

PART B

DEVELOPMENTAL QUALITY ASSURANCE TOOL (DQA) INFORMATION TO ORGANISATIONS IN THE PROVINCE

[THIS INFORMATION SHOULD BE ACCOMPANIED BY A COVERING LETTER FROM THE DEPARTMENT]

Prepare a covering letter to the organisation requesting them to engage in a DQA in terms of Section 24(5) of the TIP Act, “A Developmental Quality Assurance process must be conducted in the manner prescribed by the Minister of Social Development in respect of each accredited organisation”. A certificate of accreditation is only valid for a maximum of four (4) years from the date of accreditation.

Indicate the following:

Date of assessment.....

Duration of assessment.....

Agenda: Attached as Annexure A

The following sentence **must** be reflected in the covering letter.

If the organisation needs copies of national and international instruments and/or requires assistance with the DQA Tool they can contact:

[add details, contact number and email address of the responsible official]

The request is for the organisation to complete the DQA Tool prior to the site visit to conduct the DQA according to the outcome of organizational self-assessment in relation to their services to victims.

Capacity: DQA Team Leader

Name:.....

Date:.....

**DEVELOPMENTAL QUALITY ASSURANCE (DQA) TOOL TO BE USED AT ORGANISATIONS (SHELTERS/CENTRES)
ACCOMMODATING VICTIMS OF TRAFFICKING**

INFORMATION TO PROVINCIAL DEPARTMENTS OF SOCIAL DEVELOPMENT ON THE DQA

THE DEVELOPMENTAL QUALITY ASSURANCE (DQA) PROCESS FOR ORGANISATIONS THAT ARE REGISTERED OR ACCREDITED TO ACCOMMODATE TRAFFICKING IN PERSONS VICTIMS IN TERMS OF CHAPTER 5 OF THE PREVENTION AND COMBATING OF TRAFFICKING IN PERSONS ACT, 2013 (ACT NO.7 OF 2013)

“DQA is about growth and well-being”

1. Introduction

The legislative obligation in the Prevention and Combating of Trafficking in Persons Act, 2013 requires, in Chapter 5, section 24 – Accreditation of an organisation to provide service. Section 24(5)“A developmental quality assurance process must be conducted in the manner prescribed by the Minister of Social Development in respect of each accredited organisation”.

A Developmental Quality Assurance (DQA) is a process whereby a team conducts an assessment to ensure that services rendered by an organisation are effective, efficient and their quality is satisfactory to the clients (Working definition adapted from the Draft Transformation of the Child and Youth Care System 1998:3)

2. Developmental Quality Assurance (DQA)

The DQA process is aimed to:

- Ensure that those receiving the services are satisfied with their quality and that these services are both effective and efficient.
- Ensure that the South African Constitution and International Instruments which the country has ratified, such as the Palermo Protocol (PSP= Prevent, Suppress and Punish) Trafficking in Persons, are upheld and reflected within the practice.
- Ensure that the appropriate legislation, such as the Prevention and Combating of Trafficking in Persons Act, 2013 (Act No.7 of 2013), and the Children's Act No. 38 of 2005, is upheld.
- Enable the organisation to meet the policy, norms and minimum standard requirements.
- Identify service delivery challenges.
- Identify capacity building and resources needed for development of the organisation.
- Provide support and mentoring to achieve organizational developmental goals within a specified time frame.

3. Accredited organisation

An accredited organisation means an organisation accredited in terms of section 24 of the TIP Act ***to provide services to adult victims of trafficking.***

In addition, section 26(3) states that: "An accredited organisation that provides services to an **adult victim** of trafficking who **has a child in his or her care** must offer a programme aimed at the **reception, care and development of that child.** Section 25(3)

states that “An accredited organisation that provides services to adult victims of trafficking who have children in their care must, in addition to the norms and minimum standards referred to in subsection (1), provide-

- (a) A safe environment for children;
- (b) Proper care for sick children; and
- (c) Safe storage for anything that may be harmful to children.

4. Information Management Tool

Section 25(4) of the TIP Act states that an accredited organisation **must** collect information on victims of trafficking in a prescribed manner.

5. Organisations rendering services to victims of trafficking

The accredited organisation is an organisation that applied to the provincial Department of Social Development and was granted the status to accommodate and provide other services to victims of human trafficking. The organisation can be a shelter or center that specializes in accommodation services for victims of trafficking.

Accredited organisation means an organisation, including a government institution, accredited in terms of section 24 of the TIP Act, to provide services to adult victims of trafficking.

The following **three (3) models** were developed for South African organisations such as One Stop Centers, shelters, safe houses and centers that provide services for victims of trafficking.

Model 1

“**Temporary Safe Care**” for purposes of section 19 of the Prevention and Combating of Trafficking in Persons Act, 2013 (Act No.7 of 2013), means care of an adult person suspected of being a victim of trafficking in a shelter, private home or any other place approved by the Director-General: Social Development where that person can be accommodated safely pending the placement in an accredited organisation.

Model 2

The specific obligation of the Department of Social Development, as stated in section 26 of the TIP Act are that, section 26(1) An accredited organisation-

(a) Must offer a programme aimed at-

- (i) the provision of accommodation to adult victims of trafficking;
- (ii) the provision of counselling to adult victims of trafficking; and
- (iii) the reintegration of adult victims of trafficking into their families and communities.

The TIP Act further states the following in section 26(3):

An accredited organisation that provides services to an adult victim of trafficking who has a **child** in his or her care must offer a programme aimed at the **reception, care and development** of that child.

Model 3

Section 26(1) An accredited organisation-

(b) may offer a programme aimed at –

- (i) the provision of **rehabilitation and therapeutic services** to adult victims of trafficking; or
- (ii) the provision of **education and skills development training** to adult victims of trafficking.

The TIP Act further states the following in section 26(3):

An accredited organisation that provides services to an adult victim of trafficking who has a child in his or her care must offer a programme aimed at **the reception, care and development** of that child.

In line with effective and efficient management of victims and taking into account the phenomenon it entails it is a **must** that the organisation appoints a **registered professional social worker** (either full or part time depending on the number of beds). The service of an intern Psychologist is strongly recommended. The Department of Social Development developed criteria for all the three models in the Trafficking in Persons Policy Framework (TIP PF)

A copy of the letter sent to the organisation requesting them to engage in a DQA will be in the DSD file of that particular organisation.

INTERNAL DQA FRAMEWORK

PARTICULARS OF APPLICANT ORGANISATION

Name of organisation: _____

Physical address: _____

Postal address: _____

_____ Postal Code: _____

Name of person or body that manages the organisation: _____

Physical address of person or body that manages the organisation:_____

Telephone:_____Cell phone_____

Fax:_____E-mail_____

NPO Registration Number_____

The number of victims accommodated in each category in the organisation:

Table 1

Target Group	No. of service recipients
Number of adult victims of trafficking accommodated in the organisation during the last financial year	
Number of child victims of trafficking accommodated in the organisation during the last financial year. (child with an adult)	
<u>Total number</u> of victims of trafficking accommodated in the organisation during the last financial year. (Total of adult & child victims of trafficking)	

Number of adult victims of other crimes and violence (excluding human trafficking) accommodated in the organisation during the last financial year	
Number of child victims of other crimes and violence (excluding human trafficking) accommodated in the organisation during the last financial year.	
Total number of victims of crime and violence accommodated in the last financial year. (Total of adult and child victims of other crimes)	
Registration and/or accreditation of organisation	
Status quo	Type of model
Model 1 (Yes or No)	
Model 2 (Yes or No)	
Model 3 (Yes or No)	
Is your organisation involved in any community outreach programmes? e.g. women's groups, men's groups, church groups etc	
First Group – Please reflect (if any)	
Second Group – Please reflect (if any)	
Third Group – Please reflect (if any)	
Any other outreach activities?	

Table 2

Target Group	Bed capacity (insert number of beds)	Total
Adults (all victims of crime and violence)		
Other: (if any)		
How many children can the organisation accommodate? (children accompanying their biological parents who are victims/service beneficiaries)		
Other: (if any)		
Total		

Date of completion by organisation.....[insert date]

Completed by.....[insert name and capacity in the organisation]

Signature.....

Members of the organisation team that completed the DQA:

1.....[insert name and capacity in the organisation]

2.....[insert name and capacity in the organisation]

3.....[insert name and capacity in the organisation]

Vision

Please describe how your organisation's vision is related to established policy on services and programmes for victims of crime and violence in the appropriate block below.

VISION

Please reflect your organisation's **mission**.

MISSION

Please reflect the organisation's **3 main objectives** as agreed by your team.

Objective 1

Objective 2

Objective 3

1.2 Practice Principles

The practice principles with the description and rating columns for the organisation's team to complete the DQA Tool are reflected in the VEP Principles in the table below. It is highly recommended that officials familiarize themselves with the content of **VEP Principles**, engage them with the rest of the tool and to finally complete the VEP Principles as outlined first in the tool. The final report will be drawn mainly out of this tool. Included in the VEP Principles are the following:

- Accountability
- Budget
- Staff matters
- Training and supervision
- Empowerment
- Participation

- Family centred
- Continuum of care
- Integration
- Continuity of care
- Normalisation
- Effectiveness and efficiency
- Victim centred
- Rights of children and adults
- Restorative justice
- Appropriateness
- Family preservation
- Permanency planning
- Community centred
- African Renaissance

Completion of the tables by the organisation will be followed by completion of the same DQA Tool by the external DQA Panel appointed to conduct the DQA at the organisation as planned and agreed with the management and governing structure of the organisation.

The **Score Card** is as follows:

Rating:

- 2 = Full Compliance.
- 1 = Partial Compliance/In Progress.
- 0 = Non Compliance.

Summary: <u>Any risk</u> factors as identified by the organisation's team	
1.	
2.	
3.	

Summary: <u>Any risk</u> factors as identified by the external DQA team	
1.	

2.
3.

GUIDELINE: ISSUES FOR PROGRAMMES TO CONSIDER UNDER EACH PRACTICE GUIDELINE

(1) MANAGEMENT & ADMINISTRATION (MINIMUM SCORE = 107)

1. ACCOUNTABILITY: we must be able to account for every activity regarding the victim (adult and child)				
Program elements	Compliance			Comment if any
	Yes	Partial/In Progress	No	
	2	1	0	
1.1 Occurrence books. <ul style="list-style-type: none"> • It may be kept by the security or the official in charge during a specific shift and proper handover is vital. The book can also be titled Incident Register. 				NB. Refer to Norm 15 on provision of accommodation
1.2 Medical records <ul style="list-style-type: none"> • These are in lockable file cabinets in the shelter's medical/sick bay and are highly confidential. 				NB. Refer to Norms 19 & 20
1.3 Educational records of staff <ul style="list-style-type: none"> • These are kept in staff files in locked cabinets and also confidential. 				
1.4 A thorough written hand over between workers of different shifts <ul style="list-style-type: none"> • There should be handover register which corresponds with the duty sheet. 				NB. Refer to Norms 19 & 20
1.5 Minutes of all meetings held with committees should be recorded and properly filed				NB. Refer to Norms 19 & 20

<ul style="list-style-type: none"> Minutes are kept by the Administrator/Office Manager together with the meeting schedule. Committee members should be nominated and records kept. Minutes of professional teams should also be kept. 				
<p>1.6 Minutes of all meetings held by professional teams, where the victims are being discussed, should be properly secured</p> <ul style="list-style-type: none"> Same as above 				NB. Refer to Norms 19 & 20
<p>1.7 Minutes of regular staff meetings should be recorded and properly filed</p> <ul style="list-style-type: none"> Same as above 				NB. Refer to Norms 19 & 20
<p>1.8 Evidence of organisation's Annual reports submitted to structures within the organisation and government departments.</p> <ul style="list-style-type: none"> Request evidence of submission such as acknowledgements of receipt or register with recipients' signatures. 				NB. Refer to Norms 19 & 20
<p>1.9 Care plans developed for each victim and IDPs available for each victim</p> <ul style="list-style-type: none"> These are in victims/clients files. Very crucial to enable tracing of progress. 				
<p>1.10 Monitoring and Evaluation Policy: Care Plans and IDPs regularly reviewed</p> <ul style="list-style-type: none"> Care Plans and IDPs in victims/clients files. M&E Policy in Policy File. Either weekly, monthly, quarterly and annual M&E. 				

<p>1.11 Process notes, related forms and all documentation (including assessment reports for letter of recognition) concerning the victim, should be properly filed and secured.</p> <ul style="list-style-type: none"> • A sample of victims'/clients' files. 				<p>NB. Refer to Norm 6 & 19 in the Norms and Minimum Standards</p>
<p>1.12 Updated process notes on files of all interventions with victims and contact with their families and other stakeholders.</p> <ul style="list-style-type: none"> • A sample of victims'/clients' files. The base of social work practice. 				
<p>1.13 Case Conference records available. (Where applicable)</p> <ul style="list-style-type: none"> • A sample of victims'/clients' files. 				
<p>1.14 Procedures and policies in place.</p> <ul style="list-style-type: none"> • The Policy and Procedure file is kept by Administrator/Office Manager 				<p>NB. Refer to Norms 19 & 20</p>
<p>1.15 Availability of inventory register.</p> <ul style="list-style-type: none"> • Register is kept by Administrator/Office Manager and should be monitored weekly or monthly. Monitoring dates and signatures should appear in the register. 				<p>NB. Refer to Norms 19 & 20</p>
<p>1.16 All donations received, both cash & in kind, should be acknowledged by means of receipt.</p> <ul style="list-style-type: none"> • Receipt book donations register should exist and kept by Administrator/Office Manager. The 'In Kind' are material donations. 				<p>NB. Refer to Norms 19 & 20</p>

<p>1.17 Log books and service records for vehicles are maintained and logbooks completed each time a vehicle is used.</p> <ul style="list-style-type: none"> • Also kept by Administrator/Office Manager. 				NB. Refer to Norms 19 & 20
<p>1.18 Indemnity forms for victims prior to the trip, must be signed timeously and relevant records maintained.</p> <ul style="list-style-type: none"> • A sample of victims'/clients' files. 				NB. Refer to Norms 19 & 20
<p>1.19 Service provider must ensure that the administrative office is suitable and properly furnished on the premises.</p> <ul style="list-style-type: none"> • Observe the organisation's administrative and other offices in relation with Norm 19. 				
<p>1.20 Service provider must ensure that the phone at the organisation is always in a working condition.</p> <ul style="list-style-type: none"> • Observe the organisation's administrative and other offices in relation with Norm 19. 				
<p>1.21 Service providers must ensure that there is a separate counseling room that is conducive and ensures privacy.</p> <ul style="list-style-type: none"> • Observe the organisation's administrative and other offices in relation with Norm 19. • Policy document on provision of counselling services. 				
<p>1.22 Service provider shall inform victims about legal, medical, social, psychological services and other professional services available to them.</p> <ul style="list-style-type: none"> • A sample of victims'/clients' files. 				

<p>1.23 Service provider must ensure that there is a designated smoking area.</p> <ul style="list-style-type: none"> Observe the organisation's administrative and other offices in relation with Norm 19. 				
<p>1.24 Service provider must ensure that personal belongings of staff are secured in separate lockable cupboards.</p> <ul style="list-style-type: none"> Observe the organisation's administrative office in relation with Norm 19. 				
<p>1.25 Service provider shall inform victims of the outcomes of cases where necessary.</p> <ul style="list-style-type: none"> Process notes in victims'/clients' files. 				
<p>1.26 Evidence of attendance and participation at relevant fora such as:</p>				
<p>1.26.1 Provincial VE Forum (regional)</p> <ul style="list-style-type: none"> Attendance register, agenda and minutes of the meetings to be accessed through Administrator 				
<p>1.26.2 Shelter Network/ National Shelter Movement</p> <ul style="list-style-type: none"> Attendance register, agenda and minutes of the meetings to be accessed through Administrator 				
<p>TOTAL SCORE ON ACCOUNTABILITY</p>				

Summary of ACCOUNTABILITY principle

2. BUDGET/FINANCE

Financial management policies and practices in the organisation must be adhered to.

Program elements	Compliance			Comment if any
	Yes	Partial/In Progress	No	
	2	1	0	
2.1 Obtain progress report in line with the Service Level Agreement. <ul style="list-style-type: none"> Signed SLA copy accessed through Administrator/Office Manager. 				NB. Refer to Norms 19 & 20
2.2 Details of the organisation's appointed Auditors/accounting officers. <ul style="list-style-type: none"> Details also accessed through Administrator/Office Manager who has access to both Treasurer and Bookkeeper. Audited financial report is necessary for release of funds. 				NB. Refer to Norms 19 & 20
2.3 Determined utilization of allocated funds <ul style="list-style-type: none"> Budget Control reports can be accessed through the Administrator or Bookkeeper. 				NB. Refer to Norms 19 & 20
2.4 State of control of finances. <ul style="list-style-type: none"> Budget Control reports can be accessed through the Administrator or Bookkeeper. 				NB. Refer to Norms 19 & 20
2.5 Review of financial statements or management accounts				NB. Refer to Norms 19 & 20

<ul style="list-style-type: none"> Budget Control reports can be accessed through the Administrator or Bookkeeper. 				
<p>2.6 Good quality records of money received and paid to victims (children and adults such as money for trips etc).</p> <ul style="list-style-type: none"> Budget Control reports can be accessed through the Administrator or Bookkeeper. Petty Cash book and skills development projects payment register. 				NB. Refer to Norms 19 & 20
<p>2.7 Timeous submission of financial records (Audit) to the National DSD NPO Unit and Provincial DSD.</p> <ul style="list-style-type: none"> Evidence of submission and acknowledgements from NPO Unit or provincial DSD. 				NB. Refer to Norms 19 & 20
<p>2.8 Records of management of the petty cash (if available)</p> <ul style="list-style-type: none"> Petty Cash book or register should be available. 				NB. Refer to Norms 19 & 20
<p>2.9 Service providers ensure that vehicles are insured and properly stored/managed (Evidence/records).</p> <ul style="list-style-type: none"> Administrator/Office Manager or Bookkeeper should provide evidence of insurance documents. 				NB. Refer to Norms 19 & 20
<p>2.10 Service provider must ensure that a maintenance service plan is approved by management.</p> <ul style="list-style-type: none"> Maintenance plan should be made available. 				
<p>2.11 Service provider must ensure that an updated Asset Register is available and inventory list is signed.</p> <ul style="list-style-type: none"> Register of organizational assets. 				

<p>2.12 Service provider must ensure that assets are comprehensively bar-coded, secured and insured.</p> <ul style="list-style-type: none"> • Register of organizational assets. 				
<p>2.13 Service provider must ensure that regular monitoring of assets is performed and reported at meetings of the organisation by management.</p> <ul style="list-style-type: none"> • Minutes of the management meetings for evidence of reporting on assets. 				
<p>2.14 Service provider must ensure that evaluation procedures for assets are in place and reported to meetings of the organization.</p> <ul style="list-style-type: none"> • Register of organizational assets with signatures and dates and minutes of the meetings. 				
<p>2.15 Service provider must ensure that damaged assets are repaired and/or replaced timeously subject to availability of funds.</p> <ul style="list-style-type: none"> • Register of organizational assets with maintenance reports. 				
<p>TOTAL SCORE ON BUDGET/FINANCE</p>				

3. STAFF MEMBERS

The confidentiality of the staff records are maintained and regularly updated in the organization

Programme elements	Compliance			Comments (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>3.1 Staff files adequately completed (letters of appointment, job description or duties, contract documents, leave forms, CVs, qualifications, ID and registration with relevant authorities)</p> <ul style="list-style-type: none"> View staff members' personal files. 				NB. Refer to Norm 21
<p>3.2 Staff in contact with children are screened in terms of Part B of the Child Protection Register and the Register of Sex Offenders.</p> <ul style="list-style-type: none"> View staff members' personal files for vetting/screening records. 				NB. Refer to Norms 7 & 21 in the Norms and Minimum Standards
<p>3.3 Staff performance appraisals conducted and recorded.</p> <ul style="list-style-type: none"> View staff members' personal files for evidence of regular performance appraisals. 				NB. Refer to Norm 21
<p>3.4 Staff duty lists always updated and displayed in the office.</p> <ul style="list-style-type: none"> Evidence (Duty Schedules) should be displayed. 				NB. Refer to Norm 21
<p>3.5 Staff registers for reporting and departure times in place.</p>				NB. Refer to Norm 21

<ul style="list-style-type: none"> • Specific staff attendance register or clocking records. 				
<p>3.6 Staff ratio records – staff in relation to the number of clients.</p> <ul style="list-style-type: none"> • Should be displayed as in ECDs 				NB. Refer to Norm 21
<p>3.7 Organogram of institution clarifying the reporting lines of all staff members.</p> <ul style="list-style-type: none"> • Organogram on the wall and in management reports. 				NB. Refer to Norm 21
<p>3.8 Disciplinary procedures for staff members and records of these in their files.</p> <ul style="list-style-type: none"> • Records in staff members' files and Disciplinary Policy and Procedure in Policy file. If possible, signatures of staff should appear to indicate that they read the policy file. 				NB. Refer to Norm 21
<p>3.9 Schedules of debriefing sessions for staff members.</p> <ul style="list-style-type: none"> • This depends on availability of resources. Site Verification Committee to decide on basis of emotional support given to staff members by managers and supervisors. 				NB. Refer to Norm 21
<p>3.10 Service provider must ensure that the Managers have training on the human trafficking issues.</p> <ul style="list-style-type: none"> • Training content and attendance registers. 				
<p>3.11 Service provider must ensure that the Manager is able to demonstrate management and administration skills and be registered with relevant professional bodies.</p> <ul style="list-style-type: none"> • Evidence of qualifications and registration. 				

<p>3.12 Service provider must ensure that staff leave records e.g. annual leave, sick leave, family responsibility, are recorded timeously and maintained.</p> <ul style="list-style-type: none"> • Sample of staff members' personnel files. 				
<p>3.13 Service provider must ensure that they meet the basic conditions of the Employment Equity Act, 1998 (Act No. 55 of 1998)</p> <ul style="list-style-type: none"> • Observe staff and management racial representation. 				
TOTAL SCORE ON STAFFING MATTERS				

Summary of STAFF MATTERS principle

(4) EFFECTIVENESS AND EFFICIENCY: The organisation should ensure that financial and human resources are utilised in the best way possible to achieve the objectives. Interview staff, management & also read through reports.				
Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
4.1 Are victims' needs central to the programme with all staff members being prepared to take responsibility for their delivery of quality services?				

<ul style="list-style-type: none"> • Interviews of victims, staff, management and Board members. 				
<p>4.2 Is this program “good value for money”? Batho Pele Principle</p> <ul style="list-style-type: none"> • Interviews of victims, staff, management and Board members. • Compare with Batho Pele Values and Principles. • Complaints and comments/compliments box • Service evaluation files 				
<p>4.3 Are the program goals being achieved?</p> <ul style="list-style-type: none"> • Interviews of victims, staff, management and Board members. • Organisational Strategy and Policy documents 				
<p>5.4 Is the program based on VEP principles and are these being implemented?</p> <ul style="list-style-type: none"> • Interviews of victims, staff, management and Board members. • Organisational Strategy and Policy documents 				
<p>4.5 Is the program well organised?</p> <ul style="list-style-type: none"> • Observations on how and/or when (how soon) the information is received when requested. Can the NGO go to a file and get the information or do they struggle and first look through all the files (functional filing system). 				
<p>4.6 Is there a committed team of staff members?</p> <ul style="list-style-type: none"> • Observe absenteeism and sick leave trends among staff. Personnel files can provide information. 				
<p>4.7 Is there a vision of success and a mission to achieve it among management and staff?</p> <ul style="list-style-type: none"> • Interviews of victims, staff, management and Board members and observe display of passion. 				

<ul style="list-style-type: none"> Organisational Strategy and Policy documents 				
<p>4.8 Are there clearly stated and less ambiguous goals for the programme?</p> <ul style="list-style-type: none"> Organisational Strategy and Policy documents 				
<p>4.9 Are the services being evaluated regularly and corrective action being taken where appropriate?</p> <ul style="list-style-type: none"> Evidence of compliments and complaint box and reports of service evaluation activities undertaken. Review improvement plans of the organization and implementation reports. 				
<p>4.10 Are there clear procedures on how to handle all situations?</p> <ul style="list-style-type: none"> Policy and Procedure manual. 				
<p>4.11 Service provider must ensure that the keys to the safe are kept by the Manager or the staff member on duty.</p> <ul style="list-style-type: none"> Regularly signed and dated Duty Register for keys to the safe 				
<p>4.12 Service providers must ensure that spare keys are accessible for managers in case there is a crisis and a register is available for signatures of staff members who request to use the key (taken and delivered back)</p> <ul style="list-style-type: none"> Evidence of dated spare key register 				
<p>TOTAL SCORE ON EFFICIENCY & EFFECTIVENESS</p>				

Summary of EFFECTIVE AND EFFICIENT principles by departmental DQA team

(2) ORGANISATIONAL CAPACITY BUILDING AND VICTIM EMPOWERMENT (Minimum Score = 80)

(5) TRAINING AND SUPERVISION				
Staff members need to be trained according to their developmental needs and supervised				
Programme elements	Compliance			Comments (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
5.1 Evidence of equal opportunities for training of all staff members (In-service training). <ul style="list-style-type: none"> Evidence of any Skills Auditing to identify training needs 				NB. Refer to Norm 21
5.2 Evidence of equal opportunities for staff to receive external training <ul style="list-style-type: none"> Evidence of any Skills Auditing to identify training needs 				NB. Refer to Norm 21
5.3 Training plan for staff based on their specific needs and organizational needs as per Individual Development Plans (IDPs). <ul style="list-style-type: none"> Organisational training plan. 				NB. Refer to Norm 21

<ul style="list-style-type: none"> Individualized training plans in personnel files of a sample of staff members. 				
<p>5.4 Evidence of staff training on relevant legislation such as Children’s and TIP Acts.</p> <ul style="list-style-type: none"> Skills Audits, training reports, certificates obtained and attendance registers. Also in staff personnel files for records of training attended. 				NB. Refer to Norm 21
<p>5.5 Evidence of training on Rehabilitation Program (e.g Restoration and Healing) as per requirement for each social worker.</p> <ul style="list-style-type: none"> Skills Audits, training reports, certificates obtained and attendance registers. Also in staff personnel files for records of training attended. 				NB. Refer to Norm 21
<p>5.6 Evidence of training on TIP Regulations and Norms and Minimum Standards.</p> <ul style="list-style-type: none"> Skills Audits, training reports, certificates obtained and attendance registers. Also in staff personnel files for records of training attended. 				NB. Refer to Norm 21
<p>5.7 Evidence of training on the Guidelines on the Integrated Victim Empowerment Policy.</p> <ul style="list-style-type: none"> Skills Audits, training reports, certificates obtained and attendance registers. Also in staff personnel files for records of training attended. 				NB. Refer to Norm 21
<p>5.8 Supervision of all staff members and records of supervision in place.</p> <ul style="list-style-type: none"> Supervision reports in the supervision file. 				NB. Refer to Norm 21
TOTAL SCORE ON TRAINING & SUPERVISION				

Summary of TRAINING AND SUPERVISION principles

6. EMPOWERMENT: Service providers must provide opportunities and resources to empower victims to build their capacity. Information in clients' files and in interviews with victims.				
Program elements	Compliance			Comments (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>6.1 Service providers create opportunities for victims to make choices on the new skills they wish to be taught. (Example in victim's file)</p> <ul style="list-style-type: none"> Victim's IDP, care plans and intake forms. This information can be found in victims' files. 				NB. Refer to Norm 13
<p>6.2 Service providers create opportunities for victims to master certain tasks, using the skills they possess and also teach them new skills. (Example in victim's file)</p> <ul style="list-style-type: none"> Victim's IDP, care plans and intake forms. This information can be found in victims' files. Evidence of vocational skills being offered internally or externally, ABET, Parenting skills and Educational programmes for children. 				NB. Refer to Norm 13
<p>6.3 Service providers allow victims to take part in extra-mural activities for which they show an interest.</p>				NB. Refer to Norms 13 & 18

<ul style="list-style-type: none"> Records of activities such as registers, pictures and reports. Activities can also include self-defense classes, gym, aerobics and yoga. 				
<p>6.4 Service providers teach victims basic household chores and domestic skills.</p> <ul style="list-style-type: none"> Roster of chores, records of shelter upkeep, client interviews, service provider evaluation records. 				NB. Refer to Norm 13
<p>6.5 Service providers allow victims to make choices of clothing, food, recreation, bed-time and where appropriate, school subjects, church attendance, holiday programmes etc.</p> <ul style="list-style-type: none"> Menu reflecting cultural diversity, admission policy with rules, movement register (occurrence book) and transport register. Daily program, suggestion box and complaints register. Minutes of house meetings. 				
<p>6.6 Service providers provide sufficient information which allow victims to make decisions and choices, e.g. financial management, parenting, sex education, health education, substance abuse, emotional well-being, physical and sexual abuse and how to protect themselves.</p> <ul style="list-style-type: none"> Training and group work files, attendance registers, evidence of programme content, evaluation forms, reports, invitations from external stakeholders and both client and service provider interviews. Records of activities e.g. Restoration & Healing training reports. 				NB. Refer to Norm 13
<p>6.7 Service providers teach victims acceptable ways of dealing with emotions.</p> <ul style="list-style-type: none"> Training and group work files, attendance registers, evidence of programme content, evaluation forms, reports, invitations from 				

<p>external stakeholders and both client and service provider interviews. Records of activities e.g. Restoration & Healing training reports.</p> <ul style="list-style-type: none"> • Also Form 13 (Needs of the victim of TIP) in sampled victims' files. 				
<p>6.8 Service providers encourage ALL staff to be involved in the management and care of children and adults.</p> <ul style="list-style-type: none"> • Staff members job descriptions, work plans, supervision files and capacity building reports. • Log/observation book • Daily programme for adults and children 				
<p>6.9 Service providers acknowledge skills and strengths of victims (children and adults).</p> <ul style="list-style-type: none"> • IDPs, Care Plans and client interviews. • Evidence of mentoring and coaching other victims with the skill that the victim has acquired (client interviews). • Evidence of networking with external employers. • Reward system used by the shelter 				NB. Refer to Norm 13
<p>6.10 Service providers ensure that victims are familiar with the procedure to lodge complaints.</p> <ul style="list-style-type: none"> • Complaints procedure visible on the wall, suggestion box and induction/orientation procedure in policy file and signed admission contract 				
<p>6.11 'Life Skills Programs' are in place in the organisation or other premises – e.g. relationships, problem-solving, dealing with money, job interviews, further education, learning a trade, etc.</p> <ul style="list-style-type: none"> • Attendance registers, programme content, evaluation forms, schedule of dates and times and MOU with other service providers/stakeholders. • Records of activities e.g. Restoration & Healing training reports. 				NB. Refer to Norm 13

<p>6.12 Service providers ensure that all children and adults are treated equally and given equal opportunities in the organisation.</p> <ul style="list-style-type: none"> • The following pieces of legislations and policies should be made available, accessible or visible: <ul style="list-style-type: none"> ✓ Batho Pele ✓ Victims' Charter ✓ Childrens' Rights ✓ Bill of Rights in Constitution 				
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<p>6.13 Service providers must ensure that some of the following programmes are rendered:</p> <ul style="list-style-type: none"> ➤ Educational Programme ➤ Self-Care ➤ Life Skills Programme ➤ Recreational activities ➤ Computer Training ➤ Income generating activities ➤ Employment and economic empowerment projects and programmes ➤ Arts and crafts projects ➤ Awareness on human trafficking ➤ Substance abuse ➤ Physical and mental health ➤ HIV / AIDS <ul style="list-style-type: none"> • Attendance registers, programme content, evaluation forms, schedule of dates and times and MOU with other service providers/stakeholders. 				
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TOTAL SCORE ON EMPOWERMENT	
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Summary of EMPOWERMENT principle

7. PARTICIPATION: Service providers must be able to ensure that victims of trafficking are encouraged and given opportunities to participate in decision making about their present and future circumstances. Evidence in victims' files and Interviews of victims.				
Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
7.1 Service providers ensure that a social worker is timeously involved in the case management of the victim (not later than 24 hours after admission) <ul style="list-style-type: none"> • Assessment (Form 3) and Intake forms and process notes. • Form 13 (Needs of victim) in sampled files. • Indemnity forms in sampled files. 				
7.2 Service providers ensure that victims of human trafficking are involved in the decisions made about their lives. <ul style="list-style-type: none"> • IDPs, Care Plans, interviews of client and service provider. 				
7.3 Service providers ensure that victims of human trafficking are involved in the drawing up of the IDP's.				

<ul style="list-style-type: none"> • Signed IDP copies by client. • Service provider and client to be interviewed. 				
<p>7.4 Service providers ensure that victims of trafficking are consulted about the daily programs and activities.</p> <ul style="list-style-type: none"> • IDPs and contract with client in sampled files. • Orientation programme • Minutes of house meetings 				
<p>7.5 Service providers ensure that victims of trafficking are represented in platforms where they can voice their opinions and be involved in decision making, if they want to.</p> <ul style="list-style-type: none"> • Minutes of house meetings, support groups and forums. • Complaints register. • Evidence of dealing with issues in a MDT (Multi-Disciplinary Team) approach. 				
<p>7.6 Service providers ensure that victims are afforded open communication with their family members if it is safe for them.</p> <ul style="list-style-type: none"> • Family conferencing reports, ISS involvement reports, family member interviews if possible, cases screening, invitation letters to families. • Visitor's book • Telephone register • Social Workers process notes in sampled client files. 				
<p>7.7 Service providers ensure that there is open communication between victims of trafficking and staff members of the organisation.</p> <ul style="list-style-type: none"> • Evidence of training of staff on boundaries. • House rules 				

<ul style="list-style-type: none"> Client Interviews 				
<p>7.8 Service providers ensure that they participate and/or initiate outreach programs in the community.</p> <ul style="list-style-type: none"> Outreach activities attendance registers, calendar of outreach activities and approved plans for outreach activities. 				
<p>7.9 Service providers ensure Family Group conferencing where applicable.</p> <ul style="list-style-type: none"> Conferencing reports in sampled victims' files. 				
<p>7.10 Does the organisation make use of interpreters where and when needed?</p> <ul style="list-style-type: none"> Interviews of management, staff and victims. 				
<p>TOTAL SCORE ON PARTICIPATION</p>				
<p>Summary of PARTICIPATION principle</p>				

(8) INTEGRATION: The organization must work in an inter-sectoral environment and ensure that services are delivered by a multi-disciplinary team. Interview management representative and observation.

Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>8.1 Are there various departments and stakeholders involved in service provision? E.g. SAPS, Justice (Prosecution) Home Affairs, Welfare agencies, etc?</p> <ul style="list-style-type: none"> • Reports of stakeholder engagements and outreach activities. 				
<p>8.2 Is the staff team culturally representative in the organization?</p> <ul style="list-style-type: none"> • Observation and interviews with Board and staff. 				
<p>8.3 If the staff team members are not culturally representative, what is in place to ensure representation?</p> <ul style="list-style-type: none"> • Interviews with board and management team 				
<p>8.4 Are racial issues apparent in the team (staff members) and if so, how are they being dealt with?</p> <ul style="list-style-type: none"> • Observation and interviews with Board and staff. 				
<p>8.5 Is there a range of professionals involved in the team?</p> <ul style="list-style-type: none"> • Staff members' personal files and interviews. 				
<p>8.6 Are social workers central figures in the team?</p> <ul style="list-style-type: none"> • Case records and observations 				
<p>8.7 Is there evidence of regular consultations within the organization to discuss progress of victims?</p>				

<ul style="list-style-type: none"> Multi-disciplinary team or rapid response team activities in sampled files. 				
<p>8.8 Are all stakeholders (SAPS, Justice, Home affairs, Welfare, etc) involved a co-ordinated professional manner in servicing victims?</p> <ul style="list-style-type: none"> Multi-disciplinary team reports and case conferencing 				
<p>8.9 Is there good communication between team members?</p> <ul style="list-style-type: none"> Observation and interviews plus communication policy if it is available. 				
TOTAL SCORE ON INTEGRATION				

Summary of INTERGRATION principle by departmental DQA team

(9) NORMALISATION: as far as possible, victims (children, adults and their families) should be exposed to activities, opportunities and challenges which promote participation and normal development. Interview both staff and victims				
Program elements	Compliance			COMMENT (if any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>9.1 Is this program based on normal development with an understanding of the trouble and trauma the victim experienced while they were in the process of being trafficked?</p> <ul style="list-style-type: none"> Sampled case records and interviews to reach conclusion. 				NB. Refer to Norm 12

<p>9.2 Given the circumstances, does the program allow for normal development of the victims (children, adults and their families) in line with their needs and developmental stages?</p> <ul style="list-style-type: none"> • Form 13 (victim's needs) in files and sampled case records. 				
<p>9.3 Could the program be less institutional?</p> <ul style="list-style-type: none"> • Observation and sampled case records. 				
<p>9.4 Are victims (children and adults) individualised as much as possible in the programme and not treated as a “group” all the time.</p> <ul style="list-style-type: none"> • Observation and sampled case records. 				
<p>9.5 Are the victims' names used?</p> <ul style="list-style-type: none"> • Observation of interactions and interviews with clients. 				
<p>9.6 Are they allowed their own possessions?</p> <ul style="list-style-type: none"> • Observation and interviews with clients and staff. 				
<p>9.7 Are they allowed to take age-appropriate responsibility for matters in the organisation?</p> <ul style="list-style-type: none"> • Observation and interviews with clients and staff. 				
<p>9.8 Are they adequately prepared to return to their community? Being taught household chores, rules in families, how to behave in the broader community, self-discipline instead of punishment, i.e. internal instead of external locus of control, etc?</p> <ul style="list-style-type: none"> • Interview victims, sampled case records and training content, e.g. Restoration and Healing. 				<p>NB. Refer to Norm 12</p>
<p>9.9 Does the program mirror as far as possible what the victims have to deal with once they leave the programme?</p>				

<ul style="list-style-type: none"> Observation and interviews with clients and staff to assess level of understanding. 				
<p>9.10 Is the victim (child and/or adult) equipped through a Life skills Programme? (Indicate types of programmes)</p> <ul style="list-style-type: none"> Programme content and interviews. 				NB. Refer to Norm 12
TOTAL SCORE ON NORMALISATION				

Summary of NORMALISATION principles by departmental DQA team

(3) RIGHTS OF VICTIMS TO HEALTH & SAFETY (MINIMUM SCORE = 160)

10. RIGHTS OF CHILDREN AND ADULTS: The rights of children and adults as stated in the South African Constitution, the Service Charter for Victims of Crime in South Africa and UN Conventions, must be upheld and promoted at all times. Specific questions in interviews with victims and staff members. Also check compliance with Norms and Minimum Standards on health and hygiene.				
PRIMARY HEALTH (Minimum Score = 46)				
Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	

<p>10.1 The service provider must ensure that medical screening for STI, pregnancy, drug testing and other health related problems, are in place within 24 hours after the arrival of a victim.</p> <ul style="list-style-type: none"> • Sampled victims' case files for evidence of referral to health services. 				
<p>10.2 Service provider must ensure that information on accessibility to primary health care services is displayed.</p> <ul style="list-style-type: none"> • Evidence on wall or notice board in the admin area. 				
<p>10.3 Service provider must ensure that the detoxification service is accessible for the victims.</p> <ul style="list-style-type: none"> • Sampled victims' case files. 				
<p>10.4 Service provider must ensure that a first aid kit is readily available, maintained and the staff must be trained on how to administer first aid. The first aid kit must always be adequately stocked.</p> <ul style="list-style-type: none"> • First Aid kit and reports of training plus attendance registers. 				
<p>10.5 Service provider must ensure that medicine, cleaning substances and any dangerous substances, are kept in separate locked cupboards and are administered by trained staff.</p> <ul style="list-style-type: none"> • Clearly marked cupboards and certificates of staff in their personnel files. 				
<p>10.6 Service provider must ensure that primary health care for pregnant women and children, including mobile clinics, are accessible and provided.</p> <ul style="list-style-type: none"> • Primary health care registers and records. 				
<p>10.7 Service provider must ensure that transport is available for victims to hospitals, clinics, etc.</p> <ul style="list-style-type: none"> • Vehicle log book for trips to health care facilities. 				

<p>10.8 Service provider must ensure that access to medical services is available 24 hours.</p> <ul style="list-style-type: none"> • Vehicle log book for trips to health care facilities. 				NB. Refer to Norm 3
<p>10.9 Service provider must ensure that designated sick bays are provided for victims who are sick.</p> <ul style="list-style-type: none"> • Observation of existence of sick bay for children and adults. 				NB. Refer to Norms 8 & 9
<p>10.10 Are victims (children) receiving therapy for special needs e.g. physiotherapy, occupational therapy, speech therapy, counselling and so on?</p> <ul style="list-style-type: none"> • Case records of victims for evidence of specialised therapeutic services. 				NB. Refer to Norm 7 & 14
<p>10.11 Are they receiving sex education and information on HIV/AIDS and universal precautions to ensure their safety?</p> <ul style="list-style-type: none"> • Reports of informal sex education sessions and Restoration & Healing Programme. 				
<p><u>10.12 Refuse disposal services:</u></p> <p>Service provider should ensure that the disposal of refuse is carried out according to municipality regulations.</p> <ul style="list-style-type: none"> • Observation of premises for refuse disposal standards. 				
<p>10.13 Service providers should ensure that waste that is to be disposed is at all times:</p> <ul style="list-style-type: none"> ❖ Safe and covered ❖ Kept out of reach of victims and their children ❖ Disinfected regularly ❖ Neat and free of obstructions ❖ The occupier of premises on which industrial waste is generated, must, until such time as the waste is removed from the premises, ensure that the waste 				

<p>is stored in the waste containers or bulk containers delivered to the premises by the Municipality.</p> <ul style="list-style-type: none"> • Observation of premises for waste disposal standards. 				
<p>10.14 Service providers should ensure that a pest control service is available as and when required by the organisation.</p> <ul style="list-style-type: none"> • Records of pest control activities. 				
<p>10.15 Service provider must ensure that one [1] toilet is available for at least eight [8] residents of each gender.</p> <ul style="list-style-type: none"> • Observation of toilet ratio on premises. 				
<p>10.16 Service provider must ensure that where no washing basins are available, one suitable container is available for 15 victims.</p> <ul style="list-style-type: none"> • Observation of premises washing basins or container ratios. 				
<p>10.17 Service provider must ensure that female facilities are equipped with sanitary disposal bins.</p> <ul style="list-style-type: none"> • Observation of availability of sanitary disposal bins. 				
<p>10.18 Service provider must ensure that toilet facilities for victims with special needs accommodate wheel chairs and other relevant equipment that is used by the disabled.</p> <ul style="list-style-type: none"> • Observation of existence of disability friendly ablution facilities. 				
<p>10.19 Service provider must ensure that a urinal is provided in the toilet complex of a facility that is developed for more than six male victims.</p> <ul style="list-style-type: none"> • Observation of toilet facilities for existence of male urinals. 				

<p>10.20 Service provider must ensure that the ablution area is well ventilated.</p> <ul style="list-style-type: none"> • Observation of ventilation in toilet facilities on premises. 				
<p>10.21 Service provider must ensure that a hand wash basin is supplied with constant warm and cold water.</p> <ul style="list-style-type: none"> • Observation and testing of water temperature on wash basins. 				
<p><u>10.22 Toilet for staff and visitors</u> Service provider must provide separate toilet facilities for male and female victims. There must also be separate male and female toilets for staff and visitors.</p> <ul style="list-style-type: none"> • Observation of separate toilet facilities for different gender groups. 				
<p><u>10.23 Bathrooms</u> Service providers must ensure a ratio of one [1] bath or shower for at least every eight [8] victims.</p> <ul style="list-style-type: none"> • Observation of bath and shower ratios. 				
<p>10.24 Service providers must ensure constant supply of hot and cold water to all baths and showers.</p> <ul style="list-style-type: none"> • Testing of water temperature for baths and showers. 				
<p>10.25 Service provider must ensure that bathroom walls are painted with a light durable and washable colour.</p> <ul style="list-style-type: none"> • Observation of paint type in toilet facilities. 				
<p>10.26 Service providers must ensure that washing lines are provided outside living quarters for laundry.</p> <ul style="list-style-type: none"> • Observation of the existence of sufficient washing lines. 				
<p>10.27 Service providers must ensure that the bathing/ablution and laundry areas are separate from the food preparation area.</p>				

<ul style="list-style-type: none"> • Observation of premises for separation of food preparation area. 				
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<p>10.28 Service provider must ensure that a medical register is in place and properly managed.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				
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<p>10.29 Service provider must ensure that a written consent form is signed by the parent, care giver or guardian in case of infectious diseases or HIV/AIDS status.</p> <ul style="list-style-type: none"> • Policy documents on provision of adequate health care to child and adult victims. 				
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TOTAL SCORE ON PRIMARY HEALTH	
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GENERAL SAFETY & EMERGENCY (Minimum Score = 62)				
Program elements	COMPLIANCE			Comments/ if any
	Yes	Partial/In Progress	No	
	2	1	0	
<p><u>10.30 Controlled access to facility:</u> Service provider should ensure that the organisation has Close Circuit Television (CCTV) cameras and alarm system which are in a good working condition.</p>				

<ul style="list-style-type: none"> • Observe and test. 				
<p>10.31 Appointment of competent staff members: Service provider should ensure that security staff members are orientated in the maintenance of control measures in the organisation.</p> <ul style="list-style-type: none"> • Evidence of security staff internal training and qualification certificates in personal files. 				
<p>10.32 Action plan for emergencies: Service provider should ensure that an emergency action plan with relevant contact details, is displayed and regularly updated.</p> <ul style="list-style-type: none"> ❖ All emergency numbers of SAPS; Crime Stop; HAWKS, hospitals; fire fighters; HT Resource Line, GBVCC, clinics; staff on duty; and toll-free help lines, should be displayed on the wall next to the phone. ❖ Policies and procedures for dealing with structural and environmental emergencies and disasters should be in place. <ul style="list-style-type: none"> • Evidence of Emergency Plan and contact numbers on wall or notice board in admin area. • Structural and environmental policies and procedures in files. 				
<p>10.33 Service provider should ensure that staff members are provided with panic buttons for the use in emergencies. The safety of the staff members is of utmost importance.</p> <ul style="list-style-type: none"> • Evidence of panic buttons in strategic areas and remote gadgets. 				
<p>10.34 Service provider should ensure that the organisation has an emergency generator that is functional and</p>				

<p>serviced regularly or backup plan (e.g. candles, gas, coal, etc).</p> <ul style="list-style-type: none"> • Observe and test 				
<p>10.35 Service provider to ensure that the organisation provides emergency water supply through a borehole, reservoir, tanks (e.g Jojo) or others.</p> <ul style="list-style-type: none"> • Observe and test 				
<p>10.36 Service Provider should ensure that open drains are covered for the security of children.</p> <ul style="list-style-type: none"> • Observe and test 				
<p><u>10.37 Evacuation plan:</u> Service provider should ensure that an evacuation plan is displayed. Staff and victims to be trained on the plan and regular drills conducted to prepare the staff members and the victims in case of emergency.</p> <ul style="list-style-type: none"> • Evidence of Evacuation Plan on wall or notice board and reports of drills. 				
<p>10.38 Service provider should ensure that an evacuation chair is available and ready for use when the need arises.</p> <ul style="list-style-type: none"> • Observe and test Evacuation Chair. 				
<p>10.39 Service provider should ensure that an organisation has an emergency exit.</p> <ul style="list-style-type: none"> • Clearly marked Emergency Exit should be visible. 				
<p><u>10.40 Fire extinguisher:</u> Service provider should ensure that the fire extinguisher is in place as per the requirements of the Occupational Health and Safety Act and it is serviced according to the manufacturer's instructions.</p>				

<p>❖ Demonstration on how to use it must be done for both victims and staff on a regular basis.</p> <ul style="list-style-type: none"> Up to date Fire Extinguisher and reports of demonstration exercises. 				
<p>10.41 Service provider should ensure that windows and doors are adequately protected to ensure the safety of victims.</p> <ul style="list-style-type: none"> Observation of protection on windows and doors. 				
<p>10.42 Service provider should ensure that the structure is safe and weatherproof.</p> <ul style="list-style-type: none"> Observation of building. 				
<p><u>10.43 Visitors</u> Service provider should ensure that all visitors to the organisation (excluding other service providers such as government officials; monitoring and evaluation committee and others), make an appointment prior to the visit and sign the visitors register. <i>The register must reflect the following: name; identity number; home address; person visited and relationship with that person; phone number; time in and time out as well as the signature.</i> <i>The visitor should present an identity document for his or her identification.</i></p> <ul style="list-style-type: none"> Visitors' appointment book and register. 				
<p>10.44 Service provider should ensure that all visitors are screened/searched before entering the premises.</p> <ul style="list-style-type: none"> Observation 				
<p>10.45 Service provider should ensure that all victims are screened / searched on their return to the organisation.</p> <ul style="list-style-type: none"> Observation 				

<p><u>10.46 Vehicle logbook and transportation:</u> Service provider should ensure that the logbook for the vehicle is available and ready to be completed when staff members want to use the vehicle.</p> <ul style="list-style-type: none"> • Evidence of existence of vehicle logbook. 				
<p>10.47 Service provider should ensure that victims at risk are transported by SAPS to various service providers in case of risk situations for instance to the Department of Home Affairs; Embassies; courts; hospitals; clinics, etc.).</p> <ul style="list-style-type: none"> • SAPS transportation schedule and register. 				
<p><u>10.48 General safety:</u> Service provider should ensure non-slippery and non-shining flooring surfaces. All carpets should be suitably and safely secured.</p> <ul style="list-style-type: none"> • Observation of premises floor. 				
<p>10.49 Service provider should ensure that all victims and staff members who leave the premises sign a daily register (i.e. time out and time in).</p> <ul style="list-style-type: none"> • Evidence of victims' daily register. 				
<p>10.50 Service provider should ensure that it is safe outside the organisation free from sharp garden tools or garden equipment and dangerous objects. The dangerous and sharp objects must be stored and locked up after use.</p> <ul style="list-style-type: none"> • Observation of premises and garden tool store room. 				
<p>10.51 Service provider should ensure that the outside and inside of premises are maintained to a reasonable standard.</p>				

<ul style="list-style-type: none"> • Observation of inside and outside of premises for standard of maintenance. 				
<p>10.52 Service providers should ensure that pools are safe and covered, fire exits and extinguishers are clearly marked.</p> <ul style="list-style-type: none"> • Observation of premises safety of pools and clear markings of fire exists and extinguishers. 				
<p>10.53 Service provider must ensure that buildings have ramps and hand rails to facilitate access for people with special needs.</p> <ul style="list-style-type: none"> • Observation of existence of hand rails and ramps for physically challenged victims. 				
<p>10.54 Service provider must ensure that ablution facilities are furnished with non-slippery, non-shining flooring and easy to clean surfaces.</p> <ul style="list-style-type: none"> • Observation of floors in ablution facilities. 				
<p><u>10.55 Rooms:</u> Service providers must ensure that single and double room floor spaces are sized according to minimum Local Government By-Law requirements.</p> <ul style="list-style-type: none"> • Observation of floor space in rooms. 				
<p>10.56 Service providers must ensure that one victim is accommodated per bed and no sharing of beds is allowed.</p> <ul style="list-style-type: none"> • Observation of number of beds and interview of staff and victims. 				
<p>10.57 Service providers must ensure that one family room/unit is available as and when required.</p> <ul style="list-style-type: none"> • Observation of premises for existence of family room. 				

<p>10.58 Service providers must ensure that in the case of open plans, bathroom facilities for victims must be designed to provide privacy in showers, toilets and baths and each of these should be used by one person at a time.</p> <ul style="list-style-type: none"> • Observation of bathroom facilities for victims' privacy. 				
<p>10.59 Service providers must ensure that the organisation has a safe and lockable cabinet for files, information and personal belongings.</p> <ul style="list-style-type: none"> • Observation of admin premises for lockable cabinets. 				
<p>10.60 Service providers must ensure that each victim's cell phone is kept in the locked up locker or safely stored according to the organisation's policy.</p> <ul style="list-style-type: none"> • Evidence of victim cell phone policy and cell phone lockers. 				
<p>10.61 Service provider must ensure that cleaning materials are kept in clearly marked containers and out of reach of children.</p> <ul style="list-style-type: none"> • Observation of markings on containers of cleaning material and other chemicals. 				
<p>10.62 Service provider must ensure that health incidents and accidents occurring at the facility are recorded and attended to.</p> <ul style="list-style-type: none"> • Policy documents on provision of adequate health care to child and adult victims. 				
<p>10.63 Service provider must ensure that any chemical substances, tools, cleaning materials are safely stored, locked up and kept out of reach of children.</p> <ul style="list-style-type: none"> • Policy documents on safe storage of harmful substances and equipment. 				

<p>10.64 Service provider must ensure that electrical plugs are covered.</p> <ul style="list-style-type: none"> • Policy documents on safe storage of harmful substances and equipment. 				
<p>10.65 Service provider must ensure that linen, furniture and suitcases are stored separately.</p> <ul style="list-style-type: none"> • Policy documents on the management of assets. 				
<p>10.66 Service provider must ensure that the store room has lockable shelves for chemicals and detergents and is locked at all times.</p> <ul style="list-style-type: none"> • Policy documents on the management of chemical substances and detergents. 				
<p>10.67 Service provider must ensure that there is an appropriate, suitable and safe heating system in the dining areas during the winter season.</p> <ul style="list-style-type: none"> • Observation of the availability and safety of the heating system in the dining area. 				
<p>10.68 Service provider must ensure that the recreational facility is well designed and conducive for occupational therapy or other group activities.</p> <ul style="list-style-type: none"> • Observation of facilities and policy documents on recreational and multi-purpose facilities. 				
<p>10.69 Service provider must ensure that the in-house dining room has either curtains or blinds.</p> <ul style="list-style-type: none"> • Observation. 				
<p>10.70 Service provider must ensure that recreational facilities cater for victims with special needs.</p> <ul style="list-style-type: none"> • Observation of facilities and policy documents on recreational and multi-purpose facilities. 				

TOTAL SCORE ON GENERAL SAFETY & EMERGENCY	
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CHILD SAFETY (Minimum Score = 25)				
Program elements	COMPLIANCE			Comments/If any
	Yes	Partial/In progress	No	
	2	1	0	
10.71 Service provider must ensure that children's education is given first priority and if they are unable to render such a service, to refer the children accordingly. <ul style="list-style-type: none"> • Documents on creation of an enabling environment for children and sampled files of child victims. 				
10.72 Service provider must ensure that staff members are able to identify sick children and make the necessary referrals. <ul style="list-style-type: none"> • Documents or policies on creation of an enabling environment for children and sampled files of child victims. • Documents or policies on proper care for sick children. 				

<p>10.73 Service provider must ensure that policies and procedures relating to the health care of children in the organization, are in place. Policies to cover the following:</p> <p>(i) Criteria for identifying sick children and/or with chronic illnesses.</p> <p>(ii) Safe keeping of all medication at the organization.</p> <p>(iii) Procedure for dealing with children who are sick.</p> <p>(iv) Guidelines for preventing the spread of diseases at the organization.</p> <p>(v) Time frames for medical check-ups monitored by staff.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				
<p>10.74 Service provider must ensure that after identifying children who are sick, the sickness or problem must be reported to the parent(s), caregiver or family as soon as possible.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				
<p>10.75 Service provider must ensure that in case of emergency, the child is taken to the nearest hospital or clinic for treatment.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				
<p>10.76 Service provider must ensure that a parent/caregiver or guardian, together with the house mother, properly administer the medication to the child according to the medical prescription.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				

<p>10.77 Service provider must ensure that updated records of each child’s medical history, including immunization programme, is kept from the date of admission.</p> <ul style="list-style-type: none"> • Documents or policies on proper care for sick children. 				
<p>10.78 Service provider must ensure that all children with an adult victim are referred to the Provincial Department of Social Development, designated Social worker or child protection organisation where an assessment will be conducted to establish if each child is in need of care and protection (Children’s Act 38 of 2005, section 150)</p> <ul style="list-style-type: none"> • Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
<p>10.79 Service provider must ensure that the necessary and appropriate services, according to the IDP and Care Plan (medical/psycho-social aspects of the child), are rendered.</p> <ul style="list-style-type: none"> • Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
<p>10.80 Service providers must ensure that furniture and equipment for children are according to the children’s age cohorts.</p> <ul style="list-style-type: none"> • Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
<p>10.81 Service provider must ensure that the rights and responsibilities for children are displayed.</p> <ul style="list-style-type: none"> • Evidence of children’s rights and responsibilities displayed on walls. 				
<p>10.82 Service provider must ensure that no practices that violate children’s rights, are allowed.</p>				

<ul style="list-style-type: none"> Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
10.83 Service provider must strengthen the children to enable them to build healthy interpersonal relations. <ul style="list-style-type: none"> Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
10.84 Service provider must ensure that children are appropriately referred to professional services such as psychologist, psychiatrist, speech therapist, etc) <ul style="list-style-type: none"> Documents or policies on creation of an enabling environment for children and sampled files of child victims for evidence of referral to psycho-social services. 				
10.85 Service providers must ensure that age appropriate information on child labour, child trafficking, commercial sexual exploitation and positive choices, is shared with children. <ul style="list-style-type: none"> Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				

TOTAL SCORE ON CHILD SAFETY	
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FOOD PREPARATION (Minimum Score = 27)				
Program elements	COMPLIANCE			Comments/ If any
	Yes	Partial/ In Progress	No	
	2	1	0	
10.86 Service providers must ensure that the facility has a fridge to store perishable foods.				

<ul style="list-style-type: none"> • Observation of existence of functional refrigerator. 				
<p>10.87 Service providers must ensure that sufficient suitable storage space is available for crockery, cutlery and kitchen utensils. Knives and other sharp utensils must be stored in a locked cupboard.</p> <ul style="list-style-type: none"> • Observation of premises for kitchen utensils. 				
<p>10.88 Service providers must ensure that the kitchen floor areas are according to local government By-Law minimum requirements.</p> <ul style="list-style-type: none"> • Observation of kitchen facility in line with Municipal By Laws. 				
<p>10.89 Service providers must ensure that paraffin, gas and other electric appliances are kept out of reach of children.</p> <ul style="list-style-type: none"> • Observation of the storage of paraffin, gas and electrical appliances. 				
<p>10.90 Service provider must ensure separate storage for groceries and cleaning material.</p> <ul style="list-style-type: none"> • Observation of separation of grocery and cleaning material storages. 				
<p>10.91 Service provider must ensure that the kitchen is well equipped with utensils.</p> <ul style="list-style-type: none"> • Observation of kitchen facility for utensils. 				
<p><u>10.92 Food preparation for babies</u> Service provider must ensure that the preparation of the food for babies is done in a hygienic environment to prevent infections.</p> <ul style="list-style-type: none"> • Observation of kitchen facility 				
<p>10.93 Service provider must ensure an adequate and functional storage for both the raw and prepared food.</p>				

<ul style="list-style-type: none"> • Observation of kitchen facility for storage of both the raw and prepared food. 				
<p>10.94 Service provider must ensure that dining facilities are free of offensive smells.</p> <ul style="list-style-type: none"> • Testing of the freshness of the smell in dining facility. 				
<p>10.95 Service provider must ensure that food preparation is in accordance with the prescriptions of the Health Act and the municipal By-laws.</p> <ul style="list-style-type: none"> • Observation of kitchen facility for compliance with Municipal By-Laws and the Health Act. 				
<p>10.96 Service providers must ensure that there are separate areas for food preparation, serving of food and cleaning up.</p> <ul style="list-style-type: none"> • Observation of separate areas. 				
<p>10.97 Service providers must ensure that food is stored in appropriate areas:</p> <ul style="list-style-type: none"> ❖ Perishable food in a cold storage. ❖ Dry food in a dry storage <ul style="list-style-type: none"> • Observation of kitchen facility for storage of perishable and dry food. 				
<p>10.98 Service provider must ensure that there are three nutritious meals per day, the menu is transparent and displayed.</p> <ul style="list-style-type: none"> • Observation of displayed menu in the dining room for three daily meals. 				

<p>10.99 Service provider must ensure that special dietary needs in accordance with cultural, religious and medical needs of victims, are available.</p> <ul style="list-style-type: none"> • Interview house mothers on manner and procedure of dealing with victims' special dietary requirements. 				
<p>10.100 Service provider must ensure that the dining room is in a well -ventilated area.</p> <ul style="list-style-type: none"> • Observation of the ventilation system in the dining area. 				

TOTAL SCORE ON FOOD PREPARATION	
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Summary of RIGHTS OF CHILDREN AND ADULTS principle by the departmental DQA team

(4) INTEGRATED COUNSELLING & SUPPORT

(4.1) APPROPRIATENESS, FAMILY CENTRED, VICTIM CENTRED AND COMMUNITY CENTRED (MINIMUM SCORE = 82)

11. APPROPRIATENESS: The service offered to victims and their families must be appropriate and meet the needs of the victims. Documents such as accreditation certificate, trafficking victims assessment forms and letters of recognition in victims' files, SAPS referral forms etc.				
Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>11.1 Is the program in line with combating of human trafficking?</p> <ul style="list-style-type: none"> Read documents and observe before deciding on compliance with Act, Regulations, Norms and minimum Standards 				
<p>11.2 Is this program part of government's program to provide accredited services to victims of trafficking?</p> <ul style="list-style-type: none"> Observe and decide on compliance with Norms and minimum Standards 				
<p>11.3 Does the program provide for the needs of human trafficking victims?</p> <ul style="list-style-type: none"> Observe and decide on compliance with Norms and minimum Standards Interview sampled victims in line with contents of Forms 3 (Assessment) and 13 (Needs of victims) 				
<p>11.4 Is this facility accessible to families? (adult trafficked with a child or children)</p> <ul style="list-style-type: none"> Organisation's documents such as strategies and policies to reflect services to adults and children. 				
<p>11.5 Is this program appropriate to South African communities and their needs?</p>				

<ul style="list-style-type: none"> Organisation's documents such as strategies and policies to reflect understanding of South Africa's VEP and needs of victims. 				
11.6 Does the organisation work closely with the South African Police Service? (The Hawks in particular). <ul style="list-style-type: none"> Referral forms from the SAPS, attendance registers of task and rapid response team meetings/case conferences etc. 				
TOTAL SCORE ON APPROPRIATENESS				

Summary of APPROPRIATENESS principle by departmental DQA team

(12) VICTIM CENTRED: All programs must place the well-being of the victim (child and adult) in the centre of all interventions. Programmes MUST be user friendly. Observation, study the programs and ask specific questions on compliance with Norms and Minimum Standards in staff and victim interviews.

Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
12.1 Are the victims' needs central to the whole programme? (Needs based assessment) <ul style="list-style-type: none"> Victims needs in Form 13 in relation to IDP and Care Plans in sampled files. 				

<p>12.2 Do staff members show commitment to the victims in their conduct?</p> <ul style="list-style-type: none"> • Observation of staff members' conduct and case files. 				
<p>12.3 Are victims' needs clearly understood in the programme?</p> <ul style="list-style-type: none"> • Observation and case files for relation between Form 13 and IDP and Care Plans. 				
<p>12.4 Are the strengths of victims being developed?</p> <ul style="list-style-type: none"> • Case files and victim interviews to identify focus on victims' strengths. 				
<p>12.5 Is the environment victim friendly and attractive for anyone to live in it?</p> <ul style="list-style-type: none"> • Observe premises in relation to Norms 3, 4, 5, 16 & 17. 				NB. Refer to Norms 3, 4, 5, 16 & 17
<p>12.6 Do victims in the program have a choice?</p> <ul style="list-style-type: none"> • Interviews with victims and staff members. 				
<p>12.7 Are there therapeutic programs in place for the victims? (child and adult)</p> <ul style="list-style-type: none"> • Case files in relation with Norm 10. 				NB. Refer to Norm 10
<p>12.8 Are the programs adapted to the individual needs of victims?</p> <ul style="list-style-type: none"> • Program content in relation to Form 13. 				
<p>12.9 Are provisions made for victims with special needs?</p> <ul style="list-style-type: none"> • Interview management and staff. 				
<p>12.10 Service providers must ensure that appropriate services are rendered to the victims in a non-discriminatory and non-judgemental manner, including, but not limited to the following:</p> <ul style="list-style-type: none"> ❖ Trauma counselling 				

<ul style="list-style-type: none"> ❖ Psycho-social support ❖ Group work ● Interview management and staff. (Norm 10) 				
<p>12.11 Service providers must ensure that counselling services are rendered by staff members who have appropriate training, support and supervision to maximise their abilities and capacity to render such programmes. (Norm 10)</p> <ul style="list-style-type: none"> ● Interview management and staff and personal files of counselling staff members. 				
<p>12.12 Service providers must ensure that counselling services are rendered in a conducive environment to assist victims to use their personal strengths while they are assisted to deal with trauma. (Norm 10)</p> <ul style="list-style-type: none"> ● Observation and interviews with management and staff. 				
<p>12.13 Service provider must ensure that the best interest of the victims are served through a multidisciplinary approach. (Norm 10)</p> <ul style="list-style-type: none"> ● Interview management and staff. ● Records of multidisciplinary team meetings. 				
<p>12.14 Service providers must ensure that the personal growth and development of victims are monitored and communicated to the victims themselves. (Norm 10)</p> <ul style="list-style-type: none"> ● Interview management, staff and sampled victims. ● Case notes in sampled files. 				
<p>12.15 Service providers must ensure that secondary victimization and trauma are minimised. (Norm 10)</p> <ul style="list-style-type: none"> ● Interview victims and study case files. 				

<p>12.16 Service providers must ensure that counselling entails a holistic approach that is sensitive to the linguistic, religious and cultural values of victims. (Norm 10)</p> <ul style="list-style-type: none"> • Interview management and staff. 				
<p>12.17 Service provider must ensure that victims are informed of the therapeutic progress made since admission. (Norm 10)</p> <ul style="list-style-type: none"> • Interview victims and study case files. 				
<p>12.18 Service provider must ensure that International Social Services (ISS) are utilized if the victims are from other countries. (Norm 10)</p> <ul style="list-style-type: none"> • ISS records in specific files. 				
<p>12.19 Service providers must ensure that Social Workers are skilled in the Restoration and Healing or related programmes.</p> <ul style="list-style-type: none"> • Reports and attendance registers of Restoration and Healing or equivalent training sessions. 				
<p>12.20 Service provider must ensure that the Individual Development Plan (IDP) covers the following needs:</p> <ul style="list-style-type: none"> ❖ Goals for the victim ❖ Preparation of an exit strategy ❖ Victim protection programme ❖ Support services ❖ Behavior modification ❖ Social networks ❖ Other available resources <p>(Norm 12)</p> <ul style="list-style-type: none"> • Study sampled case files for evidence. 				
<p>12.21 Service provider must ensure that each victim's IDP reflects the situational analysis and progress according to intervention strategies and is regularly updated. (Norm 12)</p>				

<ul style="list-style-type: none"> • Study sampled case files for evidence. 				
<p>12.22 Service providers must ensure that risk factors identified during assessment such as: sense of belonging, rejection, discrimination, independence, generosity, mastering and others, are addressed. (Norm 12)</p> <ul style="list-style-type: none"> • Study sampled case files for evidence. 				
<p>12.23 Service provider must ensure that an IDP is developed for each child depending on their age. IDP must consider the following:</p> <ul style="list-style-type: none"> ❖ Basic needs (such as a warm bed, food, clothes, toys, indoor and outdoor activities etc) ❖ Cultural beliefs and needs ❖ Educational needs ❖ Religious beliefs ❖ Social needs ❖ Emotional needs ❖ Disability and chronic needs ❖ Medical needs ❖ Recreational needs ❖ Trauma debriefing ❖ Play therapy ❖ Individual counselling ❖ Bereavement counselling <ul style="list-style-type: none"> • Documents or policies on creation of an enabling environment for children and sampled files of child victims. 				
<p>TOTAL SCORE ON VICTIM CENTREDNESS</p>				

Summary of VICTIM CENTRED principle by departmental DQA team

(13) FAMILY CENTRED: Service providers should ensure that victims receiving support and guidance to strengthen family reunification. (Interview victims) – NORM 11

Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>13.1 Service providers to ensure that a visitor's policy is in place at the organisation (Screening process including ID, vehicle registration number and completion of register).</p> <ul style="list-style-type: none"> • Visitor's policy • Visible signage of prohibited items • Access control register 				
<p>13.2 Service providers to ensure that family contact is encouraged and made easy for family to interact if it is safe for the victim.</p> <ul style="list-style-type: none"> • Sampled case files and interview management, victims and staff. 				
<p>13.3 Service providers to ensure measures to promote family reunification and involve victims in decision making. (Evidence of family reunification policy or procedure).</p> <ul style="list-style-type: none"> • Policy on reunification 				

<ul style="list-style-type: none"> • Case files and documentation related to family reunification 				
<p>13.4 Service providers to ensure that individual's family strengths are recognised and built on.</p> <ul style="list-style-type: none"> • Process notes in sampled files. 				
<p>13.5 Service providers to ensure that families are seen as a support system to enhance programme opportunities for the victim.</p> <ul style="list-style-type: none"> • Process notes in sampled files. • Referrals and reports of the ISS 				
<p>13.6 Service providers to ensure that families of origin are recognised as the first primary support system, rather than host and foster families</p> <ul style="list-style-type: none"> • Process notes in sampled files. • Referrals and reports of the ISS 				
<p>13.7 Service providers must ensure that all necessary steps are taken in order to trace the family of origin of the victim (in accordance with the National DSD Standard Operational Procedures).</p> <ul style="list-style-type: none"> • Process notes in sampled files. • Referrals and reports of the ISS. 				
<p>13.8 Service providers to ensure that siblings are kept together at all costs.</p> <ul style="list-style-type: none"> • Availability of family room/s in shelter. 				
<p>13.9 Service providers to ensure that children and adult family members feel respected and valued.</p> <ul style="list-style-type: none"> • Interviews with clients and staff members. 				

<p>13.10 Service providers to ensure that the support system or potential support system of the victim is reflected in the file and forms part of the intervention strategy.</p> <ul style="list-style-type: none"> • Care Plans and IDPs in Case files. 				
<p>13.11 Service provider must ensure that all victims are reintegrated with their families and/or communities depending on the assessment report.</p> <ul style="list-style-type: none"> • Case files of exited and reintegrated clients. 				
<p>13.12 Service providers must develop an exit strategy for the victims.</p> <ul style="list-style-type: none"> • Case files of exited and reintegrated clients. 				
<p>13.13 Service provider must ensure that reintegration services are prioritized and in compliance with relevant policy and legislation.</p> <ul style="list-style-type: none"> • Case files of exited and reintegrated clients. 				
<p>13.14 Service provider must ensure that after care services are rendered where possible and as per need.</p> <ul style="list-style-type: none"> • Case files of exited and reintegrated clients. 				
<p>13.15 Service provider must ensure that parents and child services, including parenting plans, stress management, conflict resolution, positive communication, discipline, assertiveness and behaviour change, are rendered.</p> <ul style="list-style-type: none"> • Policy documents on rehabilitation, education and skills development. 				
<p>TOTAL SCORE ON FAMILY CENTREDNESS</p>				

14. COMMUNITY CENTRED: We must make sure that all programs are focused on the community to which the victim (child and adult) belongs, as well as to the greater South African community. Organisational reports/strategy and victims files.

Program elements	Compliance			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>14.1 Are specific community members such as church leaders, women's organisations and others involved in the program?</p> <ul style="list-style-type: none"> • Reports of outreach activities and composition of governing team. 				NB. Refer to Norm 11
<p>14.2 Are volunteers used at the organisation?</p> <ul style="list-style-type: none"> • Volunteer files and reports of their activities. 				
<p>14.3 Are victims (children and adults) integrated into activities in the community rather than all these activities being offered at the organisation? (where and as appropriate)</p> <ul style="list-style-type: none"> • Reports of outreach activities and attendance registers. 				
<p>14.4 Are community resources utilised for fundraising, support, donations, etc.?</p> <ul style="list-style-type: none"> • Fundraising reports and events/activities. 				
<p>14.5 Is there networking with other organisations such as Child Care organisations and adult organisations? (other shelters/centres)?</p> <ul style="list-style-type: none"> • Reports of outreach and networking activities and attendance registers. 				
<p>14.6 Does the program have an 'outreach' into the community?</p> <ul style="list-style-type: none"> • Reports of outreach activities 				

<p>14.7 Are victims aware of a community outside of the facility? Are they encouraged to watch TV news and gain understanding of the broader South African community within which they live?</p> <ul style="list-style-type: none"> • Observation of interactions and interviews with victims and staff. 				
<p>TOTAL SCORE ON COMMUNITY CENTREDNESS</p>				

Summary of COMMUNITY CENTRED principle by departmental DQA team

(4.2) FAMILY PRESERVATION, PERMANENCY PLANNING, CONTINUUM OF CARE, CONTINUITY OF CARE, RESTORATIVE JUSTICE AND AFRICAN RENAISSANCE (MINIMUM SCORE = 80)

<p>15. FAMILY PRESERVATION: The organisation should ensure that all programs prioritise the need of victims to remain within the family context wherever possible. ISS reports and provincial DSD reintegration reports in victims' files, staff and victim interviews</p>				
Program elements	COMPLIANCE			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>15.1 Is reunification with families of origin a priority in the programme?</p> <ul style="list-style-type: none"> • In victims files and interviews with victims and staff. 				

<p>15.2 Are efforts in place to trace and return victims of trafficking to their families rather than get them further into the 'system'?</p> <ul style="list-style-type: none"> • In victims files and interviews with victims and staff. • Also the ISS activities and reports in files. 				
<p>15.3 Is family Group Conferencing practiced where necessary?</p> <ul style="list-style-type: none"> • Family conferencing reports and files. 				
<p>15.4 Are family preservation programs run by a multi-disciplinary team?</p> <ul style="list-style-type: none"> • Multi-disciplinary Case conferencing reports 				
<p>15.5 Are efforts taken to keep family members together, i.e. nuclear/ extended.</p> <ul style="list-style-type: none"> • In victims files and interviews with victims and staff. 				
<p>15.6 Are efforts made to trace foreign families through Embassies, IOM, ISS and specific church networks?</p> <ul style="list-style-type: none"> • Reports of ISS, IOM and embassies. • Case records of foreign and local (South African) victims. • Interviews with victims, staff and board members. 				
<p>15.7 If families of origin are not traceable or circumstances not suitable for reunification, are alternative measures in place to reintegrate the victim into society?</p> <ul style="list-style-type: none"> • Reunification and Reintegration policies in policy file. 				
<p>15.8 Does the programme educate families on family preservation?</p> <ul style="list-style-type: none"> • Reports and attendance registers. 				
<p>TOTAL SCORE ON FAMILY PRESERVATION</p>				

Summary of FAMILY PRESERVATION principle by departmental DQA team

16. PERMANENCY PLANNING: Alternative care should be as short as possible. We should strive for each victim to be part of a family in a community. Victims' files, ISS reports and provincial DSD intervention reports.

Program elements	COMPLIANCE			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
16.1 Each victim (child and adult) must have an Individual Development Plan (IDP) stating what the long-term plan is for them. <ul style="list-style-type: none"> IDPs in sampled files. 				
16.2 At engagement into the program, there should already be a plan for disengagement (exit strategy) <ul style="list-style-type: none"> The exit strategy in the IDPs and Care Plans in sampled victim files. 				
16.3 Is the program doing all that it can to engage International Social Services (ISS) to establish the family situation as part of the reintegration program? <ul style="list-style-type: none"> ISS reports in clients' files. Applicable in situations where a need exists. 				
16.4 Are there any efforts to recruit foster parents for children or community friends for adults where this is appropriate?				

<ul style="list-style-type: none"> Interactions with children's organisations and others will be reflected in specific victims' files. 				
<p>16.5 Is there any evidence of efforts to prepare victims of trafficking to return to their families or be reintegrated in another community?</p> <ul style="list-style-type: none"> Multi-disciplinary TIP teams including IOM. Must be in clients' files. 				
<p>16.6 Is the Data base of Foster parents in place? (Applicable to organisations that render services to adults with their children).</p> <ul style="list-style-type: none"> Interactions with children's organisations reflected in files Database if it is available. 				
<p>TOTAL SCORE ON PERMANENCY PLANNING</p>				

Summary of PERMANENCY PLANNING principle by departmental DQA team

17. CONTINUUM OF CARE: Service providers need to ensure that victims have access to a range of differentiated services which will enable them to have access to the most empowering and least restrictive programmes. Interview management representative and few victims.

Program elements	COMPLIANCE			COMMENT (If any)
	Yes	Partial/ In progress	No	
	2	1	0	
<p>17.1 Service provider ensure that each service cater for race, age, gender, emotional, physical, spiritual and intellectual needs of victims.</p> <ul style="list-style-type: none"> • Admission criteria/policy • Program content and process notes in selected files. • Availability of religious material and attendance register for visits by representatives of religious groupings. 				
<p>17.2 Are there services which are appropriate for the children of different ages and children with special needs, e.g. pre-school education, primary school, high school etc?</p> <ul style="list-style-type: none"> • In house educational programme • Admission of children to local crèches, schools and school reports in files 				
<p>17.3 Is the program able to make decisions which affect each individual victim? (for example for day care, children attending different schools, and for family interaction and when needed)</p> <ul style="list-style-type: none"> • Care Plans and IDPs in sampled files. 				
<p>17.4 Is there natural progress from one phase of the program to the next? (For example, if the program caters for children from 2-12 years, the manner in which the child is assisted when moving from one phase to another)</p> <ul style="list-style-type: none"> • Progress reports of sampled children. • Shelter management and staff interviews. 				

<p>17.5 Is there recognition of the fact that the victim's needs will be different according to their age?</p> <ul style="list-style-type: none"> • Program content for adults and children and assessment reports (completed Form 13) in files. 				
<p>17.6 If different services are rendered such as developmental skills, restoration, healing and so on, is liaison between them ensuring smooth movement of victims from one to the other if necessary?</p> <ul style="list-style-type: none"> • Service provider/shelter management interviews and process notes in victims' files. • Thorough discussion of this element before Site Verification Team's decision. 				
<p>17.7 Is the aim of the program to ensure that victims (children and adults) are encouraged to get maximum participation in programme/s wherever possible?</p> <ul style="list-style-type: none"> • Programme content and interviews of staff and victims. 				
<p>17.8 How does the program ensure minimal challenges around continuity in the shift system with different staff members at different times?</p> <ul style="list-style-type: none"> • Staff duty roster and handover reports. 				
<p>17.9 How are victims prepared for reintegration into their community?</p> <ul style="list-style-type: none"> • Reintegration in victims' Care Plans in their files. 				
<p>17.10 Is provision made for victims who may have some form of disability? E.g. sign language and ramps.</p> <ul style="list-style-type: none"> • Observation of infrastructure. • Training register specific to disability mainstreaming 				
<p>17.11 Are therapeutic programmes individualized?</p>				

<ul style="list-style-type: none"> Care Plans and IDP's 				
17.12 Is there a range of different professional services within the organisation or in the community? <ul style="list-style-type: none"> Multi-disciplinary team (MDT) approach in MDT reports. 				
17.13 Is there regular liaison with social workers, courts (court preparation intermediaries) and the prosecutor depending on each victim's needs? <ul style="list-style-type: none"> Captured in case notes/files of sampled victims. 				
TOTAL SCORE ON CONTINUUM OF CARE				

Summary of CONTINUUM OF CARE principles

18. CONTINUITY OF CARE – the changing needs of victims (children and adults) must be recognized. Links should be maintained and encouraged after disengagement. THE PAST, PRESENT AND FUTURE OF VICTIMS (CHILD AND OR ADULT) MUST BE TAKEN INTO ACCOUNT. Interview management representative.

Program elements	COMPLIANCE			Comment (if any)
	Yes	Partial/In Progress	No	
	2	1	0	
18.1 Are the victims' family history, present and future, taken into account?				NB. Refer to Norm 12

<ul style="list-style-type: none"> Case records in sampled victims' files. 				
<p>18.2 Where appropriate, programs should continue with the type of care given before admission. In other words, when a victim comes into a program, it must be remembered that they had a life and family experience before. It must be organization that they will have to function while they are in the program and once they leave the organization.</p> <ul style="list-style-type: none"> Case records and interviews of victims, staff and management 				NB. Refer to Norm 12
<p>18.3 Are victims adequately prepared to move on and to conceptualise reintegration?</p> <ul style="list-style-type: none"> Evidence in Exit interview reports in sampled files. 				NB. Refer to Norm 12
<p>18.4 Is there a follow-up once the victim has left the program?</p> <ul style="list-style-type: none"> Case records on after care services in sampled files. 				
<p>18.5 Are IDPs or appropriate reports forwarded when victims are transferred to other programs/service providers?</p> <ul style="list-style-type: none"> Referral records of exited victims. 				NB. Refer to Norm 12
TOTAL SCORE ON CONTINUITY OF CARE				

Summary of CONTINUITY OF CARE principles by departmental DQA team

19. RESTORATIVE JUSTICE: The approach to victims of trafficking should restore the social balance and harmony within the self by educating the victims on the modus operandi of the perpetrators in order for the victim to avoid re-victimisation. Information in training records, policies and victims files.

Program elements	COMPLIANCE			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>19.1 Does the staff understand the behaviour of victims of trafficking?</p> <ul style="list-style-type: none"> • Reports and registers of shelter training and in-service induction of all new staff to ensure understanding of behavior. 				
<p>19.2 Is there any standardized procedure for dealing with certain categories of behaviour? (Drugs and alcohol, HIV & AIDS, eating disorders?)</p> <ul style="list-style-type: none"> • Manual of the shelter reflecting manner and procedure of dealing with deviant behavior. 				
<p>19.3 Are counselling services offered to victims of trafficking to try and help them understand their emotional feelings and behaviour?</p> <ul style="list-style-type: none"> • Interventions be recorded in the victims Case files 				
<p>19.4 Are the victims adequately prepared for court appearances and being given explanations of procedures and so on?</p> <ul style="list-style-type: none"> • Case files for referrals to court preparation officers and intermediaries. 				
TOTAL SCORE ON RESTORATIVE JUSTICE				

Summary of RESTORATIVE JUSTICE principle by departmental DQA team

20. AFRICAN RENAISSANCE: We must ensure that all programs cater for cultural diversity and equip victims (children and adults) to live in a diverse South African community. Interviews with victims and observation of interactions.

Program elements	COMPLIANCE			COMMENT (If any)
	Yes	Partial/In Progress	No	
	2	1	0	
<p>20.1 Is there no evidence of discrimination against victims and their families on the basis of cultural or ethnic differences?</p> <ul style="list-style-type: none"> • Observation of interactions between staff and clients. • Interviews of management, staff and clients. 				
<p>20.2 Does the organisation cater for respect and appreciation of different cultures?</p> <ul style="list-style-type: none"> • Observation of interactions between staff and clients. • Interviews of management, staff and clients. • Relationship with community shown in reports of outreach activities. 				
<p>20.3 Are different languages encouraged?</p> <ul style="list-style-type: none"> • Interviews with victims and management staff. • Efforts to find interpreters should be reflected in victims' files. 				

<p>20.4 Are victims encouraged to learn about each other's culture/language/religion?</p> <ul style="list-style-type: none"> • In group work files and interviews of victims and staff members. 				
<p>20.5 Are staff members culturally mixed?</p> <ul style="list-style-type: none"> • Observation 				
<p>20.6 Is there evidence of discrimination against staff members on the basis of cultural backgrounds and differences?</p> <ul style="list-style-type: none"> • Observations, interviews and disciplinary records. 				
<p>20.7 Are there visible signs of cultural activities e.g. posters, books, plays, etc.?</p> <ul style="list-style-type: none"> • Observation 				
<p>20.8 Is there tolerance for diversity?</p> <ul style="list-style-type: none"> • Observation 				
<p>20.9 Are traditions, celebrations and events of different cultures explained and celebrated?</p> <ul style="list-style-type: none"> • Observation and activities reports. 				
<p>20.10 Are cultural days held and are parents/families/community members invited to participate when possible?</p> <ul style="list-style-type: none"> • Observation and activities reports. 				
<p>20.11 Is the program sensitive to the different diets of various cultures?</p> <ul style="list-style-type: none"> • Interviews with staff and victims • Menu roster. 				
<p>20.12 Are victims (children and adults) being prepared to live in a multi-cultural community once they leave the programme?</p>				

<ul style="list-style-type: none"> Interviews with staff and victims and observations. 				
<p>20.13 Is there evidence of an understanding of different behaviours which are culturally based? (Cultural awareness)</p> <ul style="list-style-type: none"> Interviews with staff and victims and observations. 				
<p>20.14 Are victims (children and adults) helped to value their own culture?</p> <ul style="list-style-type: none"> Interviews with staff and victims and observations. 				
TOTAL SCORE ON AFRICAN RENAISSANCE				

Summary of AFRICAN RENNAISANCE principle by departmental DQA team

**“Destiny is not a matter of chance, it is a master of choice; it is not a thing to be waited for, it is a thing to be achieved.”
William Jennings Bryan**

FINAL REPORT

At the end of the DQA process, the team leader must then compile a final report which will comprise of the existing documentation as compiled by the DQA team and the differences on the programme practices from the organisation’s team and those different from the DQA team will be addressed. This will be written according to the aims highlighted by the organisation and comments on the team’s assessments of compliance with Minimum Norms and Standards and Practice Principles in the Organisational Development Plan.

Sign off the final report

Date of completion by DQA team: _____ **[Insert date]**

Completed by: _____ **[Insert name and capacity]**

Signature: _____

Team members of government's DQA team:

1..... [Insert name and in which capacity at department]

2..... [Insert name and in which capacity at department]

3.....[Insert name and in which capacity at department]