Children (Approved Home) Regulations

Assessment Toolkit

Ministry of Gender, Labour and Social Development (MoGLSD)
Final Revised Version (Updated May 2013)

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1. Introduction

This assessment toolkit and associated supporting documentation has been created to assist PSWO's and Child Care Institutions to achieve compliance with the Children (Approved Home) Regulation 2010. The assessment of the home will be carried out under instruction from MoGLSD.

Every child care facility in Uganda should order to establish a Home's capacity to care for children in line with the national OVC policy and the Children (Approved Home) Regulations.

The assessment tool should be used in conjunction with the current inspection guidelines included in the Children (Approved Home) Regulations – Schedule 5 (Guidelines for Inspection by the Probation and Social Welfare Office and Public Health Inspector).

2. Guidelines and Principles

The following principles are based on the Convention on the Rights of the Child, the United Nations Guidelines for the Appropriate Use and Conditions of Alternative Care for Children, the Interagency Guiding Principles on Unaccompanied and Separated Children, The Children's Act (Uganda) and the Children (Approved Home) Regulations.

- **Base all decisions on the best interests of the individual child.** An assessment of the risks to the child and his or her needs and wishes, should determine what actions are in the child's best interests. Placement decisions for any child should not be resource led, and all children need not receive the same response as responses should be determined by the child's individual characteristics or circumstances.

- **Limiting a child's stay in institutional Care.** A child should remain in institutional care only for the period of time necessary to trace family and resettle the child; or find other long term family placement for the child. Attempts should be made to ensure that children under 3 years are not placed in institutional care and other children's stay should be limited to no more than six months.

- **Prevent and respond to family separation.** All reasonable measures should be taken to help families stay together and to reunite families who become separated. This includes ensuring the allocation and distribution of aid does not encourage family separation in order to receive assistance.

- **Prioritize tracing and reunification for all separated children**. Unaccompanied and separated children in all forms of care must be provided with services aimed at reuniting them with their parents or primary legal or customary care-givers as quickly as possible. When reunification is not possible or in the child's best interests, the child should be helped to stay in contact with family members.

- **Ensure children and their care-givers have sufficient resources for their survival and maintenance.** Families, care-givers, and children living independently must have access to basic services and supports to enable them to care for themselves and their children.

- **Ensure children are not placed in care unnecessarily.** All care provisions must have gate keeping practices in place to ensure only children who are unaccompanied, or children whose family is unable, even with appropriate support, to provide adequate care for the child, are placed in out of home care.

- **Promote local responsibility for the care and protection of children.** External agencies should support and build the capacity of government, national, and local organizations and groups to take lead on the planning, management, and delivery of care and protection to children.

- **Listen to and take into account the Child's Opinion.** Staff and care-givers should keep children regularly updated on plans relating to their care and protection, and those of their siblings. They should enable children of all ages, in keeping with their degree of mental and emotional maturity, to express their views and be actively involved in matters affecting them.

- **Ensure care placements meet agreed standard.** All residential care facilities must be registered and independently inspected on a regular basis. The level of care provision in residential care and family based care should be assessed against an agreed set of standards which are based on the Guidelines for the Alternative Care of Children (United Nations, 2010) and the Children (Approved Home) Regulations.

- **Ensure children in care have an individual care plan for their immediate and longer term care needs.** Care plans should identify required actions to ensure the child is protected and adequately cared for, to promote family contact and facilitate family reunification. All decisions about childcare placements and discharge should be made in consultation with the child and his or her legal guardian, and in accordance with the legal process. Children without a legal guardian must have formal representation. Children living with HIV must be included in this process.

- **Ensure each child's care placement is monitored.** All formal and informal interim care placements must be monitored and reviewed on a regular basis and in a manner that does not disrupt adequate care arrangements. The frequency of monitoring for children in long-term or permanent alternative care will depend on the needs of the individual child and care-givers.

- **Ensure services are provided without discrimination and with attention to the specific needs of the child.** All children, regardless of their nationality, ethnicity, gender, age, ability, or status, must be protected and provided with the basic services required for their survival and development. Particularly vulnerable children, such as those with disabilities, children living with HIV, refugee or displaced children, children associated with armed forces and groups, young mothers, and infants may require additional actions to ensure their protection.

3. Summary of Care Standards for Homes

The following standards elaborate on the current Children (Approved Home) Regulations 2010 and also include appropriate guidelines "Raising the Standards" developed by Save the Children.

3.1. Professional Practice

3.1.1. Aims and objectives

- Clear statement of aims and objectives based on the best interests of the child
- Aims and objectives are developed with and understood by staff, children, and the community
- Care-givers and staff agree to aims and objectives.

3.1.2. Child protection policy and practice

- Written child protection policy, procedures and guidelines
- Internal and external reporting and referral procedures are in place
- Staff and care-givers know laws and procedures, and are trained in the signs and symptoms of abuse and how to respond
- Children are aware of what abuse is and what to do if it occurs to them or their peers
- Actions are taken to protect children from all forms of abuse, exploitation, violence, and neglect.
- Care-givers have strategy for breaks and stress relief.

3.1.3. Referral to / admission to service

- Process is in place for admission to the service that includes informing PSWO
- Admission criteria is clearly defined and stipulates that only unaccompanied children whose families have not been traced or children whose families are unable or unwilling to look after the child, even with support, should be placed in out of home care.
- Children being referred and their families are provided with full information about the programme and its limits
- An assessment is made on the circumstances of the child and whether the child meets the admission criteria, and whether the placement meets the needs of the child
- Reasons for the admission are recorded in the child's case file
- Relevant authorities are notified of the child's placement
- Children are welcomed into the placement and introduced to others and the institutions routines.

3.1.4. Care planning and reviews

- All children have a care plan including an exit strategy for children
- All children have a key worker responsible for coordinating the care plan

- Care plans are reviewed with relevant parties at least every 12 weeks
- Care plans prioritise tracing and family reunification, or where reunification is not possible, family contact, alternative longer term family based care arrangements and preparation for independence as appropriate
- Children are involved and engaged with in making the care plan and kept regularly informed regarding progress
- Staff are held accountable for tasks
- Reviewed plans are recorded with clear timelines.

3.1.5 Care monitoring

- All children in interim care and children in longer term care have at least monthly monitoring visits by their case manager (PSWO)
- The frequency of visits is determined by the specific circumstances/needs of each child
- Both the care received in the placement, and the social integration of the child is monitored
- All visits and other contacts regarding the child are recorded in the child's file
- There is clear documentation of protection risks, needs and plans to meet these issues
- Identified protection risks and needs are followed by actions/referrals to relevant partners for action
- Social Workers make both regular and unannounced visits to the home
    a. The child is seen separately during every visit
    b. Information is gained from others in the community about the child's progress
    c. Monitoring is done through community processes
    d. Monitoring does not disrupt adequate placements or draw attention to the child
    e. All staff are trained in when and how to follow up
    f. Where follow up support is provided to the child's family, the needs of the surrounding community are also considered.

3.1.6. Rehabilitation, through care and aftercare

- Clear policy and procedures for planned/unplanned ending of care
- Process acknowledges emotional impact of endings
- Programme provides preparation and follow-up to support reunification, alternative placement, or child's independent living
- Children are accompanied home or to new placement by staff responsible for coordinating his/her care plan, existing or new care-giver.

3.2. Personal Care

3.2.1. Diet

- Sufficient and balanced food is provided according to the needs and circumstance of the child, especially taking note of malnourished children and those living with HIV
- Infants under two are provided with breast milk from a women who has tested HIV negative, and/or substitute milk which is prepared hygienically
- Good hygiene is practised in storage, preparation and cooking of food
- In accordance with child's abilities and community norms, children are involved in planning, shopping for or cultivation of food, and in the

preparation of meals, serving, and cleaning up

- Children eat their meals with other members of the family, or as part of a small family group, or with staff members
- Special dietary needs are addressed
- Sufficient clean water is accessed and available.

3.2.2. Health

- Children have a comprehensive health check on arrival and at regular intervals
- Children must be tested for HIV on arrival and retested during their stay (as per Government protocols? Maybe reference the guidance somewhere)
- Given high levels of co-infection with HIV and the fact that it is contagious, children must be tested for Tuberculosis
- There is a standing arrangement between the institution and a health provider to address emergency and general health needs of the children
- Children living HIV are provided with supplemental psychological, education and health services (as per protocols, again reference)
- There are adequate supplies of basic medicines on site for first aid or prescribed treatment
- Children living with HIV are supported to access treatment and to stay on treatment (as per protocols)
- Care-givers are trained in first aid, and in overseeing medication to children including for children living with HIV
- Malaria nets are allocated to each child
- Children receive immunisation and any necessary medical treatment in a timely manner
- Health records are kept in child's file and regularly updated.
- Developmental milestones, illness and treatment etc are recorded
- Preventive health practices are applied– e.g. hygiene, safety and healthy attitudes
- Health education is provided, including sexual and reproductive health for adolescents
- Sanitation facilities are clean and disinfected.

3.2.3. Play and recreational activities

- Children are engaged in planned or spontaneous individual and group play and recreational activities on a regular basis both in the institution and within the community where the institution is located (when appropriate)
- Care-givers make activity risk assessments according to age and development
- Children are involved in determining types of activities and setting them up
- Children have access to indoor and outdoor play
- Resources for recreational activities are in accordance with community norms, and the child's age, interests and abilities
- Children have free time for rest.

3.2.4. Privacy

- Children have their own bed and place for their belongings at a standard comparable to the local community
- Care-givers are sensitive to wishes of the child for privacy

- Care-givers are sensitive and discreet about child's history/experiences
- Private and safe area for toileting, bathing and dressing – in residential care boys' and girls' latrines are separate and in well-lit places
- Private space to discuss child's affairs or for the child to meet visitors
- Personal hygiene supplies can be accessed discreetly.

3.2.5. Choice

- Where feasible, children have a choice of who to share a room with
- Children are provided with information and opportunities to make choices in their daily lives
- Care-givers understand child's capacities and how able and willing the child is to make choices
- Children are able to participate in all matters affecting them
- Children are involved in evaluations of their placement and the programme.

3.2.6 Children are treated with dignity and respect at all times

- Care-givers recognise that children are individuals and have different personal needs
- Decisions are taken *with* children not *for* them
- Children are listened to
- Care-givers speak and record information in a way that signifies respect
- Care-givers understand the boundaries of privacy and confidentiality
- Children feel that what they are saying will remain confidential in all but exceptional circumstances
- There must be zero tolerance for stigma and discrimination of any kind.

3.2.7. Relationships and attachments

- Children are supported in getting and staying in touch with family and friends through regular visits, family visits and open houses at children's home
- Children are comfortable and relaxed with care-givers
- Children receive individual and positive attention, support, and encouragement
- Infants and young children are not left alone and are given sufficient physical affection, attention, and stimulation
- Care-givers are able to manage expectations and allow opportunities for the children to vent their feelings and share their concerns
- Each child has someone he/she can speak to freely who is virtually unconnected with their placement and stay in the institution.

3.2.8. Children's sense of identity

- Tribal, language ability, ethnic identity, and religion is recognised as important and maintained where possible
- Children are provided with necessary identity papers or other documentation and have access to these at all times
- Siblings are kept together
- Care-givers talk to children about their lives before the placement

- Contact with family members is promoted and facilitated.

3.2.9. Care, control and sanctions

- Policy and practice defines acceptable sanctions for control. Physical or other forms of degrading punishments are not used. Punishments do not involve the use of peers
- Children are aware of basic rules for behaviour – social skills, respect for property and respect for others
- Unacceptable behaviour is seen as a child's need for greater support and guidance
- Records are kept of behavioural concerns or disciplinary action in the child's case file
- There are regular meetings with the child, care-giver, and staff responsible for the execution of the child's care plan towards addressing behavioural concerns
- Systems exist for confidential and anonymous complaints
- Children know how and to whom to make a complaint.

3.2.10. Education and skills training

- Children attend on-going and regular appropriate quality education – formal, non-formal or vocational
- Education or vocational training is community based. Where this is not available, local children are invited to join the institution's schools or training centres
- Children are provided with training on healthy lifestyles and making healthy choices, especially relating to sexual and reproductive health
- Care-givers support children in their academic and non-academic learning.

3.3. Staffing/care-givers

3.3.1. Recruitment and selection

- Recruitment policies and practices exist for all staff, volunteers and trainees
- Selection focuses on quality of care-givers to care for children and programme aims
- Checks are made on applicant's character
- Applicants are clear about the job tasks
- A formal probationary period exists
- Variety of staff available to meet the needs of the children e.g. mixes of gender and professions.

3.3.2. Case management, Supervision and Training

- Staff and care-givers are supported by management to achieve the aims and objectives of the institution in line with government policy
- Staff and care-givers receive regular individual and formal supervision
- There are weekly case management meetings with at least the staff responsible for coordinating implementation of care plans and their supervisor – either individually or as a group. Case management meetings focus on the progress of plans in relation to the child's placement and

future placements or reunification

- Supervision and case management meetings are recorded and reviewed
- Staff and care-givers are provided with regular training to meet the needs of the children in their care, including those living with HIV.

3.3.3. Care-giver ratios

- Sufficient number of staff exists to provide adequate care and attention for each child
- Care-givers are responsible for:
    a. A maximum of 8 children, where all the children are over 3 years of age
    b. A maximum of 5 children under the age of 2
- Alternative cover is available in times of illness or absence of a care- giver
- Children receive individual attention regularly beyond survival needs
- Appropriate gender balance in care-giver group
- Skills and abilities are recognised in staff deployment.

3.4. Facilities

- The institution accommodates no more than the number specified in their certificate
- Accommodation is safe and secure and subjected to 6 month reviews by the health inspector
- Rooms are of adequate size for their purpose
- There is adequate ventilation and heating
- Fire and emergency action is defined and reviewed
- Sanitation facilities are sufficient for the numbers of children, care-givers and staff
- Accommodation is clean and tidy.

3.5. Administration

3.5.1. Records

- All communications, incidents, activities etc relating to the child must be in the child's personal case file, and in the correct section
- Records are available to children
- (In collective childcare facilities only) Daily events records are compiled e.g. accidents, behavioural problems, absconding, visitors, thefts etc
- Personnel files are compiled for each member of staff/care-giver
- There are updated available records of policies and procedures
- Financial/resource transactions are recorded.

3.5.2. Confidentiality

- Clear policy on confidentiality exists, including procedures for gaining child's informed consent for sharing information. This includes sharing of

information on HIV status

- Records are securely locked away with limited access
- Information is not passed on to other official parties unless necessary
- Care-givers and staff are aware of and strictly follow confidentiality procedures
- Children have the right to access their information at any time.

4. Assessment Toolkit

4.1 Basic Information to Capture

Organization Name	
Address / District	
GPS Coordinates	
Year Established	
Type of Institution [Faith Based, Government run, NGO, Private etc]	
Legal Status	
Approved Home Status [if approved, specify if it is approved as a babies/children's home]	
Probation and Social Welfare Officer	
Warden/Officer-in-charge Names: Title/Position: Phone Contact: Email:	

Head Social Worker/Manager Names: Phone Contact: Email:	
Date of Assessment	
Agreed Follow-up date/Date of next visit	
Description of activities undertaken by the organization (boarding school, residential care, demographic of children in care)	
Description and list of funding sources (external / internal donors, income generating activities, child sponsorship, grants)	

4.2 Current Children in care

Number of children in care	**Boys**	**Girls**	**Total**	**Care Orders**	**Comments / Observations**
Children 3 years or younger					
Children 4 – 5 years					
Children aged 6 – 10 years					
Children aged 11 – 14 years					
Children aged 15 – 17 years					
Young people 18 years or older					
Children with special needs in care	**Boys**	**Girls**	**Total**		
Number of children living with HIV in care					[Comment on the age at entry of children living with HIV]
Number of children with physical disability in care					
Number of children with mental disability in care					
Number of children with visual impairment					
Number of children with speech impairment					
Parental status of children in care	**Boys**	**Girls**	**Total**		
Unknown					

Tracing on-going					
Both parents living					
Mother living					
Father living					
No parents living					
Deaths	**Boys**	**Girls**	**Total**		
Number of children who have died from the home in the last year					[Comment on cause of death & check death certificates]
Was the PSWO and relatives informed?					
Who authorized burial?					
Planned movements out of care					
Number of children who will be resettled with parents or extended family in the next 3 months.					
Number of children who will be placed into foster care in the next 3 months					
Number of children being processed for international adoption					
Number of children being processed for domestic adoption					

4.3 Child Admissions and Placements in the last 12 months

Child Admissions and Placements in the last 12 months or since last assessment From Date: _____To: _____	**Boys**	**Girls**	**Child Files**	**Comments / Observations** [Please indicated the age at time of entry into care and also the age at time of leaving care]
Admissions				
Total Number of Admissions				
Number of children living with HIV admitted into care				
Number of children with physical disability admitted into care				
Number of children with mental disability admitted into care				
Number of children with visual impairment admitted into care				
Number of children with speech impairment admitted into care				
Number of abandonment preventions				
Who referred the children for admission into care				
PSWO				
LC				
Birth parents				
Extended family [specify if possible]				
Other homes [specify home and circumstance of referral]				

Others [specify]				
Reasons for admitting children into care				
School/education				
Poverty				
HIV & AIDS				
Special needs				
Orphan-hood (either mother/father died/both died)				
Abuse at home				
Neglect at home				
Child abandoned				
Child withdrawn from the street				
Other [specify]				
Placements				
Resettlements: Number of children living with HIV resettled with birth parents and or extended family Number of children with physical disability resettled with birth parents and or extended family Number of children with mental disability resettled with birth parents and or extended family				

Number of children with visual impairment resettled with birth parents and or extended family Number of children with speech impairment resettled with birth parents and or extended family Number of other children resettled with birth parents and or extended family				
Foster care (not for adoption): Number of children living with HIV placed in foster care Number of children with physical disability placed in foster care Number of children with mental disability placed in foster care Number of children with visual impairment placed in foster care Number of children with speech impairment placed in foster care Number of other children placed in foster care				
International adoptions [foster to adopt/guardianship to adopt]: Number of children living with HIV adopted internationally Number of children with physical disability adopted internationally Number of children with mental disability adopted internationally Number of children with visual impairment adopted internationally Number of children with speech impairment adopted internationally Number of other children adopted internationally				

Domestic adoptions: Number of children living with HIV adopted by Ugandan families Number of children with physical disability adopted by Ugandan families Number of children with mental disability adopted by Ugandan families Number of children with visual impairment adopted by Ugandan families Number of children with speech impairment adopted by Ugandan families Number of other children adopted by Ugandan families Number of children adopted by Ugandan families living abroad				
Inter-home transfers: Number of children living with HIV transferred to other homes Number of children with physical disability transferred to other homes Number of children with mental disability transferred to other homes Number of children with visual impairment transferred to other homes Number of children with speech impairment transferred to other homes Number of other children transferred to other homes				

4.4 Assessment Scoring Mechanism

Each area to be assessed will be analysed and scored in accordance with the following matrix. The content of the assessment have been extracted and compiled from the Children (Approved Homes) Regulations (AHR), NSPPI-2, Operations Manual (for Youth and Probation and Social Welfare Officers (2010) and best practise social work policies/procedures. Where references are made to particular items within the Approved Home Regulations these are indicated by AHR <section number>and (sub item), e.g. AHR 7(4a) Approved Home Regulation section 7 (item 4a).

Not in place or not considered, Completely inadequate. Noncompliance with legislation, regulations and best practise	0 None
Considered / planned but not implemented Severely deficient	1 Very Poor
Partially implemented Informal or Undocumented / Lacking	2 Poor
Implemented but undefined / undocumented Needs some additional work / modification	3 Good
Fully implemented / Complies fully with legislation, regulations and best practise / Well documented and reviewed frequently	4 Excellent

4.5 Assessment items (with guidance notes)

When undertaking an assessment there is allocated space (expandable) in each item being assessed for the assessor to add notes and make recommendations.

4.5.1 Governance and Management Structure

Governance / Management Structure	0	1	2	3	4	Comments / Observations	Actions
NGO registration – establish whether the current NGO registration is valid (dates). If the organization is currently applying for registration, review the progress of the application							
Approved Home Status (from until) for ( ) number of Children							
Does the organization have a clear structure including trustees / management and reporting (obtain an organization chart)							
Is there a clear management committee structure in place with regular (monthly/quarterly) meetings - AHR 7(1) (obtain management committee meetings)							
LCIII (or appropriate district/regional) government member on management committee - AHR 7(4a) – (obtain appointment letters / requests to attend meetings)							
PSWO on management committee - AHR 7(4b) – (obtain appointment letters, requests to attend meetings and meeting minutes)							
Is there appointed warden on the management committee? - AHR 7(4c) & 8(1)							
Is a warden on duty at all times? - AHR 8(4)							
Score (Sum of all items divided by number of questions)							

4.5.2 Finances

Finances	0	1	2	3	4	Comments / Observations	Actions
Evidence that the accounts are maintained appropriately including income, expenditure, donations and capital - AHR 16(1)							
Latest audited accounts available - AHR 16(2) – obtain a copy of the latest accounts (audited or not). If not audited, establish who is the external auditor and why accounts have not been signed							
The organization has a robust Financial & Accounts Operations Manual							
Score (Sum of all items divided by number of questions)							

4.5.3 Inspections and Reports (legal compliance)

Inspections & Reports	0	1	2	3	4	Comments / Observations	Actions
Home inspected every six months by PSWO - AHR 25(1) – review inspection reports and/or evidence that the organization liaises with the PSWO on a regular basis							
Home inspected every six months by Public Health Officer - AHR 25(2) – review inspection reports							
Six monthly report submitted to MoGLSD- AHR 25 – obtain and/or review copies of the six monthly reports and evidence that they have been submitted to MoGLSD							
Are regular inspection visits conducted by external, independent persons or bodies?							

Are medical officers/health employees able to inspect facilities and do they specifically review HIV care and disability provisions?							
Are inspectors entitled to make unexpected visits?							
Are inspectors entitled to speak to or have access to children?							
Score (Sum of all items divided by number of questions)							

4.5.4 Human Resources

Human Resources	**0**	**1**	**2**	**3**	**4**	**Comments / Observations**	**Actions**
Is there a staff handbook available? – obtain / review							
Is there a HR manual in place outlining all HR related policies and procedures? – obtain / review							
Does the organization have the necessary qualified staff? Check staff HR records and outline Senior manager, middle manager, manager, community carers/childcare staff and their qualifications							
Does the Director / Senior manager have at least diploma level educations? (post-graduate, undergraduate, non-graduate, in-service training)							
Do all staff have appointment letters? Check staff HR records to ensure appointment letters are provided to all new recruits							
Is there a structured staff training and development programme in place? - AHR 8(10)– obtain / review							
Does the residential care facility train or educate its staff on HIV and AIDS? • Is there a training manual?							

• Is this incorporated into the standards for care? • Are there caregiver guidelines or protocols? • How often does training take place? • Is training pre-service or in-service?							
Are there male & female staff members in mixed homes for children over 6? - AHR 8(7)							
Is the code of conduct for staff and volunteers is clearly displayed							
What is the Social worker to case ratio? – review number of social workers and cases (cases are defined as children in residential care, resettlement investigations, resettlement follow-ups, adoption/fostering assessments, home studies and abandonment prevention interventions)	> 1:50	1:36 1:50	1:26 1:35	1:16 1:25	< 1:15		
Are all social workers qualified? – obtain / review evidence of social worker qualifications							
Is there adequate staff on duty? AHR 8(4) 8(9) – review number of staff and establish if the staff can care for the children in the home							
Number of caregivers [caregivers are persons charged with the day-to-day care of children]							

Number of caregivers who have undergone health practitioner/clinical/nurse training							
What is the career to child ratio for under 3s? - AHR 8(5) – establish if careers are primarily focused on direct child care or whether they have other duties such as cooking, cleaning etc	> 1 : 3 0	1 : 2 1 1 : 3 0	1 : 1 3 1 : 2 0	1 : 6 1 : 1 2	< 1 : 5		
What is the career to child ratio for over 3s? - AHR 8(5) – establish if careers are primarily focused on direct child care or whether they have other duties such as cooking, cleaning etc	> 1 : 4 1	1 : 2 9 1 : 4 0	1 : 1 8 1 : 2 8	1 : 9 1 : 1 7	< 1 : 8		
Are there male & female staff members in mixed homes for children over 6 - AHR 8(7)							
Clear guidelines for reporting missing children within 48 hours - review policy and also ask for evidence of communication when a child has gone missing							
Score (Sum of all items divided by number of questions)							

	0	1	2	3	4	Comments / Observations	Actions

4.5.5 Child Care Provisions

Care Provisions	0	1	2	3	4	Comments / Observations	Actions
Is there a child protection policy in place that is available to all staff and visitors at all times? Ask for a copy of the policy and ask staff members if they know of its existence and what it includes							
Admissions policy & procedures – review the admissions procedure and associated documentation – does it capture all necessary information including child health, abandonment/removal details and other necessary information required for investigations and possible reunification							
Child care manual / policies – does the organization have a child care manual containing all policies and procedures relating to child welfare							
Suitability of physical environment – is the environment suitable for children – check for dangerous items such as sharp objects, general cleanliness, are the walls pained appropriately etc							

Child care daily routines / structure – are there visible structured routines in place							
Structured play in place – do the routines include 'play time' where children are allowed to play and interact such as learning by play, circle time, singing, art and playing with appropriate toys							
Education provided (all levels) – does the organization provide education for the children (on or off site)?							
Do children attend school within the local community and/or with other children who are not in residential care?							
Counseling/therapy services available – does the organization have a professional therapist available who attends regularly to assess and help the children with psychological issues / development							
How many children were visited by or visited their parents, guardians, or other family members in the last 3 months							
Are there provisions to care for children with special needs, including those living with HIV							
Are boys and girls clothed appropriately							
Religious traditions of the child maintained - AHR 15 - if known does the organization maintain a child's name if it is from a religion other than that of the organization? Does the organization allow children to practice his/her religion if not that of the organization?							
A child's own ethnic group maintained (language/traditions) - AHR 14 – is the language (if known) of a child maintained? Does the organization assist the child in learning about his/her ethnic group and traditions?							
Health care provisions	**0**	**1**	**2**	**3**	**4**		
Building complies with Public Health (school buildings) rules - AHR 11 – obtain/review copy of the compliance report							

Do all children (and staff) have access to clean drinking water?							
Diet / Nutrition - evidence of a balanced and appropriate diet							
Each child has a separate bed/cot - AHR 12							
Is there a nurse onsite or an alternative approved by District Health Officer? - AHR 9(1) & (2)							
Is there adequate access to a doctor and medical facilities?							
Is the HIV status of all children residing in the home known?							
Are all children tested for HIV on admission?							
Are children tested for TB on entry into the home?							
Are children retested for HIV? If so, at what interval/what is the frequency for re-testing?							
What are the HIV specific services available to children? • HIV testing EID (early infant diagnosis) • HIV Treatment including paediatric HIV treatment • Psychosocial support and counselling • Adherence monitoring • Information on sexual and reproductive health for adolescents living with HIV • Disclosure support Others? (Please state: _____)							
What other medical conditions exist among the children in care? What services exist to respond to these medical conditions?							
What are the mechanisms for referral between the home and health services (including HIV & TB specific) if they are not provided by the facility?							
What follow-up mechanism is in place to ensure that children on treatment adhere to stipulated medication schedules?							

Does the organization have a disclosure policy? i.e. are children informed of their medical conditions such as HIV?							
To what extent does the organization adhere to the paediatric standards of care for children living with HIV? [See attached standards for reference]							
What particular challenges do institutions face in caring for children living with HIV? (e.g. not knowing family history, legal consent challenges, access to material, financial and informational support, etc).							
Score (Sum of all items divided by number of scoring questions)							

4.5.6 Record Keeping

Child's general records [Review files of the children to establish evidence that the necessary documentation exists]	**0**	**1**	**2**	**3**	**4**	**Comments / Observations**	**Actions**
Is there evidence that children are placed in institutional care through an established assessment system (to ensure that children are not inappropriately placed in formal care or placed in a care setting that does not meet their needs)							
Evidence that the PSWO is informed of child admission within 24 hours							
MoH health card – AHR 20(1a) AHR 20(1b)							
Case record – initial record - AHR 20(1c)							
Individual care plan – including resettlement actions - AHR 20(1a)							
Current care (court) order – AHR 20(1d),							
School Report – AHR 20(1e)							

Social Background Report – AHR 20(1f)							
Other related welfare of the child records – AHR 20(1g)							
Quarterly / three month child progress report including health, school, behavior, development – AHR 20(2&3)							
Case record reviewed by PSWO every 12 months - AHR 20(4)							
Case record recommendations kept on file - AHR 20(5)							
Passport sized photo – renewed every 3 years – AHR 20(6)							
Health Record Keeping	**0**	**1**	**2**	**3**	**4**	**Comments/Observations**	**Actions**
Evidence of medical examination within 48 hours of admission – AHR 10(1)							
Medical records per child maintained – AHR 10(2)							
Medication per child clearly visible – AHR 10(6)							
Immunizations given/recorded as per National Immunization Schedule for children under 5 (MoH) – AHR 10(3)&(4)&(5)							
ICT and Data Systems	**0**	**1**	**2**	**3**	**4**		
Is any information stored electronically? Is it secure with appropriate access control?							
Are systems and data backed-up and back-up devices stored in a secure location?							

Are there adequate instructions for the recovery of any lost data / systems?							
In the event of a disaster (fire, flood or theft etc) are there procedures in place to ensure that children's files / data can be recovered or recreated?							
Is there a data protection policy in place?							
Score (Sum of all items divided by number of questions)							

4.5.7 Child Resettlement and Alternative Care

Child Resettlement and Alternative Care	**0**	**1**	**2**	**3**	**4**	**Comments / Observations**	**Actions**
Does the organization have clear guidelines for the prospective length of stay of each child?							
Does the organization have a clear statement and policy on child resettlement?							
Does the organization have a care plan for each child that outlines clear steps (with timescales) to be undertaken to either reunify the child with birth/extended family or else make the child available for fostering / adoption?							
Are children living with HIV also provided with care plans that include equal efforts made for their resettlement/reintegration/foster care or adoption?							
Review a number of files and determine if the tracking of birth family and reunification attempts have been made							
Does the organization have a transitional facility and transitional plans for children to be properly re-integrated back into communities?							
Evidence of parental engagement - AHR 21(1) – obtain/review information where a parent or guardian of a child has been engaged with and visits are encouraged and facilitated by the							

organization							
Does the organization have a pro-active adoption programme (foster to adopt) - AHR 21 (2) – review evidence of a child being made available for adoption and the process to recruit adoptive parents							
Does the organization have a pro-active adoption foster care programme (foster but NOT for adoption)? - AHR 21 (2) – review evidence of a child being made available for adoption and the process to recruit foster parents							
Does the organization have clear guidelines/policy on adoption including the vetting of adoption parents such as operate an adoption panel to evaluate families and children for adoption?							
Does the organization refer children to other organizations if the organization cannot support the child themselves (specialized support etc)?							
Score (Sum of all items divided by number of questions)							

4.5.8 Post Placement Monitoring and Support

Post Placement support	**0**	**1**	**2**	**3**	**4**	**Comments / Observations**	**Actions**
Are parents and children supported once a child has been resettled? – review evidence of follow-up visits and frequency							
Other than social work support, does the organization provide any other support such as resettlement packages or finances for school fees etc?							
Does the organization formally inform the PSWO of all resettlements and follow-up assessments / visits?							
Does the organization inform the LC and local police that a child has been resettled in the							

district?							
Does the organization engage with or at least inform other NGO's working in the community that there has been a resettlement and some support may need to be provided?							
Score (Sum of all items divided by number of questions)							

4.6 Overall Assessment Scores

On completion of the Assessment the results are compiled into a single table that. This table outlines all of the areas assessed and their scores and also an overall score. The score (Out of 4) is derived from the overall score from the area being assessed divided by the number of items in that area. The overall assessment score is the average of all areas assessed.

Area Assessed	Score Out of 4
Governance / Management Structure	
Financial management	
Inspections & Reports	
Human Resources	
Child Care Provisions	
Record Keeping	
Child Resettlement & Alternative Care	
Post Placement support	
Overall Assessment Score (Sum of all areas divided by 8)	

5. Summary of Key Observations, Actions and Timescales

Observations	Key Actions	Responsibility	Due Date

Annex 1: OVC Quality Assurance, Improvement & Referral

Quality Assurance & Improvement	Yes	No	Comments	Observation
Does the Institution have OVC quality standards				
Have the staff received any training in the use & application of the Quality standards				
Does the Institution conduct & report on internal OVC quality audits to the PSWO& or CDO?				
Does the Institution have Quality Assurance & Quality improvement plan? If yes provide evidence and describe what was done in the last year & any changes that were made as a result of QA&QI plan				
How often & how do children participate in the design and delivery of services and in decision-making in this Institution?				
How does you institution ensure safety of the children? Does your institution have risk management plan?				
What is the extent and effectiveness of mechanisms for referral between residential care settings and health clinics?				
Does the Institution have tools to support referrals e.g. standard referral forms, Register, directory				
Are there any referrals being done at the moment? Is there a database for all the organizations providing OVC and related services in the area?				
Are the other service providers aware of the scope of				

OVC services you provide and have they can refer to you?				
Has your institution made referrals to other providers for services not provided by this Institution?				
Is there documentation on the OVC referred and means of verification of services received?				
How are referrals tracked (feedback loop)				
Has there been any training of staff on Quality Assurance & improvement. If yes has the effectiveness of the training activities been evaluated?				