child Welfare Committees (CWCs) and civil society organizations, must be involved in monitoring and reporting on care practices. They play a key role in ensuring that informal care arrangements, such as kinship care, are regulated and that children's rights are upheld at all levels.

9. Implementation and Review

Effective implementation and continuous review of the Alternative Care Policy are critical for ensuring that the policy achieves its intended objectives and adapts to the evolving needs of children. This section outlines the steps for implementing the policy and establishes a robust mechanism for its regular review and updating.

9.1 Implementation plan

The successful implementation of the Alternative Care Policy requires coordinated efforts across various sectors and stakeholders, including government ministries, local councils, civil society organizations, and community leaders. The following steps outline the strategic approach for policy implementation.

1. **Development of a National Implementation Framework:**
 - A comprehensive **National Implementation Framework** will be developed by the Ministry of Gender, Children, and Children's Affairs (MoGCA) in collaboration with key stakeholders, including Local Councils, civil society organizations, traditional leaders, and international partners. This framework will serve as the blueprint for rolling out the policy across all regions of Sierra Leone.
2. **Capacity Building and Training:**
 - **Training Programmes:** Extensive capacity-building initiatives will be launched to train all stakeholders involved in alternative care, including social workers, caregivers, local government officials, and community leaders. Training will focus on child protection, case management, psychosocial support, and compliance with national and international care standards.
 - **Strengthening Local Councils:** Local Councils will play a critical role in the implementation process, particularly in monitoring care arrangements and registering alternative care providers. To ensure they are equipped for this role, Local Councils will receive technical and financial support, including resources to

establish Child Welfare Committees and increase the number of trained social workers at the district level.

3. Community Engagement and Awareness:

- Community engagement is key to ensuring the success of the policy. A **nationwide awareness campaign** will be launched to inform the public about the policy, the rights of children in alternative care, and the available services. Traditional leaders and community-based organizations will be mobilized to promote community-based solutions and prevent family separation. There should also be greater awareness of kinship care.
- **Community Education:** Public education programmes will be designed to educate families and communities about the benefits of family-based care, foster care, and kinship care, promoting a deeper understanding of these care options. These programmes will also address harmful practices, such as informal child labour arrangements within kinship care.

4. Resource Allocation and Financing:

- Adequate financial resources are essential for the successful implementation of the Alternative Care Policy. The **Ministry of Finance**, in collaboration with MoGCA, will develop a budget to ensure the availability of resources for the various programmes outlined in the policy.
- **Partnerships:** The government will partner with international organizations, non-governmental organizations (NGOs), and private sector stakeholders to mobilize resources and ensure the sustainability of alternative care programmes. These partnerships will also be instrumental in providing technical expertise and supporting capacity building.

5. Monitoring and Reporting:

- A **monitoring and reporting system** will be established to track the implementation progress of the policy at both national and district levels. Data collection tools will be developed to monitor the quality of care, child outcomes, and the effectiveness of services provided.
- **Data-Driven Decision Making:** Regular monitoring reports will be compiled and submitted to MoGCA and Local Councils to ensure data-driven decision-making. Monitoring data will also inform the review and adaptation of the policy over time.

6. Timeline and Phased Implementation:

- The implementation of the policy will be phased, with priority given to regions with the highest numbers of children in need of alternative care. Over the first two years, a targeted approach will be used to roll out programmes in high-priority districts, followed by scaling up to the national level.

9.2 Review mechanism

Given the dynamic nature of child protection and care, the Alternative Care Policy must be regularly reviewed and updated to reflect new challenges, best practices, and evolving needs. The policy outlines a mechanism for its review and periodic updates.

1. Regular Policy Review Cycle:

- The Alternative Care Policy will undergo a formal review every **five years** to ensure that it remains relevant, effective, and aligned with both national priorities and international standards. These reviews will be led by the MOGCA, in partnership with key stakeholders, including Local Councils, civil society organizations, child advocates, and international partners.

- **Mid-Term Evaluations:** In addition to the five-year review, mid-term evaluations will be conducted every **two and a half years** to assess the ongoing effectiveness of the policy. This will enable necessary adjustments to be made before the full policy review is conducted.
2. **Stakeholder Consultation and Participation:**
 - During each review process, extensive consultations will be held with all relevant stakeholders, including children, caregivers, government agencies, community leaders, and NGOs. Child participation will be central to this process, ensuring that the voices of children in alternative care are heard and considered in the review of the policy.
 - **Community-Level Feedback:** Feedback mechanisms will be established to gather input from community-level stakeholders, including chiefs, child welfare committees, and local councils. This will ensure that the realities on the ground inform the review process.
 3. **Incorporation of New Data and Evidence:**
 - Each policy review will be based on new data and evidence gathered through the **Monitoring and Evaluation (M&E)** system. Data on child outcomes, care quality, and stakeholder feedback will be analysed to identify areas where the policy needs to be strengthened or adapted.
 - **Best Practices and International Guidelines:** The policy review process will include an analysis of global best practices and updates to international guidelines on alternative care. Any new developments in international standards, such as updates to the **UN Guidelines for the Alternative Care of Children** or relevant conventions, will be integrated into the revised policy.
 4. **Legislative Alignment:**
 - As part of the review process, the policy will be examined for continued alignment with national legislation, including the **Child Rights Act** and any future updates to laws governing adoption, foster care, and residential care. If new legislation or amendments are introduced, the policy will be adjusted accordingly to ensure consistency and compliance with legal requirements.
 5. **Addressing Emerging Issues:**
 - The review process will also take into account any emerging issues that may impact alternative care, such as public health crises (e.g., Ebola or COVID-19), changes in family structures, or increased cases of child trafficking. The policy will be adapted to address these challenges and ensure that children continue to receive the necessary protection and care.
 6. **Publication of Review Findings:**
 - The findings of each policy review will be published and shared with all relevant stakeholders. This will ensure transparency and accountability in the review process. The revised policy document will be made available to the public, including through community-level dissemination, to raise awareness about any changes in the alternative care system.
 7. **Implementation of Review Recommendations:**
 - After each review, an **Action Plan** will be developed to implement the recommendations. This plan will outline timelines, assign responsible parties, and specify the necessary resources for successful implementation. The MoGCA will work closely with Local Councils and other partners to ensure that the recommendations from the review are fully implemented.

10. Conclusion and next steps

Conclusion

The **Alternative Care Policy** of Sierra Leone represents a significant step forward in the country's commitment to the protection and well-being of all children, particularly those deprived of parental care. By aligning the policy with international standards and ensuring compliance with national legislation, Sierra Leone reaffirms its dedication to upholding the rights of children, as enshrined in the **United Nations Convention on the Rights of the Child (UNCRC)** and other key international agreements.

This policy emphasizes the importance of family-based care, including foster care, kinship care, and adoption, while recognizing that residential care should be used only as a last resort. It provides a clear framework for ensuring that children in alternative care settings receive the protection, support, and nurturing they need to thrive and grow.

The successful implementation of this policy requires collaboration among all stakeholders, including government ministries, local councils, civil society organizations, communities, and, importantly, children themselves. Through a combination of capacity building, community engagement, and a robust monitoring and evaluation system, this policy aims to create a safer, more inclusive care system that protects children from harm and provides them with the opportunities they need to reach their full potential.

Next steps

To ensure the successful realization of the policy's goals, the following key steps will guide its implementation over the coming years:

1. **Finalization of the National Implementation Framework:**
 - The MoGCA will lead the development of a detailed **National Implementation Framework**, outlining specific activities, timelines, and responsibilities for all stakeholders. This framework will be developed in consultation with key partners, including local councils, civil society, and international agencies.
2. **Resource Mobilization:**
 - To support the effective implementation of the policy, the government, in collaboration with development partners, will prioritize **resource mobilization**. This includes securing financial commitments from both national and international sources to fund alternative care programmes, capacity building, and monitoring activities.
 - Additional support will be sought from private sector actors, philanthropic organizations, and international donors to ensure the sustainability of the policy.
3. **Capacity Building for Local Authorities and Caregivers:**
 - Comprehensive **training programmes** will be implemented to ensure that caregivers, social workers, and child protection officers are equipped with the necessary knowledge and skills to deliver high-quality care. This includes training on child protection, psychosocial support, health care, and monitoring and evaluation practices.
 - **Local councils** will receive support to enhance their capacity to manage and oversee alternative care services, including the registration and regulation of care providers.
4. **Strengthening Community Involvement:**

- **Community engagement** will be a central component of the implementation process. Public awareness campaigns will be launched to educate families, community leaders, and the general public about the importance of family-based care and the risks associated with institutional care.
 - Chiefs, traditional leaders, and community-based organizations will be empowered to support and monitor informal care arrangements, such as kinship care, ensuring that these are safe and in the best interests of the child.
5. **Regular Monitoring and Evaluation:**
- The policy will be supported by a strong **Monitoring and Evaluation (M&E)** framework to track progress and ensure accountability. The **MoGCA** will regularly monitor the implementation of the policy through a centralized data management system, collecting information on care quality, child outcomes, and compliance with national standards.
 - Mid-term evaluations and a five-year policy review cycle will ensure that the policy remains relevant and is continuously improved based on new data and emerging best practices.
6. **Policy Review and Adaptation:**
- As the policy is implemented, it will be subject to **ongoing review to address** changing circumstances and emerging challenges. This will ensure that the policy remains responsive to the needs of children and can be adapted to incorporate new international guidelines, legislation, and innovations in alternative care.
7. **Expansion of Family-Based Care Programmes:**
- A key focus of the next phase of implementation will be the **expansion of family-based care programmes**, including foster care and kinship care. This will involve increasing the number of trained foster caregivers, improving regulations for kinship care, and reducing the reliance on residential care for children.
8. **Legislative Reforms:**
- **Legislative reforms**, including the ongoing review of the **Adoption Act** and improvements to kinship care regulations, will be prioritized to ensure that national laws are fully aligned with international standards. These reforms will strengthen the legal protection for children in alternative care and improve the regulation of care providers.

Annex: Suggested Monitoring and Evaluation Framework for the Alternative Care Policy

Objective of the M&E Framework

The Monitoring and Evaluation (M&E) framework is designed to track the implementation of the Alternative Care Policy, assess its effectiveness, and ensure accountability in providing high-quality alternative care to children in Sierra Leone. The M&E framework will support continuous learning and improvement, ensuring that the policy achieves its intended outcomes and adapts to emerging challenges and opportunities.

Key Components of the M&E Framework

1. **M&E Objective:** To monitor and evaluate the implementation and effectiveness of the Alternative Care Policy to ensure children receive safe, nurturing, and family-based care.

2. **Key Performance Indicators (KPIs):** These indicators will measure progress toward achieving the policy's goals, focusing on child outcomes, care quality, and system performance.

Monitoring and Evaluation Framework

Objective	Performance Indicator	Data Collection Method	Frequency of Collection	Responsible Party
1. Ensure children's rights and safety in alternative care	- % of children in alternative care reporting a safe environment	- Child feedback surveys	Annual	- MoGCA, MoSW Local Councils, Child Protection Officers HRCSL, NCC
	- Number of reported cases of abuse, neglect, or exploitation in alternative care settings	- Incident reports, case management system	Ongoing	- MoGCA, MoSW, Local Councils HRCSL, NCC
	- % of children in care with an individual care plan	- Care facility reports, child case files	Bi-annual	- Care facilities, Social Workers
2. Promote family-based care and reduce reliance on residential care	- % reduction in the number of children placed in residential care	- National care data, residential care facility reports	Annual	- MoGCA, MoSW, Residential Care Providers
	- % increase in the number of children placed in foster care and kinship care	- Foster care registration records, kinship care monitoring	Bi-annual	- Local Councils, Social Workers
3. Improve the quality of care provided by alternative care providers	- % of caregivers (foster, kinship, residential) completing mandatory training	- Caregiver training attendance records	Bi-annual	- MoGCA, MoSW, Training Providers
	- % of care settings meeting national care standards (health, nutrition, education)	- Facility inspections, audit reports	Bi-annual	- MoGCA, MoSW, Local Councils NCC
4. Strengthen community engagement and participation in	- Number of community-based child protection committees (CWCs)	- CWC reports, local council reports	Quarterly	- Local Councils, Community Leaders

child care decisions	actively monitoring care			
	- % of children participating in care decisions through structured feedback mechanisms	- Child participation surveys, social worker reports	Annual	- Social Workers, MoGCA, MOSW HRCSL, NCC
5. Ensure compliance with national and international legal frameworks	- % of care facilities inspected annually	- Inspection reports, audit records	Annual	- MoGCA, MoSW Local Councils HRCSL, NCC
	- % of alternative care placements compliant with national legal requirements (e.g., court orders for foster care)	- Case management system, judicial records	Ongoing	- Social Workers, Courts

Data collection methods and tools

- Surveys and Feedback Mechanisms:** Regular surveys will be conducted among children in care and their caregivers to gather qualitative data on their experiences and perceptions of the quality of care they receive. Child participation will be a central aspect of this data collection.
- Inspections and Audits:** Bi-annual inspections of care facilities and households providing foster or kinship care will be carried out by local councils and MoGCA representatives to ensure compliance with national standards.
- Administrative Data:** Key administrative data, including the number of children in alternative care, care placements, and caregiver training records, will be tracked through a centralized database managed by the MoGCA.
- Case Management System:** A comprehensive case management system will be used to track individual child outcomes, including their care plans, health, education, and psychosocial support needs. This system will be updated regularly by social workers.
- Community Monitoring:** Community-based child welfare committees (CWCs) will be responsible for monitoring informal care arrangements, such as kinship care, and reporting any concerns to the appropriate authorities.

Roles and responsibilities

Stakeholder

Responsibility

- Ministry of Gender and Children's Affairs and Ministry of Social Welfare**
- Overall coordination of the M&E framework.
 - Conducting national-level reviews and ensuring

Stakeholder	Responsibility
	<ul style="list-style-type: none"> - compliance with care standards. - Publishing annual reports on alternative care.
Local Councils	<ul style="list-style-type: none"> - Monitoring care arrangements at the district level. - Conducting inspections and audits of care facilities and households. - Collecting and reporting data to MoGCA.
Social Workers and Child Protection Officers	<ul style="list-style-type: none"> - Conducting periodic reviews of children's care plans. - Gathering child and caregiver feedback. - Managing the case management system.
Residential Care Providers	<ul style="list-style-type: none"> - Ensuring compliance with national standards. - Reporting regularly on the quality of care and the well-being of children in residential care.
Foster and Kinship Caregivers	<ul style="list-style-type: none"> - Providing data on care practices and child well-being to local authorities. - Participating in training and monitoring activities.
Community Welfare Committees (CWCs)	<ul style="list-style-type: none"> - Monitoring informal care arrangements and providing feedback on care practices. - Reporting any cases of abuse or non-compliance with care standards to local councils.

Reporting and review process

1. **Quarterly Reports:** Local councils will compile and submit quarterly reports on the status of alternative care in their districts to the MoGCA. These reports will cover key indicators, including child safety, care quality, and compliance with care standards.
2. **Annual National Review:** The MoGCA will conduct an annual national review of the policy's implementation. The results of this review will be published in an **Annual Alternative Care Report**, which will include recommendations for policy adjustments or further actions.
3. **Mid-Term and End-Term Reviews:** Mid-term evaluations will take place every **2.5 years** to assess progress and identify any areas that require adjustments. A full review of the policy will be conducted every **five years** to ensure that it remains relevant and aligned with both national priorities and international standards.

Resources and capacity building

- **Technical Support:** To ensure the effective implementation of the M&E framework, the MoGCA and local councils will receive technical support from international organizations and partners specializing in child protection and care systems.
- **Training and Capacity Building:** Regular training sessions will be conducted for all stakeholders involved in data collection, reporting, and evaluation processes. This includes social workers, caregivers, and community monitors.