

Child Care Institutions Assessment Toolkit

Introduction, Guidelines and Principles, and Summary of Care Standards for Homes

Introduction

This assessment toolkit and associated supporting documentation has been created to assist Probation Social Welfare Officers (PSWO) and Child Care Institutions to achieve compliance with the Children (Approved Home) Regulation 2010. The assessment of the home will be carried out under instruction from Ministry of Gender, Labour and Social Development (MoGLSD).

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

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

Guidelines and Principles

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary of Care Standards for Homes

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

1. Professional Practice

1.1. Aims and objectives

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

1.2. Child protection policy and practice

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

1.3. Referral to / admission to service

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

1.4. Care planning and reviews

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

1.5 Care monitoring

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

1.6. Rehabilitation, through care and aftercare

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

2. Personal Care

2.1. Diet

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

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

2.2. Health

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

2.3. Play and recreational activities

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

2.4. Privacy

- Children have their own bed and place for their belongings at a standard comparable to the local community
- Care-givers are sensitive to wishes of the child for privacy
- Care-givers are sensitive and discreet about child's history/experiences
- Private and safe area for toileting, bathing and dressing – in residential care boys' and girls' latrines are separate and in well-lit places
- Private space to discuss child's affairs or for the child to meet visitors
- Personal hygiene supplies can be accessed discreetly

2.5. Choice

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

2.6 Children are treated with dignity and respect at all times

- Care-givers recognise that children are individuals and have different personal needs
- Decisions are taken with children not for them
- Children are listened to
- Care-givers speak and record information in a way that signifies respect

- Care-givers understand the boundaries of privacy and confidentiality
- Children feel that what they are saying will remain confidential in all but exceptional circumstances
- There must be zero tolerance for stigma and discrimination of any kind

2.7. Relationships and attachments

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

2.8. Children's sense of identity

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

2.9. Care, control and sanctions

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

2.10. Education and skills training

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

3. Staffing/care-givers

3.1. Recruitment and selection

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

3.2. Case management, Supervision and Training

- Staff and care-givers are supported by management to achieve the aims and objectives of the institution in line with government policy
- Staff and care-givers receive regular individual and formal supervision

- There are weekly case management meetings with at least the staff responsible for coordinating implementation of care plans and their supervisor; either individually or as a group.
- Case management meetings focus on the progress of plans in relation to the child's placement and future placements or reunification
- Supervision and case management meetings are recorded and reviewed
- Staff and care-givers are provided with regular training to meet the needs of the children in their care, including those living with HIV

3.3. Care-giver ratios

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

4. Facilities

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

5. Administration

5.1. Records

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

5.2. Confidentiality

- Clear policy on confidentiality exists, including procedures for gaining child's informed consent for sharing information; including sharing of information on HIV status
- Records are securely locked away with limited access
- Information is not passed on to other official parties unless necessary
- Care-givers and staff are aware of and strictly follow confidentiality procedures
- Children have the right to access their information at any time