

Raising the Standards

Quality childcare provision in
east and central Africa

Save the Children fights for children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.

Save the Children UK is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation, with members in 27 countries and operational programmes in more than 100.

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Dedication

This document provides a set of standards to guide quality childcare provision. If implemented, children in non-family care settings will gain a more positive experience of childhood and will be supported in building resiliency as a foundation for their future lives as contributing individuals in their society. Furthermore, they will be spared the many disadvantages faced by children without families or primary carers.

This document is therefore dedicated to all the agencies, partners, carers and children who work together for the benefit of children living without their families or a primary carer.

Acknowledgements

Save the Children UK would particularly like to thank Neil McMillan for his commitment and energy in the development of the quality standards and the drafting of this document. In addition, thanks and appreciation are extended to the Save the Children UK programme staff in Kenya and the Democratic Republic of the Congo, and their partner agencies, who helped to ensure that the standards and indicators are realistic and applicable across the regional context. Finally, special thanks are given to all those colleagues worldwide who commented on and offered suggestions to enhance the childcare standard list to ensure its international applicability.

Neil McMillan – Consultant

Diane M Swales – Save the Children UK Regional Social Protection Advisor, East and Central Africa Region

Preface

Increasing numbers of children across the world are being separated from their families as a result of the death of parents, conflict and displacement, abandonment, trafficking, discrimination, endemic poverty and/or inappropriate child protection responses. The additional impact of the HIV/AIDS epidemic has elevated already high numbers of orphans and other groups of vulnerable children to crisis levels. By 2010 an estimated 106 million children will have lost one or both parents, with 25 million of this group orphaned as a consequence of HIV/AIDS.¹

Children deprived of parental care are vulnerable to abuse, exploitation and further loss. In this situation the immediate priority is usually to find ways to keep children with other family members. But for those children whose wider family cannot offer them a home or whose family members have died, a range of other interim or long-term care options must be found. Such ‘out of home’ care provision – which in some places has all too often taken the form of an institutional response – has frequently been developed without any legislative framework, policy guidance, registration requirements or national standards. The absence of monitoring mechanisms for the protection of children in care often leaves these already vulnerable girls and boys subject to additional neglect, abuse or exploitation by over-burdened or unscrupulous ‘care providers’.

Save the Children’s own work on care and protection is based on the principles and standards of the United Nations Convention on the Rights of the Child (UNCRC). However, neither the UNCRC or any other existing internationally agreed texts sets out comprehensive or detailed guidelines to inform and clarify good practice in care settings, prevent abuse, and establish responsibilities and accountability.² This point was made in 2003 when Save the Children produced a paper (‘A Last Resort’), which highlighted growing concern about the numbers of children in residential care and the quality of the care they receive. The need to promote children’s participation and develop quality childcare standards for application in all care settings was advocated in order to address the continuing violations of children’s rights.

This publication proposes one way forward in raising the standard of childcare through the development of quality childcare standards which can be applied in a range of care settings (including interim institutional care, community-based care, foster care, etc). It presents the results of work carried out by Save the Children UK in the east and central Africa region, through collaborative efforts by a consultant, the Save the Children UK team and a range of partners. These quality standards are currently being piloted by Save the Children UK with a range of agencies in east and central Africa. Lessons learned from the process and the outcome of implementation will be documented to further inform efforts to develop and realise quality standards in a range of care settings.

These standards can be used by staff members and managers in a variety of ways. These could include:

- **staff development** as a means to promote discussion and learning and for identifying training needs

¹ UNAIDS, UNICEF, USAID (2002) *Children on the Brink 2002: A joint report on orphan estimates and program strategies*.

² See: Joint Working Paper by UNICEF and ISS (August 2004) *Improving Protection for Children Without Parental Care: A call for international standards*.

- **assessment** as a basis for the evaluation of existing care provision
- **planning** as a tool to assist in identifying service requirements and standards
- **service development** as a framework for care provision development
- **monitoring/evaluation** as a framework against which to measure services provided
- **policy development** as a basis from which to develop practice-based advocacy with partners and governments for policy development and the adoption of national minimum standards
- **advocacy** as an advocacy tool for dialogue and action on the development of international childcare standards.

It is suggested that the standards could also provide the foundation for the development of national childcare standards. In any country the indicators would need to be further contextualised, baselines established and additional sections added, as considered relevant (eg, on implementation activities and verification). At international level UNICEF, Save the Children and other agencies are also advocating for the development and adoption of international childcare standards. We hope that this publication (and its application) will be used as the basis for further dialogue and action towards the establishment of such international childcare standards and guidelines.

We encourage all practitioners working in care settings to engage in collaborative efforts to further develop these quality childcare standards, to pilot implementation of the standards in a range of care settings, and to advocate for the establishment of national and international childcare standards.

Bill Bell
Head of Child Rights and Protection
Save the Children UK

How you can contribute to raising the standards

Save the Children UK welcomes initiatives by other agencies and NGOs to test and pilot these standards across a range of settings and cultures. Such experiences will be invaluable in helping to further develop and improve these quality childcare standards. If you undertake such work we would encourage you to share the results of your experiences with Save the Children UK and others (see below).

It would be particularly helpful if the following areas could be considered in your responses:

- a short summary of the nature of your initiative (Where? With whom? How?)
- dilemmas and challenges in gaining acceptance of either the concept of quality childcare standards or practically implementing the standards
- successes, challenges, gaps and suggestions for improvement based on your experience with the standards
- feedback on general issues such as:
 - the structure of the template, the grouping of the standards and the order of the standards
 - resource implications in applying the standards (financial and human resources)
 - the relevance of the standards in different care and cultural contexts
 - inclusion: do the standards adequately capture issues of difference, ie, gender, age, disability, ethnicity, etc
 - the application of the standards in both high- and low-prevalence HIV/AIDS contexts
 - the participation of children in contextualising the standards and/or using them
 - the application of the ‘best interests’ principle
- specific reactions to the detail of individual standards (eg, relevance and content)
- whether there is any other documentation or experience that could be drawn upon to further develop and improve these standards.

Please share feedback with Bill Bell, childrights@savethechildren.org.uk.

Save the Children will make the results of such initiatives available to all those interested in this approach, and will use them to further improve the quality childcare standards and to develop guidance for their implementation.

Introduction

Save the Children UK currently works in eight countries in east and central Africa: Ethiopia, Somalia, the Democratic Republic of the Congo (DRC), Rwanda, Tanzania, Kenya, North Sudan, and South Sudan. Many of these countries have been, or still are, subject to the impact of internal conflict, economic upheaval and endemic poverty. While each country context is different, one of the most common problems facing governments and societies is how to ensure the care and protection of children without primary carers. As a result of HIV/AIDS, this problem has escalated dramatically in recent years. Furthermore, a related consequence of the pandemic is an increase in family disintegration and separation. Traditional coping systems are overwhelmed. Increasing numbers of families are caring for their relatives' or neighbours' children without sufficient support, and increasing numbers of children are living without an adult or primary carer.

In response to this, governments, non-government organisations (NGOs) and private care providers have established a range of services including institutional and community-based care, such as foster care by relatives and others. However, these have been insufficient to respond to the increasing numbers of children without carers and/or the support needs of extended families. Some of these services do provide good-quality care for children. However, experience has shown that for the majority of services this is not the case. In many childcare institutions and other forms of care services, the quality of provision is below a standard which would ensure the protection and guidance necessary for a minimum level of child development. Such poor quality of care stems from a lack of acknowledgement or understanding of the quality of care necessary or acceptable in non-family care services, despite individuals', NGOs' and governments' increased awareness of, and intention to support, children's rights.

While the application of minimum standards to individual childcare programmes is critical to ensure that children's rights are upheld, experience has also shown that childcare provision is often developed in a fragmented and piecemeal manner. Often there is no policy or regulatory framework which holds service providers accountable for ensuring minimum standards, nor any guidance or systems to support the consistent quality of provision for these most vulnerable children.

As a result, Save the Children UK East and Central Africa Regional Office, with funding from the Regional Office funds and the Dutch Government's technical co-financing programme, commissioned a consultant, to undertake a study visit to the region. The aim of this consultancy was to produce a set of basic indicators for quality childcare which could be applied in resource-poor or emergency contexts and across a range of care provision. The following set of standards and indicators are intended to guide Save the Children programme staff and partner agencies in the provision of a minimum standard of care for children who are disproportionately vulnerable to violations of their rights to survival, development, protection and participation. Furthermore, Save the Children is advocating for the wider application of these or similar quality standards by any agency involved in the provision of childcare services.

This set of childcare standards is primarily intended for managers and practitioners in childcare services, but they can also form the basis of advocacy for the establishment of childcare policy and national minimum standards for the care of children in need of special protection.

Basis for the standards

Save the Children's work is founded on an understanding of children as rights-holders with an entitlement to the realisation of the minimum standards as set out in the United Nations Convention on the Rights of the Child (UNCRC).³ To work towards the realisation of children's rights, Save the Children UK has adopted a strategic framework, which includes:

- practical actions to directly address rights deficits or violations
- strengthening structures and mechanisms to overcome constraints, ensure accountability, and monitor and progress children's rights
- building constituencies of support in society for children's rights among individuals in government, professional bodies, the media, the private sector and civil society.

Fundamental human rights principles and the UNCRC underpin all of this work, and are defined as:

- non-discrimination
- best interests of the child
- participation
- survival and development
- accountability
- indivisibility.

While these rights and principles apply to all children, some rights are particularly relevant to children without primary carers or at risk of separation from their primary carers.

The rights outlined in the UNCRC include:

- **Article 9 – parental care and non-separation**
the right to live with parents unless this is deemed incompatible with the child's best interests; the right to maintain contact with both parents if they are separated
- **Article 10 – family reunification**
the right to leave or enter any country for family reunification and to maintain contact with both parents
- **Article 12 – the child's opinion**
the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child
- **Article 18 – parental responsibility**
parents have joint responsibility for the upbringing of their children and the State shall support them in this. The State shall provide appropriate assistance to parents in their child rearing

³The UNCRC has been ratified by all State Governments apart from the United States of America and Somalia.

- **Article 19 – protection from abuse and neglect**
the State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programmes for the prevention of abuse and the treatment of victims
- **Article 20 – children without families**
the right to receive special protection and assistance from the State when deprived of a family environment and to be provided with alternative care, such as foster placement or *Kafala* in Islamic societies,⁴ adoption or an institutional placement
- **Article 25 – periodic review**
the right of children placed by the State for reasons of care, protection or treatment to have all aspects of that placement reviewed regularly.

In addition, some rights refer specifically to situations of conflict. Article 39 makes reference to the State’s responsibility for a child to receive appropriate responses for recovery and social reintegration where he or she has been a victim of armed conflict, torture, neglect, maltreatment or exploitation. Realisation of this right has obvious implications for care providers.

The consultant used the above UNCRC articles as the basis for developing the indicators for quality childcare practice outlined in this document. In addition, building on the extensive childcare experience of Save the Children UK and the consultant, the indicators were reaffirmed on the basis of good childcare practice.

Standards development

To understand the realities of childcare in the region, the consultant visited childcare providers in the city of Kinshasa in the DRC, and in the cities of Nairobi and Kisumu in Kenya. A diverse range of settings and approaches designed to meet the needs of children were reviewed during field visits which proved informative in the development of the standards and indicators. The quality of care was similarly diverse, with only a few of the services providing care, even occasionally, at a level equivalent to any of the articles of UNCRC.⁵ However, it was acknowledged that many care providers are working very hard in extremely difficult circumstances, with a lack of infrastructure and resources to carry out the task of caring for children effectively.

Quality standards

The content of this document provides a basic set of quality childcare indicators that are appropriate as standards for a range of care settings across the east African region and which apply equally in conflict and emergency contexts.

⁴ The Islamic term for what is commonly called adoption, *kafala*, literally means sponsorship and comes from the root word meaning ‘to feed’. It is best translated as ‘foster parenting’.

⁵ It was difficult and inappropriate for the consultant to provide an evaluation of the services, given the short amount of time spent with them. However, it was found that all the services would benefit from advice, guidance and support to bring their provision of care in line with the UNCRC.

The document is structured in the form of a template outlining:

- **standard**
a statement about a practice or issue that is important to the process of caring for a child or for a service that cares for a child
- **indicators**
behaviours, circumstances or indications that suggest a standard exists or is in place at an acceptable level
- **contra-indicators**
behaviours, circumstances or indications that suggest a standard is either not in place or not operating at an acceptable level
- **basis**
the factors which inform the standard. These are primarily either articles of the UNCRC or good practice experience. There may also be local legislation that informs or determines the basis of the standard. Clearly, legislation varies from country to country. As the UNCRC sets a minimum standard, the local or international framework which sets the highest standard should be applied
- **practice implications**
this is a short summary of matters relating to the standard and highlighting the importance of the standard in the life of the child.

The format of the set of standards and indicators is intended to be useful and accessible to staff members or partners who do not have any childcare training, and therefore each indicator is restricted to approximately one page. The standards are not prioritised but grouped as below:

- professional practice
- personal care
- caregivers
- resources
- administration.

All the standards are equally important and together provide a good baseline for quality assurance within a childcare service. It is intended that the standards can be applied to a whole range of childcare settings, including institutions, foster care, community care programmes, child-headed households, small group homes, etc. Some standards may be more applicable to particular settings, and some standards may not initially appear to apply to some settings. However, all agencies that support the provision of childcare, whether it is foster care, support to child-headed households or an alternative, should aim to comply with each of the standards.

How to use the standards

Staff members who wish to use the standards may be involved in, for example:

- the direct provision of childcare, eg, through transit centres
- offering support and technical guidance for quality childcare through partners who are themselves providing childcare services
- providing an input to policy or practice debates around childcare issues.

Staff members can use the standards in a number of different ways to establish and promote basic standards for quality care. For example, the standards can be used for:

- **staff development**
a means to promote discussion and learning and to identify training needs
- **assessment**
a basis to evaluate existing care provision
- **planning**
a tool to assist in identifying service requirements and standards
- **service development**
a framework to develop care provision
- **monitoring**
a framework against which to measure services provided
- **policy development**
a basis from which to develop practice-based advocacy with partners and governments for policy development and the adoption of national minimum standards.

As more agencies begin to understand the negative consequences of institutional care for children, a range of alternative and community-based care options are being piloted. Where caregivers are supporting children within the carers' or the children's own homes, the basic quality standards would still apply.

Applying the standards

When reading through and using the standards and indicators, it is important that the reader translates or interprets the good practice outlined into the particular care settings relevant to them. While the indicators make reference to institutional settings, they can readily be applied to foster care or other community-based care provision. Ways in which the indicators could be used by a foster care agency could include:

1. The agency would set aims and objectives for their service, identify selection criteria for carers and criteria for the child's admission to the programme, while ensuring that training and development opportunities for carers and agency staff are provided. The agency would involve carers and children in the child's care planning activities and would ensure adequate protection for the children. The carers should be provided with regular opportunities to receive training and to discuss and debate childcare issues among themselves, rather than only through a single agency worker.
2. The agency would advise and support carers to ensure minimum standards for children's care, protection and development. Carers would not have a child placed with them until they had been trained on the basic standards and other child rights and development issues.
3. The agency would provide an assessment process for carers and a regular monitoring and review system to ensure care standards are worked towards and maintained.
4. The agency would ensure that the child participated in discussions and decision-making related to the child's current and future care.

5. The agency would also make opportunities to meet regularly with the child separately from the carers. This would provide opportunities for confidential discussions or disclosure in the case of any ill-treatment, exploitation or abuse or to highlight any potential concerns about or from the child.
6. The agency should ensure that carers or staff members are appointed in line with the aims and objectives of the service. Such staff members or carers should be properly supervised and supported in their tasks.
7. The agency should also ensure that there are sufficient numbers of staff or carers to fulfil their job tasks and ensure adequate childcare and protection. The agency should also expect carers to ensure that children's nutrition, health and educational needs are met.
8. In addition, the agency should ensure that any accommodation provided for children is maintained in a clean and hygienic manner and that the accommodation offers the basic requirements for childcare and development.
9. The agency should ensure that necessary records are maintained and held securely and that confidentiality is understood and maintained by all parties.

Supporting childcare in non-family settings brings with it specific responsibilities among all care providers to support and maintain good practice standards for the care and protection of children in their programmes.

1. Quality standards and indicators: professional practice

1.1. Childcare programmes have written aims and objectives

Standard

All childcare programmes should have a clear, written statement of their aims and objectives which represents the basis upon which the programme is established, why it exists and what it is attempting to achieve.

Indicators

The programme has a clearly stated philosophy that has been developed and reviewed with the involvement of key stakeholders, including children. Staff and carers understand and agree to work to it. The best interests and the rights of the child underpin the philosophy.

Contra-indicators

No statement of aims and objectives exists, or a statement exists but is not generally known about or acted upon by staff and carers. A statement exists but the children are unaware of it and/or not helped to understand it. The statement has no comment about values and principles, or the actual practice differs from, or is inconsistent with, the stated aims. Carers, staff and children are not involved in the development of the aims and objectives and the statement does not reflect the rights of the child.

Basis

A statement of aims and objectives should exist as a matter of good childcare practice.

Practice implications

Institutional childcare and alternative models need to be purposeful and responsive to the best interests of each child being helped by that programme. The programme should be provided within a framework of wider agency childcare policy, national legislation and international protocols. The statement of aims and objectives is particularly important if there are to be realistic expectations about what each programme can offer individual children. Programmes are more likely to meet needs if they are informed by a clear set of aims and common values shared and acted upon by all. The rights of the child need to be explicitly stated. Many other policies, procedures and regulations stem from and are dependent upon consideration of the aims and objectives of the programme. The aims and objectives of the programme explicitly state the reasoning behind the existence of the service and what it is trying to achieve. They provide a starting point that remains the one true baseline against which the way the service operates can be measured.

1.2. Childcare programmes have a child protection policy⁶

Standard

All programmes for children should have a written policy on dealing with child protection which reflects the national law and the minimum standards set by the UNCRC⁷ and which provides guidance and procedures for staff and carers who discover or suspect that a child has been or is being abused or neglected.

Indicators

There is a written policy on child protection and abuse indicating what procedures should be followed and by whom. The policy recognises that abuse can be physical, emotional or sexual and can be perpetrated by carers, children or other adults. Staff and carers are able to recognise when a child is abused. Staff and carers know how to respond timely and appropriately to those children who may have experienced, or are experiencing, abuse and neglect, and who are now in their care. Carers and staff understand and are able to explain the law on child abuse and local procedures for reporting and seeking help. Children have some awareness of and can explain some of these procedures.

Contra-indicators

Staff and carers are not aware of the law in relation to child abuse and neglect, there is no written policy and there are no stated procedures for dealing with abuse, exploitation and neglect. The particular needs of children who have been abused or who might be experiencing abuse are not recognised. Staff and carers do not see this as an area with which they should be overly concerned. Staff and carers do not feel secure enough to raise concerns, or they deliberately conceal information about abuse within the programme because they fear victimisation and intimidation.

Basis

Article 19, UNCRC: children shall be protected from all forms of maltreatment perpetrated by parents or other persons responsible for their care, and appropriate social programmes for the prevention of abuse and the treatment of victims should be established.

Practice implications

Many of the children involved with support or care programmes have already experienced abuse and neglect at home, in temporary camps or while living on the street. There is also a growing understanding that the abuse of children takes place within support programmes for children and that these programmes are not necessarily the safest places for children. Programmes have a moral and professional responsibility to work with children in a way that uncovers such abuse and to report it to the appropriate authorities, while also providing support for the child. Staff and carers should have clear information on how to detect and deal with abusive behaviour by others, be clear about their responsibility to report, and be assured that they and the children will be protected

⁶ An agency must have child protection policies, procedures and guidelines in place on how to prevent and respond to child neglect and the sexual, emotional and physical abuse of children.

⁷ The standards set by the UNCRC should always apply when supporting children's rights, except under Article 41: respect for higher standards. This states that wherever the standards set in applicable national or international law relevant to the rights of the child are higher than those in the Convention, the higher standards should always apply.

in the process of doing so. Staff and carers need procedures and guidelines to know what steps to take in order to do this. Children need to be made aware of their rights and enabled to live in an environment where they feel free to express any concerns they may have.⁸

1.3. Staff and carers demonstrate good child protection practice

Standard

Carers should recognise and appropriately intervene where children have been or are being abused.

Indicators

The programme reports to the appropriate department responsible for childcare services or the police (when in the best interests of the child) in any instance where there is reasonable cause to believe that child abuse, neglect or exploitation may have occurred. There are likely to be different structures from one country to another and, on occasion, there may be no active agency or representation at local level. In such a situation, carers should be aware of local procedures set out in their policy and act accordingly. Carers are knowledgeable about and sensitive to signs which can indicate that abuse is occurring. They are knowledgeable about symptoms and signs caused by sexually transmitted diseases in children and are aware of the common behaviours shown by abused children. Carers are able to respond sensitively and appropriately to disclosures of abuse by the child. Arrangements are made to reduce the likelihood of isolation for individual carers working with children, especially in situations where children may be undressed. Carers have ways of taking breaks and finding relief at times of high stress, especially when caring for a child who is ill or where the carer is an older child.

Contra-indicators

Children are showing signs of abuse and neglect. Carers do not see the reporting of abuse to authorities as their responsibility. They are unaware of the issues that might arise as a result of current abuse. There is a tendency to underestimate the existence of abuse or the problems that can arise. Carers are not encouraged to develop appropriate knowledge, skills and values in this area. There is a lack of privacy for children when bathing, toileting or at other times when they are likely to be undressed or when they wish to be alone. Staff members behave inappropriately with children in terms of unwanted physical contact or demanding repeated discussion of an abusive experience by the child.

Basis

Article 19, UNCRC: children shall be protected from all forms of maltreatment perpetrated by parents or other persons responsible for their care and appropriate social programmes for the prevention of abuse and the treatment of victims should be established.

⁸ In relation to the growing concern that childcare programmes are too often the place where abuses take place, programmes should ensure the existence of a functioning complaints system, for children and staff, with external representation on the group investigating complaints. (See Indicator 2.9: Children are supported to voice their opinions and views.)

Practice implications

Carers not only need to be aware of procedures but need to be equipped with the knowledge and skills to detect abuse and to intervene in a helpful way with those in their care who have been abused. Carers of orphaned and vulnerable children have a particular potential through their relationships with children to uncover abuse and to support the child. Carers must be able to understand how some of the problem behaviours of children may, in fact, be linked to experiences of abuse.

1.4. Childcare programmes have a clear referral and admission process

Standard

When a child and/or family is referred to or admitted to a childcare programme, a standard process is in place, which has at its centre the best interests of the child. Where rules and/or any other regulatory frameworks exist (established by statute or any other legal instrument) admission or referral should be in compliance with such regulations.

Indicators

Protective and diversionary approaches are used in the first instance to address the needs of the child. Comprehensive information about the programme, what it can offer and its expectations is given to the child, his or her family or the person responsible for the placement⁹ at the initial point of contact so as to allow an informed choice to be made about involvement with the programme. Clear referral and admission processes are particularly important in emergency contexts in order to avoid unnecessarily separating a child from his or her family. Information is gathered about the child and some form of assessment is made and recorded about the child's needs and what, if anything, the programme can offer to improve the child's circumstances. The child, the referral programme, and/or the family or referring agent are made aware of their rights and responsibilities within the law in relation to their involvement with the programme.

Contra-indicators

Carers have little or no understanding of the law in relation to children and families, their own legal mandate or that of the programme. A proactive approach is not taken to service provision and more emphasis is placed on bringing children into the programme than on diverting them from it with protective approaches. Children have little or no understanding of the roles, aims or purpose of the programme in relation to its involvement with them or their family. Involvement of the programme with the child has more to do with the needs and survival of the programme and its employees than with the needs of the child. The assessment of the child focuses only on what the programme can offer and not on the child's needs.

Basis

Organisational efficacy and good childcare practice.

⁹Depending on the context, a number of officials, such as the police, a social worker, or a local official, or a private citizen, may take the child to the institution or childcare programme. It is important, therefore, that programme staff are able to clearly identify when the particular service is not appropriate for an individual child.

Practice implications

In emergency situations, childcare programmes can be used inappropriately by families or children in desperate circumstances. Initially, there needs to be careful screening to prevent children being separated from their families. When children are first in contact with a programme – whether this is through an outreach worker or a community children’s officer, or through being received into an institution – it can be a frightening or overwhelming experience. There can be much uncertainty about what this person wants, what the programme is offering or what will happen next. It is important that carers take time to explore with the child the many questions that he or she may have about the programme. The idea of minimum intervention should be considered. Minimum intervention is not about offering services grudgingly, it is about ensuring that the child does not become involved with programmes inappropriately when a simple solution or approach could deal with the child’s difficulties and divert him or her from institutional and other forms of non-family care.

1.5. All children in the programme have a care plan

Standard

All children receiving formal services from a programme should have (and be involved in formulating) a written care plan that details their needs, outlines a strategy for the reunification or long-term placement options for the child, and describes the role of the programme and individuals in addressing those needs.

Indicators

Clear decisions have been taken and recorded detailing the purpose of the programme’s involvement in the child’s life. Written care plans exist and each care plan clearly states not only what is to be achieved but who is to carry out the tasks within a defined and clear timeframe. Mechanisms exist for holding workers to account for their tasks. Children, and where possible their families, are involved in formulating the care plan. Where another agency is involved, eg, through education or skills training, its representatives should contribute to the discussions on the care plan. Where a child’s parent/primary carer is terminally ill, plans should be drawn up to ensure that the child’s best interests are observed when the parent/carer passes on. These may highlight identification of a legal guardian, stipulating succession/inheritance plans, etc – possibly in the form of a living will.

Contra-indicators

There is no written care plan or clearly identified reasons for the programme’s involvement in the child’s life. Objectives of involvement with the child are not stated or are vague. There are no aims stated in relation to the child’s life or no methods of achieving aims when they are identified. Care plans do not specify who is to undertake tasks. There is no recognition of the part that could or should be played by other professionals, agencies or significant adults. No timescales are set, and roles and responsibilities are not identified. There are no formats or timescales for reviewing the objectives of the programme’s involvement with the child. Where care plans or similar records exist, these do not reflect the views and wishes of the child.

Basis

Good childcare practice, and the Rehabilitative care Article 39, UNCRC: child victims of armed conflicts, torture, neglect, maltreatment or exploitation should receive appropriate treatment for their recovery and social reintegration.

Practice implications

Well-planned services which adequately involve all parties will increase the chances that care will be appropriately delivered and received. Involving a child in a programme haphazardly (or with little thought put into a plan that reflects the concerns that led to in the child coming to the programme's attention in the first place) is likely to result in poor outcomes. Children need a sense of hope that their circumstances will be dealt with and will change – not an unpredictable, aimless care experience. In order to provide a sense of predictability, stability and hope, it is necessary to have a plan which sets out what the programme intends to do in order to improve the child's circumstances, and which charts the child's progress. Care planning can help organisations to identify gaps in their service regarding meeting children's needs. It also charts and provides evidence of what the organisation is actually doing to change or improve the life of the child.

1.6. All children's placements are reviewed regularly

Standard

Programmes should have in place arrangements for the regular review of a child's circumstances and care plan.

Indicators

Meetings are held regularly (ie, daily, weekly, monthly, bi-annually depending on the nature of the placement, eg, transitional placements where the stay may be only two weeks) and when significant decisions need to be made on the child's development and the focus and direction of the child's care. Meetings involve all relevant people and agencies contributing to the child's care, whether currently or in the foreseeable future. The review covers long-term and short-term plans. For example, if the long-term plan is family reunification, this must be reviewed regularly to decide when tracing efforts should be concluded and to consider other long-term options. Children, and where available their families, are involved in the review process and given help to present their views when this is required. Minutes of all decisions are kept and dates set for future reviews. People are held accountable at the review meeting for the tasks they are supposed to undertake in the process of caring for the child.

Contra-indicators

Programmes have no written policies or procedures in relation to reviewing the care planning of the children for whom they are responsible. The child's care proceeds aimlessly with no plan identified to address the circumstances that brought the child to the attention of the programme in the first place. Reviews do not adequately involve children or their families and focus only on programme concerns regarding the child's care, such as financial costs.

Basis

Article 25, UNCRC: a child placed by the State for reasons of care, protection or treatment is entitled to have all aspects of their placement evaluated regularly.

Practice implications

Where a childcare programme takes steps to involve itself in the life of a child for the sake of that child's protection or treatment, it has a responsibility to ensure that its involvement is monitored and evaluated on an ongoing basis. Good review processes help to evaluate what work has been done to help the child and what should be done in the future. They monitor the continuing need, or not, for the service in the child's life and allow programme staff to satisfy themselves that they continue to promote and safeguard the welfare and best interests of the child. Clearly recorded decisions which indicate the basis on which they are made ensure that the service is not delivered haphazardly, lead to effective care plans and minimise the potential for children remaining in a childcare programme unnecessarily.

1.7. Systems exist for rehabilitation, through-care and aftercare

Standard

Programmes should have a clear policy and carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up.

Indicators

A clear policy exists which describes the process by which the programme ends its work with children and families. Practical and administrative matters are acknowledged as well as the emotional impact that endings and new beginnings may have on the child and those involved in his or her past and future care. In cases where the relationship between the programme and the child has broken down due to some difficulty, support continues to be given to the child without prejudice and children are not implicitly punished or rejected when they have difficulty working with the service. Carers ensure follow-up for an agreed period to minimise breakdown and provide a safety net. There are clear criteria for the nature and extent of follow-up. Within the programme timetable and childcare plans, opportunities exist to gain life skills and receive comprehensive preparation for reunification or independent living.

Contra-indicators

There are no clear policies or procedures in relation to ending work with children. The importance of providing children with a continuum of care is not understood by carers, children or families. Children continue to receive a service that their needs have outgrown. Decisions on concluding work with a child are based on individual carers' feelings towards a child and not on an assessment of need. There is no follow-up when carers cease working directly with a child, or carers believe that help for children after they move on is not necessary or appropriate. Children continually find themselves back in contact with the programme after the work has ended, in the same circumstances which brought them to the attention of the programme in the first instance.

Basis

Good childcare practice.

Practice implications

Research findings indicate that the circumstances in which the child lives, or to which he or she is returned following any intervention by a formal programme, is a powerful factor in determining the successful long-term adjustment of the child. This is often even more powerful than any achievement made with a child during their involvement with the programme. Good policies and procedures for ending work with children are crucial to ensure that they feel adequately supported in their transition to living with their own family, with a substitute family, or to begin living independently. Failing to provide appropriate through-care, aftercare, resettlement and rehabilitation clogs up the service by minimising resources for new referrals, or by constantly having to deal with returning referrals where outcomes have been unsuccessful.

2. Quality standards and indicators: personal care

2.1. Children's diet is sufficient for their nutritional needs

Standard

Carers must ensure that children have adequate amounts of properly prepared, wholesome and nutritious food in accordance with local dietary habits.

Indicators

A sufficient amount of food is available and balanced nutritious meals are prepared. Safe drinking water is available. Carers understand the nutritional requirements of children at varying ages and stages of development. Hygiene is very good in storage, preparation and cooking practices. Children can be seen as physically well nourished. Carers have an understanding of which local foodstuffs contribute to a balanced diet and ensure these are available for the children. Meals are eaten at regular intervals throughout the day. Children are involved in the choice, preparation and serving of the food. Mealtimes are regarded as a social time, relaxed and enjoyable. Where a child has special dietary requirements due to health issues, carers either understand these or a nutritionist is consulted and the child's dietary needs are met.¹⁰ For a more comprehensive technical explanation of minimum standards in nutrition and food aid in complex emergencies, see Chapters 2 and 3 of the *Sphere Handbook* edited by Isobell McOnnan and published by Oxfam (2004), or visit the handbook website: www.sphereproject.org/handbook_index.htm.

Contra-indicators

Children have outward physical signs of malnutrition; their diet is lacking in balance and not conducive to good health. Food and clean drinking water are insufficient, with children being fed only once or twice a day. The quality of food is poor. Hygiene is poor or questionable in terms of the storage, preparation and cooking of food. Carers have little or no understanding and awareness of children's dietary needs or are unable to identify indicators of malnutrition, and external advice on diet is not sought or adhered to. Meal times are stressful, with children eating separately from but overseen by adults. Carers have no understanding of the emotional significance of food for children. Withholding food from a child is used as a sanction.

Basis

All humans require food to survive. Article 7 of the UNCRC and Article 5 of the African Charter maintain that States parties shall ensure, to the maximum extent possible, the survival and development of the child. Understanding the importance of the role of food in a child's life, beyond basic survival, is also a matter of good childcare practice.

¹⁰ Good childcare practice would indicate that care provision should, as far as possible, match local cultural norms. Therefore, care providers should always seek to provide a nutritional diet similar to that eaten in the local community. However, communities may suffer extreme poverty and the nutritional needs of their children may not be met. Care providers obviously have an obligation to ensure children's rights to adequate nutrition are met, and consequently the dietary standards in the childcare situation may be higher than those of the local community. This situation creates a tension which could encourage parents or children to seek a placement within a non-family care service, thus separating them from their families. Clear referral and admission processes are therefore critical (Indicator 1.4) to prevent such situations.

Practice implications

The foundations of future health are established in childhood. Proper attention must be paid to children's dietary needs to ensure their proper development. Food has not only nutritional value but also social, educational and emotional value. It is especially important that children who have been malnourished or deprived of affection receive food which is not only nutritionally sound, but also prepared and served in a caring way. Food that is familiar and that tastes good can contribute to a child's sense of well-being and security.

2.2. Children have access to preventive and remedial healthcare

Standard

Carers must promote the health of the children for whom they are responsible and make arrangements to ensure that medical, dental and optical treatment is made available as required.

Indicators

The children are in good physical health and receive basic health checks on arrival and at regular intervals, including immunisations. Health records are kept and updated for children which chart key developmental milestones such as height, weight, etc, incidents such as illnesses, medications received and other actions taken. Carers take a proactive approach to healthcare and HIV/AIDS, emphasising good hygiene and health and safety practices within the environment. First aid kits are available for accidents and emergencies, and staff know how to use them. Carers recognise their important role in health education and seek opportunities to promote healthy attitudes to sleep, personal hygiene, diet, sexuality, and alcohol, drug and solvent abuse. Advice on sexual health, HIV/AIDS and development is provided. For a more comprehensive technical explanation of minimum standards in water supply, sanitation and health in complex emergencies, see Chapters 1, 2 and 5 of the *Sphere Handbook* edited by Isobell McOnnan and published by Oxfam (2004), or visit the handbook website: www.sphereproject.org/handbook_index.htm.

Contra-indicators

Children are in poor health and health issues are not fully recognised. There are few or no regular health and medical check-ups, basic immunisations are not carried out, and no or inadequate medical records are kept. The child's physical environment is unhygienic and hazardous. There are no basic remedies available and no access to such remedies. Carers do not recognise the importance of their role in promoting health education and do not promote healthy living by word or through example.

Basis

Article 24, UNCRC and Article 14, African Charter: every child has the right to the highest standard of medical care available and to enjoy the best attainable state of physical, mental and spiritual health.

Practice implications

The health outcomes of orphaned, separated and vulnerable children worldwide are poor. Young children face a greater risk of acquiring infectious diseases compared to older children and adults. Some programmes, such as institutional settings, are associated with outbreaks of illness due to the close proximity of people experiencing group living. In order to provide emotional stability for a child, and a sense of safety and being cared for, the child has to know that care will be available in the event of sickness. Providing basic care and attention to a child when he or she is ill is one of the simplest ways of forming an attachment. Attachments are important for children in terms of their emotional and social development and their development of resilience.

2.3. Play and recreational activities are encouraged and promoted

Standard

Carers should ensure that the need for children to develop through play and leisure activities is recognised and that opportunities for such activities are created.

Indicators

Carers recognise the importance of providing a stimulating environment for children and understand the role of play and leisure activities in creating such an environment. They engage children in different types of play according to their age, interests and abilities. There is adequate time to provide opportunities for spontaneous and planned, individual as well as small and large-group activities for boys and girls. Where resources such as toys do not exist, carers are innovative and creative and understand how play can occur with no resources or with local materials

Contra-indicators

Carers have little or no understanding of the role that play has in developing children's physical, social, emotional and intellectual abilities. They feel that children should entertain themselves and do not see a role for themselves as carers in encouraging and participating in play with the children. There is little time set aside for play, no play equipment is available and/or this is used as an excuse for not encouraging play. Play opportunities which do exist are gender stereotyped, eg, sports for boys and activities related to caring and nurturing roles for girls.

Basis

Article 31, UNCRC and Article 12, African Charter: every child has the right to leisure, play and participation in cultural and artistic activities.

Practice implications

Play and recreational activities are a child's work. They provide opportunities for physical, social and emotional development and, as such, should be incorporated into daily life. Play is a learning experience and as important as formal education; it can help children learn to make choices, solve problems and develop physically. Shared activities can be a positive method of developing attachments. Children like adults whose company they enjoy and with whom they can have fun. When trying to help them cope with difficult life experiences, it is important that carers know children can be reached

through their interests rather than their problems. The first experience of success may be in play, which may then become a step towards greater self-confidence and security. A stimulating programme of activities is vital and can counteract boredom and aggression in children.

2.4. Children's right to privacy is respected

Standard

All adults responsible for children should promote the right to privacy consistent with the best interests of the child.

Indicators

Carers are able to explicitly state how children's need for privacy is actively promoted, and they are sensitive to the wishes and feelings of children in relation to privacy. Carers do not discuss children's experiences or history in front of others, nor are such experiences exploited to attract funds or donations for the programme. They deal discretely with children's affairs and understand the need for confidentiality. As far as possible, toileting, bathing and dressing can be undertaken in a private, lockable space. There are separate bathing, dressing and toileting facilities for boys and girls and mechanisms are in place to ensure that risky and unsupervised contact between boys and girls is minimised. There is a place where children can be safely alone. There is a place where children's affairs can be discussed privately and where visitors can meet with children in privacy.

Contra-indicators

Carers are generally insensitive to the wishes and feelings of children. Carers need to control movement and information about the child and use practices which have more to do with the needs of the adults than the child. There is excessive and intrusive monitoring of the child's daily routines. There are limited or no facilities for privacy in bathing, toileting, etc. There is nowhere the child can be alone. Access to personal hygiene supplies or sanitary pads is very public, and boys' and girls' toilet facilities are next to each other or in remote or dark locations.

Basis

Article 16, UNCRC: every child has the right to protection from interference with their privacy, family, home and correspondence, and from libel or slander.

Practice implications

The notion of what constitutes privacy in the life of a child can vary across cultures. However, a child's privacy is often not respected in cultures in which children are seen as the property of adults and not necessarily as individuals in their own right. By definition, family and group living, and most forms of assistance from a support programme, involve some intrusion on the privacy of individuals. The challenge for carers is to ensure the development of the individual within any living situation. There will obviously be cases in which privacy needs to be invaded, such as in matters of safety. However, such situations should be clearly defined for the carers and the children. Respect for privacy extends to the respect for children's private possessions, and where possible, steps should be taken to allow children to have a secure place to keep their personal belongings and private papers.

2.5. Children are supported to make informed choices

Standard

All carers should promote and encourage children and young people to develop and exercise informed choices, taking account of acceptable risks and the child's age and abilities.

Indicators

Carers recognise the value to children and young people of being able to exercise informed choices about the content of their daily lives – especially when important decisions affecting them need to be made. They have a good understanding of each child's capacities and knowledge and of the extent to which he or she is able to make such choices. They ensure children have adequate information on which to base decisions, and they monitor the child's behaviour and condition so as to achieve a reasonable balance between self-determination, degree of risk and impact on others. Even quite young children are encouraged to make choices in daily life, in areas such as the activities they will carry out, etc.

Contra-indicators

Carers seem unaware of, or lack interest in, the importance of children and young people exercising informed choice. Decision-making takes place without consulting the child. Risk-taking is kept to a minimum or not monitored. The carers' routines and those of the household/institution/support programme matter more than individual choice and needs. Carers rationalise why choice cannot be exercised instead of working to find ways of maximising choice.

Basis

Article 12 (1), UNCRC: every child who is capable of forming his or her own views has the right to express those opinions freely in all matters affecting the child; the child's views are given due weight in accordance to his or her age and maturity.

Practice implications

Children and young people have limited influence in their daily lives. Children who have experienced hardship have often had all concept of their own power removed by adults. To develop as individuals, children need particular help to understand their options, to choose from them, and to know the implications of their choices. Even in emergency or conflict situations where the extent or nature of choice is limited, children can access some choice in relation to their daily routines and activities. Children will respond better to adults when they feel safe and trust that their wishes and feelings are being actively sought and acted upon. In several cultures where children remain 'the property of adults', the notion of giving children choices that will be listened to and realistically acted upon remains a difficult milestone to achieve. Promoting choice among children helps them develop decision-making skills and resilience factors essential for moving to independent living. When developed, managed and monitored appropriately, the promotion of choice contributes to the safeguards that protect children.

2.6. Children are treated with dignity and respect at all times

Standard

All carers should clearly demonstrate their belief in the intrinsic value of children regardless of circumstances, behaviour and background.

Indicators

Carers share a philosophy that recognises the uniqueness of individuals and their personal needs. The views of children are listened to and respected. Girls and boys are involved in decision-making that affects their lives, and things are done 'with' children rather than 'for' or 'to' children. Carers speak with children in a way that signifies respect for them at all times. Recording information about children is done in a way that conveys respect for the child. The child has access to any such information and is encouraged to discuss this with the carers. Carers understand the boundaries of, and promote, privacy and confidentiality.

Contra-indicators

There is no philosophy or shared value-base which guides the way that carers interact with the children. They have difficulty valuing children when their behaviour is difficult or when the children have particular needs, such as those who have HIV/AIDS or disabilities or who are in conflict with the law. The child is labelled and the focus of intervention with the child centres on the label as opposed to the child's rights, responsibilities and needs. There is pressure to conform to the needs of adults or groups, and individual needs are not recognised. Practices exist, or carers promote practices – such as humiliation, exclusion or ridicule – which undermine individual dignity.

Basis

Article 2, UNCRC: all rights apply to all children without exception. The State has an obligation to protect children from any form of discrimination and to take positive action to promote their rights.

Practice implications

Orphans and vulnerable children in difficult circumstances may often hold little or no value in their individuality or their intrinsic worth as people. Many will have suffered experiences which have actively worked against the development of self-worth. These issues present real challenges to carers in the process of helping such children to regain a strong sense of self-worth when it has been lost or damaged. Greeting a child living in the street by hugging or shaking hands with the child may seem an uncomfortable prospect for carers, due to the unsanitary conditions in which the child lives. However, consideration must be given to how the child's sense of self-worth is affected by the idea that an adult does not even want to touch him or her. Treating children with care and respect, regardless of their background, will go some way to improving the child's self-esteem, which is widely accepted as a valuable protective factor against the adverse effects of negative experiences.

2.7. Children's positive relationships and attachments are encouraged

Standard

Carers understand the importance of their role in developing positive, safe and (where necessary) nurturing relationships with children, and are able to do so.

Indicators

Children are comfortable and relaxed in the company of carers. Arrangements are made whereby children can receive individual attention from carers on a regular basis. Carers respond spontaneously when children are unwell or upset. They positively encourage the child in his or her ambitions and take an interest in their hopes and fears. Children's rights are respected and their responsibilities encouraged. Children are linked to specific key workers to assist in relationship development. Key workers have responsibility for a small group of children and the deployment of staff supports this.

Contra-indicators

Carers ignore children and show little or no interest in the child's life and concerns. They do not respond to the child when he or she is sick, upset or simply wishes to talk. There is a lack of physical affection between carers and children. Carers spend more time with each other and children are left to their own devices or to care for each other. Carers do not join in play or activities with children. Children are visibly afraid in the presence of carers or feel unable or unwilling to share their hopes or fears with them. Carers have general responsibilities for all children and therefore have little time to get to know any one child.

Basis

Good childcare and development practice.

Practice implications

The nature of the relationship between children and a skilled helper will vary depending on the role, ie, whether the carer is a youth worker, foster carer or residential worker in an institution. Many children whose primary attachment figures (parents) are dead or missing, or have been unpredictable or unsupportive, need these attachments to be replaced with another secure attachment relationship. In short-term or interim care provision, interaction with a consistent worker is critically important, as the child will be particularly concerned or anxious about the future. Although such short-term placements cannot necessarily offer space for long-term attachments, showing an interest by listening to and caring for each child will contribute to the child's sense of self-worth and security. This creates a secure base from which the child feels safe to explore his or her world, grow and develop. Making individual time for a child is therefore important. Caring and responding with kindness and consistency at difficult times (such as when the child is upset, worried or sick) is important and helps in the formation of attachments. Appropriate and safe physical contact with the child as a means of communicating praise or care, concern and comfort in times of distress, is particularly important for children in institutions. One of the main qualities associated with resilience, which develops through children's life experiences, is the development of strong attachments with a significant adult.

2.8. Children's sense of identity is maintained

Standard

Children and young people are able to maintain a sense of self-identity.

Indicators

As much as possible and where it is in the child's best interests, steps are taken to ensure that families and siblings are kept together, and their identity as a family unit is maintained. Where children have become separated from their families and places of origin, family tracing and reunification is undertaken and children are returned when it is safe and appropriate to do so. If it is not possible to reunite the child immediately with his or her family, means to ensure family contact should be sought, eg, through Red Cross 'messages'.

Children are called by their given name and are able to maintain their family name. Children know about their birth family, their religion and culture and are helped to understand the reasons why they are looked after within a childcare programme. Children have copies of their birth certificates, and any relevant identity papers that have become lost are replaced. Children are encouraged and supported to help them understand and make sense of their own history and identity. They are encouraged to have a positive view of, and become increasingly confident about, themselves. Carers understand and encourage children to participate in festivities and rituals that constitute part of the child's religion and culture, provided these are not harmful or illegal. Opportunities exist for children to speak their mother-tongue language and where possible consume a diet that is common to their own culture.

Contra-indicators

The child's religion, culture, family origins, individuality and national identity are not understood by carers as important elements in the development and maintenance of the child's self-esteem and emotional well-being. Either these are not explored or encouraged within the programme, or it is perceived as easier, more convenient or appropriate to view the child's need for individuality as a problem and assimilate the child into the dominant culture of the programme. Some institutions deliberately suppress the child's identity as a mechanism for reinforcing the child's dependence on the institution.

Basis

Articles 8 and 30, UNCRC: the State has an obligation to protect and, if necessary, re-establish the basic aspects of a child's identity (which includes name, nationality and family ties). Children of minority communities and indigenous peoples have the right to enjoy their own culture, practise their own religion and speak their own language.

Practice implications

For many children who are displaced or orphaned it will be extremely difficult for them to return to their own community. Therefore, it is important to consider a range of tools to support them in maintaining a sense of identity. Asking them to draw places and people from their memories can assist greatly in tracing and reunification. Life story work, which involves spending time with the child, writing down the significant people from their past or drawing a family tree from the child's own knowledge or other records, and possibly visiting places from their past, can help the child make sense of his or her place in the world. For many children, the care experience is their whole life and it

is important that their journey through different placements is recorded in a form that they can keep, such as photos of friends and carers, special times and celebrations or through diaries and other items. The programme should actively support continued contact between siblings, extended family members and individuals to whom the child has a connection or attachment.

2.9. Methods of care, control and the use of sanctions are defined

Standard

Methods of controlling and redirecting children when their behaviour is challenging and abusive are balanced with care, respect for the law and children's rights, and maintenance of the child's dignity.

Indicators

Children and carers are clear about what sanctions are acceptable and unacceptable, and where appropriate, policies and procedures exist to regulate these. Children are involved in reviewing or setting rules and regulations for their care. Children are aware of the basic rules that cover social skills, respect for property and the rights of others. Unacceptable behaviours are focused on as an indication of the child's need for greater support and guidance rather than for punishment. In group care environments there is a well maintained and clear record of all sanctions used, including the methods used to avoid the sanction, and the times and dates of the incidents and the names of all involved.

Contra-indicators

Corporal punishment and other unacceptable forms of punishment – such as deprivation of sleep or food, imposed physical discomfort, isolation, verbal abuse and humiliation – are used to control behaviour. In group care environments, no record of sanctions exists, or where it exists it is not maintained. Under the guise of participation, children involved in deciding 'punishments' for others are encouraged to agree to or dispense punitive, humiliating or abusive sanctions.

Basis

Article 37, UNCRC: no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment, unlawful arrest or deprivation of liberty.

Practice implications

Corporal punishment is viewed by the child as adult aggression rather than as a punishment, and can reinforce feelings he or she may have that the world is a hostile, angry and fearful place. For many children, it is adult aggression that has contributed to their problems, and many have run away from or avoided returning to their homes due to fear of adult aggression at home and in their community. Some element of control is necessary in order to assist in the development of inner controls in children. Reasonable and appropriate consequences that relate to and are in proportion to the unacceptable behaviour, and which recognise the child's maturity, can be applied. These can be a valuable tool in a child's learning when other interventions have been found to be ineffective. The timing and duration of any consequences for misbehaviour should be related to the occurrence of the behaviour and should not take place too late or be extended over a long period so that they lose meaning for the child. When children are

involved in making rules, they will have a greater sense of ownership and respect for their compliance. Talking with a child about misbehaviour, and discussing what happened, the causes and consequences, and how a more appropriate course of action could have been chosen, can often help a child to better understand the situation, achieve self-control and internalise acceptable standards of behaviour.

2.10. Children are supported to voice their opinions and views

Standard

Carers ensure that mechanisms exist whereby children can speak out about how they feel, and such views are taken into consideration by carers.

Indicators

Carers value what children have to say and are prepared to hear their criticisms about the way they are looked after or the way the helping programme provides a service to them. Forums exist in the form of meetings, feedback forms or other lines of communication where children can speak freely and openly about their feelings, without judgement or fear. Such views are written down or recorded in some way and the action taken in response to the concern is also recorded. Carers assist or encourage children to make their views known. Particular attention and support for children to voice their opinions is given to those who are least able to do so, such as younger children or those with disabilities. Children's groups are encouraged to give them more opportunities to share and debate their views and to make informed decisions about actions which affect them. Systems also exist that allow children to make complaints in confidence, and complaints will be acted upon without jeopardising the confidentiality of the child.

Contra-indicators

Children's views and opinions are not seen as valuable by carers or are not viewed as useful in the development of the programme. There are no formal or explicit systems that allow young people to express their views. Carers are defensive about feedback received from children regarding the service or do not act upon such feedback. There are no documents kept that record the views of children and how the programme has responded to them. There is no process whereby children can access anyone in authority within the programme to express their views or concerns.

Basis

Articles 12 and 13, UNCRC: the child has the right to express his or her opinion and to have freedom of expression. Article 15, UNCRC: children have a right to meet with others, and to join or form associations.

Practice implications

One of the most effective methods of child protection within a care service is to allow children a voice, which is listened to and taken seriously; they are experts in their own circumstances. Children are able to assist carers greatly in identifying both their needs and the ways to help meet them. Being listened to affirms that you are valued as an individual, which can go a long way to increasing self-esteem. It is also important for children to develop skills in self-advocacy if they are to become more independent and self-sufficient in the future. Allowing them to test out and develop the process of expressing their concerns and feelings will contribute to the acquisition of

communication, negotiating, problem-solving and self-advocacy skills. While some children may not be sufficiently confident to express their views individually, group mechanisms or approaches can empower children to be more forthright.

2.11. Children have access to education and are supported in their learning

Standard

Carers ensure that children receive formal, informal and vocational education in accordance with their needs.

Indicators

Agencies intervening in the lives of children ensure that those children receive the education most appropriate to their needs, irrespective of sex, disability or social circumstance. Education is provided in a flexible format in a local community school. In the provision of such education, allowances are made for the complex social needs, realities and responsibilities of particular children (eg, children engaged in labour and those in child-headed households). Carers demonstrate a commitment to the value of education, and support the child in his or her educational experience. Carers recognise the importance of aspects of educational experience beyond the narrowly academic, and school is seen as an environment rich with potential relationships to stimulate both the social and academic development of the child. Children have access to education within the community in which they live, without stigma or discrimination.

Contra-indicators

Children receive no form of education and no attempts are made by carers to transcend the social barriers to education where legislation allows for its provision. Flexible approaches to the provision of education do not exist. Education is not valued and encouraged by carers. Education provision takes place within the care environment, in isolation from the general school curriculum, and interaction with peers in the community is limited.

Basis

Article 28, UNCRC: the child has a right to education. The State's duty is to ensure that primary education is made free and compulsory and to encourage accessibility to different forms of secondary education for every child.

Practice implications

Children worldwide who receive services from social welfare agencies have poorer educational outcomes. Significant research exists to show that such children can gain self-reliance from a sense of achievement, which increases with a higher level of attainment in basic educational skills. It is difficult for many children to value education, and often street life or other forms of engagement can seem more appealing. It is important that carers show a strong commitment to the value of education and an interest in the child's educational progress. School can be a source of friendships and peer relationships and serve as an asylum from other painful areas in the child's life. It may also provide opportunities for supportive or mentoring relationships with concerned teachers and other school carers. Services need to be innovative in the way they provide education or access it on behalf of children to ensure that the most socially excluded

groups receive some form of education. This may mean providing classes outside normal hours for children engaged in labour or taking classes to the street for children who are living there.

2.12. The specific needs of babies and young children are catered for

Standard

Childcare programmes have specialised staff and provisions to respond to the needs of babies and young children.

Indicators

Wherever possible, babies and young children are placed in a family or a small group care facility rather than an institutional setting. Staffing ratios and work planning reflect babies' and young children's need for the focused attention of a primary carer. Carers hold and cuddle the babies and communicate with them through touch, sound and language. Babies and young children are held when being fed and the carer is interested in and talks to them. Babies and young children are bathed regularly and encouraged to splash and play during bath times. They are not left unattended or left to cry for prolonged periods. Particular care is taken to ensure that babies do not become overheated or chilled. Babies and young children can only absorb small amounts of food at any one time and therefore they should be fed small amounts frequently throughout the day (and the night, in the case of very young babies). All babies and young children have a birth certificate and an immunisation card, detailing the type and date of all necessary immunisations, and they are given regular growth and development checks.

Contra-indicators

Babies and young children are left in cots or playpens for extended periods throughout the day. Carers do not speak with them or pick them up. Babies are fed with a bottle resting on a pillow and young children are fed from the same bowl and spoon. The environment smells of urine and spoiled food and the babies and young children's clothes are dirty. Babies have sweat rashes or nappy rashes and young children may have bruises or cuts resulting from a lack of adult supervision. Babies do not have birth certificates nor are they immunised. Babies and young children with disabilities receive no additional care or protection and medicines, or care may be withheld. Young children demonstrate indiscriminate attachment to visiting adults or appear listless, often rocking or banging their heads repetitively. There are few care staff and they have no time or interest in interacting with the children.

Basis

Good childcare and management practice.

Practice implications

Babies and young children need attachment and bonding with a primary carer. Feeding, and the process by which this takes place, plays an important role in the development of these bonds. A baby needs to be held during feeding, not only to encourage the development of bonds, but simply to minimise the risk of choking. Babies require the interaction of adults as a means of learning to communicate, the first stages of which will involve the baby observing and learning the meaning of facial expressions. Face-to-face

contact with babies is therefore extremely important in their development and understanding of communication. Babies are particularly susceptible to infection, and have limited resources to withstand prolonged periods of illness; they therefore require extra attention and monitoring.

3. Quality standards and indicators: caregivers

3.1. Recruitment and selection procedures ensure quality childcare and protection

Standard

All agencies should have clear, written policy and practice statements regarding the recruitment of the best-quality carers to ensure the aims and objectives of the programme are achieved and the children served by the programme are protected.

Indicators

Clear, written policies and procedures on recruitment exist and have a built-in framework of equal opportunities. Basic checks are made as far as possible to establish some assessment of the applicant's character, such as references from a former employer, village elder or chief, and the checking of records with the local magistrate. Applicants are clear about the variety of tasks that the post entails and are able to explain the range of skills they bring to the tasks. Where possible, children served by the programme are involved in the process of interviewing carers. A probationary period should exist for all new carers. The same procedures apply to volunteers and trainees. New employees are well inducted and briefed on the agency's child protection policy and procedures, and there is a mechanism in place to monitor compliance.

Contra-indicators

People are able to secure employment without the process of competitive selection; nepotism and cronyism are endemic. No consideration is given during the selection process to the applicant's value-base in terms of children's rights, and no independent checks are made to assess the applicant's character. Posts are filled by word of mouth. Where probationary periods exist, they do not focus on the potential employee's ability to undertake the task. Employees receive little or no remuneration for their work. Working hours and shifts are long, with no breaks from the direct caring role.

Basis

Good management and childcare practice.

Practice implications

It is well known and accepted within the childcare field that the essential ingredient of quality care is quality carers. Presentation, attitudes and values are key aspects of quality carers. It is important to attract carers who have a genuine interest in children and their well-being and who do not simply look upon the post as an opportunity to earn a salary. The vulnerability of many of the children being served by support programmes, and the dependency they must have on the adults to whose care they are entrusted, is such that very particular caution in carer selection should always be taken. Comprehensive recruitment and selection procedures serve as a useful child protection mechanism. It is well known that individuals who wish to abuse children purposely target childcare support programmes as places of employment, as such programmes are a means of accessing the most vulnerable children. Substantial evidence has shown that where people are employed on the basis of friendships with existing employees, a breeding ground for networks develops, which easily allows abuse of the programme and children in its care. Employment procedures must include in their objectives the removal of staff

who are unsuitable to work with children through their attitudes and lack of experience and those who would pose a danger to children.

3.2. Staff and carers have regular supervision and support

Standard

All agencies should make formal supervision sessions available to carers at regular intervals.

Indicators

Supervision sessions between managers and carers take place with agreed frequency. Carers feel supported by management in their task of contributing to the aims and objectives of the programme. Supervision considers the practice and development of the carer, and carers receive frequent feedback on the work they have undertaken. What is discussed and agreed during supervision is recorded, and records are kept and reviewed. Carers feel there is value in what they do and are able to speak with their managers, as well as with other colleagues, about their skills and abilities and the areas of work in which they feel uncertain and require support.

Contra-indicators

No formal supervision exists, or is infrequent and/or no records are kept. Carers do not feel supported and there are high incidences of sickness, absence and turnover. There is no opportunity to explore what carers contribute to the job or the way in which they work with other people or care for the children in their charge. Additional or appropriate training is not offered or available. Carers appear to be directionless in their work and place little value in what they do or in the children with whom they work. Carers do not understand how the aims and objectives of the programme relate to their job tasks.

Basis

Good management and childcare practice.

Practice implications

In order for a service to retain quality carers, it is important that carers feel supported and that their professional and personal development receives some attention from the management team. Caring for other people's children, particularly those with the complex needs arising from being orphaned and/or vulnerable, can be stressful and tiring for carers. Formal and frequent supervision and support sessions form the basis of good communication, effective workload management, delegation of tasks, evaluation of performance, and target setting. In addition, carers see their skills, qualities and work being valued. Supervision can assist in the evaluation and development of the service provided by the programme, as it creates the opportunity to explore and discuss key issues relating to the day-to-day functioning of the organisation and its developing needs, and how the practice of carers contributes to these. Informal support may take place, although this should not be instead of formal supervision, but in addition to it. Equally, group supervision should complement individual supervision. The nature of work with children suggests the upholding of certain values and principles related to equity, rights and support for others. It is important that the same values and principles apply among the adults, and are demonstrated in the way they are managed, work together, support and care for each other. Through this, carers can also act as role models for children.

3.3. Carer and staff deployment ensures quality childcare and protection

Standard

There are sufficient numbers of carers in the programme, and they are deployed across the service in such a way as to implement its aims and objectives and ensure child protection.

Indicators

A sufficient complement of carers exists within the programme to meet the aims and objectives. Arrangements exist whereby tasks can be covered in the unexpected event of sickness or other forms of carer's absence. Children are able to receive some individual attention from a carer on a regular basis and carers are able to attend to children's needs beyond those of basic human survival. Where children require special or individual care due to their young age, medical needs, disability or distress, this is reflected in the organisation of carers. Consideration is given to the sex of carers where intimate personal care tasks need to be undertaken. When organising carers within a team or pairing them together to undertake a task, consideration is given to their different skills and abilities. Carers are selected on the basis of their ability to care for children.

Contra-indicators

Only the basic needs of children are met, or support programmes are unable to fulfil their aims and objectives or legal mandate due to a lack of human resources. Children receive no individual attention from carers. The staff consists mainly of ancillary staff, a nurse or medical orderly and guards, rather than of childcare staff or social workers. The limitations of carers' capacities are not considered when they are deployed to undertake specific tasks. The safety of children or other carers is compromised as a consequence of the poor numbers or quality of carers available.

Basis

Good management and childcare practice.

Practice implications

Ensuring that there are enough carers to provide some individual attention to children is an important element in providing a quality of care that goes beyond the basic level for survival. Staff-child ratios should vary in accordance with the numbers of children, the age and gender balance, and how many of the children have specific care or protection needs. Staff-child ratios will also vary according to the competencies of the carers. For example, fewer children should be assigned to care staff who are new, untrained, particularly young and inexperienced, or elderly. While the number of care staff needs to be defined according to each context, a basic minimum standard should be one care staff member to five children (1:5). Back-up support should always be available. In general, this would be a senior member of staff who has specific day-to-day duties, but who would be readily available in times of crises – such as when a child needs to be taken to the doctor, or when a carer needs to take a break. With children under five years old, staff-child ratios should increase (1:1 or 1:2) in respect of the greater demands of care and increased need for one-to-one carer-child interaction.

Ancillary, medical or security personnel should not be used as substitute child carers nor should they be included in calculations of staff-child ratios. Within institutional care,

nights can be an upsetting and unsettled time for children. For street children, nights may also be more dangerous. Particular needs can often become more pronounced or obvious at this time and the programme should allow for carers to be available rather than merely deploy security personnel. Having outreach workers in the community on their own in the evenings and at night has implications for carers' safety. It also affects the amount of time and attention they are able to offer children they meet who are living on the street. Agencies need to work both innovatively and collaboratively in order to share the knowledge and skills that carers possess, complement each other's services, and where necessary, lend support to each other when carer numbers are low.

3.4. Professional development and training are available for staff and carers

Standard

A programme should be committed to training its staff and carers in order to be able to carry out the complex task of working with and looking after orphaned and vulnerable children.

Indicators

As far as possible, attempts are made to recruit carers who have knowledge of children's needs and the skills and training to care for children. Through a process of supervision, the skills possessed and the learning needs of the carers are profiled. The skills and abilities of the carers reflect the complexity of needs presented by the children. Training is viewed as a valuable part of the programme.

Contra-indicators

No consideration is given to the knowledge, values and skills required to fulfil the aims and objectives of the programme, or the levels to which these exist among the workforce. Training is not valued or is seen as an unnecessary use of resources, or the training provided is not matched to the learning needs of the carers. Management and carers believe they have nothing new to learn about the work in which they are engaged.

Basis

Good childcare and management practice.

Practice implications

Vulnerable children face complex problems which can have far-reaching implications for those agencies and individuals engaged in improving their circumstances. While the solutions to these difficulties can sometimes be relatively simple, they can also be complicated, requiring not only practical resources but also care from people who bring sound values and a range of knowledge, skills and ideas. For many people, an ability to understand and care for children can be almost natural and instinctive. However, even the best carers require some form of basic training to make sense of the behaviour that children present and the social issues affecting them, if they are to be effective carers. Some children bring specific challenges to carers due to the nature of their needs (for example, children with disabilities, those with special medical conditions, those who have been sexually abused, those who have been involved in armed conflict or those with addiction problems). In emergency or conflict situations, carers are also likely to be

affected by local circumstances and issues arising from their role, such as caring for children from opposing ethnic groups. Such issues need to be explored and discussed honestly as an aspect of staff and programme development. Training can be difficult to access in light of resource constraints. Agencies need to explore innovative ways in which training and learning can be provided. Well-organised carer-exchange programmes are one example of a useful tool for professional development. These allow learning and growth to take place both for the individual and the programme, while having little or no impact on resources. To be effective, such programmes need to include management as well as basic grade workers. Other approaches include providing training to one carer who has responsibility for disseminating the learning to colleagues, or mentoring programmes, which can also be cost efficient.

4. Quality standards and indicators: resources

4.1. Services are accessible and appropriate for their purpose

Standard

The location and design of the programme maximises its accessibility to those who require the services which are provided.

Indicators

Where a programme serves a community, that programme is located in and accessible to the community. Information regarding the service and what it offers is disseminated clearly to members of the community and other interested parties. The programme and its employees have a good relationship with the community. Members of the community are aware of the aims and objectives of the service, and the programme is sensitive to community concerns regarding the impact of the service. Consideration has been given to the location of the programme in terms of its proximity to other local resources and its target group.

Contra-indicators

There is no consultation with the community regarding the establishment of the programme and no consideration is given to the impact of local resources upon the programme or vice versa. Security within the service inhibits the opportunity for collaboration with the community, or conversely compromises the confidentiality or security of its clients. The community has no knowledge or understanding of the aims, functions or objectives of the programme. The design and location of programme resources do not facilitate the aims and objectives of the programme. The programme is geographically isolated from any community, therefore isolating those who reside within it or use its services.

Basis

Good childcare practice.

Practice implications

When selecting appropriate premises from which a programme operates, there may sometimes be little choice about where it can be located. This is unfortunate, and any scope for choice should be capitalised upon. The difficult balance to strike is between: (a) ensuring that the programme has an 'open door' feel, where appropriate, and is part of a community so that service users are not stigmatised or isolated, and (b) maintaining adequate protocols to ensure the protection and confidentiality of service users and the security of physical resources. Socially marginalised children can be further stigmatised through the labelling of their behaviour by the community. The programme's approach should be directed toward reducing any community anxiety and, optimally, toward increasing the community's feeling of social responsibility for its children.

4.2. Accommodation for children promotes their health and development

Standard

Accommodation for children is appropriate to their basic needs.

Indicators

Where programmes provide shelter or institutional care, rooms are of an adequate size and number so as to enable the accommodation to be used for its intended purpose. There is a sense of ownership of the environment conveyed by the people who live in or use the space. Where children are accommodated in large dormitories, the space is arranged in such a way that offers privacy and a sense of 'personal space', perhaps in small groups or self-chosen arrangements. For those residing within the accommodation there is sufficient space to allow for a comfortable night's sleep. There are adequate levels of heating and ventilation, and the issue of fire risks and other matters of safety receive regular attention. There are sufficient sanitation facilities, which are also regularly cleaned and disinfected. The physical environment is clean and tidy. Adequate quantities of materials are available to ensure environmental and personal hygiene. For a more comprehensive technical explanation of minimum standards in shelter and site planning in complex emergencies, see Chapter 4 of the *Sphere Handbook* edited by Isobell McOnnan and published by Oxfam (2004), or visit the handbook website: www.sphereproject.org/handbook_index.htm

Contra-indicators

The heating and ventilation are inadequate to maintain warmth and coolness according to weather conditions. Accommodation is ill-lit and cramped and rooms have to be used for multiple purposes. The internal layout is lacking in warmth and conveys an overt feeling of an institution. Little or no effort has been made to provide for privacy. The environment conveys a feeling of dilapidation and not being cared for. Repairs build up and safety issues are not addressed. There are no sanitation facilities and/or those that exist are unhygienic enough as to present a health risk. The accommodation has unpleasant or unhygienic odours, and illnesses related to the living environment have occurred.

Basis

Article 27, UNCRC: every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development.

Practice implications

The quality of accommodation conveys a message to the individual about how he or she is valued, and a feeling of care can be generated by the environment in which we live. The more normal an environment feels for a child, the less threatening or stigmatising the child's experience will be. In group living situations, illness and infection can spread rapidly and close attention should be paid to standards of hygiene. Some allowance for domestic norms should be made, eg, untidiness does not always mean a lack of cleanliness. In group living contexts, children and young people should be collectively involved in decision-making and rule-setting about the use of collective space.

5. Quality standards and indicators: administration

5.1. Appropriate programme records are maintained

Standard

Comprehensive records relating to the administration of the programme are maintained.

Indicators

Case records exist for children and are well laid out, identifying different sections to facilitate their use. Files contain childcare plans and records of all decisions taken. The files are regularly updated and entries signed. Comprehensive files are maintained regarding the personnel who are employed by the programme. Records of policies and procedures exist, are accessible and are maintained. Financial and resource transactions are accurately recorded and signed. In institutional settings, records are maintained regarding the daily events that have taken place. In outreach or community settings, contacts with children, both formal and informal, are evaluated and recorded. A system of open access exists for children and families to ensure that they are able to see the detail of records relating to them, and, where necessary, the content is explained to them.

Contra-indicators

There is little or no paperwork held by the programme that charts its activities. When records exist they are poorly maintained, lack detail, are inaccurate, unclear, unsigned, or appear to have no specific purpose or have purposes unrelated to the child, eg, external research. Children who 'disappear' from the system cannot be traced. Issues which have built up over time are not identified until a crisis is reached, as there are no recordings to alert carers. Similarly, a child who tells one member of staff that they feel unwell, may not be treated until they are seriously ill, because no member of staff recorded the child's complaint and so there was no ongoing follow-up.

Basis

Good childcare practice.

Practice implications

Good-quality, well maintained records detailing events which have occurred in a child's life can be used effectively to help children over time gain a better sense of their own identity and explain why events have taken place. Comprehensive employee records indicate that the programme has taken precautions to avoid employing or continuing to employ unsuitable people. Record keeping is not only an administrative chore; it assists the carer and the programme to chart their work and can also serve as useful evidence for funding purposes. The policies and procedures that govern an agency's functioning are important documents which should be useful and available to those working in the programme. Arbitrary or changing policies that are not written down can cause confusion among carers and children.

5.2. Children’s confidential details and records are respected and maintained

Standard

All programmes should have a clear policy on confidentiality, which all carers are aware of and adhere to.

Indicators

There is a clear policy on confidentiality and both carers and children are made aware of this at the outset. Records are securely locked away and accessed only by those who need to know about the content, and only when there is a need to know. Information about children is not passed on to other agencies unless absolutely necessary and, where possible, the agreement and understanding of the child is sought. Children should have access to their records on request and carers should assist them in understanding the content. Carers are discreet about dealing with information both among children and other adults. Children’s experiences and life histories are not used without the child’s informed consent, and all information which could expose the child’s identity should be omitted from any publication or advocacy materials.

Contra-indicators

The permission of children and their families is not sought when sharing information. Carers talk publicly about children and the intimate details of their circumstances. Files are not stored securely and are freely available. Children are not allowed to see or access their files. Children do not trust adults that their confidence will be assured.

Basis

Good childcare practice.

Practice implications

The development of trust between children and carers is essential if quality work is to be undertaken. Children’s confidence that their privacy will be respected and information used properly can greatly affect the development of trust. Children have the right not to have intimate details and records of their and their families’ lives passed to other people without their knowledge and without their feelings being acknowledged. Adults need to be sensitive to the child’s views and feelings about what has happened in their lives: something which may not be an issue in the adult’s mind could be extremely distressing for the child. Information-sharing should be on a need-to-know basis only.

5.3. Owners and managers of childcare programmes are accountable

Standard

Managers and owners of childcare programmes take responsibility for the services their programmes provides, and monitor such services at least monthly.

Indicators

Managers and owners regularly review the programme, paying special attention to systems and procedures which enable a quality of care to be monitored on a regular basis. Information contained in the statement of aims and objectives is regularly reviewed and progress is monitored. Carers and children have a good relationship with managers and owners. It is useful for managers and owners to occasionally invest in external monitoring and evaluation of their services in order to gain an independent perspective on service development and improvement. Measures to enhance management accountability and promote transparent and open dialogue of issues should be established through discussions with children and service users. Opportunities for children's participation in decision-making are also developed to enhance care developments in the best interests of children.

Contra-indicators

Carers and children have little contact with managers and owners. No monitoring procedures have been developed. Overseeing the quality of care is haphazard and not carried out in a methodical way. The aims and objectives of the programme are not regularly reviewed to assess progress. There is no independent assessment of the service, and children's views and opinions are either not sought or are denied or denigrated. Managers use the service resources and facilities for their own needs and purposes. There is no open and transparent system through which decisions are made. No records of decisions exist.

Basis

Good management practice.

Practice implications

While some forms of inspection and monitoring may exist as part of collaboration with government and funding partners, this does not in any way detract from managers' and owners' responsibilities to closely monitor and approve care practices within their service. Managers have a responsibility to ensure that their services are regularly visited and particular aspects of practice examined, where such systems exist. Managers and owners are required to develop meaningful contact with carers and the children served by the programme, and to have a basic understanding of the issues arising for the carers and those cared for by the service.