



**social development**

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Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

**A QUALITY ASSURANCE FRAMEWORK FOR THE  
IMPLEMENTATION OF THE CHILDREN'S ACT, 2005  
(ACT NO. 38 OF 2005)**

**March 2021**

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## ABBREVIATIONS

ABBREVIATION	DESCRIPTION
<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>AIDS</b>	Acquired Immuno-deficiency Syndrome
<b>ATR</b>	Annual Training Report
<b>CFCS</b>	Cluster Foster Care Schemes
<b>CHH</b>	Child Headed Households
<b>CPD</b>	Continuous Professional Development
<b>CPR</b>	Child Protection Register
<b>CPO</b>	Child Protection Organisation
<b>CYCC</b>	Child and Youth Care Centres
<b>CYCS</b>	Child and Youth Care System
<b>CYCW</b>	Child and Youth Care Worker
<b>DCPO</b>	Designated Child Protection Organisations
<b>DIC</b>	Drop-in-Centre
<b>DoJ and CD</b>	Department of Justice and Constitutional Development
<b>DPME</b>	Department of Planning, Monitoring and Evaluation
<b>DSD</b>	Department of Social Development
<b>ECD</b>	Early Childhood Development
<b>EIP</b>	Education and Information Programme
<b>HC</b>	Hague Convention
<b>HIV</b>	Human Immuno-deficiency Virus
<b>HR</b>	Human Resources
<b>HRM</b>	Human Resource Management
<b>HoD</b>	Head of Department
<b>IDP</b>	Individual Development Plan
<b>IMS</b>	Information Management System
<b>IDTR</b>	Identification, Tracing and Reunification Protocol
<b>IOM</b>	International Organisation for Immigration
<b>ISDM</b>	Integrated Service Delivery Model
<b>ISS</b>	International Social Services
<b>MEC</b>	Member of the Executive Council
<b>MTSF</b>	Medium Term Strategic Framework
<b>MOU</b>	Memorandum of Understanding
<b>NCPR</b>	National Child Protection Register
<b>NDP</b>	National Development Plan

<b>NEPF</b>	National Evaluation Policy Framework
<b>NPO</b>	Not-for-Profit Organisation
<b>NQF</b>	National Qualifications Framework
<b>ODP</b>	Organisational Development Plan
<b>OIP</b>	Organisational Improvement Plan
<b>OVC</b>	Orphans and Vulnerable Children
<b>PAP</b>	Prospective Adoptive Parent
<b>PCCPF</b>	Provincial Child Care and Protection Forum
<b>PDCA</b>	Plan-Do-Check-Act
<b>PEIP</b>	Prevention and Early Intervention Programmes
<b>PFMA</b>	Public Finance Management Act
<b>PMDS</b>	Performance Management and Development System
<b>PoA</b>	Programme of Action
<b>QAF</b>	Quality Assurance Framework
<b>RACAP</b>	Register for Adoptable Children and Prospective Adoptive Parents
<b>SACSSP</b>	The South African Council for Social Service Professions
<b>SAPS</b>	South African Police Service
<b>SASSA</b>	South African Social Security Agency
<b>SCC</b>	Secure Care Centre
<b>SSP</b>	Social Service Practitioner
<b>SW</b>	Social Worker
<b>TCYCS</b>	Transformation of the Child and Youth Care System
<b>ToC</b>	Theory of Change
<b>TSC</b>	Temporary Safe Care
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>VCANE</b>	Violence, Child Abuse, Neglect and Exploitation
<b>VEP</b>	Victim Empowerment Programme

## GLOSSARY OF TERMS

<b>'adoption service provider'</b>	refers to an accredited private social worker registered with the SACSSP, an accredited Designated Child Protection Organisation and/or a DSD social worker who has a speciality in adoption services and is registered with the SACSSP
<b>'after-care'</b>	means the supportive service provided by a social worker or a social service practitioner to monitor progress regarding the child's developmental adjustment as part of- (a) family preservation or reunification services (b) adoption or placement in alternative care or (c) discharge from alternative care.
<b>'after school service'</b>	means the provision of meals, homework support, sporting activity support, life skills education and guidance and counselling support.
<b>'alternative care'</b>	means care of a child that has been placed- (a) in foster care (b) in the care of a child and youth care centre following an order of a court in terms of this Act or the Criminal Procedure Act, 1977 (Act 51 of 1977) or (c) in temporary safe care.
<b>'assessment of a child'</b>	means a process of investigating the developmental needs of a child, including his or her family environment or any other circumstances that may have a bearing on the child's need for protection and therapeutic services.
<b>'assessment of a programme'</b>	means a process, conducted by a suitably qualified person, of determining whether the provision and the content of a programme comply with prescribed national norms and standards.
<b>'child and youth care centre'</b>	means a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility.
<b>'childcare facility'</b>	means a building or structure used to provide, developmental, psycho-social, or therapeutic services referred to the Children's Act 38 of 2005 and includes a partial care facility, early childhood development centre, drop-in centre and child and youth care centre.
<b>'child-headed household'</b>	means a household where: (a) the parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the household (b) no adult family member is available to provide care for the children in the household (c) a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household.
<b>'cluster foster care scheme'</b>	means the reception of children in foster care in accordance with a cluster foster care scheme registered by the provincial head of social development; 'cluster foster care scheme' means a scheme providing for the reception of children in foster care, managed by a non-profit organisation and registered by the provincial head of social development for this purpose.

<b>'designated child protection organisation'</b>	means an organisation designated in terms of section 107 to perform designated child protection services that include, for example, implementing court orders, prevention and early intervention, reunification with families, placement in centres etc.
<b>'DSD service points'</b>	refers to offices where social development services are offered/rendered to the public.
<b>'drop-in centre'</b>	means a facility providing basic services aimed at meeting the emotional, physical, and social development needs of vulnerable children.
<b>'early childhood development'</b>	means the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age.
<b>'foster care'</b>	means care of a child who has been placed in the care of a person who is not the parent or guardian of the child.
<b>'foster parent'</b>	means a person who has foster care of a child by order of the children's court and includes an active member of an organisation operating a cluster foster care scheme and who has been assigned responsibility for the foster care of a child.
<b>'partial care'</b>	means when a person, whether for or without reward, takes care of more than six children on behalf of their parents or caregivers during specific hours of the day or night, or for a temporary period, by agreement between the parents or caregivers and the provider of the service.
<b>'prevention and early intervention programme'</b>	means a programme provided to families with children to strengthen and build their capacity and self-reliance to address problems that may or are bound to occur in the family environment which, if not attended to, may lead to statutory intervention.
<b>'private hostel'</b>	means a place which is operating during school terms and where children sleep over, are provided with meals, healthcare, life skills education, where their laundry is done and where the children receive guidance and counselling support, school attendance support, sporting activity support and cultural activity support.
<b>'residential care programme'</b>	means a therapeutic programme that is or must be offered at a child and youth care centre for vulnerable children.
<b>'secure care'</b>	means the physical containment in a safe and healthy environment: (a) of children with behavioural and emotional difficulties and (b) of children in conflict with the law.
<b>'temporary respite care services'</b>	means a temporary service offered to children and to children with disabilities which is aimed at the provision of temporary care and relief and includes day care or sleepover, the provision of meals, school attendance support, sporting activity support, health care and laundry facilities and assistance with personal hygiene.

## A MESSAGE FROM THE MINISTER OF SOCIAL DEVELOPMENT

One of the mandates of the Department of Social Development (DSD) is to ensure the full and equal realisation of the rights of all children to be protected from abuse, neglect, exploitation, and maltreatment; to develop to their full potential and to participate in decisions affecting them. The DSD thus provides childcare and protection services to vulnerable children, children at risk and those who need care and protection.

The DSD is committed to ensuring high-quality service delivery and continuous improvement. One of the important mechanisms for achieving this goal is through Quality Assurance. Quality Assurance is a term that is used to define everything that will be done to ensure that the department satisfies itself that it meets agreed standards of service delivery across the whole system. It is about developing monitoring and evaluation mechanisms to ensure effectiveness and efficiency in achieving the best outcomes in the interest of the children and their families. Therefore, the development of a Quality Assurance Framework (QAF) is a step in the right direction.

The Children's Act, 2005 (Act No. 38 of 2005) is implemented by various organs of state at national, provincial as well as local governments. These organs of state therefore must take reasonable measures to the maximum extent of their available resources to achieve the realisation of the Act. The DSD has thus developed various policies and procedures, norms, and standards to guide the implementation of this Act across all spheres of government. It is therefore within this government architecture that a Quality Assurance Framework (QAF) is needed to ensure a service delivery approach driven by the need to protect the children from harm and encourage their growth and development in the best way possible.

The DSD believes that quality is everyone's business and therefore it must not be the role of one person or unit to ensure quality but the collective effort of all. While one person may be delegated the task of coordinating the efforts of the group, ultimately everybody must be held to account for the delivery of quality services to children and their families.

My department is therefore excited about this latest development and I look forward to the participation and contribution of all to improve the Care, Safety, and Protection of children and their families. This will require changing some of the old ways of doing things. It will require working collaboratively as a team to realise the dream of institutionalising the QAF, so it serves to improve the quality of services and increase accountability by all sectors.

Lindiwe Zulu

Minister: Department of Social Development

# CHAPTER 1: DESCRIBING A QUALITY ASSURANCE FRAMEWORK

## Introduction



The purpose of this document is to consolidate all the relevant Children's Act monitoring processes, procedures and tools and templates including those that have an influence in children services into one Quality Assurance Framework (QAF) for standardisation and uniformity across the Republic of South Africa.

Quality can be defined as the achievement of a high level of performance of a system that has the capacity to efficiently and effectively monitor and continuously improve the products and/or services delivered with reasonable stability over time. It can thus be used as a standard against which to judge the efficacy of a system when determining its fitness for purpose to meet the set outcomes.

A comprehensive QAF will encourage adherence to childcare legislation and policies while also providing a systematic mechanism to facilitate the ongoing identification of best practices, quality challenges, and possible actions for their resolution. At the same time, it will serve to stimulate and maximise the interaction among staff throughout the organisation. It is envisaged that a QAF will establish standard processes and procedures that will systematically monitor the achievement of set outcomes. This will be done through granular service point-based assessments, regular provincial audits, and periodic national verification processes where strengths and areas of development in the system will be identified, risks mitigated and plans for continuous improvement put in place.

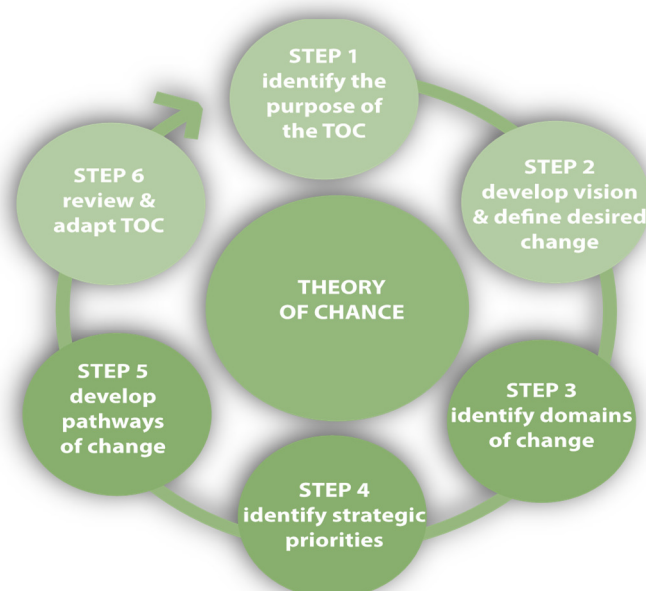
Harvey (1998) is of the view that, quality is a complex concept that centres on three main principles, namely, *control*, *accountability*, and *improvement*.

- Control refers to how resources are utilised and maximised to achieve outcomes.
- Accountability seeks ways in which the people in charge are monitored to evaluate their performance compared to their roles and responsibilities.
- Improvement refers to how the necessary inputs, processes and outputs interact to continuously meet and even exceed goals and objectives.

Quality is about excellent performance, highly committed personnel, better outcomes, accurate collection and analysis of data, annual targets, a collaboration of stakeholders and

lessons learned. As such, Quality Assurance is about having processes in place for verifying the quality of work throughout the system; for determining strengths and areas of improvement; for taking appropriate action and providing support; for giving help and guidance where needed. It is about taking stock of all the activities designed and implemented to achieve the desired result and redirect focus to areas that need improvement. The development of the QAF will guide national, provincial, local, and civil society stakeholders on the practical implementation of the Quality Assurance Tools to meet the requirements of the Children's Act, 2005 (Act No. 38 of 2005) (hereinafter referred to as the Children's Act), regulations, norms, and standards.

## Theory of Change



The first step in the development of the QAF is the creation of a Theory of Change (ToC) which is a statement of the problem and explains how a deliberately chosen menu of activities in an organisation is undertaken to produce a series of results ultimately leading to the achievement of the intended change in the system. It can thus be used for strategic planning to identify the current situation, describe the intended outcomes, and detail steps from the present to the future.

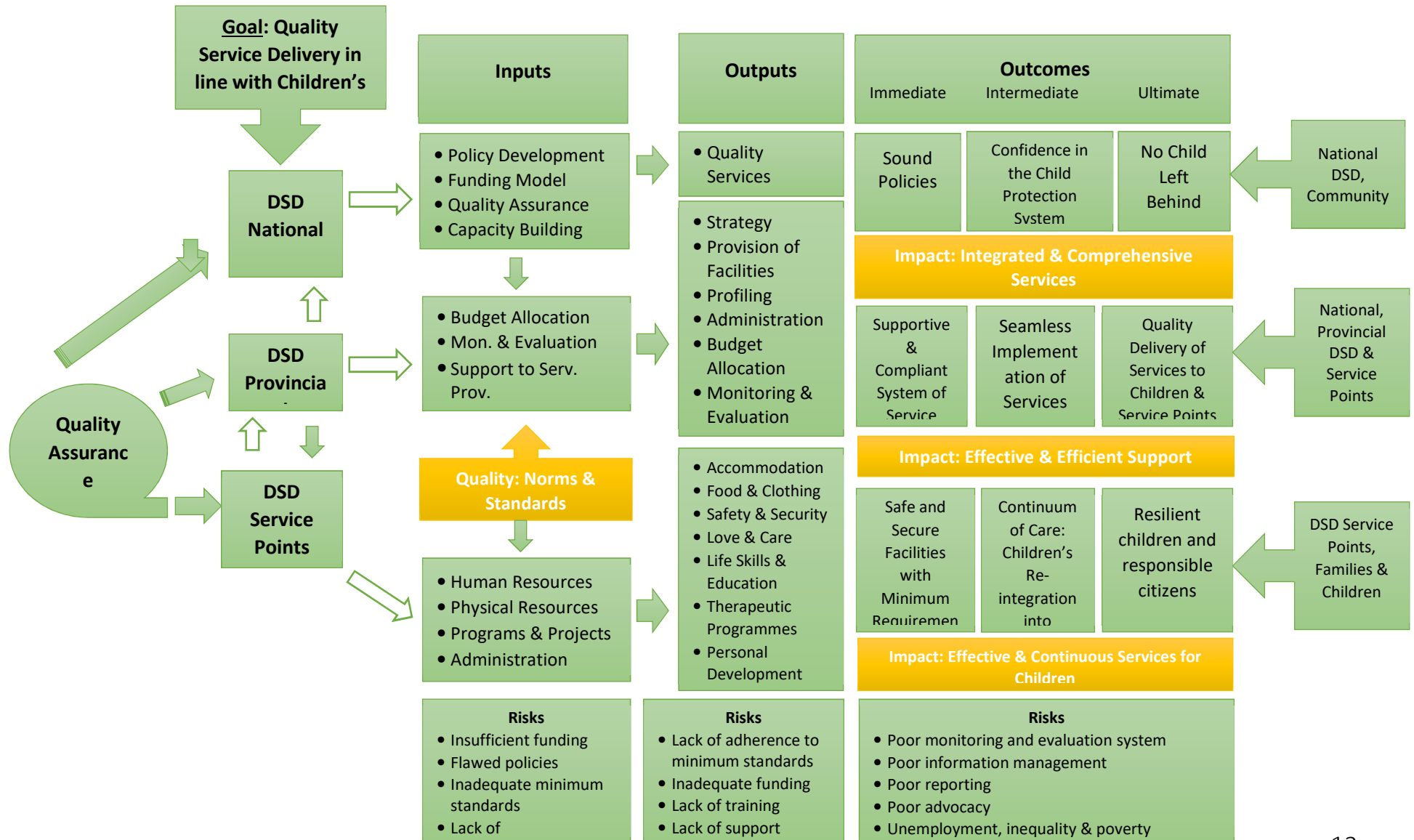
Adapted from van Es et al (2015)

This exercise can help the DSD design more realistic goals, clarify accountabilities within the system and establish a common understanding of the strategies to be used to achieve the intended goals.

*“Developing a theory of change is not simply a matter of filling in boxes; it is important to ensure that the theory of change adequately represents what the intervention intends to achieve and how – to the satisfaction of those who will use it. Ideally, a theory of change explains how change is understood to come about, rather than simply linking activities to expected results with an arrow.” (Rogers, 2014, p. 3)*



## Logic Model



It is this understanding of change, that has led the DSD to develop the following as the Theory of Change:

*“If the DSD creates a robust legislative and regulatory environment to guide performance; then sets clear outcomes and standards to describe what success looks like; using a developmental approach in assessing the system that has a built-in mechanism to determine risk; coupled with strong evidence-based monitoring and reporting framework that effectively uses a seamless system and process to describe and measure the quality of our services; while providing constructive feedback to the users through utilising a coaching approach that culminates in practical training and development to improve the knowledge and skills of all stakeholders...*

*...then it will ensure the delivery of the highest quality services to all the children under its care, their families and communities by implementing and tracking interventions that provide opportunities for continuous reflection and leads to improved service delivery.”*

It is understood that this Theory of Change can also be used as part of the building blocks for impact evaluation. An impact evaluation can also be used to check for success along the causal chain and, if necessary, examine alternative causal paths (Rogers, 2014).

### **Guiding Principles of the Quality Assurance Framework**

The DSD seeks to go beyond compliance monitoring and gather as much information as possible on the quality of services offered in the system to determine its efficacy and to implement the much-needed improvements on an ongoing basis. To achieve this vision, the following guiding principles have been adopted:

- Provide services that are not only be geared to *respond to the needs of the children and their families* but to ensure that decisions made are in their *best interest*.
- Use a *strengths-based approach* where the focus is on what the child CAN do to optimise their growth and development.
- Adopt a *rights-based approach* to service delivery that seeks to entrench the Bill of Rights as espoused in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) thus ensuring the safety and protection of the children and their families.
- Advocate for a system that encourages the *preservation of the family unit and reintegration into the community*, as far as possible. To this end, no effort will be spared to ensure the preservation of the family.
- Strive for *permanency planning* where as far as possible, children will not be moved from one place to another without a valid reason and also have the right to be reunited with their parents and communities.

- Utilise an *evidence-based system* that relies on data, information, self-assessment, auditing, and verification results for decision making that affects positive change on the policies and practices while ensuring compliance to legislation.
- Pledge to deliver a *continuum of care* to ensure that there is no break in service provision so the needs of the children and their families can be met with the provision of relevant and appropriate care.
- Adopt a *developmental approach to quality assurance* that goes beyond compliance and punishing people when there are gaps identified in the system but rather use the opportunity as a teachable moment to grow and develop skills to improve service delivery.
- Ensure that *quality is everybody's business* and thus seek to engage internal and external stakeholders in the quality improvement process, including top managers, staff at all levels, children and families served, and other stakeholders.

It is in the adoption of these principles that the DSD has defined its QAF and its implementation across all levels of government.

### Elements of the Quality Assurance Framework



The development, regular monitoring and evaluation of service performance and delivery are necessary to measure, plan and inform policies regarding childcare and protection services in

the country. Through this QAF, the department is moving from a fragmented and compliance-driven system to an integrated and comprehensive Quality Assurance Framework consisting of nine elements as detailed below:

### **Element 1: Robust Legislative and Regulatory Environment**

The legislative framework within which QAF is determined is informed mainly by the Children's Act which contains detailed information on child protection and norms and standards for the provision of the following childcare and protection services:

- Partial Care Facilities
- Early Childhood Development Centres and Programmes
- Prevention and Early Intervention Programmes
- Statutory, Rehabilitation and After Care Services
- Foster Care
- Child and Youth Care Centres
- Drop-in-Centres
- Adoption Services

In addition, there are Regulations linked to the Children's Act which contain the norms and standards for the provision of quality services in these childcare and protection services. The provinces have the responsibility to register and ensure adherence of these facilities and programmes to the set norms and standards.

### **Element 2: Clear Outcomes and Standards**

Although the DSD has developed this QAF it must be acknowledged that measuring the quality of a service is much more challenging than measuring the quality of a product. It is therefore important to develop the outcomes to be achieved through the QAF.

An outcome is a result that follows an intervention that has been implemented.

A standard is an agreed way of how things will be done to deliver the service to achieve the outcome.

In turn, the outcomes are linked to standards that describe in detail the quality of services envisaged to meet the needs of the children in our care. Think of standards as a set formula that describes the best way of doing something.

Outcomes and standards form the backbone of any QAF. In addition, outcomes and standards help in forming the basis for a common understanding about what constitutes a quality service

and therefore the type of information that must be gathered to measure success. This makes the adoption of clear outcomes and standards one of the key elements of the QAF as they also form the basis for the monitoring and evaluation processes that ensure continuous improvement of the system.

### **Element 3: Strong Evidence-based Reporting**

This QAF is driven by the demonstration of evidence of achievement of an outcome or standard as identified in the Means of Verification. When child care facilities/organisations/provinces conduct their own self-assessment process, they must provide evidence to prove that they have indeed done that which they have claimed in their response. Therefore, the Means of Verification are to be attached to each standard in the QAF. The QAF gives examples of such Means of Verification but assessors/verifiers are encouraged to go beyond the minimum to find best practices.

The evidence that is collected from all sources is used to determine if the standards have been met or not. This will be shown on the system as a form of red, amber, and green colour coded dashboard. Red means achievement of the standards is weak, amber means average and green means the standards have been met. The dashboard will provide a glimpse to identify best practices where they exist. This self-assessment process must culminate in the development of an Action Plan/Organisation Development Plan (ODP) which addresses remedial action to be undertaken.

Evidence-based self-assessment is a central process in our QAF because it affords the people responsible for delivering services to children an opportunity to determine for themselves the best way to improve. After all, they know what to measure. Therefore, when they develop an Action Plan/ODP for improvement, they know that the focus will be on those areas of concern that have the most adverse impact upon children.

A self-assessment process will help them recognise areas where they excel and thus identify good practice while using the lessons learned to help staff to continue delivering quality services and celebrating success. However, self-assessment must never be used as a once-off quick and dirty exercise that is undertaken to prepare for an assessment/audit/verification but rather as a continuous process of improvement linked to the Performance Improvement System.

#### **Element 4: Risk-based Flagging System**



Risk Management is about how an organisation identifies, analyses, and responds to risk factors in the best interest of serving its goals and objectives. Proper risk management is an attempt to control possible future events and then be proactive rather than reactive in mitigating them. Proper risk management will therefore reduce not only the likelihood of an event occurring but also the severity of its impact.

In this case, it is about making decisions that will minimise the adverse effects of risk on children and their families. If the system does not have a way of managing risks, then the DSD might find itself facing difficult situations such as serious child injuries or even death.

The process of compulsory registration of centres and programmes ensures that service providers meet the minimum requirements as required by law. But also, Sections 89, 110, 152 and 178 of the Children's Act state clearly what must be done by officials in case of an emergency thus managing risk.

The QAF categorises risks into high, medium, and low by using a weighted system. High risk situations are flagged across the whole system including the national level and demand immediate action. For example, where a high-risk situation is identified, the system will flag it and give the managers three months to fix it. Medium risks must be fixed within six months and low risks within one year. The capacity to track if the risks have been addressed is also built into the system.

#### **Element 5: Developmental System-based Assessment**

In the past QAFs tended to focus on compiling compliance-driven reports that determine the degree of adherence to the legislation, norms, standards, and procedural requirements. Focusing on compliance only often means that the monitoring function has minimal impact on the quality of services delivered thus pointing towards a need to develop a system that will move beyond simple compliance monitoring which is often about ticking boxes in a checklist.

The DSD strives towards a developmental QAF which is different in that it is designed to gather and assess information on quality and guide users to implement an Action Plan/ODP for continuous improvement. The QAF, therefore, improves on traditional compliance monitoring by:

- assessing compliance as well as outcomes and standards
- using data, information, and results to effect positive change in the system
- involving a wider range of internal and external stakeholders in the quality improvement process as it is believed that quality is everybody's business

A Developmental Quality Assurance is based on a developmental approach, combining a monitoring tool with a capacity building developmental process.

The DSD quality assurance process incorporates the development of an Action Plan/ODP and a mentoring process with regular follow-ups. For example, the DSD has developed a Provincial Quality Assurance Tool that is regarded as developmental because it contains outcomes and standards that are not only quantitative and qualitative but also show incrementally what can be done to achieve best practice. This means that users will know what needs to be done to implement remedial action and thus improve service delivery.

The Action Plan Tool/ODP will help the childcare facilities/ organisations/provinces plan and report on the remedial actions taken to improve service delivery. The plan must include how they will mitigate identified risks.

#### Element 6: Seamless System and Processes



The QAF is a seamless continuous improvement process premised on childcare facilities, organisations or provinces that have been capacitated to conduct an internal (self) assessment of their services with adequate evidence for the achievement of set outcomes. Furthermore, provinces will be monitored to assess the level of implementation of the Children's Act. This will be followed by a provincial

action plan to ensure that there is an improvement with compliance of the Children's Act, regulations, norms and standards, based on what needs to change. The national department will conduct a verification process to confirm the provincial assessments reports based on the Children's Act monitoring tool. As for the Designated Child Protection Organisations and DSD Service Points, developmental quality assurance will be conducted to determine if they comply with the legislation too. These could be done either through internal (self) or external



assessment of the Designated Child Protection Organisation or DSD Service Points. This process becomes a way of determining the baseline from which to improve outcomes and promote collective commitment to set priorities for improvement.

The Action Plan/ODP must be linked to a performance improvement system. The QAF can thus seamlessly incorporate quality elements into the organisational structure and the Performance Management and Development System (PMDS) as Key Performance Areas (KPAAs) for every member of staff. This increases accountability in the system. Furthermore, the analysis of data and information received will begin to show gaps in the system where capacity building may be needed. Capacity building will therefore also be linked to the QAF as well. This means that the QAF serves as a Training Needs Analysis process for the DSD.

Therefore, a QAF that not only tells the system where it is lacking but also describes what can be done to improve, sets the performance indicators for staff and identifies areas for capacity building, is indeed not only comprehensive, integrated, seamless but also geared towards continuous improvement.

#### **Element 7: Effective Monitoring and Reporting**

The QAF is a system of monitoring that provides managers, decision-makers and stakeholders essential information to identify challenges. It also provides feedback on progress or lack thereof concerning the achievement of outcomes and standards. Monitoring is about reporting on the actual performance of the province against what was expected under pre-determined standards. To do this, there must be a process of collecting data and analysing it in terms of the provincial implementation processes, plans and results and recommending remedial action.

The QAF, therefore, has several tools at various levels and for different categories of service providers that aim at monitoring quality in the system. Many reasons may trigger a quality assurance process to monitor service delivery. For example, monitoring may be cyclical (in intervals as required by law), incident-driven and/or done for sampling purposes to identify/confirm trends and patterns.

In addition, the QAF will automatically calculate the scores and generate different types of reporting according to the needs of the user. The reports will contain different types of information and flag risks in terms of high, medium, or low. The following are but a few examples of reports that can be generated:

- *Outcomes/Progress Report:* This type of report will identify the areas of strength and weaknesses in service provision in relation to the achievement of each outcome. These range from weak, average to strong and are colour coded red, amber, and green. Any



person reading the report will immediately know not only the performance of the province in relation to outcomes but also which standards within the outcomes are weak and which ones are strong. Appropriate action can thus be taken to improve the areas of weakness.

- *Comparative Analysis Report:* The QAF makes it easy to compare service delivery across provinces and identify areas of strength and weakness in the country. It is possible to determine which province is strong in which area and therefore seems to have best practice. Similarly, it will be easy to determine which province is struggling in which areas so that it can be supported to improve its performance.
- *Trend Analysis Report:* The QAF can pick up trends and determine if these are limited to one province or not. This may help the system identify where their help is needed most and may even uncover underlying issues that give rise to the trend.
- *Early Warning Reports:* While all areas are considered essential, the QAF has a built-in system of identifying high-risk areas in childcare, safety, and protection. These are areas which, if not given the necessary attention, may have dire consequences for the children. An unacceptably low score or lack of evidence in these areas will prompt the whole system to take appropriate action.

#### **Element 8: Constructive Feedback and Coaching**

After a quality assurance process, it is important to give feedback to the childcare facilities, organisations, or provinces through a detailed report. But it is not enough to just give feedback, the people must understand where they have strengths and areas of development and what they need to do to improve.

The QAF feeds the results of the QA assessment back to staff. According to the Quality Assurance Assessment process, the quality assurance team must hold a feedback session before they leave the childcare facility, organisation or province and provide written feedback to them within a specified period. The childcare facility, organisation or province must then develop an Action Plan/ODP to deal with areas of development. This encourages growth and development. In addition, the quality assurance team will assign a mentor to the childcare facility, organisation, or province to assist with the development and implementation of an Action Plan/ODP.

#### **Element 9: Practical Training and Development**

The QAF clearly shows areas where the childcare facility, organisation or province is deficient and describes best practices for that area. There are many reasons why people fail to perform according to set standards, including lack of competence. It is for this reason that the Quality

Assurance assessment process can also be considered as a Needs Analysis for training and development of staff. If training programmes are designed to address areas of deficiency in the childcare facilities, organisations or provinces in relation to the achievement of outcomes in the QAF, then the capacity building will be responsive, relevant, and targeted.

A developmental QAF will always flag system failures and deficiencies. Conducting a trend analysis will demonstrate areas of general weakness in the system that need attention in terms of the provision of training and development of staff. This means that the Staff Continuous Professional Development Strategy will be linked to the QAF and thus the achievement of outcomes. Managers will better understand gaps and be able to plan their capacity building programmes properly.

## Conclusion

The QAF is a comprehensive system with tools meant to establish a culture of continuous improvement. The main benefits of having a quality assurance framework in place are that:

- It provides a systematic mechanism for facilitating the ongoing identification of quality problems and possible actions for their resolution. At the same time, it serves to stimulate and maximise the interaction among staff throughout the organisation.
- It gives greater transparency to the processes by which quality is assured and reinforces the image of the organisation.
- It provides a basis for creating and maintaining a quality culture within the organisation and contains reference material that can be helpful for training.
- It supports quality improvements and their maintenance over time.
- It is a mechanism for the exchange of ideas on quality management with other national and international organisations.
- It creates a common understanding among all the stakeholders about what needs to be achieved in the country concerning childcare, and protection.
- It describes best practices for the attainment of quality services geared to serve the best interest of the children under our care through encouraging self-assessment followed by remedial action.
- It encourages accountability and capacity building in the system to monitor and evaluate quality as well as provide support where needed.

## CHAPTER 2: PROVISIONS FOR THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS

### Introduction

The DSD is charged with the responsibility to develop a system of ensuring quality service delivery relating to the care, safety, and protection of children in Alternative Care Facilities/Programmes to achieve the aims of the Children's Act. The department must therefore provide guidance to government and civil society organisations to meet the requirements of this Act, its associated regulations, norms, and standards.

The decision to place children in Alternative Care Facilities/Programmes is one of the many made by professionals dealing with children and families at risk and the systems within which they are working. Sometimes this decision must be made by the parents and even the children themselves because of compelling reasons beyond their capability. Whatever the result, the proper care, safety, and protection of the children must remain the main drivers of such decisions. There is therefore a need to create a common understanding of issues related to service delivery in respect of what constitutes this proper care, safety, and protection of children and their families to inform the strategy, implement best practices and increase accountability and support in the system.

### International Alignment



South Africa is one of the signatories of the United Nations Convention on the Rights of the Child (UNCRC) where member countries have pledged to protect their children. Children are vulnerable due to increasing incidents of violence taking place in their countries and their homes. Through this Convention, international norms, and standards for the protection of children were set. Article 3 of the United Nations Convention on the Rights of the Child states that:

*“1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*

*2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or*

*her, and, to this end, shall take all appropriate legislative and administrative measures.*

*3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.”*

In 1990 the African Union adopted the African Charter on the Rights and Welfare of the Child (ACRWC) where member states pledged to protect the children and do everything in their power to serve their best interest. Chapter 1 Article 1 of the Charter states the following:

*“The Member States of the Organisation of African Unity Parties to the present Charter shall recognise the rights, freedoms and duties enshrined in this Charter and shall undertake to take the necessary steps, in accordance with their Constitutional processes and with the provisions of the present Charter, to adopt such legislative or other measures as may be necessary to give effect to the provisions of this Charter.”*



The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) describes human rights that must be enjoyed by all the citizens, including children. Section 28 contains these in the Bill of Rights. Also, Chapter 11 of the National Development Plan (NDP) (2030) states the following:

*“...all children enjoy services and benefits aimed at facilitating access to nutrition, health care, education, social care and safety.”*

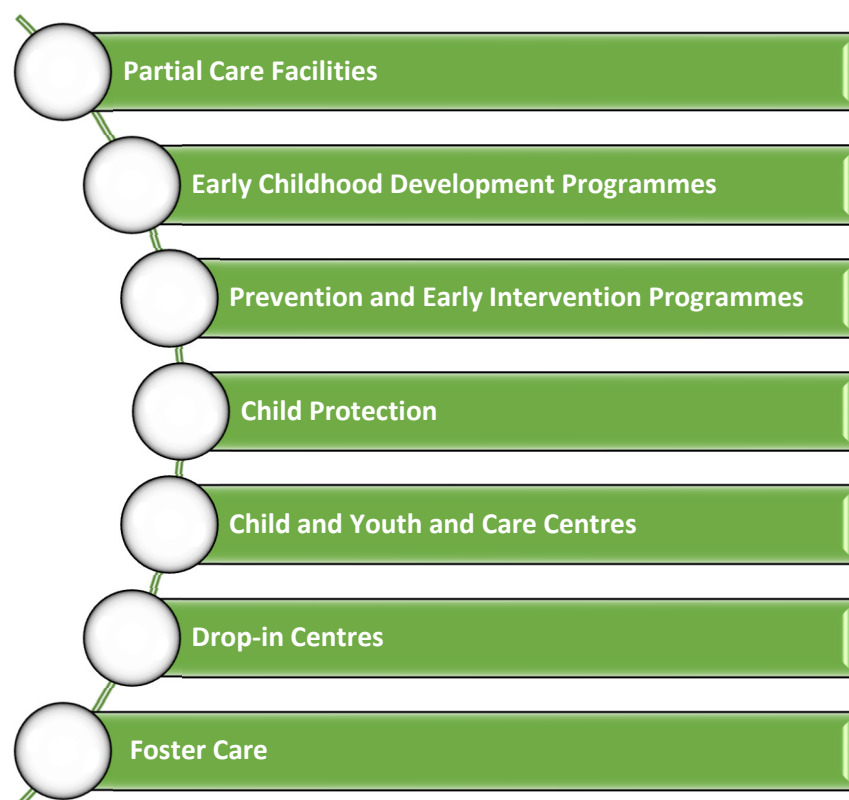
### **Social Welfare Services**

Social welfare services increasingly experience external and internal pressures to improve effectiveness and efficiency. The worldwide trend toward service quality started in the 1880s with the recognition that service quality rather than a quality product ensures competitive advantage. A developmental social welfare service in South Africa aims to build a self-reliant nation and maximise the existing potential in partnership with all stakeholders and provide a service that is equitable, sustainable, accessible, people-centred, and developmental.

This aim is expressed in the vision of the DSD of “A caring and integrated system of social development services that facilitates human development and improves the quality of life.” The mission of the DSD illustrates the developmental focus of the department, namely “to

enable the poor, the vulnerable and the excluded within South African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society.”

## Child Care and Protection Services



While there is legislation that guides the provision of childcare and protection services, there is an obligation to ensure that the services rendered meet the minimum requirements of care, and protection because they are at the coal face of service delivery. All this is done in the best interest of the children. Below is a brief description of the different childcare and protection services.



### Partial Care Facilities

A partial care facility is any place, building or premises, including a private residence, maintained, or used partly or exclusively, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parents. The essential feature of this care is that it is of relatively short duration and that the children are still cared for and live with their parents and/or primary caregivers. These facilities have a responsibility to enhance the development of the child physically, mentally, psychologically, emotionally, morally, culturally, and socially.

The Children's Act prescribes partial care as a mandatory service in the care and protection of children. This introduction of partial care services as a mandatory service gives service providers the opportunity to increase the care and protection of children when they are not, or unable to, be cared for by their parents. Therefore, provincial departments must provide funding and programmes that will make up a range of partial care services. This takes the provision of partial care out of the private domain into the public domain in that the Act

prescribes the provision, registration, and management of partial care facilities. Therefore, there can be sanctions for non-compliance with legislation.

### ***Types of Partial Care Facilities and Services***

Even though the definition of partial care is facility-based, the Regulations identify the types of programmes that must be provided. Therefore, there is a shift from providing just care to meet the developmental needs of beneficiaries of the service. The following are the different types of Partial Care Centres and Services.

#### **1) ECD Centres**

Provision of day or night ECD services to care for children from birth to school-going age, ECD programmes, such as physical stimulation, developmental, cognitive, moral, spiritual activities.

#### **2) After-school Centres**

Provision of meals, homework support, sporting activity support, life skills education and guidance, and/or therapeutic programmes if the need exists.

#### **3) Private Hostels**

Provision of meals, healthcare, life skills education, laundry facilities, guidance and counselling support, school attendance support, sporting activity support, and/or cultural activity support.

#### **4) Temporary Respite Care Services**

Provision of temporary care and relief and includes daycare or sleepover, the provision of meals, school attendance support, sporting activity support, health care, laundry facilities, assistance with personal hygiene.

It is the responsibility of provinces to register and de-register Partial Care Facilities. Section 87 and regulation 21 (1) & (2) of the Children's Act, all partial care facilities must be subjected to inspection and monitoring to determine compliance with the regulations in the Act by a designated person. Inspection of facilities must take place every **five years** or may take place at shorter intervals if an inspection is a condition for registration or where inspection of the facility becomes necessary for the cancellation of registration or due to a written complaint.

### ***Handling of serious Injury, Abuse, or Death of Child in Partial Care Facility***

The Children's Act makes provision for any serious injury, abuse, or death of children while they are at the facilities. The Act states the following:

Section 89 states that:

(1) If a child is seriously injured or abused while in partial care or following an occurrence at a partial care facility, the person operating the partial care facility or a person employed at the partial care facility must immediately report such injury or abuse to the provincial head of social development, who must cause an investigation to be conducted into the circumstances of the serious injury or abuse.

(2) If a child dies while in partial care or following an occurrence at a partial care facility, the person operating the partial care facility or a person employed at the partial care facility must immediately after the child's death report such death to-

(a) the parent, guardian, or caregiver of the child

(b) a police official and

(c) the provincial head of social development.

(3) The police official, must cause an investigation into the circumstances surrounding the death of the child to be conducted by the South African Police Service unless the police official, is satisfied that the child died of natural causes.



### **Early Childhood Development Programmes**

Early Childhood Development (ECD) is preventive by its very nature. It is the process of emotional, cognitive, sensory, spiritual, moral, physical, social, and communication development of children from birth to school-going age. This definition suggests that ECD is not an event, but rather a process that takes place over time. ECD programmes may be offered in an ECD centre or can be non-centre based

Section 91 (1) and (2) of the Children's Act, calls for a shift from understanding ECD as a site-based service to a continuum of programmes that meet the diverse and complex early development needs of a child. Section 91 (2) Early childhood services means services:

- (a) Intended to promote early childhood development; and
- (b) Provided by a person, other than a child's parent or care giver, on a regular basis to children up to school-going age.

(c) An Early Childhood Development programme means a programme structured within an early childhood development service to provide learning and support appropriate to the child's developmental age and stage.

Section 93 states that:

- (5) An early childhood development programme must be provided by- (a) a partial care facility providing partial care services for any children up to school-going age; and, (b) a child and youth care centre which has in its care any children up to school-going age.
- (6) Any other person or organisation not disqualified in terms of section 97 (3) may provide early childhood development programmes, provided that those programmes comply with the prescribed national norms and standards contemplated in section 94 and such other requirements as may be prescribed.

Regulation 28 (1), (2) & (5) provides that all early childhood development programmes must be subjected to assessment and monitoring to determine compliance with the national norms and standards (form 21 or identical to it). The assessment must be executed by a designated person **every two years**.

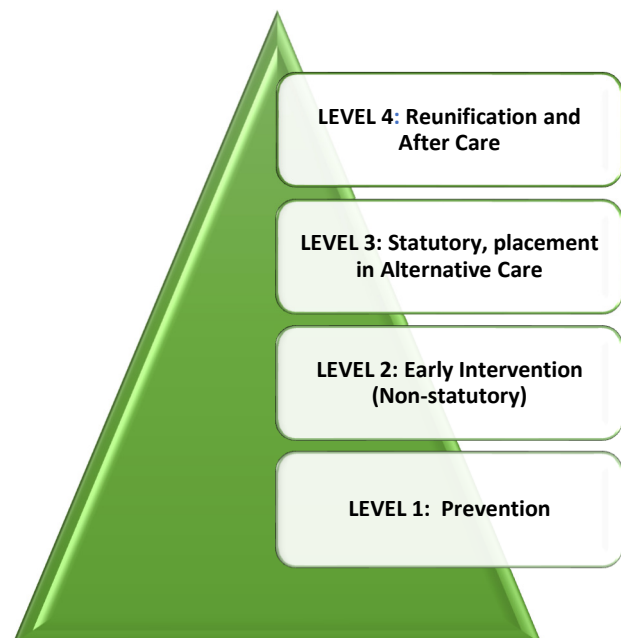
### Prevention and Early Intervention

Childcare and protection services are rendered at four different levels of intervention. The levels are not hierarchical and do not follow a linear process. Rather, they exist in a continuum and often overlap.

Children may enter and exit the system at any level, depending on their needs, level of social functioning, the outcome of their assessment and intervention strategies that have been developed and applied to enhance their social functioning.

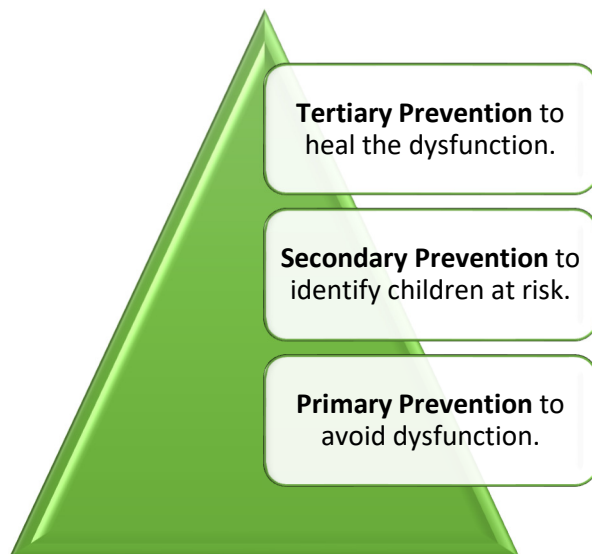
#### **Level 1: The Prevention Level**

Prevention services should be given the necessary recognition, support, and funding, as stated in section 146 (1) of the Act. This section stipulates that the MECs for Social Development in the provinces “must” provide and fund prevention and early intervention programmes.





## Levels of Prevention



- **Primary prevention** refers to early intervention that enables households to avoid problems or dysfunction. It is directed at large groups of people (communities) who do not currently manifest problems.

- **Secondary prevention** is aimed at the identification of problems and early intervention into the lives of individuals, families and groups who are at risk of developing social problems before the situation becomes critical.

- **Tertiary prevention** is aimed at individuals and families that present with critical problems or dysfunction. The focus is on intervention, healing, rehabilitation and the prevention of further problems or possible removal of children for placement in alternative care.

According to section 143 of the Children's Act, prevention services are provided to families with children to strengthen and build their self-reliance and their capacity to address problems that may or are bound to occur in the family environment and which, if not attended to, may lead to statutory intervention. They are designed to:

- Preserve a child's family structure.
- Develop appropriate capacity in parents and caregivers to enable them to safeguard the well-being and best interest of their children including the promotion of positive, non-violent forms of discipline.
- Provide additional support for those parents with children with disabilities and chronic illnesses.
- Develop appropriate capacity in parents and caregivers to enable them to safeguard the well-being and best interest of children with disabilities and chronic illness.
- Promote appropriate interpersonal relationships within the family.
- Uplift people and communities by promoting their well-being, encouraging people to make healthy choices, and supporting them in these choices.
- Provide services and resources for parents to be able to address the needs of their children holistically.

## ***Level 2: Early Intervention (non-statutory)***

This level is mainly for children at risk where there is a need for early intervention. These services aim to strengthen individuals and families and to prevent the child from moving deeper into the statutory system, the child and youth care system, or the criminal justice system. Early intervention services are provided to vulnerable children or children at risk, as well as families where there are children identified as being vulnerable or at risk of harm or removal into alternative care.

### **Types of Early Intervention Programmes**

Early intervention programmes are provided to families where there are children identified as being vulnerable to or at risk of harm or removal into alternative care. They are designed to:

- Provide psychological, rehabilitation and therapeutic programmes for children with their families as an important partner in the intervention process.
- Prevent the abuse, neglect, or inadequate supervision of children and exploitation, and also prevent other failures in the family environment to meet children's needs.
- Prevent the recurrence of problems in the family environment that may harm children, or adversely affect their development.
- Avoid the removal of a child from the family environment as far as possible.
- Divert children away from the child and youth care system and the criminal justice system.
- Ensure the safety of children within the family as a priority.

Examples of such programmes include, among others, diversion programmes, substance abuse prevention, social crime prevention, teenage pregnancy, and pre-marital counselling.

Prevention and Early Intervention services progress from being quite general and broadly targeted to being more focused and individually targeted (e.g., at a child and/or family identified as being at risk). Similarly, skill requirements for service providers and requirements for assessment, monitoring and evaluation become more stringent.

Norms and standards related to these services emphasise the importance of:

- Providing services in a non-discriminatory manner.
- Being sensitive to the linguistic needs and religious and cultural norms and values of children and their families.
- Building on strengths of families and communities.
- Involving children and families in decision-making processes.
- Improving the well-being and resilience of families.

- Addressing the factors that place children at risk within families, neighbourhoods, and communities.
- Early identification and support for at-risk children and families (including children with disabilities).

According to Section 147:

- (1) The Minister must determine national norms and standards for prevention and early intervention programmes by regulation after consultation with interested persons and the Ministers of Education, Finance, Health, Provincial and Local Government and Transport.
- (2) The national norms and standards contemplated in subsection (1) must relate to the following: (a) outreach services (b) education, information, and promotion (c) therapeutic programmes (d) family preservation (e) skills development programmes (f) diversion programmes (g) temporary safe care (h) assessment of programmes.

According to the norms and standards in regulation (Part IV National Norms and Standards for PEI) no 8 (a) (b) and (i) a service provider who has the appropriate training, support, and competencies to conduct assessments of Prevention and Early intervention programmes annually; to monitor adherence to the national norms and standards made in terms of the Act and ensure that decisive and appropriate action is taken where violations of the norms and standards occur.

### ***Level 3: Statutory Intervention/Residential/Alternative Care***

At this level, the child has either become involved in some form of court case or is no longer able to function adequately in the family and/or community, and services are aimed at supporting and strengthening the individual involved. In most severe cases where the protective environment is lacking, a child may have to be removed from their normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g., foster care), or placed in a residential facility for protection.

Child protection services aim to safeguard the well-being of children and their families. These services include prevention and early intervention programmes and are usually provided within the context of a legislative and/or strategy framework that incorporate statutory services.

Statutory Services are designed to empower designated people or institutions to take specific actions that are deemed necessary to protect the integrity and well-being of the child within the social context of the family and community.

According to Section 104 of the Children's Act, statutory services can be provided by Designated Child Protection Organisations. Therefore, the child protection services aim at supporting:

- (a) (i) the proceedings of children's courts (ii) the implementation of court orders.
- (b) services relating to: (i) prevention services; (ii) early intervention services (iii) the reunification of children in alternative care with their families (iv) the integration of children into alternative care arrangements (v) the placement of children in alternative care and (vi) the adoption of children, including intercountry adoptions.
- (c) the carrying out of investigations and the making of assessments, in cases of suspected abuse, neglect, or abandonment of children.
- (d) intervention and removal of children in appropriate cases.
- (e) the drawing up of individual development plans and permanency plans for children removed, or at risk of being removed, from their family.
- (f) any other social work service as may be prescribed.

### Monitoring of Court Orders

The DSD has a role in terms of ensuring that there is compliance with the enforcement of Court Orders in relation to the Children's Act.

Section 65 states the following:

- (1) A children's court may monitor-
  - (a) compliance with an order made by it in a matter; or
  - (b) the circumstances of a child following an order made by it.
- (2) For purposes of monitoring compliance with an order made by a children's court or the circumstances of a child following an order, the court-
  - (a) when making that order, may order-
    - (i) any person involved in the matter to appear before it at any future date; or
    - (ii) that reports by a designated social worker be submitted to the court within a specified period or from time to time as specified in the order.
  - (b) at any time after making an order or when a report of non-compliance mentioned in subsection (4) is referred to it, may call or recall any person involved in the matter to appear before it.
- (3) When a person appears before the court in terms of subsection (2) the court may-

- (a) inquire whether the order has been or is being complied with, and if not, why the order has not been complied with or is not being complied with.
- (b) confirm, vary, or withdraw the order; or
- (c) enforce compliance with the order, if necessary, through criminal prosecution in a magistrate's court or terms of section 45 (2).
- (4) Any person may report any alleged non-compliance with an order of a children's court, or any alleged worsening of the circumstances of a child following a court order, to the clerk of the children's court, who must refer the matter to a presiding officer for a decision on possible further action.

#### ***Level 4: Reunification and Aftercare Services***

Services delivered at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning. Reunification/aftercare services aim at enabling the child to return to the family or community as quickly as possible.

##### **Family Reunification**

The DSD provides family reunification services that are goal-directed. These services are planned and rendered to the child, parent, guardian, or caregiver to support and empower them to allow and facilitate the restoration of the child to the care of such parent(s), guardian(s) or caregiver(s). Family reunification services aim to reunite the child when the issue(s) that led or contributed to the removal of the child into alternative care have been addressed.

##### **Continuum of Care**

The provision of a continuum of care is meant to ensure that there is no break in service delivery so that the needs of the children and families are met through offering them relevant and appropriate care.

##### **Permanency Planning**

The DSD must promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime.

##### **After Care Services**

The DSD also provides aftercare, supportive services. These services are offered to children and their families after reunification or discharge from alternative care. The purpose of aftercare services are to assess, monitor and evaluate progress regarding the child's

adjustment to reunification and re-integration. These services may include secondary and tertiary prevention services, as well as family preservation services to prevent the recurrence of problems that led to the initial removal of the child or to prevent the occurrence of new problems.

Services to children and their families must be planned and rendered before a child is discharged from the provisions of the Act. They should systematically aim to prepare the child to assume self-reliance or to integrate fully into the community. Aftercare services for 'children' over 18 or 21 years must focus on independent living. It is imperative for social workers and social service professionals to advocate for these children and liaise with other organs of state, business, and relevant stakeholders to help them.

According to the Children's Act, the DSD must provide different types of services across the country, especially in deprived communities where the need might be higher. The following are different types of services/facilities and programmes offered:

### **Designation of Child Protection Organisation**

It is the role of the Director-General or provincial head of social development to designate in writing any organisation to perform specific designated child protection services. Designated organisations will be designated for a period of **five years**. This designation may be withdrawn under certain conditions. These include:

- Breach/failure by the designated organisation to comply with the designation requirements.
- Contravention or failure to comply with the Children's Act.
- If such withdrawal is deemed to be in the best interest of the children.

The Director-General or provincial head of social development is however obliged to conduct a quality assurance assessment of the designated organisation according to the prescripts of the law in relation to child protection organisations, before authorising the withdrawal.

### **Reporting of Incidents**

This is a particularly important aspect of the QAF. Section 110 of the Children's Act deals with reporting of children at risk. In this regard, the Act states:

(5) The provincial department of social development or designated child protection organisation to whom a report has been made in terms of subsection (1), (2) or (4), must-

- (a) ensure the safety and well-being of the child concerned, if the child's safety or well-being is at risk;
- (b) make an initial assessment of the report;
- (c) unless the report is frivolous or obviously unfounded, investigate the truthfulness of the report or cause it to be investigated;

(d) if the report is substantiated by such investigation, without delay initiate proceedings in terms of this Act for the protection of the child; and (e) submit such particulars as may be prescribed to the Director-General for inclusion in Part A of the National Child Protection Register.

(6) (a) A designated child protection organisation to whom a report has been made in terms of subsection (1), (2) or (4) must report the matter to the relevant provincial department of social development. (b) The provincial head of social development must monitor the progress of all matters reported to it.



### Child and Youth Care Centres

The Child and Youth Care Centres (CYCC) play a critical role in providing care and support to children who are vulnerable to harm because of the situation they find themselves in. The Children's Act gives clear guidelines on the category of children who must be placed in CYCCs and describes norms and standards of care and protection to be provided to them. The placement process starts with the identification of these vulnerable children and proceeds through the court system where an order is given to remove them from their homes to protect them from the risk of being harmed. The Act provides that CYCCs offer relevant programmes that will remedy or rehabilitate children in compliance with the norms and standards.

Section 211 (1) and regulation 89 (1) provide that every child and youth care centre must undergo a quality assurance process within two years of registration. Regulation 89 (2) The quality assurance process must be repeated periodically, at intervals of not more than **three years** from the date on which the previous quality assurance process was finalised.

Regulation 89 (3) provides that the Provincial Head of Social Development may order a quality assurance process at any time if there is a reason to believe that such centre has failed to comply with any provision of the Act or its regulations. Section 211 (2) (a) & (b) The quality assurance must be done by a team connected to the Child and Youth Care Centre and a team not connected to the Child and Youth Care Centre.

- (1) The provincial Head of Social Development must ensure that a quality assurance process is conducted in respect of each child and youth care centre in the manner and at the intervals as prescribed.
- (2) The quality assurance process must be done in the following manner:
  - (a) a team connected to the child and youth care centre must conduct an internal assessment of the centre,

- (b) a team not connected to the centre must conduct an independent assessment of the centre,
  - (c) an organisational development plan for the centre containing the prescribed particulars must be established between the teams by agreement,
  - (d) the team not connected to the centre must appoint a mentor to oversee the implementation of the plan by the management of the centre.
- (3) The management board of a child and youth care centre must without delay, after completion of the quality assurance process, submit a copy of the organisational development plan established for the centre in terms of the quality assurance process to the MEC for social development in the province.
- (4) A provincial head of social development may assist a child and youth care centre in conducting the quality assurance process.

Children are admitted into these facilities through a court order. The following are different types of Child and Youth Care Centres:

- Centres for children in need of care and protection, such as, orphaned, abandoned, abused, exploited, or neglected children.
- Temporary Safe Care Centres where children are placed for a maximum period of six months.
- Children's centres for children living and working in the streets.
- Secure Care Centres which provide accommodation for children awaiting trial.
- Centres where children who are convicted are placed.
- Centres for children who are difficult to place (e.g behavioural problems)

### ***Serious Injury, Abuse or Death of Child in Alternative Care***

Like Partial Care Facilities, serious incidents of injury, abuse or death in Alternative Care and Drop-in Centres must be handled according to the Act. It is the role of the person or organisation under whose care the child has been placed, to report the incident immediately to the provincial head of social development who will institute an investigation into the matter.

Section 178 states the following:

- (2) If a child in alternative care dies, the management of the child and youth care centre or person in whose care or temporary safe care the child has been placed must immediately after the child's death report such death to-
- (a) the parent or guardian of the child if he or she can be traced,
  - (b) a police official,



- (c) the provincial head of social development; and
- (d) the social worker dealing with the matter.

(3) The police official, must cause an investigation into the circumstances surrounding the death of the child to be conducted by the South African Police Service unless the police official, is satisfied that the child died of natural causes.



### Drop-in Centres

A drop-in centre is a non-residential community-based facility providing basic services aimed at meeting the emotional, physical, and social development needs of vulnerable children. Drop-in centres are included in the Children's Act to provide protective measures for children who were already benefiting from services provided by such facilities. Such centres have begun to emerge throughout the country in response to the ever-increasing needs of vulnerable children. Early examples of drop-in centres were centres that were offering services to children living on the streets.

As the effects of the HIV and AIDS pandemic began to be felt, organisations supporting children, families and communities affected by the scourge, began to find creative community-based responses for the needs of the vulnerable.

Drop-in centres emerged as one of the interventions to support children living in households where adult caregivers are absent or too ill to care for them. Housed in different settings such as community and church halls, drop-in centres are largely operated by volunteers.

The Children's Act and the corresponding regulations contain provisions to develop, streamline and regulate these facilities. Although these facilities are mostly established voluntarily by community members, this does not mean that they are operated in a negligent manner. It is expected that these centres meet certain registration requirements under the Act so that they can qualify for the provision of funding by the government and to provide quality services to the children and their families.

Section 217 (3) A drop-in centre can be registered for a period not exceeding **five years**, depending on compliance with the national norms and standards.

### ***Types of Services offered***

A Drop-in Centre<sup>1</sup> can provide basic services such as food, homework support, laundry or personal hygiene and other services such as:

- counselling,
- social and life skills,
- school holiday and educational programmes,
- primary health care in collaboration with local health clinics,
- outreach services,
- reporting and referral of children to social workers or other social service professionals,
- prevention and early intervention programmes.

The need for Drop-in Centres in South Africa can never be over-estimated. Children and parents have challenges that are sometimes beyond their control and need to be supported to ensure the care and protection of the children. This type of service may go a long way to alleviating the adverse effects on the children and their families. For example, children living with disabilities may present a challenge to the parents who are not trained to look after them let alone teach them skills. Everything is done in the best interest of the child. In relation to the registration of Drop-in Centres the Act states the following:

**Section 217.** (1) Any person or organisation may establish or operate a drop-in centre provided that the drop-in centre-

(a) is registered with the provincial head of social development of the province where that drop-in centre is situated,

(b) is managed and maintained in accordance with any conditions subject to which the drop-in centre is registered and

(c) complies with-

(i) the prescribed national norms and standards contemplated in section 216 and such other requirements as may be prescribed; and

(ii) the structural, safety, health, and other requirements of the municipality.

(3) A drop-in centre referred to in subsection (2) is regarded to be a registered drop-in centre for a period of **five years** from the date on which that subsection takes effect unless its registration is withdrawn in terms of section 221 before the expiry of that period.

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<sup>1</sup> Jamieson, L and Berry, L. (2012) Children's Act Guide for Drop-in Centre Managers, Children's Institute, University of Cape Town, South Africa.



### **Foster Care**

The placement of children in foster care or with adult/s who are not their biological parents may be the result of several socio-economic factors which result in children needing foster care and protection. Foster care can take the form of a child being placed in a family of not more than six children living under one roof in a home environment. The foster parent/s may be or may not be related to the child. The child must officially be placed with them by an order of the Children's Court.

### **Reasons for Foster Care**

According to Section 150 of the Children Act, the following describes categories of children in need of care and protection. This covers a child who:

- (a) has been abandoned or orphaned and does not have the ability to support himself or herself and such inability is readily apparent,
  - (b) displays behaviour that cannot be controlled by the parent or caregiver,
  - (c) lives or works on the streets or begs for a living,
  - (d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency,
  - (e) has been exploited or lives in circumstances that expose the child to exploitation,
  - (f) lives in or is exposed to circumstances that may seriously harm that child's physical, mental, or social well-being,
  - (g) maybe at risk if returned to the custody of the parent, guardian, or caregiver of the child as there is reason to believe that he or she will live in or be exposed to circumstances that may seriously harm the physical, mental, or social well-being of the child,
  - (h) is in a state of physical or mental neglect; or
  - (i) is being maltreated, abused, deliberately neglected, or degraded by a parent, a caregiver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.
- (2) A child found in the following circumstances may be a child in need of care and protection and must be referred for investigation by a designated social worker:
- (a) a child who is a victim of child labour, or
  - (b) a child in a child-headed household.

### *Challenges in Foster Care*

Foster care parenting is not an easy task because of the dynamics of the relationship and circumstances. Researchers report that while there are some successes registered, many of these parent-child relationships break down for several reasons. The number one factor cited by many is the disruptive behaviour of adolescents. These include, among others, substance abuse, inappropriate sexual behaviour, delinquency, petty crime, academic challenges at school and many more.

On the other hand, it has also been reported that sometimes foster children are physically, psychologically, sexually, or emotionally abused by the foster parent/s and/or siblings who live in the same house with them.

### *Examples of Foster Care Programmes*

Whatever the reason for this breakdown, researchers<sup>2</sup> have suggested the following programmes to be provided:

**Substance abuse awareness and prevention programme:** From the findings, it was evident that adolescents need to be made aware of the danger of substance abuse. This may include both the biological parents as well as the foster parents.

**Independent Living Programmes:** Programmes that serve youth ageing out of Alternative Care, as well as tools and strategies for improving their transition to adulthood.

**Pre-fostering support programme:** Such a programme could prepare both the foster parent and the family for the new member. This programme may not be possible with all kinship foster placements as many are arranged without the social worker. Therefore, a **debriefing programme** may also be incorporated through which both parties will be assisted to deal with the challenges already experienced.

**Bereavement programme:** Where adolescents suffered loss, e.g., of a parent, bereavement counselling could be offered.

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<sup>2</sup> Mnisi, R. and Botha, P. (2016) Factors contributing to the breakdown of foster care placements: The perspectives of foster parents and adolescents, UNISA.

**Parenting skills programme:** This should entail equipping the foster parents with skills that will assist them with managing children during different developmental stages. From the findings, it was evident that foster parents experienced challenges managing the behaviour of the adolescents.

**Sexuality programme:** This programme should be for both the foster parents and the adolescents. For the adolescents, it should be a prevention programme as well as a self-awareness programme. They should be assisted with skills in handling the challenges of sexuality in relation to their developmental stage. For the foster parents, it should be incorporated into parenting skills.

The provision of foster care remains an essential service in the care and protection of children whether it is done by family or non-family members. Children deserve better from society. The result of not providing such a service may be detrimental to the growth and development of the child and society. The high crime rates and other social ills are sometimes caused by angry children who feel that they have been rejected and abandoned.

However, the love given by foster parent/s will go a long way to reassuring the child that they are wanted and valued. The sacrifice made by foster parent/s must be applauded and hence they must be supported to succeed. The DSD has a huge role to play to make this relationship work for the good of everybody.

### ***Duration and Extension of Court Orders***

The Children's Act has made provision for the extension of court orders under certain circumstances. This will always be done in the best interest of the child.

#### **Section 159.**

(1) An order made by a children's court in terms of section 156-

(a) lapses on expiry of-

(i) **two years** from the date the order was made; or

(ii) such shorter period for which the order was made; and

(b) maybe extended by a children's court for a period of not more than **two years** at a time.

(2) When deciding on an extension of the period of a court order in terms of subsection

(1), the court must take cognisance of the views of-

(a) the child

(b) the parent and any other person who has parental responsibilities and rights in respect of the child

(c) where appropriate, the management of the centre where the child is placed; and

(d) any alternative caregiver of that child.

(3) No court order referred to in subsection (1) extends beyond the date on which the child in respect of whom it was made reaches the age of 18 years.

### ***Number of children to be placed in foster care per household***

The Act has also stipulated the maximum number of children that can be placed in a Foster Care Centre and the conditions under which this number can be exceeded.

#### **Section 185 states the following:**

(1) Not more than six children may be placed in foster care with a single person or two persons sharing a common household, except where-

(a) the children are siblings or blood relations; or

(b) the court considers this for any other reason to be in the best interest of all the children.

(2) More than six children may be placed in foster care in terms of a registered cluster foster care scheme.

### ***Duration of Foster Care Placement***

The court can place children in Foster Care after considering the circumstances of the child. The Act states:

#### **Section 186.**

(1) A children's court may, despite the provisions of section 159 (1) (a) regarding the duration of a court order, after a child has been in foster care with a person other than a family member for more than two years and after having considered the need for creating stability in the child's life, order that-

(a) no further social worker supervision is required for that placement,

(b) no further social worker reports are required in respect of that placement; and

(c) the foster care placement subsists until the child turns 18 years unless otherwise directed.

(2) A children's court may, despite the provisions of section 159 (1) (a) regarding the duration of a court order and after having considered the need for creating stability in the child's life, place a child in foster care with a family member for more than two years, extend such an order for more than two years at a time or order that the foster

care placement subsists until the child turns 18 years, if-

(a) the child has been abandoned by the biological parents; or

(b) the child's biological parents are deceased; or

(c) there is for any other reason no purpose in attempting reunification between the child and the child's biological parents; and

(d) it is in the best interest of the child.

(3) Despite the provisions of subsections (1) and (2), a social service professional must visit a child in foster care at least once every two years to monitor and evaluate the placement.

### **Alternative Care**

The placement of children in Alternative Care or the monitoring of their movement is preceded by early intervention, pre-statutory and statutory intervention processes. The validity of a court order granted in terms of section 156 is valid for a period of, **two years**, or any shorter period which the court may determine. These court orders include, among others, a foster care order, an order placing a child in alternative care and adoption order. Court orders aim at securing stability in a child's life.

### **Extension of Court Order**

**Section 159** states: (2) When deciding on an extension of the period of a court order in terms of subsection (1), the court must take cognisance of the views of- (a) the child; (b) the parent and any other person who has parental responsibilities and rights in respect of the child; (c) where appropriate, the management of the centre where the child is placed; and (d) any alternative caregiver of that child. (3) No court order referred to in subsection (1) extends beyond the date on which the child in respect of whom it was made reaches the age of 18 years.

### **Leave of Absence**

Leave of absence in terms of section 168 may be granted to a child in alternative care by:

- The management of the Child and Youth Care Centre in whose facility the child has been placed.
- The person in whose Alternative Care Facility the child has been placed.
- The Department of Social Development in the case of a child in temporary safe care.
- A designated social worker supervising the child in Alternative Care.

A child placed in a Child and Youth Care Centre offering a programme for the reception, development, and secure care of children in terms of section 29 of the Child Justice Act 75 of 2008 does not qualify for a leave of absence unless stated otherwise in the court order placing such child.

A leave of absence shall be granted for a period not exceeding six weeks at a time. If longer leave, exceeding six weeks but not exceeding six months, is required, the canalisation officer may be authorised to give permission. If a leave of absence exceeding six months is required, permission must be granted by the provincial HoD.

### ***Leaving the Country***

The Act regulates the movements of children placed in Alternative Care.

**Section 169 states:** A child in alternative care prohibited from leaving Republic

(1) A child in alternative care may not leave the Republic without the written approval of the provincial head of social development first being obtained.

(2) In granting approval in terms of subsection (1), the provincial head of social development may determine terms and conditions to protect the best interest of the child in alternative care.

### ***Child absconding from an Alternative Care Facility***

A child is regarded as an absconder when he or she leaves a child and youth care centre or the care of a person where he or she is placed by court order without prior permission. An absconder also includes a child who fails to return to the child and youth care centre or the care of foster parents after the expiry of leave of absence. The presiding officer in charge of the case at the Children's Court, after a thorough investigation, will submit a report to the provincial head of social development who may:

Section 170 (8) (a) transfer the child in terms of section 171; (b) remove the child from alternative care in terms of section 173; (c) discharge the child from alternative care in terms of section 175; or (d) order that the child be returned to the child and youth care centre or person in whose care or temporary safe care that child has been placed.

Types of transfers that may be recommended by a designated social worker:

- a) Foster care to a child and youth care centre.
- b) Child and youth care centre to foster care.
- c) One foster family to another.
- d) One child and youth care centre to another.



- e) One temporary safe care provider to another.

A child in alternative care may be removed and be placed in temporary safe care pending a decision to transfer, discharge or return that child to alternative care if it is in the best interest of the child.

**Section 178 is about a serious injury, abuse, or death of a child in Alternative Care**

- (1) If a child in alternative care is seriously injured or abused, the management of the child and youth care centre, person or organisation in whose care or temporary safe care the child has been placed must immediately report the matter to the provincial head of social development, who must cause an investigation to be conducted into the circumstances of the serious injury or abuse.
- (2) If a child in alternative care dies, the management of the child and youth care centre or person in whose care or temporary safe care the child has been placed must immediately after the child's death report such death to (a) the parent or guardian of the child, if he or she can be traced; (b) a police official; (c) the provincial head of social development; and (d) the social worker dealing with the matter.
- (3) The police official, must cause an investigation into the circumstances surrounding the death of the child to be conducted by the South African Police Service unless the police official, is satisfied that the child died of natural causes.



**Adoption Services**

The Children's Act provides for children that may be adoptable and describes the different types of people eligible for adoption and gives direction on consent by the child's biological parents or guardian and the child. It further provides that, the Director-General must keep and maintain a register called the Register on Adoptable Children and Prospective Adoptive Parents (RACAP).

Only children who are adoptable and available for adoption may be adopted. Section 230 lists children who may be adopted and they include:

- A child who is an orphan and has no guardian or caregiver who is willing to adopt him or her.
- A child whose parent's whereabouts cannot be established.
- A child who has been abandoned. An abandoned child is defined in section 1 of the Act as a child who has obviously been deserted by the parent, guardian, or caregiver, or

who has, for no apparent reason, had no contact with the parent, guardian, or caregiver for a period, of at least three months.

- A child whose parent or guardian has abused or deliberately neglected him or her or has allowed the child to be abused or deliberately neglected.
- A child in need of a permanent alternative placement.
- A child who is a stepchild to the spouse of the child's biological parent.

According to section 157(3), adoption should be considered a desirable option for very young children who have been orphaned or abandoned. The child should be placed in adoption as early as possible to enhance bonding and reduce adjustment problems.

A letter by the provincial HoD recommending the adoption of the child. Before the HoD issues a recommendation letter, the adoption application must be considered by an adoption panel. **The panel may be constituted in line with the norms and standards.** After considering the application, the panel must make a recommendation to the HoD or the person to whom the function has been delegated.

The parent or guardian of a child may before an application for the adoption of a child enter into a post-adoption agreement with a prospective adoptive parent to regulate their relationship, including any form of contact between the child and the biological parents after the adoption order has been granted by the court.

An adoption order:

- (a) Confers full parental responsibilities and rights in respect of the adopted child upon the adoptive parent.
- (b) Confers the surname of the adoptive parent on the adopted child, except when otherwise provided in the order.
- (c) Does not permit any marriage or sexual intercourse between the child and any other person which would have been prohibited had the child not been adopted.
- (d) Does not affect any rights to property the child acquired before the adoption.

An adopted child must for all purposes be regarded as the child of the adoptive parent and an adoptive parent must for all purposes be regarded as the parent of the adopted child.

### ***Reunification of Children with biological Parent/s***

Section 187 is about the reunification of a child with the biological parent/s

- (1) If a children's court placing a child in foster care is of the view that reunification between the child and the child's biological parents is possible and in the best interest of the

[child, the court must issue the placement order subject to conditions providing for a designated social worker to facilitate such reunification as contemplated in section 156 \(3\) \(a\).](#)

Section 250 of the Children's Act states that: (3) A welfare organisation referred to in section 107 which was lawfully engaged in providing adoption services when this section took effect may, despite the provisions of subsection (1), continue with such services for a period, **of two years** without being accredited in terms of section 251 to provide adoption services, but must within that period apply for such accreditation in terms of section 251.

### **Regulations of Services**

The QAF thus take cognisance of norms and standards relating to the provision of childcare and protection services which childcare facilities, organisations, provinces as well as national DSD needs to take into consideration when delivering this type of service to vulnerable children and their families.

The table below provides the list of forms to be used as provided for in the Children's Act.

### List of Forms to Regulate the Provision of Services

FORM	PURPOSE	FORM	PURPOSE
11.	Registration of a Partial Care Facility	21.	Assessment of an ECD Programme
12.	Conditional registration, reinstatement, or renewal of registration of a Partial Care Facility	22.	Reporting a child suffering from physical injury, sexually abused, emotionally abused, or deliberately neglected etc.
13.	Rejection of registration of a Partial Care Facility	23.	Submission of particulars of the abuse to the Director-General for inclusion in Part A of the National Child Protection Register.
14.	Appeal against rejection of the registration of a Partial Care Facility	24.	Removal of the child at risk
15.	Response to appeal against the rejection of the registration of a Partial Care Facility	25.	Notification of Director-General about the outcome of court case by the clerk of court
16.	Registration of an ECD Programme	26.	Inquiry by anyone to establish whether someone's name appears in Part A of the National Child Protection Register
17.	Conditional registration, reinstatement, or renewal of registration of an ECD Programme	27.	Particulars of a person found unsuitable to work with children to be included in Part B of the National Child Protection Register
18.	Rejection of registration of an ECD Programme	28.	Notification to the Director-General of a finding that a person is unsuitable to work with children.
19.	Appeal against rejection of the registration of an ECD Programme	29.	An inquiry by an employer to establish whether the name of a person appears in Part B of the National Child Protection Register
20.	Response to appeal against the rejection of the registration of an ECD Programme	30.	An inquiry by an individual to establish whether the person appears in Part B of the National Child Protection Register

FORM	PURPOSE	FORM	PURPOSE
31.	Removal of a person appears in Part B of the National Child Protection Register by the Director-General	41.	Notice by a foster care parent that s/he has been informed of a pending application for the adoption of a foster child in his or her care.
32.	Notification to the Director-General of the removal of a person from Part B of the National Child Protection Register	42.	Application to operate or manage a cluster foster care scheme
33.	Application to the Minister to consent to the medical treatment of or surgical operation on a child	43.	Certificate of registration of a cluster foster care scheme
34.	Consent by a child for surgical operation completed by the surgeon or representative of the institution	44.	Rejection of a registration of a cluster foster care scheme
35.	Consent by guardian or parent for the surgery to be performed on the child.	45.	Notification of the intention to deregister a cluster foster care scheme
36.	Removal of a child and placement in temporary safe care by an authorised person through a court order	46.	Appeal against the deregistration, rejection of a cluster foster care scheme
37.	Notification of parent, guardian, or caregiver to attend proceedings of the children's court	47.	Notification of the deregistration of a cluster foster care scheme
38.	Designated social worker's report motivating for the removal of a child to safe care	48.	Application for the registration, conditional registration of a child and youth care centre or renewal of a registration of a (CYCC).
39.	Approval of a child to be removed to a safe care facility	49.	Certificate of registration as a Child and Youth Care Centre (CYCC).
40.	Report of serious injury, abuse, or death of any child in alternative care	50.	Rejection of an application to register a Child and Youth Care Centre (CYCC).

FORM	PURPOSE	FORM	PURPOSE
51.	Appeal against rejection of registration of a Child and Youth Care Centre (CYCC)	61.	Written consent of each parent for the adoption of their child
52.	Application for the registration of a Drop-in Centre	62.	Written consent by the child about the process of adoption and implications
53.	Certificate of registration, conditional registration, or renewal of registration as a Drop-in Centre	63.	Written consent by a guardian for the adoption of their child
54.	Rejection of an application to register a Drop-in Centre	64.	Notification by a parent or guardian who wishes to withdraw the consent for adoption
55.	An agreement of assignment of functions between a provincial head of social development and a municipality.	65.	Notification by a child who wishes to withdraw the consent for adoption
56.	Appeal by an applicant against the rejection by a decision of a provincial head of social development to register a Drop-in Centre	66.	A post-adoption agreement
57.	Appeal by an applicant against the rejection by a decision of an official in the employ of a municipality to register a Drop-in Centre	Sec 240 (2)	Order for the adoption of a child from South Africa by a person who is a habitual resident in South Africa.
58.	Application by a social worker for a person's name to be registered in the Register on Adoptable Children and Prospective Adoptive Parents	67.	Order for the adoption of a child from South Africa by a person from a convention country or non-convention country.
59.	Application by a social worker for a child's name to be registered in the Register on Adoptable Children and Prospective Adoptive Parents		
60.	Application to the clerk of court for the adoption of a child.		

## Conclusion

The Children's Act is multi-sectoral and multi-disciplinary by nature. It is implemented across different sectors, by various professionals from different disciplines. It puts forward a childcare and protection delivery system that is holistic, comprehensive, and integrated. It is therefore imperative for all who are responsible for its implementation to achieve its intended aims and objectives. The Act is applauded for ushering in a paradigm based on family preservation, prevention, and early intervention services.

It is therefore important that professionals in childcare and protection services use the standard tools and forms to conduct self-assessment to determine the quality at service points level (coal face) and what needs to be improved. That is where the quality of the whole system rests. This means that if the service points do not deliver quality services, the whole system will be adversely affected. Hence it is critical, that service points must be capacitated and supported to deliver quality services because they are the foundation of the QAF.

## CHAPTER 3: MONITORING OF THE CHILD CARE AND PROTECTION SERVICES

### Introduction

In terms of the Children's Act and the associated regulations, the three spheres of government have an essential role to play not only in the provision but also in the monitoring of services for the protection, care, and safety of vulnerable children and their families. Monitoring has been described as the process of keeping your finger on the pulse of a project. This implies keeping a close eye on project activities, and having an intimate knowledge of progress, constraints, and challenges within a project. Monitoring, therefore, occurs within the *operational* domain. Good monitoring systems feed into the planning and decision-making processes of the QAF. Monitoring must take place at all three levels – local, provincial, and national. A formal definition of monitoring within the South African government is as follows:

*Monitoring involves collecting, analysing, and reporting data on inputs, activities, outputs, outcomes and impacts as well as external factors, in a way that supports effective management. Monitoring aims to provide managers, decision-makers and other stakeholders with regular feedback on progress in implementation and results and early indicators of problems that need to be corrected. It usually reports on actual performance against what was planned or expected. (Policy Framework for a Government-Wide Monitoring and Evaluation System, pp.1-2)*

One of the first steps in ensuring quality is the development of a monitoring system that can track the quality of service provision over time and the performance of key service, financial, and management functions so that problems can be identified early and effectively addressed. The aim is to create a system that can provide government, service providers and other users the types of information needed to set targets, monitor progress, take corrective action, and ensure accountability in the system. It is for this reason that:

Section 304 (1) gives powers to designated officials in the Organ of State to conduct inspections to partial care facilities, child, and youth care centres including shelters, as well as drop-in centres. Any person authorised by Director General (DG), Head of Department (HoD) or Municipality may enter any child and youth care centre, partial care facility, shelter and drop-in centre or any place which on reasonable suspicion is being used as an unregistered child and youth care centre, partial care facility, shelter, and drop-in centre.



It is clear from the above section that the monitoring of these services is a legislated process. Therefore, the QAF seeks to provide implementation guidance to the different spheres of government in terms of their roles and responsibilities.

### **Roles and Responsibilities of the National Department**

The role of the national department is to provide strategic direction for social service delivery. It ensures the development and implementation of integrated intersectoral policies and programmes, at both the national and provincial levels. It harmonises central functions with those of other national departments, provincial departments, and other role players; and develops quality assurance systems and norms and standards for social services programmes. In performing this strategic role, the national department uses the following process to ensure the implementation, reflection, and review of the QAF.

### **Steps in Implementing the QAF**



#### ***Step 1: Develop Tools and QA Processes***

The DSD has embarked on a process of developing tools to monitor the provision of services. This is a collaborative effort that seeks to standardise monitoring. These tools are consolidated in a table at the end of this chapter.

In addition, the DSD has developed a quality assurance process to be followed by all

teams as they conduct monitoring. This particularly important process is described in detail in the next chapter.

#### ***Step 2: Data Collection/ monitoring of quality***

The DSD has developed special monitoring tools for each category of service provided. The tools seek to measure both compliance against practice standards, regulatory and statutory requirements, and the quality of the service delivered. Monitoring tools assist the DSD to collect data about service provision at all levels in the country.

Data that is used to monitor the quality of services will be gathered through an automated information system. The quality of the services must be determined through different methods

which include self-assessment by the centre, auditing by the province and verification by the national department using standard tools and processes. In addition, other means of collecting information such as customer satisfaction questionnaires, focus groups, reviews, observations, and sampling will be considered.

### ***Step 3: Analyse and Synthesise Data and Results***

The information gathered during monitoring is important not only at the aggregated national sector level, but also at lower levels, such as provinces, districts/regions, and local municipalities. Thereafter, the system will generate different types of reports that will, for example, identify trends and patterns, determine risks, and make comparisons. This will help alert authorities to trouble spots that need urgent attention and capture success stories that can potentially be replicated as best practices.

However, the collection of data will be worthwhile when further steps are taken in the analysis and synthesis of the data to ensure that the resulting information feeds into the broader DSD decision-making processes. Only then can the process help improve service provision, social sector practices, policies, procedures, and resource allocation.

### ***Step 4: Implement Changes based on the Analysis***



It is envisaged that the quality assurance team/s will generate reports that identify areas of strength, areas for development, make recommendations for individual cases and create organisational development plans based on focus areas that need intervention. The findings made must enable robust discussions about improvements made, underperformance by certain

sectors in the system, and recommend action to be taken. It is this action that will bring about the necessary changes to achieve continuous improvement. The key to any quality activity is that because of the lessons learned, change will occur, improvements will be sustained over time and progress will be tracked and documented.

### ***Step 5: Conduct an Evaluation of the System***

To conduct an evaluation of the QAF is a process that needs to be thoroughly planned to yield the intended results as it can be costly and time-consuming. The evaluation of the QAF will be dealt with in detail in the last chapter.

## Roles and Responsibilities of Provincial Departments



### Strategy Development

- Develop a provincial strategy aimed at establishing a properly resourced, co-ordinated, and managed protection and alternative care services for children.
- Avail information on profiles to the Minister of Social Development for purposes of the review of the strategy.



### Provision of Child Care Protection and Alternative Care Services

- Facilitate the establishment and operation of sufficient Child Care Protection and Alternative Care Facilities and Services.
- Prioritising those types that are urgently required by communities,
- Liaise with various stakeholders to facilitate the identification and provision of suitable premises.
- Ensure structural safety, health, and other requirements of the municipality of the area where the child care facility is situated.



### Provincial and Child Profiling

- Maintain a record of all alternative care facilities in the province, the types of facilities, and the number of each type of facility.
- Compile a profile of the children in that province in the prescribed manner.



### Administrative Duties

- Manage registration, deregistration, conditional registration, cancellation, suspension, renewal, re-registration, enforcement of norms and standards .
- Appeal against and review of certain decisions.
- Assign some of these functions to municipalities/districts/regions.
- Coordination of intersectorial collaboration.



### Budget Management

- Avail a budget for the provision and funding of Alternative Child Care Facilities.
- Prioritise provision of Alternative Child Care Facilities in communities in line with norms and standards.



### Monitoring and Evaluation

- Ensure compliance of Alternative Child Care Facilities with national norms and standards.
- Conduct inspections at the prescribed intervals of Alternative Child Care Facilities in the province to enforce the provisions of the Children's Act.

All this means that the province must develop a strategy on how it will meet the requirements of the Children's Act and provide oversight over the different types of centres and programmes offered. This means quality assurance will be a thread evident in their strategic, annual performance and operations plans. To this end, provinces must be supported to fulfil their roles and responsibilities with diligence because poor monitoring processes will adversely affect the quality of services rendered.

Therefore, there must be clear processes and procedures to be followed when determining the quality of services using specially developed/designed monitoring tools. These monitoring tools must be in line with the regulations, norms and standards associated with the Children's Act.

Below is a sample of a provincial assessment tool to determine compliance, as well as the level of implementation of the Children's Act by provinces. The provincial assessment will be followed by a provincial action plan to determine the basis of what needs to be improved to be fully compliant with the Children's Act.

### Sample from the Provincial Assessment Tool

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROV INCE	NATION AL
1.	OUTCOME 1: EFFECTIVE AND EFFICIENT MANAGEMENT OF IMPLEMENTATION OF THE CHILDREN'S ACT								
1.1	The provincial department has a system of periodically assessing social phenomena in communities to determine the need for various services.	The provincial department has no system of assessing social phenomena in communities to determine the need for various services.	The provincial department has an ineffective system of assessing social phenomena in communities to determine the need for various services.	The provincial department has an effective system of assessing social phenomena in communities, but the results are not used to inform service provision.	The provincial department makes follow-ups on its system of assessing social phenomena in communities.to improve service provision.	The provincial department regularly reflects on its system of assessing social phenomena in communities to ensure the efficiency and effectiveness of the QAF.	<ul style="list-style-type: none"><li>Research/ Needs Analysis Report</li><li>Minutes of Review Meetings</li></ul>		
1.2	The Children's Act is a standing agenda item in management meetings to support implementation and monitoring	The Children's Act is never an item on the standing agenda	The Children's Act is occasionally an item in the standing agenda	The Children's Act is always an item in the standing agenda with a detailed report	The Children's Act is always an item in the standing agenda with evidence of monitoring	The Children's Act is always an item in the standing agenda with evidence of implementation	<ul style="list-style-type: none"><li>Records/Minutes of senior management meetings</li></ul>		
1.3	Senior Managers (HoD and management) understand the Children's Act and its implications	No senior managers trained in the Children's Act.	25% of senior managers trained in the Children's Act.	50% of senior managers trained in the Children's Act.	75% of senior managers trained in the Children's Act.	100% of senior managers trained in the Children's Act.	<ul style="list-style-type: none"><li>Continuous Professional Development Certificates</li></ul>		
1.4	Implementation of the Children's Act is included in the Strategic Plan, the Annual Performance Plan & Operational Plan.	Implementation not included in the Strategic Plan, Annual Performance Plan & Operational Plan	Implementation not included in the Strategic Plan only.	Implementation not included in the Strategic and Annual Performance Plans only.	Implementation not included in the Strategic, Annual Performance and Operational Plans.	Implementation is included in all three plans and linked to staff key performance areas/indicators.	<ul style="list-style-type: none"><li>Strategic Plan</li><li>Annual Performance Plan</li><li>Operational Plan</li><li>KPAs/KPIs</li></ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
1.5	The National Child Care and Protection Policy, the Children's Act and all other relevant guidance documents and circulars are made available/ accessible to Social Service Practitioners (SSPs) to support the implementation of the Children's Act.	Documents and circulars are neither available nor accessible to SSPs to support the implementation of the Children's Act.	Documents and circulars are available but not accessible to Social Service Practitioners.	Documents and circulars are available and accessible for use by Social Service Practitioners.	Social Service Practitioners use the documents and circulars to support and improve service provision.	Social Service Practitioners reflect on the documents to enhance the effectiveness and efficiency of the QAF.	<ul style="list-style-type: none"> <li>Signed off receipt by officials in specially designed registers</li> <li>List of suggestions</li> </ul>		
1.6	The province has an up-to-date, accessible, and centralised Management Information System (MIS)	The province has no up-to-date, accessible, and centralised Management Information System (MIS)	The MIS is 25% complete and used by managers for decision making.	The MIS is 50% complete and used by managers for decision making.	The MIS is 75% complete and used by managers for decision making.	The MIS is 100% complete and used by managers for decision making.	<ul style="list-style-type: none"> <li>MIS</li> </ul>		
Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong		TOTAL POINTS EARNED			
The province does not have an internal coordinated system of control to ensure the implementation of the Children's Act and other related policies. Managers must correct this deficiency with immediate effect. Develop an Action Plan to get the systems to an acceptable level.		The provincial internal systems to implement the Children's Act are not sufficient to ensure effective and efficient implementation of the Children's Act. Managers must develop an Action Plan to improve the systems.		The province has adequate systems of control to ensure the implementation of the Children's Act. There is evidence that best practice is being implemented in some areas in the province. Managers must recognise and share best practices in their reports.		COMMENTS BY NATIONAL VERIFIER			

### An Action Plan Developed by Provinces

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
1.	OUTCOME 1: EFFECTIVE AND EFFICIENT MANAGEMENT OF IMPLEMENTATION OF THE CHILDREN’S ACT					
1.1	The provincial department periodically assesses social phenomena in communities to determine the need for various services.			<ul style="list-style-type: none"><li>▪ Research/ Needs Analysis Report</li><li>▪ Minutes of meetings</li></ul>		
1.2	The Children’s Act is a standing agenda item in management meetings to support implementation and monitoring			<ul style="list-style-type: none"><li>▪ Records/Minutes of senior management meetings</li></ul>		
1.3	Senior Managers (HoD and management) understand the Children’s Act and its implications			<ul style="list-style-type: none"><li>▪ Continuous Professional Development Certificates</li></ul>		
1.4	Implementation of the Children’s Act is included in the Strategic Plan, the Annual Performance Plan & Operational Plan & is a strategic goal			<ul style="list-style-type: none"><li>▪ Strategic Plan</li><li>▪ Annual Performance Plan</li><li>▪ Operational Plan</li></ul>		
1.5	The National Child Care and Protection Policy, the Children’s Act and all other relevant guidance documents and circulars are made available/accessible to social service practitioners			<ul style="list-style-type: none"><li>▪ Signed off receipt by officials in specially designed registers</li><li>▪ List of suggestions</li></ul>		

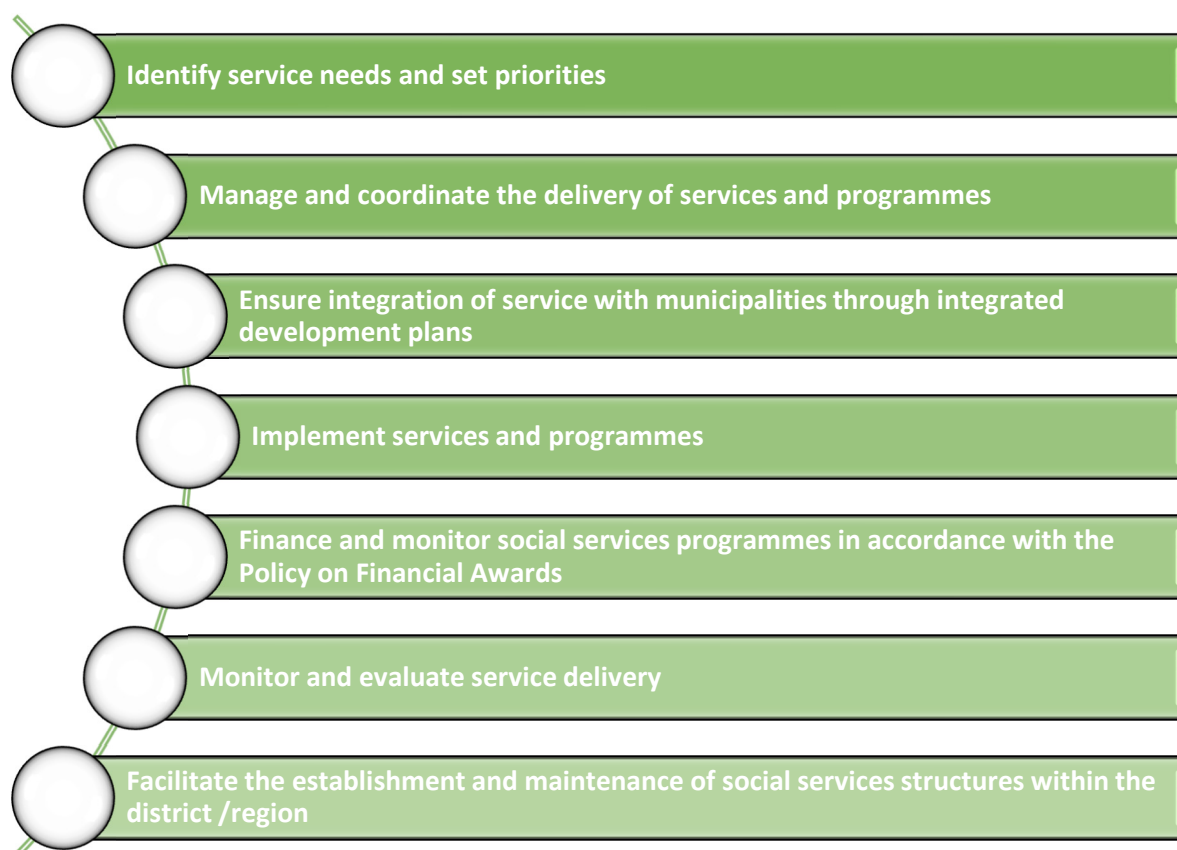
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT		MEANS OF VERIFICATION		NEW SCORE	
							PROVINCE	NATIONAL
	to support the implementation of the Act.							
1.6	The province has an up-to-date, accessible, and centralised Management Information System (MIS)				▪ MIS			
Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong	TOTAL POINTS EARNED			
The province does not have an internal coordinated system of control to ensure the implementation of the Children’s Act and other related policies. Managers must correct this deficiency with immediate effect. Develop an Action Plan to get the systems to an acceptable level.		The provincial internal systems to implement the Children’s Act are not sufficient to ensure effective and efficient implementation of the Children’s Act. Managers must develop an Action Plan to improve the systems.		The province has adequate systems of control to ensure the implementation of the Children’s Act. There is evidence that best practice is being implemented in some areas in the province. Managers must recognise and share best practices in their reports.	LAST ASSESSMENT	NEW ASSESSEMENT		



## **Roles and Responsibilities of the District/Regional Offices**

The Children's Act gives authority to the provincial head and MEC for Social Development in the province to delegate some of the functions to districts/regions through written agreements.

These offices have the following roles to play:



It is evident, that there must be a close relationship between the province and the district/regional offices to ensure a continuum of services in line with the QAF principles and goal of quality service provision in the best interest of the children.

## **Roles and Responsibilities of Local Offices/DSD Service Points**

Local offices also have a role to play in the provision and monitoring of services given to children in line with the Children's Act. These delegated functions are rooted in the community to ensure awareness, participation, and coordination of services near where they are needed. In that way, they are more accessible to the users.



## Conclusion

It is only when everybody in the system does that which is expected from them, that the department will achieve its goal of providing the best possible care for the children who live and use its facilities and programmes.

The findings and recommendations made, will inform the agenda of the constructive feedback to implementers to determine appropriate remedial action to be undertaken to improve quality. The QAF is therefore the organising mechanism that links the different parts of the system to a coherent whole for ease of measuring impact.

## CHAPTER 4: EMBEDDING THE QUALITY ASSURANCE FRAMEWORK

### Introduction

It is one thing to develop a QAF and another to implement it for improved service delivery. This chapter is about practical things that can be done to ensure that the DSD implements the QAF. South Africa has been criticised for developing great and progressive policies but lacks implementation thereof. A QAF is a living document that should guide implementation.

A QAF extends beyond documenting but must also guide implementation. On its own, a document will not guarantee the achievement of quality services in the DSD. There are other factors that influence the long-term success of a QAF beyond the development of policies and procedures, norms, and standards.

### Critical Success Factors

In ensuring implementation, it is critical that the DSD ensures the following guidelines to achieve the objectives of the QAF.

#### *Top Management Commitment*

Senior managers at the DSD must be seen to support the implementation of the QAF. This can be done through for example:

- Incorporating quality into the strategic, annual, and operational planning processes of the DSD.
- Incorporating quality elements into the organisational structure and organisational improvement. When linked to the individual performance management system, quality will be everybody's business and it will be reviewed regularly with every performance appraisal.
- Incorporating quality as part of the DSD policies and procedures. This is one way of enforcing compliance by all.
- Including quality in the budgeting process so that there are resources set aside to continuously work on it for continuous improvement.
- Making quality a standing item in the management meetings and during the strategic planning sessions of the DSD.
- Appointing a multi-stakeholder Quality Assurance Review and Improvement Committee who will be responsible for updating and improving the QAF.
- Ensuring that there are adequate resources (adequate staffing, appropriate information systems and training) available to implement quality assurance activities.

### ***Staff Accountability***

All staff members must comply with legislation, procedures and standards of practice as set out in the QAF as they are responsible for ensuring that these standards are met. Making quality everybody's business means that staff members must not view quality as an added responsibility but as a means of improving what they are already doing. This can be done by linking quality to the performance management and development system (PMDS) of the DSD. Every staff member will thus have quality as a special key performance area (KPA). The KPAs will differ following the seniority of the position occupied in the department. This means that with every performance review, the DSD will also be reviewing its QAF and implementing improvements at the organisational level of the individual.

### ***Development of a Culture of Reflection***

The QAF must be entrenched through a culture of self-assessment across all levels of the department. This can be done by individuals where staff engage in peer review activities as they work in quality teams and give one another constructive feedback. A quality team can focus on one or more elements/outcomes depending on what the DSD wants to achieve at the time in line with the QAF nine elements that must be reviewed and implemented to ensure continuous improvement in the system. Self-assessment is also embedded into the QAF as one of the steps undertaken when professional teams conduct monitoring of services.

### ***Capacity Building of Staff***



Any successfully implemented QAF must include the training and development of staff who will be implementing it. Staff and their line managers are responsible for continuous professional development and evaluation of their own practice, through supervision and the appraisal process. Such training will help them support the culture of quality and create commitment. The DSD must develop a Continuous Professional Development Model to

build the capacity of staff to deliver against their quality Key Performance Areas (KPAs). Depending on their level of involvement and position in the department, different staff members need different types of training and different levels of expertise as shown below.

**Expert Training** – The training of staff that will lead the QA process in the department must be intensive and geared to create experts in the system. This might involve university education for such leaders. The DSD will offer bursaries to those staff members who must upgrade their skills and knowledge in this critical area.

**Targeted Training** – Some staff members may need to be targeted to perform specific functions critical to the QAF. For example, the training Quality Auditors and/or Data Analysts who will audit and collect data from provinces, analyse it and give them feedback while documenting trends that measure the effectiveness and efficiency of the Child Care and Protection System in the country.

**Generic Training** – Most staff members will need generic training in the QAF to familiarise them with the concepts and processes used in the integrated QAF. Included in this category of training is the induction for new staff members. This will ensure that everybody is competent in the maintenance and review of the QAF. Conducting training workshops, holding Quality Assurance seminars and conferences to popularise the QAF and getting feedback from users, stakeholders, and university researchers on how to continuously improve maybe some of the capacity-building strategies used to entrench the QAF.

### ***Use Data and Feedback to improve the QAF***

The QAF will generate a lot of data from the self-assessment, auditing, and verification processes. The DSD will conduct Impact Studies periodically to determine the efficacy of the QAF through an independent service provider. This rich data must be analysed and synthesised to understand the impact of the QAF on service delivery. It will also contribute towards data-driven decision making to solve implementation challenges.

### ***Involvement of Internal and External Stakeholders***

The participation of different stakeholders is critical to the successful implementation of the QAF. When setting up mechanisms as part of quality planning, implementation, evaluation and review, there must be representatives of the different internal and external players. This implies that there must be a communication plan that helps keep everybody informed and up to date with the latest developments.

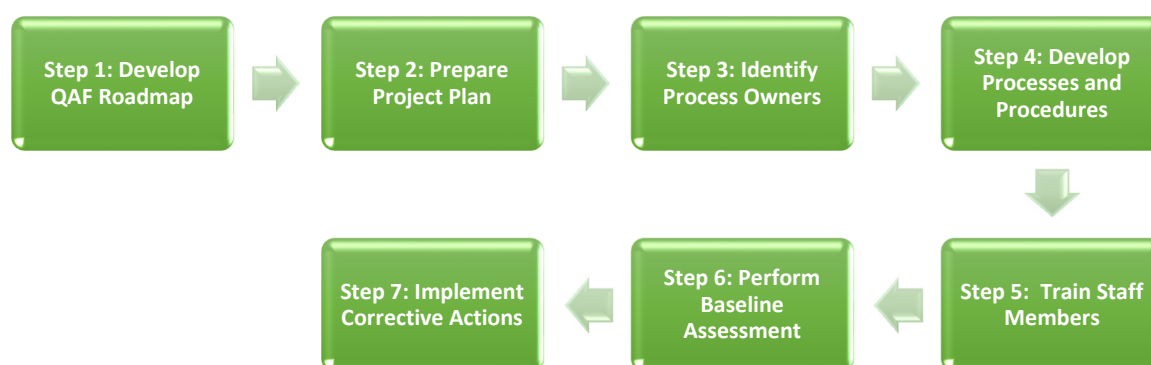
### ***Information Management***

Information management is critical for the measurement of the achievement of organisational goals, and to ensure that objectives are being met in line with the QAF objectives of the DSD. This further assists with the documenting of processes for research and learning, recording best practices, for the monitoring and evaluation of services

provided to the children, and for the provision of training and guidance to new staff members. Without effective information management, it would be impossible to plan service delivery that meets the needs of the children and their families.

### Implementation Roadmap

The following is an example of an operational roadmap that can be used by the national department to guide implementation.



**Step 1: Develop a QAF Map:** This step must give a broad overview of what the DSD wants to achieve annually. This means that managers must set SMART objectives and plot them over, for example, a three-year period. For example, the nine elements of the QAF can be divided into three sections and allocated to three quality teams. Each team will focus on one element per annum to ensure that it improves. This means understanding the baseline (starting point) and setting SMART objectives on what needs to be improved and how. At the end of three years, an impact evaluation will be conducted. The most improved team might be incentivised.

**Step 2: Prepare a Project Plan:** A Gantt Chart Project Schedule that identifies all key milestones, project activities, planned start and complete dates, responsibilities, and completion percentages will be developed. This chart is used to track progress against the map developed above.

**Step 3: Identify Process Owners:** Process owners are staff members identified to be responsible for completing and implementing assigned tasks. They are charged with leading the process team, taking ownership of the process described in the procedure and arranging for not only awareness training but also leading the team in implementation.

**Step 4: Develop supporting Processes and Procedures:** These are meant to guide implementation as this might be a new process that demands new rules of engagement. These may relate to budgeting, meetings, reporting and other operational matters that must not be allowed to derail the process.

**Step 5: Train Staff Members:** Members of staff may feel overwhelmed without the proper training and support. Various levels of staff training have been discussed above. The DSD may use various methods to train staff members including, online learning, staff development meetings, workshops, seminars and webinars, formal awareness training sessions and, where needed, on-the-job coaching situations.

**Step 6: Perform baseline assessment:** It is important for the DSD to determine the starting point because it will help when measuring progress against set targets. A baseline assessment tells the system where it is currently. It is important to know the challenges facing the system and the areas of strength that must be maintained. The DSD can conduct a process evaluation halfway through the set three-year target to check progress and not wait until after the end of the period set period only to discover the need to review strategies. An impact assessment can be done after every three years as set in the roadmap.

**Step 7: Implement Corrective Actions:** In the same way that service providers have been advised to do regular internal audits of their services, all staff members participating in this project will be involved in conducting self-assessment. For example, a table can be developed with a focus on one theme. The themes will differ depending on the roles and responsibilities of the staff members and the level at which they are operating in the department.

Input from these internal audits and other suggestions or recommendations should be translated into corrective actions and implemented as part of the organisation's continuous improvement process. Management on a regular basis should evaluate the effectiveness of these corrective actions by ensuring that they have quality as a standing agenda item in their meetings.

## Conclusion

The chapter has summarised steps to be taken to embed the QAF into the DSD processes and procedures. The framework is a document developed to assist in the improvement of the quality of services by:

- Reviewing the quality of practice against standards and expectations regarding performance; data, national standards, regulatory requirements to support the QAF.
- Identifying strengths in practice that can be shared with others and built upon to ensure continuous improvements.
- Identifying shortcomings in practice that require further action and improvement, that will lead to sustainable improvements.
- Ensuring that all staff understand their roles and responsibilities regarding quality assurance of practice and that improving quality of practice is part of their everyday life.
- Fostering a culture of continuous improvement, tackling problems openly and honestly and leading to visible change.
- Identifying learning and development needs for individuals, teams, practice areas, services, and partners.
- Embedding the voice of children and young people in practice and improvement activities.



## CHAPTER 5: EVALUATING THE QUALITY ASSURANCE FRAMEWORK

### Introduction

In the previous chapters, we have reviewed in depth how to monitor the system using different types of tools and methods for the various centres and programmes that fall under the Children's Act. In this chapter, we would like to focus on evaluation. Although this chapter is placed at the end of the handbook, all the concepts, namely, the Theory of Change, Logic Model, the Quality Assurance Framework, and Monitoring and Evaluation, are interlinked and should not be considered in isolation. The concepts are not sequential.

### Understanding Evaluation

Evaluation has been described as taking a step back and reflecting on the overall success and failure of a project. It is about extracting lessons learned on a strategic level, for feedback into the planning system to effect improvement. It is therefore directly linked to quality delivery.

A formal definition of Evaluation within the South African government follows:

*Evaluation is a time-bound and periodic exercise that seeks to provide credible and useful information to answer specific questions to guide decision making by staff, managers, and policymakers. Evaluations may assess the relevance, efficiency, effectiveness, impact, and sustainability. Impact evaluations examine whether underlying theories and assumptions were valid, what worked, what did not and why. Evaluation can also be used to extract crosscutting lessons from operating unit experiences and determining the need for modifications to strategic results frameworks. (Policy Framework for a Government-Wide Monitoring and Evaluation System, p.8.)*

Evaluation (together with monitoring) is part of a process that commences with the planning of a project or programme. It is about looking critically at what has been accomplished in a programme or project and assessing the extent to which its stated aims have been achieved, and/ or its impact. Evaluation criteria should be established at the start of a programme or project so that planning and implementation are aligned to what will be monitored during implementation and measured or assessed (evaluated) at the end of the project. Thus, Evaluation is a strategic-level process.

## The Relationship between Monitoring and Evaluation

This Quality Assurance Framework is built around the principle of monitoring delivery and implementation to ensure success and is about ensuring that DSD realises Strategic Outcome-Orientated Goal 5: To strengthen coordination, integration, planning, monitoring and evaluation of services. This is to ensure that service delivery achieves better results and makes a significant difference in the clients' – our children's – lives. Without tangible impact, service delivery becomes meaningless. Other chapters spell out the mechanics, tools and processes required for monitoring.

Evaluation is the **endpoint** task that reflects on the results, outcomes, and achievement of indicators of each project. Without Evaluation, the process is incomplete, as feedback is not available to inform decisions about future programmes or projects.

## The Policy Framework for M & E

Government has a particular mandate and responsibility to deliver services to the South African public. Its challenge, and aim, is to deliver services more efficiently and effectively. One of the mechanisms that can assist in achieving this aim is Monitoring and Evaluation as a golden thread through the design and implementation of programmes and projects.

Monitoring and Evaluation is a requirement for Government Departments, as specified and explained in the Government-Wide Monitoring and Evaluation System (2007). This policy framework "applies to all entities in the national, provincial and local spheres of government" (Presidency, 2007:1).

The more recent National Evaluation Policy Framework "provides the basis for a minimum system of evaluation across government" (2019, p.6). Therefore, this QAF, with its detailed requirements for Monitoring and Evaluation at a systemic and strategic level within the DSD, is aligned with government requirements.

A further requirement stipulated in the National Evaluation Policy Framework (NPEF) is for M & E processes to be "equity responsive – taking into account the extent to which interventions achieve gender equality, address vulnerability and facilitate transformation." (NEPF p. 13.) The DSD M & E processes must therefore embrace and incorporate equity responsiveness.

The Medium-Term Strategic Framework (MTSF) remains the overarching conceptual framework, developed by the centre of government that seeks to identify the development challenges that the public sector must confront in future. It serves to guide planning and budgeting across all three spheres of government and informs the core elements of the

budgetary submissions that the Department of Social Development should make. The Medium-Term Expenditure Framework (MTEF) depicts the rolling cycle of planning and performance measurement to inform delivery targets. The MTSF and MTEF form the underlying foundation of the DSD's strategic and financial planning as well as its monitoring and evaluation.

### **The DSD Strategic Plan**

The Medium Term Strategic Framework (2019-2024) identifies 7 priority areas. These are articulated in the DSD Strategic Plan (2020-2025) as follows:

Priority 1: A Capable, Ethical and Developmental State.

Priority 2: Economic Transformation and Job Creation.

Priority 3: Education, Skills and Health.

Priority 4: Consolidating the Social Wage through Reliable and Quality Basic Services.

Priority 5: Spatial Integration, Human Settlements and Local Government.

Priority 6: Social Cohesion and Safe Communities.

Priority 7: A better Africa and World.

#### **(Department of Social Development. Strategic Plan 2020-2025, pp. 11-12.)**

The DSD's Strategic Plan indicates, for each of the priority areas of government, how DSD contributes. The DSD has further identified 3 outcomes against which programmes are delivered within the 2020 – 2025-time frame. They are as follows:

Outcome 1: Reduced levels of poverty, inequality, vulnerability & social ills.

Outcome 2: Empowered, resilient individuals, families and sustainable communities.

Outcome 3: Functioning, efficient and integrated sector.

#### **(Department of Social Development. Strategic Plan 2020 – 2025, p. 27.)**

The outcomes are in turn tied to outcomes indicators and targets within the 5-year time frame.

This drilling down is an important component, in the set-up of a monitoring and evaluation system and the establishment of outcomes, inputs, outputs and indicators. Evaluation should therefore feedback into the DSD's Strategic Planning Process so that lessons

learned, and insights gained are not lost but used to improve the implementation of similar projects or programmes.

## Types of Evaluation



Evaluation can be of different types, for different purposes and take place at different times during a project.

The information in the table below clarifies these distinctions:

Types of Evaluation	Characteristics	When appropriate
<b>Diagnostic Evaluation</b>	Preparatory research is conducted about the current circumstances. Look at what the potential intervention could and could not hope to achieve.	Prior to a project, to enable informed planning
<b>Design Evaluation</b>	Looks at whether the Theory of Change is appropriate, is the logic underpinning the design of the programme accurate. Are the indicators of success and the assumptions made, correct?	A short while (a year or so) after a project/ programme has been designed
<b>Implementation Evaluation</b>	Look at the detail of the programme – activities, outputs, outcomes, use of resources, as well as the quality and usefulness of the indicators and assumptions. Builds on monitoring processes. Ask: How effective and efficient are the processes in the programme?	During project/ programme implementation
<b>Outcome Evaluation</b>	Is the programme influencing the beneficiaries' wellbeing or behaviours? Is the programme able to achieve its purpose?	Once the programme has at least started its interventions.

<b>Economic Evaluation</b>	An analysis of the costs of the programme versus the benefits gained.	At any point in the process
<b>Impact Evaluation</b>	Measures changes in outcomes and the target population, that can be traced to an intervention. It informs decisions about whether an intervention should or should not be modified or continued.	Check at key stages – 3-5 years. At the end of a programme.
<b>Evaluation Synthesis</b>	High level. Several evaluations across the sector are put together. To evaluate across functions, a sector, or an issue.	After several evaluations are complete within a sector.

Summarised and adapted from the National Policy Framework, p. 23.

### Monitoring and Evaluation Principles

Monitoring and Evaluation are based on seven key principles, described in the following table:

Seven key principles of Monitoring & Evaluation	
Principle	
1.	M&E should contribute to <b>improved governance</b> .
2.	M&E should be <b>rights-based</b> .
3.	M&E should be <b>developmentally-orientated</b> - nationally, provincially, and locally.
4.	M&E should be undertaken <b>ethically and with integrity</b> .
5.	M&E should be <b>utilisation-orientated</b> .
6.	M&E should be <b>methodologically sound</b> .
7.	M&E should be <b>operationally effective</b> .

(Adapted from Policy Framework for a Government-Wide Monitoring and Evaluation System, p.3)

The principles of M&E are remarkably like the principles and the approach which the DSD uses, most especially in its care for children. A human rights approach is an essential underpinning DSD principle that never wavers!

## Monitoring and Evaluation Concepts

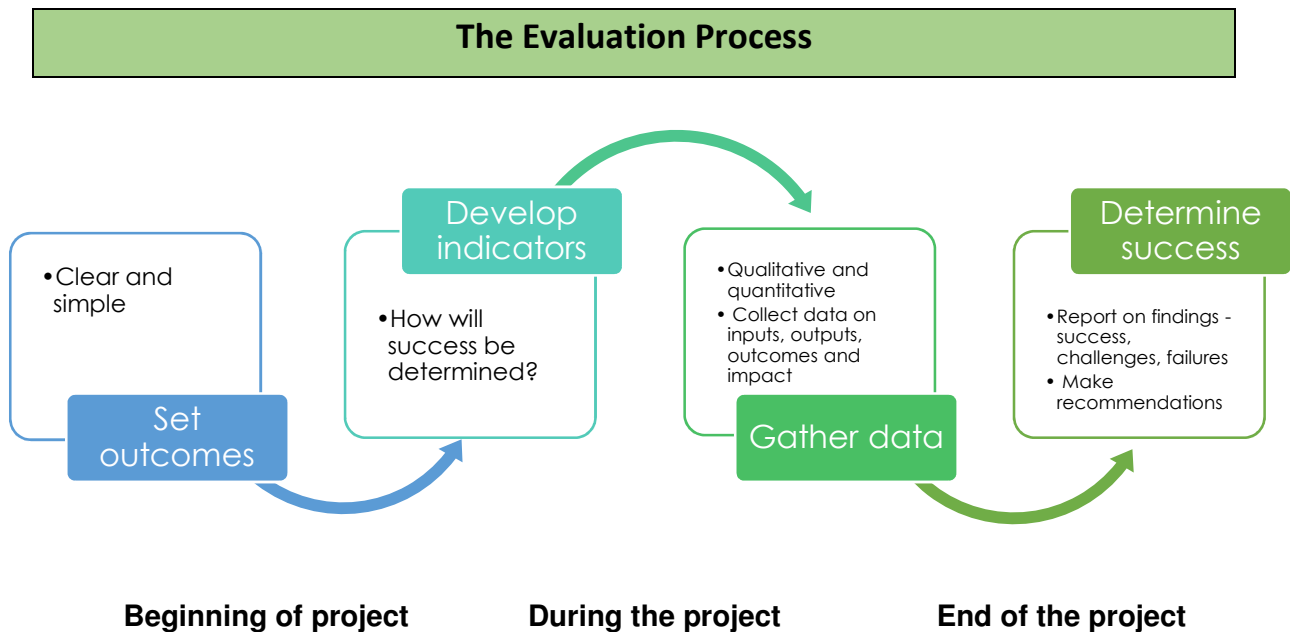
Monitoring and Evaluation are built around the following fundamental concepts:

Fundamental Concepts of Monitoring & Evaluation	
<b>Inputs</b>	These are all the resources that contribute to the production of service delivery outputs. Inputs are <b>what we use to do the work</b> . They include finances, personnel, equipment, and buildings
<b>Activities</b>	These are the processes or actions that use a range of inputs to produce the desired outputs and ultimately outcomes. In essence, activities describe <b>what we do</b>
<b>Outputs</b>	These are the final products, goods and services produced for delivery. Outputs may be defined as <b>what we produce or deliver</b>
<b>Outcomes</b>	This is <b>what we wish to achieve</b> . Outcomes are often further categorised into immediate/direct outcomes and intermediate outcomes. Outcomes are more <b>immediate</b> achievements. They are typically supported by indicators (see below)
<b>Indicators</b>	These are the <b>specific, observable, and measurable characteristics</b> or <b>signs</b> used to indicate the presence or state of a situation or condition. They are a <b>quantitative</b> measure
<b>Impact</b>	This is the result of achieving specific outcomes, such as, 'To deepen social assistance and extend the scope of the contributory social security system' <sup>3</sup> . Impacts are <b>how we have influenced communities and target groups</b> . The impact is about longer-term, sustainable changes. The impact is about <b>development</b>

(Adapted from Policy Framework for a Government-Wide Monitoring and Evaluation System, p.2; ILO, Project Evaluation, p.4; and UNAIDS, An introduction to indicators, p.14)

**Note: Impact should also consider whether there were unintended consequences to an intervention or programme. The impact could also be negative – and this should be raised and discussed openly so that the consequence can be remedied.**

## The Evaluation Process



After a project has been completed, it is a good idea to bring the team together and discuss how the project rolled out. The kind of questions that you could ask are:

- What went well?
- What went badly?
- How did the team work together?
- What lessons have we learned from the project?
- What should we do differently next time?

### Questions that the Evaluation should ask:

- How were resources allocated and used?
- What should be improved about resource allocation and utilisation?
- What does the Evaluation demonstrate about what we need to do, to improve performance?
- How should challenges be addressed and how can achievements be replicated?
- What decisions need to be made about programmes, projects, priorities, and planning?
- What does the Evaluation tell us about the performance of the programme (that this project was aligned to) and the project leaders?

- How can the Evaluation assist in performance improvement (at a departmental level, a programme level, and/or a project level)?
- What concrete results can be demonstrated/shown?
- What challenges in service delivery have been highlighted? How should these be addressed?
- To what extent does the Evaluation reflect the achievement of the DSD mandate and the strategic outcome-orientated goals as set out in the Strategic Plan?

The NEPF asks questions against evaluation criteria as follows:

- Relevance – Is the intervention doing the right thing?
- Coherence – How well does the intervention fit?
- Effectiveness – Is the intervention achieving its objectives?
- Efficiency – How well are resources being used?
- Impact – What difference does the intervention make?
- Sustainability – Will the benefits last?

**(National Evaluation Policy Framework, 2019: pp. 26-7.)**

**What should be looked at during evaluation?**

Process	Explanation	Example
<b>Inputs</b>	What resources were used? How much did the intervention cost? How many people. With what skills were involved?	This is about quantifying costs, use of tools and equipment, people resources
<b>Outputs</b>	What was produced? What was done?	Look at the activities carried out
<b>Outcomes</b>	What was achieved? (immediately and intermediately)	Look at the achievements



Process	Explanation	Example
<b>Indicators</b>	What are the stated measures (indicators) of success? How will we recognise success?	Look at the quantifiable and observable metrics (numbers) achieved  Qualitative observations/ information may also be reported
<b>Impact</b>	Is there evidence of a change in people's lives brought about by this intervention?	This is about assessing long term change. It is important, that you are clear about the <b>scope</b> of impact (is it narrow – e.g., household income – or open – where many variables are included), the <b>level</b> – individual citizen, household, sub-group or community, organisation or institutional, sector or environment level, the <b>immediacy</b> and <b>durability</b> of the change. For example: Have children who accessed services remained in school during the project? OR Have children who accessed services remained in school for the duration of their schooling?

Note: Consider referring to the high-level outputs as provided in the DSD Strategic Plan for [2020-2025](#) to ensure that programmes are properly aligned.

### Clarifying how Evaluation results should be presented

Since the Evaluation is about gathering data, decisions need to be made about how that data is presented in the evaluation report. Each part of the Evaluation process (input, output, indicator, outcome, impact) needs to be reported on.

Use the most effective and efficient way to represent the data. This could be in the form of pie charts, bar graphs, histograms, line graphs, whatever visual format best suits the purpose of displaying the data. A pie chart is useful to indicate the relative proportion of

expenditure; bar graphs may be useful to indicate the number of youths accessing social services over time; line graphs or a histogram could indicate trends over time.

Qualitative data is most useful presented in clusters indicating the sort of responses that were gathered from the recipients of services.

**An evaluation report for the DSD should:**

- Be strongly and clearly aligned to the DSD's mandate, its strategic objectives and the government's PoA.
- Comment on the stated programme/project outputs and impact(s).
- Show what information was collected and by what method(s).
- Measure success against indicators developed at project commencement.
- Indicate if outputs and impacts of the project were achieved or not.
- Indicate why outcomes and impacts were achieved or not.
- Include recommendations for improvement.
- Use precise, simple language and avoid ambiguity.
- Present supporting evidence.
- Exemplify sound reasoning.
- Suggest activities to be retained, those to be dropped and what needs to be improved and how
- Consider the target audience.

**(Adapted from Department of Water Affairs and Forestry. 2005. *Project Monitoring and Evaluation*, pp. 29-30.)**

## **Conclusion**

Evaluation is integral to the interrelated processes of strategic planning, implementation and monitoring of programme and project delivery. (All of which should occur within a Quality Assurance Framework (QAF)). While Evaluation is often thought of as the endpoint of an intervention, this is not the case. It must be built into the design of the programme or project from the start, even as the Theory of Change is articulated. Also, the principles of the Quality Assurance system must inform the Evaluation process and form a keystone of the Evaluation criteria. The DSD must continue to apply the overarching tenet of our Constitution, the Children's Act, and this Quality Assurance manual, all of which are human rights-based. Interventions with and for children must, first and foremost, always have their care and protection at the centre.

Feedback of Evaluation insights, data and analysis must be provided up the chain by both the local and provincial tiers, so that national can collate and analyse the information.

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**social development**

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Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

**PART B QUALITY ASSURANCE FRAMEWORK FOR THE  
CHILDREN'S ACT  
MONITORING TOOLS**

**March 2021**

## MONITORING OF CHILD CARE AND PROTECTION SERVICES

### Introduction

The Children's Act, its regulations, norms, and standards provide that monitoring, quality assurance be conducted. Such monitoring must take place at all three spheres of government, namely, local, provincial, and national. For instance:

Section 304 (1) gives powers to designated officials in the Organ of State to conduct inspections to partial care facilities, child, and youth care centres including shelters, as well as drop-in centres. Any person authorised by Director General (DG), Head of Department (HoD) or Municipality may enter any child and youth care centre, partial care facility, shelter and drop-in centre or any place which on reasonable suspicion is being used as an unregistered child and youth care centre, partial care facility, shelter and drop-in centre.

It is critical that the organs of state liable to conduct monitoring and/or quality assurance of child care and protection services fully comply with the legislation requirements. This part of the Quality Assurance Framework (QAF) seeks to provide practical guidance in monitoring or conducting quality assurance by the service delivery implementers for uniformity and standardisation. The need to standardise the process can never be over-emphasised.

### Frequency of Monitoring Services

The following table shows the legislated time frames for monitoring the different child care facilities and/or programmes where services for children are provided.

	SERVICE/PROGRAMME	FREQUENCY
1.	Partial Care Facilities	5 years
2.	Early Childhood Development	2 years
3.	Prevention and Early Intervention Programmes	1 year
4.	Child and Youth Care Centres	3 years
5.	Drop-in Centres	5 years
6.	Cluster Foster Care schemes	To be determined
7.	Foster Care Supervision	2 years

### Developmental Quality Assurance

The other aspect of quality assurance is to conduct a Developmental Quality Assurance (DQA) to Designated Child Protection Organisations (DCPOs), Non-Governmental Organisations

(NGOs), as well as DSD Service Points providing child care and protection services. DQA must be done by a professionally trained team of experts in line with the legislation and QAF. It can either be done through an internal (self) and/or external assessment to enable the organisation to focus efforts to improve service delivery, measure progress and take corrective action. The team that conducts the assessment must be able to identify areas of excellence that must be maintained and areas of development that must be improved.

### **Rational for DQA**

The team leader and members need to follow the DQA process and ensure a fair, efficient, and effective process that is acceptable to all stakeholders. This will help avoid any comebacks in the form of objections and appeals by those whose services were assessed. The whole idea is not to punish but to support and develop to improve service delivery in the interest of the children and their families.

The value of the DQA process lies in the completion of the ODP and the follow up thereafter because that is when continuous improvement of the DQA is guaranteed. Without continuous improvement, there will be no quality assurance.


The Children's Act also prescribes the manner, in which certain services have to be rendered and further provides time frames and/or forms to be completed while rendering child care and protection services for uniformity and standardisation. The forms include but are not limited to the assessment of early childhood development programme, reporting of abuse or deliberate neglect of a child to Director-General, reporting of serious injury, abuse or death of a child in child care facilities, etc. However, other required forms have not been provided for in the principal Act, rather they were developed as practice notes or annexures for the Information Guide for Management of Statutory Services.

The table below provides the list of monitoring tools, forms and Appendixes to be used in Quality Assurance pertaining to child care and protection services, including relevant frameworks for the Integrated Social Delivery Model, as well as some parts of the Child Justice Act.

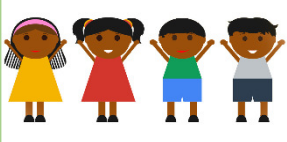
## List of tools to be used when conducting quality assurance or auditing Child Care and Protection Services


TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
Provincial reports on the Children's Act (CA)	Assess the level of implementation of the CA by provinces	Monitor implementation of the CA by provinces to ensure compliance	CA M&E Framework Chapter 6: Child Care and Protection Policy	<b>APPENDIX 1-</b> Provincial assessment tool <b>and</b> <b>APPENDIX B-</b> Provincial Action plan
Child Care and Protection Services	Developmental Quality Assurance (DQA)	DQA of Designated Child Protection Organisations (DCPO) and DSD Service Points	Section 105, 107 and 109	<b>APPENDIX 3.1-DQA</b> Process <b>and</b> <b>APPENDIX 3.2-DQA</b> Guideline
Client Satisfaction Assessment	Assess if clients are satisfied with services as part of DQA	Conduct survey on clients receiving services at DCPO or DSD Service Points	Section 105, 107 and 109 DQA Process	<b>APPENDIX 5-</b> Client Satisfaction Assessment Form
Organisational Development Plan	To be completed by service providers in closing gaps identified	Development of an Organisational Developmental Plan (ODP)	Section 105, 107 and 109 DQA Process	<b>APPENDIX 4.1</b> Example of ODP



TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
	through the quality assessment process by service authorities.			<b>APPENDIX 4.2</b> -Template for ODP
Statutory Services: Audit Form	Management of statutory services in terms of the CA at DCPO and/or DSD Service Points	-Monitor, investigate, verify and scrutinise the statutory services in terms of the CA.  <b>ANNEXURE 6 of Information Management Guide for statutory services (IGMSS )</b>	CA M&E Framework  Chapter 6: Child Care and Protection Policy	<b>APPENDIX 6 of Information Management Guide for statutory services (IGMSS )</b>
<b>PARTIAL CARE CENTRES</b>  	Private Hostel	This is a place where children sleepover, are provided with meals, healthcare, life skills education, laundry services, guidance and	Section 87 and regulation 21 (1) & (2) of the Children's Act, all partial care facilities must be subjected to inspection and monitoring to determine compliance with	<b>APPENDIX 7</b> Partial Care and Drop-in Centres Reporting Template


TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		counselling, school attendance, sporting activity and/or cultural activity support.	the regulations in the Act by a designated person.  Inspection of facilities must take place every <b>five years</b> or may take place at shorter intervals if an inspection is a condition for registration or where inspection of the facility becomes necessary for the cancellation of registration or due to a written complaint.	
	Temporary Respite Care	This is a place where a temporary service is offered to children and to children with disabilities which is aimed at the provision of temporary care and relief and includes daycare or sleepover, the provision of meals, school attendance support, sporting activity support, health care and laundry facilities and assistance with	<b>CHAPTER 5:</b> Section <b>76 – 90</b>  Regulations <b>12 – 22</b>  Norms and Standards Annexure B: <b>Part I</b>	

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		personal hygiene.		
	After-School Care	For the provision of meals, homework support, sporting activity support, life skills education and guidance and/or counselling support.		
<b>ECD PROGRAMMES</b>  <b>Assessment of ECD Centres to be done every <u>two</u> years</b>	For all children under the age of six	To provide holistic early childhood development programmes to create a solid foundation for schooling	Regulation 28 (1), (2) & (5) provides that all early childhood development programmes must be subjected to assessment and monitoring to determine compliance with the national norms and standards (form 21 or identical to it), the assessment must be executed by a	<b>APPENDIX 8</b> Early Childhood Development Quality Assurance

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			designated person every two years.  <b>CHAPTER 6:</b> Sections 91 – 103  Regulations 23 – 29  Norms and Standards APPENDIX B: Part II	
<b>PREVENTION &amp; EARLY INTERVENTION PROGRAMMES</b>  	Outreach Services	Reaching out to vulnerable children and families	According to the norms and standards in regulation (Part IV National Norms and Standards for PEI) no 8 (a) (b) and (i) a service provider who have the appropriate training, support, and competencies to conduct assessments of Prevention and Early intervention programmes annually; to monitor adherence to the national	<b>APPENDIX 9</b> Assessment of Prevention and Early Intervention Programmes
	Education, Information, and Promotion Programmes	Promotional and awareness-raising programmes are aimed at making the community and individuals aware of certain environmental and social factors that could affect their well-being		

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		and indicate the types of assistance that are being offered to address these factors. These programmes aim to prevent persons from requiring more intensive intervention in the future	norms and standards made in terms of the Act and ensure that decisive and appropriate action is taken where violations of the norms and standards occur.  <b>CHAPTER 8:</b> Sections <b>143 – 149</b>  Regulation <b>52</b>	
	Therapeutic Programmes	Provide planned professional interactive interventions aimed at providing treatment, counselling, or service to remedy any emotional, psycho-social, and physical needs.	Norms and Standards ANNEXURE B: Part IV	
	Family Preservation	Family preservation services are		


TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICE	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		short-term, family-focused services designed to assist families by improving parenting and family functioning while keeping children safe.		
	Skills Development Programmes	To teach a range of life skills to alleviate the current situation		
	Diversion Programmes	Programmes aimed at diverting children away from the child and youth care system and the criminal justice system		

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
	Temporary Safe Care	For temporary care of children removed from family homes		
<b>CHILD PROTECTION SERVICES</b> 	Provision of designated Child Protection Services	<p>Designated Child Protection Organisations must be designated for a period of <b>five years</b>.</p> <p>Practice note of 2011 Annexure P-Letter for designation for National CPOs</p> <p>Practice note of 2011 Annexure Q-Letter for designation of provincial CPOs</p>	<p>NDSD to provide designation letters to national DCPOs whereas PDSD provides designation letters to provincial DCPOs requesting to be designated as such.</p> <p>This designation may be withdrawn under certain conditions.</p> <p>Chapter 7 Section 105, 107 and 109</p>	<p><b>APPENDIX 10.1 and 10.2</b></p> <p>Appendix 10.1-Letter for designation for National CPOs</p> <p>Appendix 10.2-Letter for designation of provincial CPOs</p>
	Part A of Child Protection Register	<p>Reporting a child suffering from physical injury, sexually abused, emotionally abused, or deliberately neglected etc.</p> <p>IGMSS ANNEXURE 3-</p>	(5) The provincial department of social development or designated child protection organisation to whom a report has been made in terms of subsection (1), (2) or (4), must- (a) ensure the safety and well-being of the child	<p><b>APPENDIX 11.1 and 11.2-</b></p> <p>Safety and Actuarial Risk Assessment tools</p> <p><b>Form 22</b></p>

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		<p>Safety Assessment tool</p> <p>IGMSS</p> <p>ANNEXURE 4- Actuarial Risk Assessment tool</p>	<p>concerned, if the child's safety or well-being is at risk; (b) make an initial assessment of the report; (c) unless the report is frivolous or obviously unfounded, investigate the truthfulness of the report or cause it to be investigated; (d) if the report is substantiated by such investigation, without delay initiate proceedings in terms of this Act for the protection of the child; and (e) submit such particulars as may be prescribed to the Director-General for inclusion in Part A of the National Child Protection Register.</p> <p>(6) (a) A designated child protection organisation to whom a report has been made in terms of subsection (1), (2) or (4) must report the matter to the relevant provincial department of social development. (b) The</p>	



TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			provincial head of social development must monitor the progress of all matters reported to it  <b>CHAPTER 7</b> Section 110	
	Developmental Assessment of children	To assess children including those in Alternative Care to determine their strengths and needs according to the four developmental stages.  The assessment also needs to include other developmental, physical, health and basic needs for their survival and well-being  IGMSS ANNEXURE 2 Developmental Assessment Tool	The Children's Act requires that all children in alternative care have an Individual Development Plan (IDP) which is informed by an assessment (National Norms and Standards Part III and Part V)	<b>APPENDIX 12.1; 12.2 and 12.3</b>  12.1 Developmental Assessment Tool  12.2 Tool for Assessment of children in Alternative Care  12.3 Assessment Instrument Descriptors for children in Alternative Care
	Reporting of serious	Serious incidents of injury, abuse or	Serious incidents of injury, abuse or death	<b>Form 40</b>


TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
	injuries, deaths and abuse in alternative care	death in Alternative Care and Drop-in Centres must be reported in terms of Sec 178 (1) and (2) or in a form identical to form 40.	in Alternative Care and Drop-in Centres must be reported in terms of Sec 178 (1) and (2) or in a form identical to form 40. It is the role of the person or organisation under whose care the child has been placed, to report the incident immediately to the provincial head of social development who will institute an investigation into the matter.	
<b>CHILD &amp; YOUTH CARE CENTRES</b> 	Child and Youth Care Centres	Provides residential care for children in need of care and protection such as children who are abandoned, neglected, exploited etc.	Section 211 (1) and regulation 89 (1) provides that every child and youth care centre must undergo a quality assurance process within <b>two years</b> of registration.	<b>APPENDIX 13</b> Draft Quality Assurance for Child and Youth Care Centres  <b>APPENDIX 13.2</b> -Blueprint for minimum norms and standards for Secure centres  <b>APPENDIX 14</b> -Alternative
		For children who need temporary safety up to six months	Regulation 89 (2) The quality assurance process must be repeated periodically, at intervals of not more than <b>three years</b> from the date on which the	
		For street kids who need shelter		



TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		For children in trouble with the law and still are awaiting trial	previous quality assurance process was finalised.	Care Supervision template
		For children who have been convicted and need rehabilitation	Regulation 89 (3) provides that the Provincial Head of Social Development may order a quality assurance process at	
		For children with behaviour problems who need rehabilitation	any time if there is a reason to believe that such centre has failed to comply with any provision of the Act or its regulations. Section 211 (2) (a) & (b) The quality assurance must be done by a team connected to the Child and Youth Care Centre and a team not connected to the Child and Youth Care Centre. (1) The provincial Head of Social Development must ensure that a quality assurance process is conducted in respect of each	

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			<p>child and youth care centre in the manner and at the intervals as prescribed.</p> <p>(2) The quality assurance process must be done in the following manner:</p> <p>(a) a team connected to the child and youth care centre must conduct an <u>internal assessment</u> of the centre</p> <p>(b) a team not connected to the centre must conduct an <u>independ</u></p>	

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			<p>ent assessme nt of the centre</p> <p>(c) an organisati onal developm ent plan for the centre containing the prescribe d particular s must be establishe d between the teams by agreemen t</p> <p>(d) the team not connecte d to the centre must appoint a mentor to oversee the implemen</p>	

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			<p>tation of the plan by the management of the centre</p> <p>(3) The management board of a child and youth care centre must without delay, after completion of the quality assurance process, submit a copy of the organisational development plan established for the centre in terms of the quality assurance process to the MEC for social development in the province.</p> <p>(4) A provincial head of social development may assist a child and youth care centre in</p>	

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
			conducting the quality assurance process.  <b>CHAPTER 13:</b> Sections <b>191 – 212</b>  Regulations <b>72 – 90</b>  Norms and Standards Annexure B: <b>Part V</b>	
<b>DROP-IN CENTRES</b> 	A facility for providing basic services aimed at meeting the emotional, physical, and social development needs of vulnerable children	<ul style="list-style-type: none"> <li>Care for orphans and vulnerable children</li> <li>For the provision of food, school attendance support, assistance with personal hygiene, laundry services.</li> <li>For the provision of services aimed at meeting the emotional, physical, and social development needs of</li> </ul>	A drop-in centre can be registered for a period not exceeding <b>five years</b> , depending on compliance with the national norms and standards.  <b>CHAPTER 14:</b> Sections <b>213 – 227</b>  Regulations <b>91 – 97</b>  Norms and Standards Annexure B: <b>Part VI</b>	<b>APPENDIX 7</b> Partial Care and Drop-in Centres Reporting Template

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		vulnerable children		
<b>FOSTER CARE</b> 	For children who are in foster care	<ul style="list-style-type: none"> <li>Provision of foster care services as per the regulations of the Children's Act.</li> <li>IGMSS ANNEXURE 14-Alternative Care Supervision template</li> </ul>	<p>Section <b>159</b> provides duration and extension of court orders</p> <p>Sections <b>185 – 186</b> provides the maximum number of children that can be placed in foster care, as well as the duration of non-related foster care placement</p> <p>Section <b>186 (3)</b> Visits to foster children to be conducted at least once every two years to monitor and evaluate placement</p> <p><b>CHAPTER 12:</b></p> <p>Sections <b>180 – 190</b></p> <p>Regulations <b>67 – 71</b></p> <p>Norms and Standards Annexure B: <b>Part III</b></p>	<b>APPENDIX 14-</b> Alternative Care Supervision template
<b>ADOPTION SERVICES</b> 	Accreditation of Adoption Service Providers	Private Workers and Designated Child Protection Organisations must be accredited	<p>Section 250 of the Children's Act states that: (3) A welfare organisation referred to in section 107 which was lawfully engaged in providing adoption</p>	<b>APPENDIX 15 and 16</b>  Appendix 15- Accreditation Guidelines for Adoption



TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
		<p>Adoption Service Providers.</p> <p>An adoption social worker is defined as a social worker in private practice, social worker in the employ of the Department of Social Development, and social worker in the employ of an accredited child protection organisation.</p> <p>IGMSS ANNEXURE 22- Terms of reference (TORs) for the panel to assess applications to provide Adoption services</p>	<p>services when this section took effect may, despite the provisions of subsection (1), continue with such services for a period of <b>two years</b> without being accredited in terms of section 251 to provide adoption services, but must within that period apply for such accreditation in terms of section 251.</p> <p>Section 259 of the Act stipulates that the South African Central Authority on Intercountry Adoption may accredit designated child protection organisation to provide inter-country adoption services.</p> <p><b>CHAPTER 15</b></p> <p>Sections <b>230 – 253</b></p> <p>Regulations <b>98 - 109</b></p>	<p>Service Providers</p> <p>Appendix 16- Monitoring Tool: Management of Adoption Services in terms of the Children's Act</p> <p><b>APPENDIX 17</b></p> <p>Terms of reference for a panel to assess applications to provide Adoption services</p>
Quality Assurance Report Template	Format of Quality	To guide assessors on how to compile a report	Section 105, 107 and 109	<b>APPENDIX 10</b> Quality Assurance

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
	Assurance Report	once the developmental quality assurance has been conducted for CYCCs, DCPOs and/or DSD Service Points	Section 211 (1) and regulation 89 (1)	Report Template
Evaluation Report Template	Format for a narrative evaluation report	To guide how to compile a narrative evaluation report	Part A of the Quality Assurance Framework for the Children's Act	<b>APPENDIX 19</b> Evaluation Report Template
Quality Assurance Framework for Social Welfare Services	To provide a consistent system and clear standards for evaluating the effectiveness for entire social welfare services	Prioritise and facilitate continuous improvement within Social Welfare Services and support organisational learning	QAF for Social Welfare Services in line with the implementation of the Integrated Social Delivery Model (ISDM)	<b>APPENDIX 20</b>
Supervision Framework	Social Work Supervision	To guide users on how to provide Social Work Supervision	Integrated Social Delivery Model Generic Welfare services PMDS Developmental areas	<b>APPENDIX 21</b>

TYPE OF SERVICE	CATEGORY	DESCRIPTION OF SERVICES	PROVISION IN THE CHILDREN'S ACT, REGULATIONS, NORMS AND STANDARDS	TOOL FOR QA, MONITORING, APPENDIXES
Probation Services Audit Form	Qualitative and Quantitative Probation Services Case Audit	To assess cases of children in conflict with the law and the type of services and/recommendations offered/made.	Child Justice Act	<b>APPENDIX 22</b>  Probation Services Qualitative and Quantitative Case Audit form
Policy Framework for the Accreditation of Diversion Services	Framework for Accreditation of Diversion Services	To guide and monitor accreditation compliance of Diversion Services	Child Justice Act	<b>APPENDIX 23</b>  BluePrint for Accreditation of Diversion Services



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# **APPENDIX 1**

## **PROVINCIAL ASSESSMENT DESCRIPTION TOOL ON THE IMPLEMENTATION OF THE CHILDREN'S ACT**

## APPENDIX 1



### PROVINCIAL ASSESSMENT DESCRIPTION TOOL ON THE IMPLEMENTATION OF THE CHILDREN'S ACT

Name of Province	Date of Assessment/Verification		
	DD	MM	YYYY
Name and Surname of Contact Person in the Province			
Designation of Contact Person in the Province			
Telephone Number			
Email Address			
Name and Surname of Verifier			

## INTRODUCTION

Complete the following self-assessment to the best of your knowledge. A self-assessment tool is something that helps you identify your areas of strength and weakness so that you can continuously improve your service. It is therefore developmental in its approach because instead of just ticking boxes it shows you what you can do to achieve a higher score for each of the standards thus helping managers to put in place credible Action Plans. This self-assessment tool is divided into six outcomes which have standards attached to it. These are as follows:

- **Outcome 1:** Robust legislative and regulatory environment
- **Outcome 2:** Clear norms and standards
- **Outcome 3:** Strong evidence-based reporting
- **Outcome 4:** Effective risk-based flagging system
- **Outcome 5:** Developmental system-based approach
- **Outcome 6:** Seamless system and processes
- **Outcome 7:** Effective monitoring and evaluation
- **Outcome 8:** Constructive feedback and coaching
- **Outcome 9:** Practical training and development

Attached to each outcome there are standards of performance. They have a range from 1 – 5. Read each of the statements thoroughly and allocate a rate based on what you are currently doing. This is an evidence and performance-based instrument. Therefore, each rate must be accompanied by evidence of performance. Without the evidence, the verifier will not be able to confirm the score. Note also that there are quantitative and qualitative measures, hence you need time to read and complete the self-assessment as accurately as possible.

This instrument has been automated to make things easier for you. This means that you can work on it and save as you go along and that a team of people can work on the same instrument at the same time each focusing on the area of expertise. You will however not be able to move forward to the next standard without attaching evidence. Examples of evidence have been suggested in the tool. You can still add to these. The scores will add up automatically and you will be given a report that shows your areas of strength and weakness. This will help you develop an Action Plan as you seek to turn your weaknesses into strengths. It is expected that you demonstrate improvement year on year. A verifier will come to check if you have completed the self-assessment accordingly with the necessary evidence. Let us continue serving the children in the best way we can. Thank you.

1. OUTCOME 1: ROBUST LEGISLATIVE AND REGULATORY ENVIRONMENT									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
1.1	The province has an HR Strategy to ensure adequate human resources, recruitment, and retention of staff to support the implementation of the Children's Act.	The province has no HR Strategy that includes the recruitment and retention of staff to support the implementation of the Children's Act.	The province has an ineffective HR Strategy that includes the recruitment and retention of staff to support the implementation of the Children's Act.	The province has an effective HR Strategy that includes the recruitment and retention of staff to support the implementation of the Children's Act.	The province follows up on its HR Strategy to ensure adequate human resources and quality service provision.	The province regularly reviews its HR Strategy to ensure adequate human resources and the efficacy of the QAF.	<ul style="list-style-type: none"> <li>HR Strategy</li> <li>Minutes of Review Meetings</li> </ul>		
1.2	The provincial organogram is aligned to the national organogram and reflects the obligation to implement the Children's Act in the job descriptions	There is no approved organogram in place	There is an approved organogram aligned to the national one.	Organogram reflects obligations to implement the Children's Act in the job descriptions	Job descriptions provide details on Key Performance Areas (KPAs)	Job descriptions linked to performance management system with Key Performance Indicators (KPIs)	<ul style="list-style-type: none"> <li>Organogram</li> <li>Job-descriptions</li> <li>Performance Management System</li> </ul>		
1.3	The province has a system of assigning functions to local municipalities and monitoring implementation in line with the Children's Act.	The province has no system of assigning functions to local municipalities and monitoring implementation in line with the Children's Act.	The province has an ineffective system of assigning functions to local municipalities and monitoring implementation in line with the Children's Act.	The province has an effective system of assigning functions to local municipalities and monitoring implementation in line with the Children's Act.	The province makes follow-ups on the process of assigning functions to local municipalities and monitoring implementation to improve service provision.	The province regularly reviews the process of assigning functions to local municipalities and monitoring implementation to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Letter of Assignment of Functions by HoD</li> <li>Letter of Acceptance by Municipal Manager</li> <li>Minutes of Reviews</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
1.4	A multi-year activity-based budget has been fully developed and implemented by the province to support the implementation of the Children's Act.	A multi-year activity-based budget has not been developed by the province to support the implementation of the Children's Act.	A multi-year activity-based budget was developed but not shared with staff to support the implementation of the Children's Act.	A multi-year activity-based budget was developed but partially implemented to support the implementation of the Children's Act.	A multi-year activity-based budget was developed and fully implemented to support the implementation of the Children's Act.	A multi-year activity-based budget was developed, implemented, and regularly reviewed to support the implementation of the Children's Act.	<ul style="list-style-type: none"> <li>Multi-year budget</li> </ul>		
1.5	There is a percentage of the equitable share provided by the National Treasury that is allocated to implementing the Children's Act and funding organisations/programmes.	No budget allocation was made to the implementation of the Children's Act in the budget.	Some budget allocations were made to the implementation of the Children's Act in the budget but were not sufficient to cover activities.	The budget allocation made to the implementation of the Children's Act in the budget and sufficient to cover activities.	Budget allocation is done, and activities are implemented and monitored to ensure efficient utilisation.	Budget allocation is done and monitored with no wasteful and fruitless expenditure.	<ul style="list-style-type: none"> <li>Department of Social Development allocation letters</li> </ul>		
1.6	The province monitors the utilisation of the budget of the funded entities in line with legislation.	The province does not monitor the utilisation of the budget of the funded entities.	The province monitors the utilisation of the budget of the funded entities with no consequences for those who default.	The province monitors the utilisation of the budget of the funded entities with training given to those who default.	The province monitors the utilisation of the budget of the funded entities with a warning to those who default.	The province monitors the utilisation of the budget of the funded entities with the withdrawal of funds to those who default.	<ul style="list-style-type: none"> <li>Audit Reports of Organisations/ Centres</li> <li>Training register of attendance</li> </ul>		
Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong		TOTAL POINTS EARNED			
The province does not have an effective and efficient system of managing and developing human resources in line with the prescripts of the law. There is no system of budgeting and monitoring of the		The province has a system of managing and developing human resources to ensure service delivery. Managers seem to have a system of budgeting and monitoring of the budget in line with the		The province has allocated a strong system of managing and developing human resources. Service delivery is not compromised through delegation to municipalities. The province does monitor budget allocation and it		COMMENTS BY NATIONAL VERIFIER			



budget which ensures that all its activities are covered, and assets are accounted for. Managers must develop a system of monitoring municipalities. They should also prioritise the revision of the system of budget allocation and monitoring in their Action Plan under the regulations on financial management.		prescripts of the law. The province may need to ensure that it has sufficient funds to cover activities. Managers should put in strong monitoring systems to track budget allocation, utilisation, and reporting. Mangers can look at expanding methods of creating capacity in the system.		covers all the activities in terms of the implementation of the Children’s Act Managers should identify and recognise best practices from implementing units. Mangers should reward performing staff members to create a positive culture of service delivery.					
2. OUTCOME 2: CLEAR OUTCOMES AND STANDARDS									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.1 Provision of Child Protection Services									
2.1.1	The province has a strategy to guide the implementation of Child Protection Services informed by a needs analysis process in communities.	The province has no strategy to guide the implementation of Child Protection Services.	The province has an ineffective strategy that is guided by a needs analysis process in communities.	The province has an effective strategy that is guided by a needs analysis process in communities.	The province uses the strategy to ensure the provision of services to the community.	The province uses and reflects on its strategy to enhance the efficacy of the QAF.	▪ Provincial strategy		
2.1.2	Child Protection Organisations are designated by the province in terms of the Act (DCPOs)	No Child Protection Organisations are designated in the province.	25% of Child Protection Organisations are designated in the province.	50% of Child Protection Organisations are designated in the province.	75% of Child Protection Organisations are designated in the province.	100% of Child Protection Organisations are designated in the province.	▪ DCPO database		
2.1.3	The province has profiled all Child Protection Services in line with the profiling protocols.	The province has not profiled its Child Protection Services	The province has profiled 25% of its Child Protection Services	The province has profiled 50% of its Child Protection Services	The province has profiled 75% of its Child Protection Services	The province has profiled 100% of its Child Protection Services	▪ Provincial Child Protection Profile		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.1.4	The province regularly conducts Quality Assurance of Service Point Areas and Designated Child Protection Organisations (DCPOs).	The province does not regularly conduct Quality Assurance of Service Point Areas and DCPOs.	The province conducts ineffective and uncoordinated Quality Assurance of Service Point Areas and DCPOs.	The province conducts effective planned and coordinated Quality Assurance of Service Point Areas and DCPOs.	The province follows up on gaps found during the process of Quality Assurance of Service Point Areas and DCPOs to improve service provision.	The province regularly reviews its Quality Assurance of Service Point Areas and DCPOs to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Developmental Quality Assurance Tool</li> <li>Monitoring Reports</li> </ul>		
2.1.5	The province has a system of placement of children in Alternative Care facilities linked to the legal system exists.	No system of placement of children in Alternative Care exists in the province.	An ineffective system of placement of children in Alternative Care exists.	An effective system of placement is in Alternative Care exists.	The province follows up on its placement process to improve service provision.	The province regularly reviews its placement strategy to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Proof of Placement of children</li> </ul>		
2.1.6	The province has a system of linking children in Alternative Care to financial assistance exists.	No system of linking children in Alternative Care to financial assistance exists	An ineffective system of linking children in Alternative Care to financial assistance exists.	An effective system of linking children in Alternative Care to financial assistance exists.	The province follows up on its process of linking children to financial assistance to improve service provision.	The province reviews its process of linking children to financial assistance to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Proof of financial assistance</li> </ul>		
2.1.7	The province ensures that all children have a permanency plan developed in the best interest of the children.	No permanency plans have been developed.	25% of cases have permanency plans developed.	50% of cases have permanency plans developed.	75% of cases have permanency plans developed.	100% of cases have permanency plans developed.	<ul style="list-style-type: none"> <li>Permanency Plans</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.1.8	The province has a system of tracing or searching for family members, guardians or caregivers developed and implemented.	No system of tracing or searching for family members, guardians or caregivers is developed and implemented.	An ineffective system of tracing or searching for family members, guardians or caregivers is developed and implemented.	An effective system of tracing or searching for family members, guardians or caregivers is developed and implemented.	The province follows up on its system of tracing and searching system to improve service provision.	The province regularly reviews its system of tracing and searching to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Tracing System</li> </ul>		
2.1.9	The province has developed Procedures and Protocols in place to respond to violence, child abuse, neglect, and exploitation (VCANE) cases.	No procedures and protocols exist in the province to respond to violence, child abuse, neglect, and exploitation.	25% of procedures and protocols were fully developed and shared with staff.	50% of procedures and protocols were fully developed and shared with staff.	75% of procedures and protocols were fully developed and shared with staff.	100% of procedures and protocols were fully developed and shared with staff.	<ul style="list-style-type: none"> <li>Provincial Procedures and Protocols</li> </ul>		
2.1.10	Procedures and Protocols to respond to violence, child abuse, neglect, and exploitation (VCANE) cases are followed up to mitigate risk to children.	No system of checking adherence to procedures and protocols in the province.	Occasional and ineffective adherence to procedures and protocols in the province.	Adherence to procedures and protocols with an effective system of keeping records of cases in the province.	The province follows up on its system of checking adherence to improve service provision.	The province reviews its system of checking for adherence to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Completed Forms 22 and 23</li> </ul>		
2.1.11	The province ensures that follow-ups are done on cases of violence, child abuse, neglect, and exploitation to ensure satisfactory conclusions and effective service delivery to children.	No, follow up done on cases in the province.	25% of cases followed up to ensure satisfactory conclusion and effective service delivery to children.	50% of cases followed up to ensure satisfactory conclusion and effective service delivery to children.	75% of cases followed up to ensure satisfactory conclusion and effective service delivery to children.	100% of cases followed up to ensure satisfactory conclusion and effective service delivery to children.	<ul style="list-style-type: none"> <li>Follow up Reports</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.1.12	The province has a system of recognising Child Headed Households (CHH) are in line with the Children's Act.	No CHH are recognised in the province.	25% of CHH are recognised in the province.	50% CHH are recognised in the province.	75% CHH are recognised in the province.	100% CHH are recognised in the province.	<ul style="list-style-type: none"> <li>Database of CHH</li> </ul>		
2.1.13	The movement of children in the care of the state in and out of the country is managed by the HoD	The movement of children in the care of the state in and out of the country is not managed by the HoD.	The movement of 25% of children in the care of the state is managed by the HoD.	The movement of 50% of children in the care of the state is managed by the HoD.	The movement of 75% of children in the care of the state is managed by the HoD.	The movement of 100% of children in the care of the state is managed by the HoD.	<ul style="list-style-type: none"> <li>Register</li> <li>Inter-country Social Services database</li> </ul>		
2.1.14	All statutory reports are canalised to ensure quality reports and correct referencing of sections in the Act	No canalisation of reports is done in the province.	Ineffective canalisation of reports is done in the province.	Effective canalisation of reports is done in the province.	The province follows up on its canalisation process to improve service provision.	The province regularly reviews its canalisation process to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Availability of Supervisors/Canalisation Officers</li> <li>Supervisor/Canalising Officer's reports in case files</li> </ul>		
2.1.15	The province has procedures and protocols for the reception and Temporary Safe Care of Children pending placement of children (former places of safety).	There are no procedures and protocols for the reception of children in Temporary Safe Care Centres pending their placement.	There are ineffective procedures and protocols for the reception of children in Temporary Safe Care Centres pending their placement	There are effective procedures and protocols for the reception of children in Temporary Safe Care Centres pending their placement	The province follows up on its procedures and protocols for the reception of children in Temporary Safe Care Centres pending their placement to improve service provision.	The province reviews its procedures and protocols for the reception of children in Temporary Safe Care Centres pending their placement to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.1.16	The province has procedures and protocols for the reception, care, and development of children outside the family environment (former Children's Home).	There are no procedures and protocols for the reception of children in Children's Homes pending their placement.	There are ineffective procedures and protocols for the reception of children in Children's Homes pending their placement	There are effective procedures and protocols for the reception of children in Children's Homes pending their placement	The province follows up on its procedures and protocols for the reception of children in Children's Homes pending their placement to improve service provision.	The province reviews its reception procedures and protocols of children in Children's Homes pending their placement to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> <li>Minutes of Review Meetings</li> </ul>		
2.1.17	The province has procedures and protocols for the reception, care, and programmes for children in conflict with the law (known as Secure Care).	There are no procedures and protocols for the reception of children in conflict with the law.	There are ineffective procedures and protocols for the reception of children in conflict with the law.	There are effective procedures and protocols for the reception of children in conflict with the law.	The province follows up on its procedures and protocols for the reception of children in conflict with the law to improve service provision.	The province reviews its procedures and protocols for the reception of children in conflict with the law to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> </ul>		
2.1.18	The province has procedures and protocols for the reception, care, and programme for children living and working in the streets (former shelters).	There are no reception procedures and protocols for the care of children living and working in the streets.	There are ineffective reception procedures and protocols for the care of children living and working in the streets.	There are effective reception procedures and protocols for the care of children living and working in the streets.	The province follows up on its reception procedures and protocols for the care of children living and working in the streets to improve service provision.	The province reviews its reception procedures and protocols for the care of children living and working in the streets to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Register of registered and unregistered CYCCs</li> <li>Register of children in each CYCC</li> </ul>		

Between 00 – 39 Weak		Between 40 – 69 Average		Between 70 – 90 Strong		TOTAL POINTS EARNED			
The province has weak systems of identifying and assessing children at risk, including their management, reception, and care. There are no clear procedures and protocols for centre managers to follow in line with the Children’s Act. Managers must develop procedures and protocols and ensure adherence.		The province has given some proof of procedures followed in the identification, assessment, management, reception, and care protocols of children However, these protocols are not robust to ensure a quality service. Managers must identify areas of weakness in the system and address them.		The province has developed adequate and satisfactory systems of helping centres manage the reception and care of children. Managers can find areas of continuous improvement and share best practices where they have identified these to ensure adequate service delivery.		COMMENTS BY NATIONAL VERIFIER			
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2	Provision of Child and Youth Care Centres								
2.2.1	The province has a strategy to guide the implementation of Child and Youth Care Services.	The province has no strategy to guide the implementation of Child Protection Services.	The province has a strategy that is not guided by a needs analysis process in communities.	The province has a strategy that is guided by a needs analysis process in communities.	The province uses the strategy to ensure the provision of services to the community.	The province uses and reflects on its strategy to enhance the effectiveness and efficiency of the QAF.	▪ Provincial strategy		
2.2.2	All Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act	No Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act	25% of Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act	50% of Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act	75% of Child and Youth Care Centres (CYCCs) are registered in terms of the Act	100% of Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act	▪ Database of registered Child and Youth Care Facilities		
2.2.3	The province has profiled all Child and Youth Care Centres (CYCCs) in line with the profiling protocols in line with the Children’s Act.	The province has not profiled its Child and Youth Care Centres	The province has profiled 25% of its Child and Youth Care Centres	The province has profiled 50% of its Child and Youth Care Centres	The province has profiled 75% of its Child and Youth Care Centres	The province has profiled 100% of its Child and Youth Care Centres	▪ Provincial CYCC Profile		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2.4	The province has made provision for the establishment, funding, and management of Temporary Secure Care Centres (TSCC) in line with the Children's Act.	There is no provision for the establishment, funding, and management of TSCCs	There is inadequate provision for the establishment, funding, and management of TSCCs	There is adequate provision for the establishment, funding, and management of TSCCs	The province follows up on the process of providing for the establishment, funding, and management of TSCCs to improve service delivery.	The province reviews its process of providing for the establishment, funding, and management of TSCCs to enhance the efficacy of the QAF	<ul style="list-style-type: none"> <li>Database of Temporary Secure Care Centres</li> <li>Minutes of Reviews</li> </ul>		
2.2.5	The province has made provision for the establishment, funding, and management of Children's Homes in line with the Children's Act.	There is no provision for the establishment, funding, and management of Children's Homes.	There is inadequate provision for the establishment, funding, and management of Children's Homes.	There is adequate provision for the establishment, funding, and management of Children's Homes.	The province follows up on the process of providing for the establishment, funding, and management of Children's Homes. to improve service delivery.	The province reviews its process of providing for the establishment, funding, and management of Children's Homes. to enhance the efficacy of the QAF	<ul style="list-style-type: none"> <li>Database of Children's homes</li> <li>Minutes of Reviews</li> </ul>		
2.2.6	The province has made provision for the establishment, funding, and management of Children's Shelters for street children in line with the Children's Act.	There is no provision for the establishment, funding, and management of Children's Shelters.	There is inadequate provision for the establishment, funding, and management of Children's Shelters.	There is adequate provision for the establishment, funding, and management of Children's Shelters.	The province follows up on the process of providing for the establishment, funding, and management of Children's Shelters to improve service delivery.	The province reviews its process of providing for the establishment, funding, and management of Children's Shelters to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Database of Children's Shelters</li> <li>Minutes of Reviews</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2.7	The province has made provision for the establishment, funding, and management of Reform Schools in line with the Children's Act.	There is no provision for the establishment, funding, and management of Reform Schools.	There is inadequate provision for the establishment, funding, and management of Reform Schools.	There is adequate provision for the establishment, funding, and management of Reform Schools.	The province follows up on the process of providing for the establishment, funding, and management of Reform Schools to improve service delivery.	The province reviews its process of providing for the establishment, funding, and management of Reform Schools to enhance the efficacy of the QAF	<ul style="list-style-type: none"> <li>Database of Reform Schools</li> <li>Minutes of Reviews</li> </ul>		
2.2.8	The province has made provision for the establishment, funding, and management of Schools of Industry in line with the Children's Act.	There is no provision for the establishment, funding, and management of Schools of Industry.	There is inadequate provision for the establishment, funding, and management of Schools of Industry.	There is adequate provision for the establishment, funding, and management of Schools of Industry.	The province follows up on the process of providing for the establishment, funding, and management of Schools of Industry to improve service delivery.	The province reviews its process of providing for the establishment, funding, and management of Schools of Industry to enhance the efficacy of the QAF	<ul style="list-style-type: none"> <li>Database of School of Industry</li> <li>Minutes of Reviews</li> </ul>		
2.2.9	Independent living programmes for exiting children exist and are implemented.	There are no programmes for independent living exist in the province.	There are ineffective programmes for independent living exist in the province.	There are effective programmes for independent living exist in the province.	Programmes for independent living are followed up to improve service provision.	Programmes for independent living are reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Independent living programmes</li> </ul>		



ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2.10	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its CYCCs.	The province has not developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its CYCCs.	The province has developed ineffective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its CYCCs.	The province has developed effective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its CYCCs.	The province follows up on its procedures implementation of the Disability Strategy to improve service provision in all its CYCCs.	The province regularly reviews its procedures implementation of the Disability Strategy to enhance the efficacy of the QAF in all its CYCCs.	<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		
2.2.11	The province has developed mechanisms for community participation in all its CYCCs in line with the Children's Act.	The province has not developed mechanisms for community participation in all its CYCCs in line with the Children's Act.	The province has developed ineffective mechanisms for community participation in all its CYCCs in line with the Children's Act.	The province has developed effective mechanisms for community participation in all its CYCCs in line with the Children's Act.	The province follows up on its mechanisms for community participation in CYCCs to improve service provision.	The province reviews its mechanisms for community participation in CYCCs to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Community participation activities</li> <li>Minutes of Review Meetings</li> </ul>		
2.2.12	The province ensures that all children have their developmental, therapeutic, educational, recreational and health needs to be met with an agenda to ensure transformation.	The province has no system of checking if the transformational developmental, therapeutic, educational, recreational and health needs of children are met	The province has an ineffective system of checking if the transformational developmental, therapeutic, educational, recreational and health needs of children are met	The province has an effective system of checking if the transformational developmental, therapeutic, educational, recreational and health needs of children are met	The province follows up on its transformational developmental, therapeutic, educational, recreational and health needs of children are met to improve services provision	The province reviews its transformational developmental, therapeutic, educational, recreational and health needs of children are met to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Various programmes offered</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2.13	Programmes for children in conflict with the law exist and are implemented.	No programmes for children in conflict with the law exist in the province.	Programmes for children in conflict with the law exist in the province but are not implemented.	Programmes for children in conflict with the law exist in the province and are implemented.	Programmes for children in conflict with the law are followed up to improve service provision.	Programmes for children in conflict with the law are reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Programmes for children in conflict with the law</li> </ul>		
2.2.14	The province has a system of ensuring that there is a continuity of care plan for children in line with the Children's Act.	The province has no system of ensuring that there is a continuity of care plan for children in line with the Children's Act.	The province has an ineffective system of ensuring that there is a continuity of care plan for children in line with the Children's Act.	The province has an effective system of ensuring that there is a continuity of care plan for children in line with the Children's Act.	The province follows up on its system of ensuring continuity of services to improve service provision.	The province reviews its system of ensuring continuity of services to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Proof of Continuity of Care</li> <li>Minutes of Reviews</li> </ul>		
2.2.15	Alternative care programmes prescribed in the Regulations exist and are implemented (e.g. cluster foster care schemes and CYCC's).	No programmes for alternative care programmes prescribed in the Regulations exist in the province.	Programmes for alternative care prescribed in the Regulations exist in the province but are not implemented.	Programmes for alternative care prescribed in the Regulations exist in the province and are implemented.	Programmes for alternative care prescribed in the Regulations are followed up to improve service provision.	Programmes for alternative care prescribed in the Regulations are reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Alternative Care Programmes</li> <li>Minutes of Reviews</li> </ul>		
2.2.16	Programmes for children with severe and profound behavioural problems and conduct disorders exist and are implemented.	No programmes for children with severe and profound behavioural problems and conduct disorders exist in the province.	Programmes for children with severe and profound behavioural problems and conduct disorders exist in the province but are not implemented.	Programmes for children with severe and profound behavioural problems and conduct disorders exist in the province and are implemented.	Programmes for children with severe and profound behavioural problems are followed up to improve service provision.	Programmes for children with severe and profound behavioural problems are reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Programmes for children with severe and profound behavioural problems</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.2.17	The province has a system of ensuring that credible and qualified people are appointed to the board of CYCCs in line with the Children's Act.	The province has no vetting system for appointing Board Members.	The province has an ineffective vetting system for appointing Board Members.	The province has an effective vetting system for appointing Board Members.	The province follows up on its vetting system for appointing Board Members to improve service provision.	The province reviews its vetting system for appointing Board Members to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Database of Board Members</li> <li>Profiles of Board Members</li> </ul>		
2.2.18	The provinces have developed programmes to train board members to ensure that they understand their roles and responsibilities and perform in accordance with the Children's Act.	No Board Members have been trained by the province.	25% of Board Members have been trained by the province.	50% of Board Members have been trained by the province.	75% of Board Members have been trained by the province.	100% of Board Members have been trained by the province.	<ul style="list-style-type: none"> <li>Training Programmes</li> <li>Attendance Registers</li> </ul>		
<b>Between 00 – 39 Weak</b>		<b>Between 40 – 69 Average</b>		<b>Between 70 – 90 Strong</b>		<b>TOTAL POINTS EARNED</b>			
The province has weak systems of establishing, funding, and managing CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.		The province has some systems in place for the establishment, funding, and management of CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children's Act.		The province has developed effective and efficient systems for the establishment, funding, and management of CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must seek to continuously improve existing procedures to ensure adherence to the Children's Act.		<b>COMMENTS BY NATIONAL VERIFIER *</b>			

2.3 Provision of Drop-in Centres and Services									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.3.1	The province has a strategy to guide the implementation of Drop-in Centres in line with the Children's Act.	The province has no strategy to guide the implementation of Child Protection Services.	The province has a strategy that is not guided by a needs analysis process in communities.	The province has a strategy that is guided by a needs analysis process in communities.	The province uses the strategy in the provision of services to the community.	The province reflects on its strategy to check on its effectiveness and efficiency.	<ul style="list-style-type: none"> <li>Provincial strategy</li> </ul>		
2.3.2	All Drop-in Centres are registered in terms of the Children's Act	No Drop-in Centres are registered in terms of the Children's Act in the province	25% of Drop-in Centres are registered in terms of the Children's Act in the province	50% of Drop-in Centres are registered in terms of the Children's Act in the province	75 % of Drop-in Centres are registered in terms of the Children's Act in the province	100% of Drop-in Centres are registered in terms of the Children's Act in the province	<ul style="list-style-type: none"> <li>Database of registered and non-registered Drop-in Centres</li> </ul>		
2.3.3	The province has profiled all Drop-in Centres (DICs) in line with the profiling protocols.	The province has not profiled its Drop-in Centres	The province has profiled 25% of its Drop-in Centres	The province has profiled 50% of its Drop-in Centres	The province has profiled 75% of its Drop-in Centres	The province has profiled 100% of its Drop-in Centres	<ul style="list-style-type: none"> <li>Provincial DIC Profile</li> </ul>		
2.3.4	The province has a system of determining the need for the provision of Drop-in Centres, especially in poorer communities and children with disabilities.	The province has no system of determining the need for Drop-in Centres.	The province has an ineffective system of determining the need for Drop-in Centres.	The province has an effective system of determining the needs and priorities for Drop-in Centres.	The province follows up on its system of determining the needs and priorities for Drop-in Centres to improve service provision	The province reviews its system of determining the needs and priorities for Drop-in Centres to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Needs Analysis Report</li> <li>Provincial Priority List</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.3.5	Programmes and services prescribed for vulnerable children in drop-in centres exist and are implemented.	No programmes and services for vulnerable children in drop-in centres exist in the province.	Programmes and services for vulnerable children in drop-in centres exist in the province but are not implemented.	Programmes and services for vulnerable children in drop-in centres exist in the province and are implemented.	Programmes and services for vulnerable children in drop-in centres are followed up to improve service provision.	Programmes and services for vulnerable children in drop-in centres are reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Programmes and services for vulnerable children in drop-in centres</li> </ul>		
2.3.6	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Drop-in Centres.	The province has not developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Drop-in Centres.	The province has developed ineffective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Drop-in Centres.	The province has developed effective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Drop-in Centres.	The province follows up on its procedures implementation of the Disability Strategy to improve service provision in all its Drop-in Centres.	The province regularly reviews its procedures implementation of the Disability Strategy to enhance the efficacy of the QAF in all its Drop-in Centres.	<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		
<b>Between 00 – 10 Weak</b>		<b>Between 11 – 20 Average</b>		<b>Between 21 – 30 Strong</b>		<b>TOTAL POINTS EARNED</b>			
The province has weak systems of establishing, funding, and managing Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.		The province has some systems in place for the establishment, funding, and management of Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children's Act.		The province has developed effective and efficient systems for the establishment, funding, and management of Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children's Act.		<b>COMMENTS BY NATIONAL VERIFIER *</b>			

2.4 Foster Care Centres and Adoption Services									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.4.1	Adoption Service Providers are accredited in terms of the Children's Act	No Adoption Service Providers are accredited in the province.	25% of Adoption Service Providers are accredited in the province.	50% of Adoption Service Providers are accredited in the province.	75 % of Adoption Service Providers are accredited in the province.	100% of Adoption Service Providers are accredited in the province.	<ul style="list-style-type: none"> <li>Database of accredited and non-accredited Adoption Service Providers</li> </ul>		
2.4.2	The province has a strategy to guide the implementation of Foster Care Centres in line with the Children's Act.	The province has no strategy to guide the provision of Foster Care services to the community.	The province has a strategy but it is not guided by a needs analysis process in communities.	The province has a strategy that is guided by a needs analysis process in communities.	The province uses the strategy to guide implementation in the provision of services.	The province reflects on its strategy to check on its effectiveness and efficiency.	<ul style="list-style-type: none"> <li>Provincial strategy</li> <li>Provincial Strategy</li> </ul>		
2.4.3	All Cluster Foster Care Centres are registered in terms of the Children's Act	No Cluster Foster Care are registered in terms of the Children's Act in the province	25% of Cluster Foster Care Centres are registered in terms of the Children's Act in the province	50% of Cluster Foster Care Centres are registered in terms of the Children's Act in the province	75 % of Cluster Foster Care Centres are registered in terms of the Children's Act in the province	100% of Cluster Foster Care Centres are registered in terms of the Children's Act in the province	<ul style="list-style-type: none"> <li>Database of registered and non-registered Cluster Foster Care Centres</li> </ul>		
2.4.4	The province has a system of determining the suitability of prospective foster parents.	The province has no system of determining the suitability of prospective foster parents.	The province has an ineffective system of determining the suitability of prospective foster parents.	The province has an effective system of determining the suitability of prospective foster parents.	The province follows up on its system of determining the suitability of prospective foster parents to improve service provision	The province reviews its system of determining the suitability of prospective foster parents to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Suitability Criteria</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.4.5	The province has a system of ensuring that children in foster care have access to financial, educational, and medical support from the government.	The province has no system of ensuring that children in foster care have access to financial, educational, and medical support from the government	The province has an ineffective system of ensuring that children in foster care have access to financial, educational, and medical support from the government.	The province has an effective system of ensuring that children in foster care have access to financial, educational, and medical support from the government.	The province follows up on its system of ensuring that children in foster care have access to financial, educational, and medical support to improve service provision.	The province reviews its system of ensuring that children in foster care have access to financial, educational, and medical support to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Proof of access to support</li> </ul>		
2.4.6	Readiness for the province to provide Adoption services is determined.	No Social Workers have been trained and registered with the SACSSP as adoption social workers in the province.	25% of Social Workers have been trained and registered with the SACSSP as adoption social workers in the province.	50% of Social Workers have been trained and registered with the SACSSP as adoption social workers in the province.	75% of Social Workers have been trained and registered with the SACSSP as adoption social workers in the province.	100% of Social Workers have been trained and registered with the SACSSP as adoption social.	<ul style="list-style-type: none"> <li>Provincial Report</li> <li>Database of trained Social Workers</li> <li>Database of social workers registered with SACSSP as adoption social workers</li> </ul>		
2.4.7	The province ensures that all children going to Foster Care come through a court process that upholds the best interest of the child.	No children in Foster Care have come through a court process that upholds the best interests of the child.	25% of all children in Foster Care have come through a court process that upholds the best interests of the child.	50% of all children in Foster Care have come through a court process that upholds the best interests of the child.	75% of all children in Foster Care have come through a court process that upholds the best interests of the child.	100% of all children in Foster Care have come through a court process that upholds the best interests of the child.	<ul style="list-style-type: none"> <li>Court Order</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.4.8	The province has a system of adoptions approved by through Recommendation Letters for Adoption issued by the HoD	There are no Recommendation Letters for Adoption issued by the HoD in the province.	25% of requests for adoption are accepted and issued with Recommendation Letters for Adoption signed by the HoD.	50% of requests for adoption are accepted and issued with Recommendation Letters for Adoption signed by the HoD.	75% of requests for adoption are accepted and issued with Recommendation Letters for Adoption signed by the HoD.	100% of requests for adoption accepted and issued with Recommendation Letters for Adoption signed by the HoD.	<ul style="list-style-type: none"> <li>Database of recommendation &amp; non-recommendation letters issued</li> </ul>		
2.4.9	The province has a system of ensuring ongoing support for foster parents	The province has no system of ensuring ongoing support for foster parents	The province has an ineffective system of ongoing support for foster parents.	The province has an effective system of ensuring ongoing support for foster parents	The province follows up on a system of ensuring ongoing support for foster parents to improve service provision	The province reviews its system of ensuring ongoing support for foster parents to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Proof of ongoing support</li> </ul>		
2.4.10	The province ensures that children placed in foster care and CYCC's have individual care plans.	The province has no system of ensuring individual care plans for children placed in foster care.	The province has an ineffective system of ensuring individual care plans for children placed in foster care.	The province has an effective system of ensuring individual care plans for children placed in foster care.	The province follows up on its system of ensuring individual care plans for children placed in foster care to improve service provision.	The province reviews its system of ensuring individual care plans for children placed in foster care to enhance the efficacy of QAF.	<ul style="list-style-type: none"> <li>Individual Care Plans</li> <li>Minutes of Reviews</li> </ul>		



ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.411	The province ensures that children have a permanency plan.	The province does not ensure that children have a permanency plan.	25% of children in the Foster Care systems have a permanency plan.	50% of children in the Foster Care System have a permanency plan.	75% of children in the Foster Care systems have a permanency plan.	100% of children in the Foster Care system have a permanency plan	<ul style="list-style-type: none"> <li>Permanency Plan</li> </ul>		
2.4.12	The province has a system of upholding the rights of children to be reunited their biological with parents.	The province has no system of upholding the rights of children to be reunited their biological with parents.	The province has an ineffective system of upholding the rights of children to be reunited their biological with parents.	The province has an effective system of upholding the rights of children to be reunited their biological with parents.	The province follows up on its system of upholding the rights of children to be reunited their biological with parents to improve service provision.	The province reviews its system of upholding the rights of children to be reunited their biological with parents to enhance the efficacy of QAF.	<ul style="list-style-type: none"> <li>Database of biological parents</li> <li>Minutes of Reviews</li> </ul>		
<b>Between 00 – 19 Weak</b>		<b>Between 20 – 39 Average</b>		<b>Between 40 – 60 Strong</b>		<b>TOTAL POINTS EARNED</b>			
<p>The province has weak systems of managing the system of adoption, the establishment, funding and support of Cluster Foster Care Centres and the parents. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.</p>		<p>The province has effective systems of managing the system of adoption of children, the establishment, funding and support of Cluster Foster Care Centres and the parents. There are clear procedures and protocols. managers need to follow with tight systems</p>		<p>The province has excellent systems of managing the system of adoption, the establishment, funding and support of Foster Care Centres and the parents. There are clear procedures and protocols for managers to follow. Managers must develop capture procedures and protocols as best practice.</p>		<b>COMMENTS BY NATIONAL VERIFIER *</b>			

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.5	Provision of Partial Care Facilities								
2.5.1	The province has a strategy to guide the implementation of Partial Care Centres in line with the Children’s Act.	The province has no strategy to guide the establishment & management of Partial Care Centres.	The province has an ineffective strategy guided by a needs analysis process in communities.	The province has an effective strategy guided by a needs analysis process in communities.	The province uses the strategy in the provision of services to the community.	The province reflects on its strategy to check on its effectiveness and efficiency.	▪ Provincial strategy		
2.5.2	All Partial Care Facilities are registered in terms of the Children’s Act	No Partial Care Facilities are registered in terms of the Act in the province.	25 % of Partial Care Facilities are registered in terms of the Act in the province.	50% of Partial Care Facilities are registered in terms of the Act in the province.	75% of Partial Care Facilities are registered in terms of the Act in the province.	100% of Partial Care Facilities are registered in terms of the Act in the province.	▪ Database of registered and non-registered Partial Care Facilities		
2.5.3	The province has profiled all Partial Care Facilities in line with the profiling protocols.	The province has not profiled its Partial Care Facilities	The province has profiled 25% of its Partial Care Facilities	The province has profiled 50% of its Partial Care Facilities	The province has profiled 75% of its Partial Care Facilities	The province has profiled 100% of its Partial Care Facilities	▪ Provincial PCF Profile		
2.5.4	The province ensures that all Partial Care Centres are established, funded, and managed in line with the Children’s Act.	The province has no system of determining the need for Partial Care Centres.	The province has an ineffective system of determining the need for Partial Care Centres.	The province has an effective system of determining the need for Partial Care Centres.	The province follows up on its system of determining the need for Partial Care Centres to improve service provision.	The province reviews its system of determining the need for Partial Care Centres to enhance the efficacy of the QAF	▪ Needs Analysis Report		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.5.5	All Afterschool Care Centres are registered in terms of the Children's Act	No Afterschool Care Centres are registered in terms of the Children's Act	25% of Afterschool Care Centres are registered in terms of the Children's Act	50% of Afterschool Care Centres are registered in terms of the Children's Act	75% of Afterschool Care Centres are registered in terms of the Children's Act	100% of Afterschool Care Centres are registered in terms of the Children's Act	<ul style="list-style-type: none"> <li>Database of registered and non-registered</li> <li>Afterschool Care Centres</li> </ul>		
2.5.6	All Private Hostels are registered in terms of the Children's Act	No private Hostels are registered in terms of the Children's Act in the province	25% of private Hostels are registered in terms of the Act in the province	50% of private Hostels are registered in terms of the Children's Act in the province	75% of private Hostels are registered in terms of the Children's Act in the province	100% of private Hostels are registered in terms of the Children's Act in the province	<ul style="list-style-type: none"> <li>Database of registered and non-registered Private Hostels</li> </ul>		
2.5.7	All Temporary Respite Care Centres are registered in terms of the Act	No Temporary Respite Care Centres are registered in terms of the Children's Act in the province	25% of Temporary Respite Care Centres are registered in terms of the Children's Act in the province	50% of Temporary Respite Care Centres are registered in terms of the Children's Act in the province	75% of Temporary Respite Care Centres are registered in terms of the Children's Act in the province	100% of Temporary Respite Care Centres are registered in terms of the Children's Act in the province	<ul style="list-style-type: none"> <li>Database of registered and non-registered Temporary</li> <li>Respite Care Centres</li> </ul>		
2.5.8	The province has a system of ensuring the provision of Health Care Services across all the Temporary Respite Care Centres.	The province has no system to ensure the provision of Health Care Services in all Temporary Respite Care Centres.	The province has an ineffective system to ensure the provision of Health Care Services in all Temporary Respite Care Centres.	The province has an effective system to ensure the provision of Health Care Services in all Temporary Respite Care Centres.	The province follows up to ensure the provision of Health Care Services in all Temporary Respite Care Centres to improve service provision.	The province reviews its system to ensure the provision of Health Care Services in all Temporary Respite Care Centres to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Health Care Records</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.5.9	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Temporary Respite Care Centres (TRCCs).	The province has not developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its TRCCs.	The province has developed ineffective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its TRCCs.	The province has developed effective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its TRCCs.	The province follows up on its procedures implementation of the Disability Strategy to improve service provision in all its TRCCs.	The province regularly reviews its procedures implementation of the Disability Strategy to enhance the efficacy of the QAF in all its TRCCs.	<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		
2.5.10	The province ensures that all Temporary Respite Care Centres developmentally appropriate educational programmes and services in line with the Children's Act.	No programmes offered in Temporary Respite Care Centres are developmentally and educationally appropriate in line with the Children's Act.	25% of the programmes offered in Temporary Respite Care Centres are developmentally and educationally appropriate in line with the Children's Act.	50% of the programmes offered in Temporary Respite Care Centres are developmentally and educationally appropriate in line with the Children's Act.	75% of the programmes offered in Temporary Respite Care Centres are developmentally and educationally appropriate in line with the Children's Act.	100% of the programmes offered in Temporary Respite Care Centres are developmentally and educationally appropriate in line with the Children's Act.	<ul style="list-style-type: none"> <li>Developmentally appropriate programmes</li> </ul>		

Between 00 – 19 Weak		Between 20 – 39 Average		Between 40 – 50 Strong		TOTAL POINTS EARNED			
The province has weak systems of establishing, funding, and managing Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.		The province has some systems in place for the establishment, funding, and management of Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children's Act.		The province has developed effective and efficient systems for the establishment, funding, and management of Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children's Act.		COMMENTS BY NATIONAL VERIFIER *			
2.6 Provision of ECD Programmes									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.6.1	The province has a strategy to guide the implementation of ECD Programmes in line with the Children's Act.	The province has no strategy to guide the establishment, funding, and management of ECD Programmes	The province has an ineffective strategy that is not guided by a needs analysis process in communities.	The province has an effective strategy that is guided by a needs analysis process in communities.	The province uses the strategy in the provision of services to the community.	The province reflects on its strategy to check on its effectiveness and efficiency.	▪ Provincial Strategy		
2.6.2	All ECD Centres are registered in terms of the Act	No ECD Centres are registered in terms of the Act in the province.	25% of ECD Centres are registered in terms of the Act in the province	50% of ECD Centres are registered in terms of the Act in the province	75% of ECD Centres are registered in terms of the Act in the province	100% of ECD Centres are registered in terms of the Act in the province	▪ Database of registered and non-registered ECD Centres		
2.6.3	The province has profiled all Early Childhood Development (ECD) Programmes in line with the profiling protocols.	The province has not profiled its Early Childhood Development Programmes	The province has profiled 25% of its Early Childhood Development Programmes	The province has profiled 50% of its Early Childhood Development Programmes	The province has profiled 75% of its Early Childhood Development Programmes	The province has profiled 100% of its Early Childhood Development Programmes	▪ Provincial ECD Profile		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.6.4	The province must ensure that all ECD programmes provide appropriate developmental opportunities for the children.	No programmes offered in ECD Centres provide appropriate developmental opportunities for the children.	25% of the programmes offered in ECD Centres provide appropriate developmental opportunities for the children.	50% of the programmes offered in ECD Centres provide appropriate developmental opportunities for the children.	75% of the programmes offered in ECD Centres provide appropriate developmental opportunities for the children.	100% of the programmes offered in ECD Centres provide appropriate developmental opportunities for the children.	<ul style="list-style-type: none"> <li>Developmentally appropriate programmes</li> </ul>		
2.6.5	The province must ensure that all ECD programmes meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.	No programmes offered in ECD Centres meet the sensory, spiritual, moral, physical, social and communication development needs of children.	25% of the programmes offered by ECD Centres meet the sensory, spiritual, moral, physical, social and communication development needs of children.	50% of the programmes offered by ECD Centres meet the sensory, spiritual, moral, physical, social and communication development needs of children.	75% of the programmes offered by ECD Centres meet the sensory, spiritual, moral, physical, social and communication development needs of children.	100% of the programmes offered by ECD Centres meet the sensory, spiritual, moral, physical, social and communication development needs of children.	<ul style="list-style-type: none"> <li>Developmentally appropriate programmes</li> </ul>		
2.6.6	The province has prioritised poor communities and children with disabilities in the provision of ECD Programmes.	The province does not have a priority list in the provision of ECD Programmes.	The province has a priority list in the provision of ECD Programmes., but it is not effectively used in decision making.	The province has a priority list in the provision of ECD Programmes., and it is effectively used in decision making.	The province follows up on its priority list to determine the need for ECD Programmes. to improve service provision	The province reviews its priority to determine the need for ECD Programmes to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Provincial Priority List</li> <li>Minutes of Review Meetings</li> </ul>		
2.6.7	The province ensures that all staff working in ECD is appropriately qualified to teach and care for children.	No staff is qualified to work with children in ECD Centres.	25% of the staff is qualified to work with children in ECD Centres.	50% of the staff is qualified to work with children in ECD Centres.	75% of the staff is qualified to work with children in ECD Centres.	100% of the staff is qualified to work with children in ECD Centres.	<ul style="list-style-type: none"> <li>Profiles of teaching staff</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.6.8	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all ECD Programmes.	The province has not developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its ECD Programmes.	The province has developed ineffective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its ECD Programmes.	The province has developed effective procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its ECD Programmes.	The province follows up on its procedures implementation of the Disability Strategy to improve service provision in all its ECD Programmes.	The province regularly reviews its procedures implementation of the Disability Strategy to enhance the efficacy of the QAF in all its ECD Programmes.	<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		
Between 00 – 15 Weak		Between 16 – 29 Average		Between 30 – 40 Strong		TOTAL POINTS EARNED			
The province has weak systems of establishing, funding, and managing ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children's Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.		The province has some systems in place for the establishment, funding, and management of ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children's Act.		The province has developed effective and efficient systems for the establishment, funding, and management of ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children's Act.		COMMENTS BY NATIONAL VERIFIER			

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.7	Provision of Prevention and Early Intervention Programmes								
2.7.1	The province has a strategy to guide the provision of Prevention and Early Intervention Programmes in line with the Children's Act.	The province has no strategy to guide the provision of PEIPs in line with the Children's Act.	The province has an ineffective strategy to guide the provision PEIPs in line with the Children's Act.	The province has an effective strategy for the provision of PEIPs in line with the Children's Act.	The province uses the strategy in the provision of PEIP services to the community in line with the Children's Act.	The province reflects on its strategy to enhance the efficacy of the QAF.	▪ Provincial Strategy		
2.7.2	The province has profiled all Prevention and Early Intervention Programmes (PEIP) in line with the profiling protocols.	The province has not profiled its Prevention and Early Intervention Programmes	The province has profiled 25% of its Prevention and Early Intervention Programmes	The province has profiled 50% of its Prevention and Early Intervention Programmes	The province has profiled 75% of its Prevention and Early Intervention Programmes	The province has profiled 100% of its Prevention and Early Intervention Programmes	▪ Provincial PEIP Profile		
2.7.3	The province has a system of determining the need for the provision of Prevention and Early Intervention Programmes (PEIPs) in communities.	The province has no system of determining the need for the provision of PEIPs in communities.	The province has an ineffective system of determining the need for the provision of PEIPs in communities.	The province has an effective system of determining the need for the provision of PEIPs in communities.	The province follows up on its system of determining the need for the provision of PEIPs in communities to improve service provision.	The province Regularly reviews its system of determining the need for the provision of PEIPs in communities to enhance the efficacy of the QAF.	▪ Needs Analysis Report		



ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
2.7.4	The province has a system of assessing Prevention and Early Intervention programmes for relevance and sustained quality service delivery.	The province has no system of assessing PEIPs programmes for relevance and sustained quality service delivery.	The province has an ineffective system of assessing PEIPs for relevance and sustained service quality delivery.	The province has an effective system of assessing PEIPs for relevance and sustained quality service delivery.	The province follows up on its system of assessing PEIPs for relevance and improved service quality delivery.	The province Regularly reviews its system of assessing PEIPs for relevance and improved service quality delivery to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Programme Assessment Criteria</li> <li>Minutes of Review Meetings</li> </ul>		
2.7.5	Prevention and Early Interventions Programmes (including community-based services to vulnerable children) are monitored and reported on across the province	There is no monitoring of PEIPs is conducted in the province.	There is an inefficient system of monitoring of PEIPs in the province.	There is an efficient system of monitoring of PEIPs to ensure compliance with regulations.	The province follows up on its system of monitoring PEIPs to improve service provision.	The province reviews its system of monitoring PEIPs to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Itinerary</li> <li>Monitoring Reports</li> <li>Follow-up Reports</li> </ul>		
2.7.6	Prevention and Early Interventions Programmes (including community-based services to vulnerable children) are in place and implemented across the province	The province has no databases of PEIPs and Orphans and Vulnerable Children (OVC) in place.	The province has a database of both the PEIPs and OVCs in place.	The provincial database is used to monitor services rendered to children including community-based services to vulnerable children.	The provincial database is used to monitor and plan for the services rendered to children including community-based services to vulnerable children.	The provincial database is updated regularly and reviewed to determine trends and suggest improvements in the system.	<ul style="list-style-type: none"> <li>Database of PEIPs</li> <li>Database of OVC.</li> <li>Database of implementing partners (NPOs) providing services to OVC.</li> </ul>		

Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong		TOTAL POINTS EARNED			
The province has a very weak system of monitoring and evaluation system to ensure the implementation of the Children’s Act and other related policies. Managers must correct this deficiency with immediate effect. Develop an Action Plan to get the systems to an acceptable level to ensure quality delivery.		The province has an effective system of monitoring and evaluation system to ensure the implementation of the Children’s Act and other related policies. Managers must seek to ensure continuous improvement to reach a state of excellence. Develop an Organisational Improvement Plan to improve service delivery.		The province has a robust monitoring and evaluation system that ensures the implementation of the Children’s Act and other related policies. Managers have mastered the system of checking their quality. Managers must capture and share this best practice across the province and nationally.		COMMENTS BY NATIONAL VERIFIER			
3. OUTCOME 3: STRONG EVIDENCED BASED REPORTING									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
3.1	The provincial department has a system of periodically assessing social phenomena in communities to determine the need for various services.	The provincial department has no system of assessing social phenomena in communities to determine the need for various services.	The provincial department has an ineffective system of assessing social phenomena in communities to determine the need for various services.	The provincial department has an effective system of assessing social phenomena in communities, but the results are not used to inform service provision.	The provincial department makes follow-ups on its system of assessing social phenomena in communities.to improve service provision.	The provincial department regularly reflects on its system of assessing social phenomena in communities to ensure the efficacy of the QAF.	<ul style="list-style-type: none"><li>Research/ Needs Analysis Report</li><li>Minutes of Review Meetings</li></ul>		
3.2	The province has an up-to-date, accessible, and centralised Management Information System (MIS)	The province has no up-to-date, accessible, and centralised Management Information System (MIS)	The MIS is 25% complete and used by managers for decision making.	The MIS is 50% complete and used by managers for decision making.	The MIS is 75% complete and used by managers for decision making.	The MIS is 100% complete and used by managers for decision making.	<ul style="list-style-type: none"><li>MIS</li></ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
3.3	Effective two-way communication mechanisms to disseminate information to stakeholders at sub-provincial levels including NPOs exists.	The province has no system of communication with other stakeholders at sub-provincial levels.	The province has an ineffective system of communication with other stakeholders at sub-provincial levels.	The province has an effective system of communication with other stakeholders at sub-provincial levels.	The province follows up on communication to stakeholders at sub-provincial levels to improve service provision.	The province regularly reflects on its communication to stakeholders at sub-provincial levels to enhance the efficacy of the QAF.	<ul style="list-style-type: none"><li>▪ Circulars</li><li>▪ Newsletters</li><li>▪ Copies of other forms of communication</li><li>▪ Submissions by stakeholders</li></ul>		
3.4	The province submits all quality reports in line with departmental guidelines and standards for reporting with the required evidence.	The province does not submit quality reports.	The province submits 25% of quality reports.	The province submits 50% of quality reports.	The province submits 75% of quality reports.	The province submits 100% of quality reports.	<ul style="list-style-type: none"><li>▪ Quality Reports</li></ul>		
Between 00 – 07 Weak		Between 08 – 14 Average		Between 15 – 20 Strong		TOTAL POINTS EARNED			
The province has weak systems of determining the needs of the communities as evidence justifying service provision. The province has no or an unreliable system managing critical information that is used as a means of verification during auditing and reporting. Managers must give attention to a digitised system that is up to date and accessible to users.		The province can justify the provision of services as it has a reliable process of determining community needs and priorities. It also has an effective management information system (MIS) in place containing all the relevant databases. Managers must look at how to improve the efficacy of the systems.		The province has developed best practices in community needs analysis to determine service provision. In addition, it has a reliable, up to date, accessible, and automated system that supports decision making in the implementation of the children's Act. Managers must share best practices across all units and with other departments.		COMMENTS BY NATIONAL VERIFIER			
For example, provinces need to keep databases of the following: <ul style="list-style-type: none"><li>• All relevant legislation, policies, regulations, guidelines, and norms &amp; standards.</li><li>• All the different types of registered service delivery points (CYCCs, Drop-in Centres etc.)</li><li>• All the different types of <u>un</u>registered service delivery points (CYCCs, Drop-in Centres etc.)</li><li>• Needs analysis reports of communities</li><li>• All service providers to children.</li><li>• Parents of children in Temporary Secure Care Centres.</li><li>• Foster parents (Confidential).</li></ul>					<ul style="list-style-type: none"><li>• Prospective adoptive parents (Confidential).</li><li>• Adoptable children (Confidential).</li><li>• Children in need of care and protection per district (Confidential).</li><li>• People unsuitable to work with children (Confidential).</li><li>• Different types of available programmes for all age groups.</li><li>• Service delivery point assessment reports, ODPs,</li><li>• Assessment Team Leaders, Teams and Coaches</li><li>• Incidents and accidents at various facilities</li></ul>				

• Cluster foster schemes (Confidential).									
4.	OUTCOME 4: EFFECTIVE AND EFFICIENT RISK-BASED FLAGGING SYSTEM								
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
4.1	The province has a system of vetting all persons employed in childcare to ensure compliance with the National Child Protection Register and Sexual Offences Register.	The province has no system of vetting persons in compliance with the Children's Act.	The province has an ineffective system of vetting persons in compliance with the Children's Act.	The province has an effective system of vetting persons in compliance with the Children's Act.	The province makes follow-ups on its vetting to ensure the protection of children under its care.	The province has held regular reviews of the vetting system to enhance its efficacy.	<ul style="list-style-type: none"><li>Vetting System</li><li>Minutes of Review Meetings</li></ul>		
4.2	The province ensures that Safety/Risk assessments on all reported violence, child abuse, neglect, and exploitation cases (Section 110) are conducted.	No safety/risk assessment is done on all reported violence, child abuse, neglect, and exploitation cases.	Safety/Risk assessments are done but there are no records on the completion of Completed Safety and Risk Assessment Tools.	Safety/Risk assessments are done but Safety and Risk Assessment Tools are not adequately completed with sufficient information on the case.	The province follows up on its Safety/Risk Assessment process to improve service provision.	The province holds regular reviews of its Safety/Risk Assessment process to enhance the efficacy of the QAF	<ul style="list-style-type: none"><li>Completed Safety and Risk Assessment Tools</li></ul>		
4.3	Serious injuries, abuse or deaths occurring across all the service delivery points are reported and documented under the Children's Act.	There is no system of reporting Serious injuries, abuse or deaths occurring across all the service delivery points in the province.	Some serious injuries, abuse or deaths occurring across all the service delivery points are reported.	All serious injuries, abuse or deaths occurring across all the service delivery points are reported.	All serious injuries, abuse or deaths occurring across all the service delivery points are reported with a follow up done to uncover the root causes.	All serious injuries, abuse or deaths occurring across all the service delivery points are reported with action taken to prevent similarly incidents from happening again.	<ul style="list-style-type: none"><li>Records of Reported Cases</li></ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
4.4	Consequence management is enacted for violation or non-compliance to ensure the quality of service delivery.	There is no system for consequence management enacted for violation or non-compliance to ensure quality in the province.	25% of cases of violation or non-compliance to ensure quality is enacted in the province.	50% of cases of violation or non-compliance to ensure quality is enacted in the province.	75% of cases of violation or non-compliance to ensure quality is enacted in the province.	100% of cases of violation or non-compliance to ensure quality is enacted in the province.	<ul style="list-style-type: none"><li>▪ Number of Complaints received</li><li>▪ Number of Disciplinary Cases/Dismissals/Court Cases</li></ul>		
Between 00 – 07 Weak		Between 08 – 14 Average		Between 15 – 20 Strong		TOTAL POINTS EARNED			
The province has a weak system of managing risk to ensure the safety of the children. There is also no mechanism of ensuring consequent management for those who have exposed children to danger. Managers must prioritise the safety and protection of children by putting in place a risk-management strategy to be implemented and monitored across all its service delivery points.		The province has an effective risk management strategy to protect children under its care. Serious injuries and death are reported, and appropriate action is taken. Managers must develop protocols that will eliminate all foreseeable risks and assist children to feel safe and protected.		The province has an excellent risk management strategy that is implemented across its service delivery points. Cases are reported on time and there is serious consequence management. Managers have done well to put systems in place and can share this best practice with other departments.		COMMENTS BY NATIONAL VERIFIER			
5. OUTCOME 5: DEVELOPMENTAL SYSTEM-BASED APPROACH									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
5.1	The Children's Act is a standing agenda item in management meetings to support implementation and monitoring	The Children's Act is never an item on the standing agenda	The Children's Act is occasionally an item in the standing agenda	The Children's Act is always an item in the standing agenda with a detailed report	The Children's Act is always an item in the standing agenda with evidence of monitoring	The Children's Act is always an item in the standing agenda with evidence of implementation	<ul style="list-style-type: none"><li>▪ Records/Minutes of senior management meetings</li></ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
5.2	Implementation of the Children's Act is included in the Strategic Plan, the Annual Performance Plan & Operational Plan.	Implementation not included in the Strategic Plan, Annual Performance Plan & Operational Plan	Implementation not included in the Strategic Plan only.	Implementation not included in the Strategic and Annual Performance Plans only.	Implementation not included in the Strategic, Annual Performance and Operational Plans.	Implementation is included in all three plans and linked to staff key performance areas/indicators.	<ul style="list-style-type: none"> <li>Strategic Plan</li> <li>Annual Performance Plan</li> <li>Operational Plan</li> <li>KPAs/KPIs</li> </ul>		
5.3	Registered Child Care Facilities (Partial Care Facilities, CYCCs and Drop-in Centres) are supported so that they can be registered in terms of the Act.	No support is given to registered Child Care Facilities.	25% of registered Child Care Facilities have been supported and are now registered.	50% of registered Child Care Facilities have been supported and are now registered.	75% of registered Child Care Facilities have been supported and are now registered.	100% of registered Child Care Facilities have been supported and are now registered.	<ul style="list-style-type: none"> <li>Evidence of Support given</li> <li>Registration numbers/certificates</li> <li>Quality Assurance Reports</li> </ul>		
5.4	Non-registered Child Care Facilities (Partial Care Facilities, CYCCs and Drop-in Centres) are supported so that they can be registered in terms of the Act.	No support is given to non-registered Child Care Facilities.	25% of non-registered Child Care Facilities have been supported and are now registered.	50% of non-registered Child Care Facilities have been supported and are now registered.	75% of non-registered Child Care Facilities have been supported and are now registered.	100% of non-registered Child Care Facilities have been supported and are now registered.	<ul style="list-style-type: none"> <li>Evidence of Support given</li> <li>Registration numbers/certificates</li> <li>Quality Assurance Reports</li> </ul>		
<b>Between 00 – 07 Weak</b>		<b>Between 08 – 14 Average</b>		<b>Between 15 – 20 Strong</b>		<b>TOTAL POINTS EARNED</b>			
<p>The province does not have a focus on processes that will ensure the development and empowerment of stakeholders using different platforms such as meetings, planning sessions, training, and support. Managers must develop a plan of ensuring that stakeholders are empowered to meet the required quality standards. Implementation of the plan is key.</p>		<p>The province has adequate systems of ensuring the empowerment of stakeholders for them to meet the quality requirements. Managers must explore various methods of empowerment beyond the current to increase their reach to different communities.</p>		<p>The province has an excellent system of empowerment in place. Managers use various platforms and methods to reach out to stakeholders and develop their capacity to meet the quality requirements. They have aligned all the planning processes to support this goal.</p>		<b>COMMENTS BY NATIONAL VERIFIER</b>			

6. OUTCOME 6: SEAMLESS SYSTEM AND PROCESSES									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
6.1	There is coordination and cooperation between internal Department of Social Development programmes to support the implementation of the Act (e.g. Families, Substance Abuse, VEP, HIV/AIDS and Social Crime Prevention)	There is no coordination and cooperation between internal Department of Social Development programmes.	There is ineffective coordination and cooperation between internal Department of Social Development programmes.	There is effective coordination and cooperation between internal Department of Social Development programmes.	The province makes follow-ups in the coordination and cooperation between internal stakeholders to improve service provision.	The province regularly reviews the coordination and cooperation between internal Department of Social Development programmes to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Strategic Plan</li> <li>Memorandum of Understanding</li> <li>Reports on joint operations</li> <li>Minutes of Review Meetings</li> </ul>		
6.2	The Provincial Child Care and Protection Forum (PCCPF) coordinates and facilitates Inter-sectoral collaboration among Provincial stakeholders, District and Local area stakeholders in the implementation of the Act.	The PCCPF does not coordinate collaboration between Provincial, District and Local area stakeholders	The PCCPF sometimes coordinates collaboration between provincial stakeholders	The PCCPF is functional and promotes collaboration with other Provincial, District and Local area stakeholders.	The PCCPF follows up in the coordination of Inter-sectoral collaboration among Provincial, District and Local area stakeholders to improve service provision.	The PCCPF reviews the coordination of Inter-sectoral collaboration among Provincial, District and Local area stakeholders to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>ToRs signed off by HoD</li> <li>Minutes of PCCPF Meetings</li> <li>Attendance Registers</li> </ul>		
6.3	Platforms to promote Inter-sectoral and implementation of Child Protection services including the Protocol exist. (e.g. Case Conferencing with DCPOs, DOJ officials etc.)	No platforms and protocols for Inter-sectoral implementation exist in the province.	Platforms and protocols for Inter-sectoral implementation exist in the province but are not functional.	Effective and functional platforms and protocols for Inter-sectoral implementation exist in the province.	The province follows up on Inter-sectoral collaboration between Child Protection Officials to improve service.	The province reflects on Inter-sectoral collaboration between Child Protection Officials to enhance the efficacy of QAF.	<ul style="list-style-type: none"> <li>Protocols</li> <li>Attendance Registers</li> <li>Minutes of Case Conferences</li> </ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
6.4	The province has an HR strategy to support the implementation of the Children's Act.	The province has no HR Strategy.	The province has an ineffective HR Strategy.	The province has an effective HR Strategy.	The province follows up on its HR Strategy to ensure quality service provision.	The province regularly reviews its HR Strategy to ensure the effectiveness and efficiency of the QAF.	<ul style="list-style-type: none"> <li>HR Strategy</li> <li>Minutes of Review Meetings</li> </ul>		
6.5	The provincial organogram is aligned to the national organogram and reflects the obligation to implement the Children's Act in the job descriptions	There is no approved organogram in place	There is an approved organogram aligned to the national one.	Organogram reflects obligations to implement the Children's Act in the job descriptions	Job descriptions provide details on Key Performance Areas (KPAs)	Job descriptions linked to performance management system with Key Performance Indicators (KPIs)	<ul style="list-style-type: none"> <li>Organogram</li> <li>Job-descriptions</li> <li>Performance Management System</li> </ul>		
6.6	There are adequate Social Service Practitioners (SSP) to implement the Children's Act.	The province has a 40% and more vacancy rate.	The province has a 30% vacancy rate.	The province has a 20% vacancy rate.	The province has a 10% vacancy rate.	The province has filled all posts with no vacancies.	<ul style="list-style-type: none"> <li>Number of SSPs per category</li> <li>Vacancy Rate</li> </ul>		
6.7	Plan to expand the SSPs (Mechanisms to employ additional officials to implement the Children's Act in place)	No plans to expand SSPs in the province.	A plan to expand SSPs exists in the province.	A plan to expand SSPs exists but is not approved by a senior manager.	A plan to expand is approved but there are no funds.	A plan to expand exists with sufficient funds to support it.	<ul style="list-style-type: none"> <li>Approved and funded HR Expansion Plan</li> </ul>		
6.8	The province has a recruitment and retention strategy of Social Service Practitioners to implement the Children's Act.	The province has no recruitment and retention strategy for SSPs.	The province has an ineffective recruitment and retention strategy of SSPs.	The province has an effective recruitment and retention strategy of SSPs.	The province follows up on its recruitment and retention strategy of Social SSPs to improve service provision.	The province regularly reviews its recruitment and retention strategy of SSPs to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Provincial policy/strategy</li> <li>Approved HR Plan</li> <li>HR Budget</li> <li>Advertisements for recruitment</li> </ul>		



Between 00 – 15 Weak		Between 16 – 29 Average		Between 30 – 40 Strong		TOTAL POINTS EARNED			
The province does not have a culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act. Managers should identify critical stakeholders and designate staff to manage and/or attend Inter-sectoral meetings and participate in activities. Reports should be submitted with evidence of attendance and minutes.		The province is not quite effective in the creation of a culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act for the benefit of the child. In the Action Plan, the province should identify areas of weakness and close the gaps to ensure improvement in this area.		The province demonstrates a strong culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act for the benefit of the child. Managers should strive to close gaps, where they exist and document best practices for reporting purposes. Recognition for good work must be recorded.		COMMENTS BY NATIONAL VERIFIER			
7. OUTCOME 7: EFFECTIVE AND EFFICIENT MONITORING AND EVALUATION									
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
7.1	The province has a schedule of planned visits to conduct Quality Assurance of Service Point Areas and Designated Child Protection Organisations.	No schedule for conducting Quality Assurance visits exists in the province.	There is an ineffective schedule for conducting Quality Assurance visits.	There is an effective schedule for conducting Quality Assurance visits that are followed by the province.	The schedule of conducting Quality Assurance visits is followed up to improve service provision.	The schedule of Quality Assurance visits is reviewed to enhance the efficacy of the QAF.	▪ Schedule of Visits		
7.2	Mechanisms, procedures/ tools to conduct monitoring, supervision, and an inspection of childcare facilities/children services are in place.	There are no mechanisms, procedures/tools to conduct monitoring, supervision, and an inspection of childcare facilities/children services in place in the province.	There are ineffective procedures/tools to conduct monitoring, supervision, and an inspection of childcare facilities/children services in the province.	There are effective procedures/tools to conduct monitoring, supervision, and an inspection of childcare facilities/ children services that are fully implemented.	The province follows up on gaps found when conducting monitoring, supervision, and inspection of childcare facilities to improve service provision.	The province regularly reviews and improves its mechanisms, procedures/tools to conduct monitoring, supervision, inspection of childcare facilities to enhance the efficacy of the QAF.	▪ Monitoring Tools ▪ Monitoring Reports		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
7.3	Regular Monitoring/ Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres) in terms of Section 304 of the Children's Act are conducted	There is no regular Monitoring/Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres).	There is ineffective and uncoordinated Monitoring/Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres).	There is regular planned and unplanned Monitoring/Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres).	Regular Monitoring/Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres) is undertaken with records kept of findings and recommendations.	Follow up done on gaps found through regular Monitoring/Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres) and reviews of the system is done to improve service delivery.	<ul style="list-style-type: none"> <li>Provincial Monitoring System</li> <li>Data Collection Tool(s)</li> <li>Provincial Monitoring Reports</li> </ul>		
7.4	There is a periodic evaluation of the provincial system of service delivery that is used to reflect on the quality of childcare provision in the province.	There is no system of evaluating service delivery that is used to reflect on the quality of childcare provision in the province.	There is an ineffective system of evaluating service delivery that is used to reflect on the quality of childcare provision in the province	There is an effective system of evaluating service delivery that is used to reflect on the quality of childcare provision in the province	There is an effective system of evaluating service delivery that is used to reflect on the quality of childcare provision in the province which is followed up to ensure continuous improvement.	There is an effective system of evaluating service delivery that is used to reflect on the quality of childcare provision in the province which is regularly reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Provincial Evaluation Reports</li> </ul>		

Between 00 – 07 Weak	Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED		
The province has weak systems of monitoring and evaluating the quality of the services delivered. There is no reflection on the efficacy of the QAF to cause continuous improvement initiatives. Managers must develop a robust monitoring system that will promote quality delivery of services and encourage a culture of self-reflection.	The province has developed effective systems of monitoring service delivery to ensure the implementation of the Children's Act. Monitoring is a planned activity that is professionally executed. Managers must explore methods of ensuring continuous improvement across all facilities.	The province has developed excellent monitoring systems and uses appropriate tools to ensure the quality delivery of services. There is a culture of quality and excellence demonstrated across all the facilities. Managers must strive towards Total Quality Management (TQM).	COMMENTS BY NATIONAL VERIFIER		

## 8. OUTCOME 8: CONSTRUCTIVE FEEDBACK AND COACHING

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
8.1	The province has a schedule of assessment with teams and team leaders appointed by the HoD.	The province has no schedule of dates and teams appointed by the HoD.	The provincial has developed schedule, that is not implemented with teams and team leaders appointed by the HoD.	The provincial has developed schedule, that is partially implemented with teams and team leaders appointed by the HoD.	The province had developed a schedule that is fully implemented with teams and team leaders appointed by the HoD.	The province had developed a schedule that is fully implemented with teams and team leaders appointed by the HoD that is regularly reviewed in line with provincial priorities.	<ul style="list-style-type: none"> <li>Monitoring Schedule</li> <li>Database of appointed Team Leaders and Team Members</li> </ul>		
8.2	The province has a documented quality process of conducting assessments at service delivery points that has been shared with all stakeholders.	The province has no documented quality process of conducting assessments that have been shared with all stakeholders.	The province has a documented quality process of conducting assessments that has been shared with all stakeholders.	The province follows the documented quality process to conduct assessments and it has been shared with all stakeholders.	The province follows up on gaps identified in the documented quality assessment process to improve service delivery.	The province regularly reviews the documented quality assessment process with input from stakeholders to improve the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Quality Assessment Document</li> <li>Minutes of Review Meetings</li> </ul>		

8.3	The province has a system of training, deploying, and rating coaches who assist service delivery points develop and implementing an organisational development plan (ODP) after an assessment.	The province has no system of training, deploying, and rating coaches who assist service delivery points develop and implementing an organisational development plan (ODP) after an assessment.	The province has an ineffective system of training, deploying, and rating coaches who assist service delivery points develop and implementing an organisational development plan (ODP) after an assessment.	The province has an effective system of training, deploying, and rating coaches who assist service delivery points develop and implementing an organisational development plan (ODP) after an assessment.	The province rates the performance of coaches by determining their impact through the implementation of the ODPs at allocated service delivery points.	The province rates the performance of coaches by determining their impact through the implementation of the ODPs at allocated service delivery points and provides them feedback to improve the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Training Programme for Coaches</li> <li>Deployment Schedule of Coaches</li> <li>Performance Management and Development System</li> </ul>		
8.4	The province has a system of providing feedback and following up on the implementation of the ODP to ensure continuous improvement.	The province has no system of providing feedback and following up on the implementation of the ODP to ensure continuous improvement.	The province has an ineffective system of providing feedback and following up on the implementation of the ODP to ensure continuous improvement.	The province has an effective system of providing feedback and following up on the implementation of the ODP to ensure continuous improvement.	The province has an effective system of following up on gaps found at the service delivery points through the ODP to improve service provision.	The province regularly reviews and improves the ODP implementation system to ensure enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Report on Assessments</li> <li>ODPs for Service Delivery Points</li> </ul>		
Between 00 – 07 Weak		Between 08 – 14 Average		Between 15 – 20 Strong		TOTAL POINTS EARNED			
The quality process implemented in the province is weak and does not follow protocols. A flawed quality process will compromise the integrity of the assessment. Managers must explore the training and development of quality assessment teams and monitor their performance closely.		The quality process implemented in the province is adequate and is done according to set protocols. A good quality process strengthens the integrity of the assessment and empowers those who are involved in it. Managers must continue to		The quality process implemented in the province is excellent and inspires confidence in the system. Team and team leaders know what they are doing and are adequately trained. Managers ensure the integrity of the quality process and must find ways of sharing best practices.		COMMENTS BY NATIONAL VERIFIER			

		look for better and smarter methods of assessments.							
9.	OUTCOME 9: PRACTICAL TRAINING AND DEVELOPMENT								
ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
9.1	The National Child Care and Protection Policy, the Children’s Act and all other relevant guidance documents and circulars are made available/ accessible to Social Service Practitioners (SSPs) to support the implementation of the Children’s Act.	Documents and circulars are neither available nor accessible to SSPs to support the implementation of the Children’s Act.	Documents and circulars are available but not accessible to Social Service Practitioners.	Documents and circulars are available and accessible for use by Social Service Practitioners.	Social Service Practitioners use the documents and circulars to support and improve service provision.	Social Service Practitioners reflect on the documents to enhance the efficacy of the QAF.	<ul style="list-style-type: none"><li>Signed off receipt by officials in specially designed registers</li><li>List of suggestions</li></ul>		
9.2	Senior Managers (HoD and management) understand the Children’s Act and its implications	No senior managers trained in the Children’s Act.	25% of senior managers trained in the Children’s Act.	50% of senior managers trained in the Children’s Act.	75% of senior managers trained in the Children’s Act.	100% of senior managers trained in the Children’s Act.	<ul style="list-style-type: none"><li>Continuous Professional Development Certificates</li></ul>		
9.3	Capacity building strategy/plan exists and being implemented	There is no capacity-building strategy in the province.	There is a capacity-building strategy, but it is not fully implemented.	There is a capacity-building strategy that is fully implemented.	The capacity-building strategy followed up to improve service provision.	The capacity-building strategy is reviewed to enhance the efficacy of the QAF.	<ul style="list-style-type: none"><li>Capacity-building Strategy</li><li>Training Report on Effectiveness of Strategy</li></ul>		
9.4	Capacity building needs of Social Service Practitioners included in their Performance agreements are monitored accordingly.	Capacity building needs of Social Service Practitioners are not collected.	Capacity building needs of Social Service Practitioners are included in their Performance Agreements.	Capacity building needs of Social Service Practitioners included in their Performance agreements and monitored.	SSPs submit reports after training on what they have learned and its impact on their work.	SSPs are monitored to ensure the implementation of what was learned during training.	<ul style="list-style-type: none"><li>Work plans</li><li>PMDS records</li></ul>		

ITEM NO	STANDARDS	RATING SCALE					MEANS OF VERIFICATION	SCORE	
		1	2	3	4	5		PROVINCE	NATIONAL
9.6	Records of officials trained on the Act exist.	There are no records of training of officials kept in the province.	Some records of the training of officials exist.	Records of training of officials are kept by the province.	Trained officials submit reports after training on what they have learned and its impact on their work.	Trained officials are monitored to ensure the implementation of what was learned during training.	<ul style="list-style-type: none"> <li>List of Training programmes</li> <li>Attendance Registers</li> <li>Copies of CPD Certificates</li> </ul>		
9.7	All officials responsible for the implementation of the Children's Act receive consultation or supervision.	Officials responsible for the implementation of the Children's Act receive no consultation and supervision.	Officials responsible for the implementation of the Children's Act receive ineffective consultation or supervision.	Officials responsible for the implementation of the Children's Act receive regular consultation or supervision with work plans in place.	The province follows up on consultation and supervision of officials to improve services provision.	The province regularly reviews the consultation and supervision processes to enhance the efficacy of the QAF.	<ul style="list-style-type: none"> <li>Performance Agreements</li> <li>Performance Review Reports</li> <li>Work Plans signed by Supervisors</li> </ul>		
9.8	The province has trained staff that conducts Quality Assurance of Service Point Areas and Designated Child Protection Organisations.	No training has been conducted for staff on conducting Quality Assurance of Service Point Areas and DCPOs in the province.	Training given to staff is ineffective and inadequate in giving them skills to conduct Quality Assurance of Service Point Areas and DCPOs.	Training is conducted but there is no follow up by managers to ensure that staff implement what they have learned during training.	Training is conducted with follow up by managers and feedback given during performance review sessions to ensure implementation.	Training is conducted with follow up and feedback as well as a regular review of the training programmes to ensure their effectiveness.	<ul style="list-style-type: none"> <li>Attendance Registers</li> <li>CPD Certificates</li> </ul>		
Between 00 – 15 Weak		Between 16 – 29 Average		Between 30 – 40 Strong		TOTAL POINTS EARNED			
The training of the development of stakeholders is not adequately conducted and prioritised to ensure implementation in the province. Managers must develop a Human Resource Management and		The training and development of stakeholders in the province are not satisfactory to ensure the implementation of the Children's Act. Managers must identify gaps in the development of SSPs and		The training and development of stakeholders in the province are excellently delivered to ensure the implementation of the Children's Act. Managers must recognise best practices by units and share them in		COMMENTS BY NATIONAL VERIFIER			

Development Strategy that supports the implementation of the Children's Act.	develop and Training Plan to close the gaps.	their reports. Opportunities for further improvement can also be identified.	
OVERALL PROVINCIAL RATING SCALE			
FINAL SCORE	PERCENTAGE	CATEGORY	DESCRIPTION
<b>00 – 120</b>	<b>0 – 20%</b>	<b>Unsatisfactory</b>	This result implies that there are major weaknesses in performance in critical aspects which require immediate remedial action. Therefore, urgent action is required in the province to ensure that the children are safe, protected, their needs are met and that their wellbeing improves. Immediate remedial action is required.
<b>121 – 240</b>	<b>21% – 40%</b>	<b>Weak</b>	This result means that while there may be some strengths, however, the weaknesses are too many and they diminish the experiences of children in substantial ways. It may imply that some children could be at risk or that their needs are not met unless urgent action is taken. The province needs to develop a structured way of responding to its weaknesses.
<b>241 – 360</b>	<b>41% – 60%</b>	<b>Average</b>	An average result means that the province is doing the bare minimum to just ensure that it is meeting the basic needs of the children. While there could be strengths, they do not have a high impact because of the weaknesses in the system. The province must address its areas of weakness while building on its strengths to improve the quality of services rendered to children.
<b>361 – 480</b>	<b>61% – 80%</b>	<b>Great</b>	A great result means that the strengths far outweigh the weaknesses. The province is delivering a quality service that makes a difference in the lives of children. Although there are a few areas of improvement, the province can put in place systems to improve and strive to raise performance to excellent.
<b>481 – 600</b>	<b>81% – 100%</b>	<b>Excellent</b>	Excellent means that the province has achieved an outstanding standard of performance which serves as an example of best practice. The province not only sets plans to achieve the standards but reflects and continually improves. This best practice is worth disseminating. It also implies that outstanding performance is sustainable and can be maintained by the province.

**CONGRATULATIONS, YOU HAVE SUCCESSFULLY COMPLETED YOUR SELF-ASSESSMENT PROCESS.**



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# **APPENDIX 2**

## **PROVINCIAL ACTION PLAN TOOL FOR THE IMPLEMETATION OF THE CHILDREN'S ACT**



## APPENDIX 2



### PROVINCIAL ACTION PLAN TOOL FOR THE IMPLEMENTATION OF THE CHILDREN'S ACT

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
1.	OUTCOME 1: ROBUST LEGISLATIVE AND REGULATORY ENVIRONMENT					
1.1	The province has an HR Strategy to ensure adequate human resources, recruitment, and retention of staff to support the implementation of the Children’s Act.			<ul style="list-style-type: none"><li>▪ HR Strategy</li><li>▪ Minutes of Review Meetings</li></ul>		
1.2	The provincial organogram is aligned to the national organogram and reflects the obligation to implement the Children’s Act in the job descriptions			<ul style="list-style-type: none"><li>▪ Organogram</li><li>▪ Job-descriptions</li><li>▪ Performance Management System</li></ul>		
1.3	The province has a system of assigning functions to local municipalities and monitoring implementation in line with the Children’s Act.			<ul style="list-style-type: none"><li>▪ Letter of Assignment of Functions by HoD</li><li>▪ Letter of Acceptance by Municipal Manager</li><li>▪ Minutes of Reviews</li></ul>		
1.4	A multi-year activity-based budget has been fully developed and implemented by the province to support the implementation of the Children’s Act.			<ul style="list-style-type: none"><li>▪ Multi-year budget</li></ul>		
1.5	There is a percentage of the equitable share provided by the National Treasury that is allocated to implementing the Children’s Act and funding organisations/programmes.			<ul style="list-style-type: none"><li>▪ Department of Social Development allocation letters</li></ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
1.6	The province monitors the utilisation of the budget of the funded entities in line with legislation.			<ul style="list-style-type: none"><li>Audit Reports of Organisations/ Centres</li><li>Training register of attendance</li></ul>		
Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong		
The province does not have an effective and efficient system of managing and developing human resources in line with the prescripts of the law. There is no system of budgeting and monitoring of the budget which ensures that all its activities are covered, and assets are accounted for. Managers must develop a system of monitoring municipalities. They should also prioritise the revision of the system of budget allocation and monitoring in their Action Plan following the regulations on financial management.		The province has a system of managing and developing human resources to ensure service delivery. Managers seem to have a system of budgeting and monitoring of the budget in line with the prescripts of the law. The province may need to ensure that it has sufficient funds to cover activities. Managers should put in strong monitoring systems to track budget allocation, utilisation, and reporting. Managers can look at expanding methods of creating capacity in the system.		TOTAL POINTS EARNED		
				LAST ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER		

2 OUTCOME 2: CLEAR OUTCOMES AND STANDARDS						
2.1 Provision of Child Protection Services						
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.1.1	The province has a strategy to guide the implementation of Child Protection Services informed by a needs analysis process in communities.			<ul style="list-style-type: none"> <li>Provincial strategy</li> </ul>		
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.1.2	Child Protection Organisations are designated by the province in terms of the Act (DCPOs)			<ul style="list-style-type: none"> <li>DCPO database</li> </ul>		
2.1.3	The province has profiled all Child Protection Services in line with the profiling protocols.			<ul style="list-style-type: none"> <li>Provincial Child Protection Profile</li> </ul>		
2.1.4	The province regularly conducts Quality Assurance of Service Point Areas and Designated Child Protection Organisations (DCPOs).			<ul style="list-style-type: none"> <li>Developmental Quality Assurance Tool</li> <li>Monitoring Reports</li> </ul>		
2.1.5	The province has a system of placement of children in Alternative Care facilities linked to the legal system exists.			<ul style="list-style-type: none"> <li>Proof of Placement of children</li> </ul>		
2.1.6	The province has a system of linking children in			Proof of financial assistance		

	Alternative Care to financial assistance exists.					
2.1.7	The province ensures that all children have a permanency plan developed in the best interest of the children.			<ul style="list-style-type: none"> <li>Permanency Plans</li> </ul>		
2.1.8	The province has a system of tracing or searching for family members, guardians or caregivers developed and implemented.			<ul style="list-style-type: none"> <li>Tracing System</li> </ul>		
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.1.9	The province has developed Procedures and Protocols in place to respond to violence, child abuse, neglect, and exploitation (VCANE) cases.			<ul style="list-style-type: none"> <li>Provincial Procedures and Protocols</li> </ul>		
2.1.10	Procedures and Protocols to respond to violence, child abuse, neglect, and exploitation (VCANE) cases are followed up to mitigate risk to children.			<ul style="list-style-type: none"> <li>Completed Forms 22 and 23</li> </ul>		
2.1.11	The province ensures that follow-ups are done on cases of violence, child abuse, neglect, and exploitation to ensure satisfactory conclusions and effective service delivery to children.			<ul style="list-style-type: none"> <li>Follow up Reports</li> </ul>		
2.1.12	The province has a system of recognising Child			<ul style="list-style-type: none"> <li>Database of CHH</li> </ul>		

	Headed Households (CHH) are in line with the Children's Act.					
<b>2.1.13</b>	The movement of children in the care of the state in and out of the country is managed by the HoD			<ul style="list-style-type: none"> <li>Register</li> <li>Inter-country Social Services database</li> </ul>		
<b>2.1.14</b>	All statutory reports are canalised to ensure quality reports and correct referencing of sections in the Act			<ul style="list-style-type: none"> <li>Availability of Supervisors/Canalisation Officers</li> <li>Supervisor/</li> <li>Canalising Officer's reports in case files</li> </ul>		
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
<b>2.1.15</b>	The province has procedures and protocols for the reception and Temporary Safe Care of Children pending (former places of safety).			<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> </ul>		
<b>2.1.16</b>	The province has procedures and protocols for the reception, care, and development of children outside the family environment (former Children's Home).			<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> <li>Minutes of Review Meetings</li> </ul>		
<b>2.1.17</b>	The province has procedures and protocols for the reception, care, and programmes for children in conflict with the law (known as Secure Care).			<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> <li>Minutes of Review Meetings</li> </ul>		
<b>2.1.18</b>	The province has procedures and protocols for the reception, care, and			<ul style="list-style-type: none"> <li>Procedures and Protocols</li> <li>Registers</li> </ul>		

	programme for Children living and working in the streets (former shelters).			▪ Minutes of Review Meetings		
<b>Between 00 – 39 Weak</b>		<b>Between 40 – 69 Average</b>	<b>Between 70 – 90 Strong</b>	<b>TOTAL POINTS EARNED</b>		
The province has weak systems of identifying and assessing children at risk, including their management, reception, and care. There are no clear procedures and protocols for centre managers to follow in line with the Children’s Act. Managers must develop procedures and protocols and ensure adherence.		The province has given some proof of procedures followed in the identification, assessment, management, reception, and care protocols of children. However, these protocols are not robust to ensure a quality service. Managers must identify areas of weakness in the system and address them.	The province has developed adequate and satisfactory systems of helping centres manage the reception and care of children. Managers can find areas of continuous improvement and share best practices where they have identified these to ensure adequate service delivery.	<b>LAST ASSESSMENT</b>	<b>NEW ASSESSMENT</b>	
				<b>COMMENTS BY NATIONAL VERIFIER</b>		
<b>2.2</b>	<b>Provision of Child and Youth Care Centres</b>					
<b>ITEM NO</b>	<b>STANDARDS</b>	<b>RATING IN LAST ASSESSMENT</b>	<b>REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT</b>	<b>MEANS OF VERIFICATION</b>	<b>PROVINCE</b>	<b>NATIONAL</b>
					<b>NEW SCORE</b>	
<b>2.2.1</b>	The province has a strategy to guide the implementation of Child and Youth Care Services.			▪ Provincial strategy		
<b>2.2.2</b>	All Child and Youth Care Centres (CYCCs) are registered in terms of the Children’s Act			▪ Database of registered Child and Youth Care Facilities		
<b>2.2.3</b>	The province has profiled all Child and Youth Care Centres (CYCCs) in line with the profiling protocols in line with the Children’s Act.			▪ Provincial CYCC Profile		
<b>ITEM NO</b>	<b>STANDARDS</b>	<b>RATING IN LAST ASSESSMENT</b>	<b>REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT</b>	<b>MEANS OF VERIFICATION</b>	<b>NEW SCORE</b>	
					<b>PROVINCE</b>	<b>NATIONAL</b>

2.2.4	The province has made provision for the establishment, funding, and management of Temporary Secure Care Centres in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of Temporary Secure Care Centres</li> <li>Minutes of Reviews</li> </ul>		
2.2.5	The province has made provision for the establishment, funding, and management of Children's Homes in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of Children's Homes</li> <li>Minutes of Reviews</li> </ul>		
2.2.6	The province has made provision for the establishment, funding, and management of Children's Shelters for street children in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of Children's Shelters</li> <li>Minutes of Reviews</li> </ul>		
2.2.7	The province has made provision for the establishment, funding, and management of Reform Schools in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of Reform Schools</li> <li>Minutes of Reviews</li> </ul>		
2.2.8	The province has made provision for the establishment, funding, and management of Schools of Industry in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of School of Industry</li> <li>Minutes of Reviews</li> </ul>		
2.2.9	Independent living programmes for exiting children exist and are implemented.			<ul style="list-style-type: none"> <li>Independent living programmes</li> </ul>		
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL



<b>2.2.10</b>	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its CYCCs.			<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		
<b>2.2.11</b>	The province has developed mechanisms for community participation in all its CYCCs in line with the Children's Act.			<ul style="list-style-type: none"> <li>Community participation activities</li> <li>Minutes of Reviews</li> </ul>		
<b>2.2.12</b>	The province ensures that all children have their developmental, therapeutic, educational, recreational and health needs to be met with an agenda to ensure transformation.			<ul style="list-style-type: none"> <li>Various programmes offered</li> </ul>		
<b>2.2.13</b>	Programmes for children in conflict with the law exist and are implemented.			<ul style="list-style-type: none"> <li>Programmes for children in conflict with the law</li> </ul>		
<b>2.2.14</b>	The province has a system of ensuring that there is a continuity of care plan for children in line with the Children's Act. children exist and are implemented.			<ul style="list-style-type: none"> <li>Proof of Continuity of Care</li> <li>Minutes of Reviews</li> </ul>		
<b>2.2.15</b>	Alternative care programmes prescribed in the Regulations exist and are implemented (e.g. cluster foster care schemes and CYCC's).			<ul style="list-style-type: none"> <li>Alternative Care Programmes</li> <li>Minutes of Reviews</li> </ul>		
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	ITEM NO
					PROVINCE	NATIONAL

<b>2.2.16</b>	Programmes for children with severe and profound behavioural problems and conduct disorders exist and are implemented.			<ul style="list-style-type: none"> <li>Programmes for children with severe and profound behavioural problems</li> </ul>		
<b>2.2.17</b>	The province has a system of ensuring that credible and qualified people are appointed to the board of CYCCs in line with the Children's Act.			<ul style="list-style-type: none"> <li>Database of Board Members</li> <li>Profiles of Board Members</li> </ul>		
<b>2.2.18</b>	The provinces have developed programmes to train board members to ensure that they understand their roles and responsibilities and perform in accordance with the Children's Act.			<ul style="list-style-type: none"> <li>Training Programmes</li> <li>Attendance</li> <li>Registers</li> </ul>		
<b>Between 00 – 39 Weak</b>		<b>Between 40 – 69 Average</b>		<b>Between 70 – 90 Strong</b>		<b>TOTAL POINTS EARNED</b>
The province has weak systems of establishing, funding, and managing CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children's Act.		The province has some systems in place for the establishment, funding, and management of CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children's Act.		The province has developed effective and efficient systems for the establishment, funding, and management of CYCCs including ensuring that they provide relevant programmes for the children in line with the Children's Act. Managers must seek to continuously improve existing procedures to ensure adherence to the Children's Act.		<div>LAST ASSESSMENT</div> <div>NEW ASSESSMENT</div>
						COMMENTS BY NATIONAL VERIFIER *

2.3 Provision of Drop-in Centres and Services						
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.3.1	The province has a strategy to guide the implementation of Drop-in Centres in line with the Children's Act.			<ul style="list-style-type: none"> <li>Provincial strategy</li> </ul>		
2.3.2	All Drop-in Centres are registered in terms of the Children's Act			<ul style="list-style-type: none"> <li>Database of registered and non-registered Drop-in Centres</li> </ul>		
2.3.3	The province has profiled all Drop-in Centres (DICs) in line with the profiling protocols.			<ul style="list-style-type: none"> <li>Provincial DIC Profile</li> </ul>		
2.3.4	The province has a system of determining the need for the provision of Drop-in Centres especially in poorer communities and children with disabilities.			<ul style="list-style-type: none"> <li>Needs Analysis Report</li> <li>Provincial Priority List</li> </ul>		
2.3.5	Programmes and services prescribed in the Children's Act are available and implemented in drop-in centres.			<ul style="list-style-type: none"> <li>Various programmes are offered.</li> </ul>		
2.3.6	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Drop-in Centres.			<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		

Between 00 – 10 Weak		Between 11 – 20 Average	Between 21 – 30 Strong	TOTAL POINTS EARNED			
The province has weak systems of establishing, funding, and managing Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children’s Act.		The province has some systems in place for the establishment, funding, and management of Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children’s Act.	The province has developed effective and efficient systems for the establishment, funding, and management of Drop-in Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children’s Act.	LAST ASSESSMENT	NEW ASSESSEMENT		
COMMENTS BY NATIONAL VERIFIER							

2.4	Provision of Foster care and Adoption Services					
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ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.4.1	Adoption Service Providers are accredited in terms of the Children’s Act			<ul style="list-style-type: none"><li>Database of accredited and non-accredited Adoption</li><li>Service Providers</li></ul>		
2.4.2	The province has a strategy to guide the implementation of Foster Care Centres in line with the Children’s Act.			<ul style="list-style-type: none"><li>Provincial strategy</li><li>Provincial Strategy</li></ul>		
2.4.3	All Cluster Foster Care Centres are registered in terms of the Children’s Act			<ul style="list-style-type: none"><li>Database of registered and non-registered Cluster Foster Care Centres</li></ul>		
2.4.4	The province has a system of determining the suitability of prospective foster parents.			<ul style="list-style-type: none"><li>Suitability Criteria</li></ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.4.5	The province has a system of ensuring that children in foster care have access to financial, educational, and medical support from the government.			<ul style="list-style-type: none"> <li>▪ Proof of access to support</li> </ul>		
2.4.6	Readiness for the province to provide Adoption services is determined.			<ul style="list-style-type: none"> <li>▪ Provincial Report</li> <li>▪ Database of trained Social Workers</li> <li>▪ Database of social workers registered with SACSSP as adoption social workers</li> </ul>		
2.4.7	The province ensures that all children going to Foster Care come through a court process that upholds the best interest of the child.			<ul style="list-style-type: none"> <li>▪ Court Order</li> </ul>		
2.4.8	The province has a system of adoptions approved by through Recommendation Letters for Adoption issued by the HoD			<ul style="list-style-type: none"> <li>▪ Database of recommendation &amp; non-recommendation letters issued</li> </ul>		
2.4.9	The province has a system of ensuring ongoing support for foster parents			<ul style="list-style-type: none"> <li>▪ Proof of ongoing support</li> <li>▪</li> </ul>		
2.4.10	The province ensures that children placed in foster care and CYCC's have individual care plans.			<ul style="list-style-type: none"> <li>▪ Individual Care Plans</li> <li>▪ Minutes of Reviews</li> </ul>		
2.4.11	The province ensures that children have a permanency plan.			<ul style="list-style-type: none"> <li>▪ Permanency Plan</li> </ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.4.12	The province has a system of upholding the rights of children to be reunited their biological with parents.			<ul style="list-style-type: none"><li>Database of biological parents</li><li>Minutes of Reviews</li></ul>		
Between 00 – 19 Weak		Between 20 – 39 Average	Between 40 – 60 Strong	TOTAL POINTS EARNED		
The province has weak systems of managing the system of adoption, the establishment, funding and support of Cluster Foster Care Centres and the parents. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children’s Act.		The province has effective systems of managing the system of adoption of children, the establishment, funding and support of Cluster Foster Care Centres and the parents. There are clear procedures and protocols. Managers are to follow with tight systems	The province has excellent systems of managing the system of adoption, the establishment, funding and support of Foster Care Centres and the parents. There are clear procedures and protocols for managers to follow. Managers must develop capture procedures and protocols as best practice.	LAST ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER *		
2.5	Provision of Partial Care Facilities					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.5.1	The province has a strategy to guide the implementation of Partial Care Centres in line with the Children’s Act.			<ul style="list-style-type: none"><li>Provincial strategy</li></ul>		
2.5.2	All Partial Care Facilities are registered in terms of the Children’s Act			<ul style="list-style-type: none"><li>Database of registered and non-registered Partial Care Facilities</li></ul>		
2.5.3	The province has profiled all Partial Care Facilities in line with the profiling protocols.			<ul style="list-style-type: none"><li>Provincial PCF Profile</li></ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.5.4	The province ensures that all Partial Care Centres are established, funded, and managed in line with the Children's Act.			<ul style="list-style-type: none"> <li>Needs Analysis Report</li> </ul>		
2.5.5	All Afterschool Care Centres are registered in terms of the Children's Act			<ul style="list-style-type: none"> <li>Database of registered and non-registered Afterschool Care Centres</li> </ul>		
2.5.6	All Private Hostels are registered in terms of the Children's Act			<ul style="list-style-type: none"> <li>Database of registered and non-registered Private Hostels</li> </ul>		
2.5.7	All Temporary Respite Care Centres are registered in terms of the Act			<ul style="list-style-type: none"> <li>Database of registered and non-registered Temporary Respite Care Centres</li> </ul>		
2.5.8	The province has a system of ensuring the provision of Health Care Services across all the Temporary Respite Care Centres.			<ul style="list-style-type: none"> <li>Health Care Records</li> </ul>		
2.5.9	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all its Temporary Respite Care Centres.			<ul style="list-style-type: none"> <li>Disability Strategy</li> <li>Minutes of Reviews</li> </ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.5.10	The province ensures that all Temporary Respite Care Centres developmentally appropriate educational programmes and services in line with the Children’s Act.			<ul style="list-style-type: none"><li>Developmentally appropriate programmes</li></ul>		
Between 00 – 19 Weak		Between 20 – 39 Average	Between 40 – 50 Strong	TOTAL POINTS EARNED		
The province has weak systems of establishing, funding, and managing Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children’s Act.		The province has some systems in place for the establishment, funding, and management of Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children’s Act.	The province has developed effective and efficient systems for the establishment, funding, and management of Partial Care Centres including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children’s Act.	LAST ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER *		
2.6	Provision of ECD Programmes					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.6.1	The province has a strategy to guide the implementation of ECD Programmes in line with the Children’s Act.			<ul style="list-style-type: none"><li>Provincial Strategy</li></ul>		
2.6.2	All ECD Centres are registered in terms of the Act			Database of registered and non-registered ECD Centres		



ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.6.3	The province has profiled all Early Childhood Development (ECD) Programmes in line with the profiling protocols.			<ul style="list-style-type: none"> <li>Provincial ECD Profile</li> </ul>		
2.6.4	The province ensures that all ECD programmes provide appropriate developmental opportunities for the children.			<ul style="list-style-type: none"> <li>Developmentally appropriate programmes</li> </ul>		
2.6.5	The province ensures that all ECD programmes meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.			<ul style="list-style-type: none"> <li>Developmentally appropriate programmes</li> </ul>		
2.6.6	The province has prioritised poor communities and children with disabilities in the provision of ECD Programmes.			<ul style="list-style-type: none"> <li>Provincial Priority List Minutes of Review Meetings</li> </ul>		
2.6.7	The province ensures that all staff working in ECD is appropriately qualified to teach and care for children.			Profiles of teaching staff		

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					PROVINCE	NATIONAL
2.6.8	The province has developed procedures for the implementation of the Disability Strategy with professionally trained staff, proper access, assistive devices etc. in all ECD Programmes.			<ul style="list-style-type: none"><li>Disability Strategy Minutes of Reviews</li></ul>		
Between 00 – 15 Weak		Between 16 – 29 Average	Between 30 – 40 Strong	TOTAL POINTS EARNED		
The province has weak systems of establishing, funding, and managing ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children’s Act. There are no clear procedures and protocols for managers to follow. Managers must develop procedures and protocols and ensure adherence to the Children’s Act.		The province has some systems in place for the establishment, funding, and management of ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must strengthen existing procedures and protocols to ensure adherence to the Children’s Act.	The province has developed effective and efficient systems for the establishment, funding, and management of ECD Programmes including ensuring that they provide relevant programmes for the children in line with the Children’s Act. Managers must maintain and seek to continuously improve existing procedures and protocols to ensure adherence to the Children’s Act.	LAST ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER		
2.7	Provision of Prevention and Early Intervention Programmes					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.7.1	The province has a strategy to guide the implementation of Prevention and Early Intervention Programmes in line with the Children’s Act.			Provincial Strategy		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
2.7.2	The province has profiled all Prevention and Early Intervention Programmes (PEIP) in line with the profiling protocols.			Provincial PEIP Profile		
2.7.3	The province has a system of determining the need for the provision of Prevention and Early Intervention programmes in communities.			Needs Analysis Report		
2.7.4	The province has a system of assessing Prevention and Early Intervention programmes for relevance and sustained quality service delivery.			<ul style="list-style-type: none"> <li>Programme Assessment Criteria</li> <li>Minutes of Review Meetings</li> </ul>		
2.7.5	Prevention and Early Interventions Programmes (including community-based services to vulnerable children) are in place and implemented across the province			<ul style="list-style-type: none"> <li>Database of PEIPs</li> <li>Database of OVC.</li> </ul> Database of implementing partners (NPOs) providing services to OVC.		
2.7.6	Prevention and Early Interventions Programmes (including community-based services to vulnerable children) are monitored and reported on across the province			<ul style="list-style-type: none"> <li>Itinerary</li> <li>Monitoring Reports</li> <li>Follow-up Reports</li> </ul>		

Between 00 – 10 Weak		Between 11 – 20 Average		Between 21 – 30 Strong		TOTAL POINTS EARNED			
The province has a very weak system of monitoring and evaluation system to ensure the implementation of the Children’s Act and other related policies. Managers must correct this deficiency with immediate effect. Develop an Action Plan to get the systems to an acceptable level to ensure quality delivery.		The province has an effective system of monitoring and evaluation system to ensure the implementation of the Children’s Act and other related policies. Managers must seek to ensure continuous improvement to reach a state of excellence. Develop an Organisational Improvement Plan to improve service delivery.		The province has a robust monitoring and evaluation system that ensures the implementation of the Children’s Act and other related policies. Managers have mastered the system of checking their quality. Managers must capture and share this best practice across the province and nationally.		LAST ASSESSMENT	NEW ASSESSMENT		
						COMMENTS BY NATIONAL VERIFIER			
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE				
					PROVINCE	NATIONAL			
3.	OUTCOME 3: STRONG EVIDENCED-BASED REPORTING								
3.1	The provincial department has a system of periodically assessing social phenomena in communities to determine the need for various services.			<ul style="list-style-type: none"><li>Research/ Needs Analysis Report</li><li>Minutes of Review Meetings</li></ul>					
3.2	The province has an up-to-date, accessible, and centralised Management Information System (MIS)			<ul style="list-style-type: none"><li>MIS</li></ul>					
3.3	Effective two-way communication mechanisms to disseminate information to stakeholders at sub-provincial levels including NPOs exists.			<ul style="list-style-type: none"><li>Circulars</li><li>Newsletters</li><li>Copies of other forms of communication</li><li>Submissions by stakeholders</li></ul>					

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
3.4	The province submits all quality reports in line with departmental guidelines and standards for reporting with the required evidence.			<ul style="list-style-type: none"><li>Quality Reports</li></ul>		
Between 00 – 07 Weak		Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED		
The province has weak systems of determining the needs of the communities as evidence justifying service provision. The province has no or an unreliable system managing critical information that is used as a means of verification during auditing and reporting. Managers must give attention to a digitised system that is up to date and accessible to users.		The province can justify the provision of services as it has a reliable process of determining community needs and priorities. It also has an effective management information system (MIS) in place containing all the relevant databases. Managers must look at how to improve the efficacy of the systems.	The province has developed best practices in community needs analysis to determine service provision. In addition, it has a reliable, up to date, accessible, and automated system that supports decision making in the implementation of the children’s Act. Managers must share best practices across all units and with other departments.	OLD ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER		
For example, provinces need to keep databases of the following: <ul style="list-style-type: none"><li>All relevant legislation, policies, regulations, guidelines, and norms &amp; standards.</li><li>All the different types of registered service delivery points (CYCCs, Drop-in Centres etc.)</li><li>All the different types of <u>un</u>registered service delivery points (CYCCs, Drop-in Centres etc.)</li><li>Needs analysis reports of communities</li><li>All service providers to children.</li><li>Parents of children in Temporary Secure Care Centres.</li><li>Foster parents (Confidential).</li><li>Cluster foster schemes (Confidential).</li></ul>				<ul style="list-style-type: none"><li>Prospective adoptive parents (Confidential).</li><li>Adoptable children (Confidential).</li><li>Children in need of care and protection per district (Confidential).</li><li>People unsuitable to work with children (Confidential).</li><li>Different types of available programmes for all age groups.</li><li>Service delivery point assessment reports, ODPs,</li><li>Assessment Team Leaders, Teams and Coaches</li><li>Incidents and accidents at various facilities</li></ul>		

4. OUTCOME 4: EFFECTIVE AND EFFICIENT RISK-BASED FLAGGING SYSTEM						
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
4.1	The province has a system of vetting all persons employed in childcare to ensure compliance with the National Child Protection Register and Sexual Offences Register.			<ul style="list-style-type: none"> <li>Vetting System</li> <li>Minutes of Review Meetings</li> </ul>		
4.2	The province ensures that Safety/Risk assessments on all reported violence, child abuse, neglect, and exploitation cases (Section 110) are conducted.			<ul style="list-style-type: none"> <li>Completed Safety and Risk Assessment Tools</li> </ul>		
4.3	Serious injuries, abuse or deaths occurring across all the service delivery points are reported and documented under the Children's Act.			<ul style="list-style-type: none"> <li>Records of Reported Cases</li> </ul>		
4.4	Consequence management is enacted for violation or non-compliance to ensure the quality of service delivery.			<ul style="list-style-type: none"> <li>Number of Complaints received</li> <li>Number of Disciplinary Cases/Dismissals/Court Cases</li> </ul>		

Between 00 – 07 Weak	Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED			
The province has a weak system of managing risk to ensure the safety of the children. There is also no mechanism of ensuring consequent management for those who have exposed children to danger. Managers must prioritise the safety and protection of children by putting in place a risk-management strategy to be implemented and monitored across all its service delivery points.	The province has an effective risk management strategy to protect children under its care. Serious injuries and death are reported, and appropriate action is taken. Managers must develop protocols that will eliminate all foreseeable risks and assist children to feel safe and protected.	The province has an excellent risk management strategy that is implemented across its service delivery points. Cases are reported on time and there is serious consequence management. Managers have done well to put systems in place and can share this best practice with other departments.	OLD ASSESSEMENT	NEW ASSESSEMENT		
			COMMENTS BY NATIONAL VERIFIER			

## 5. OUTCOME 5: DEVELOPMENTAL SYSTEM-BASED APPROACH

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
5.1	The Children's Act is a standing agenda item in management meetings to support implementation and monitoring			<ul style="list-style-type: none"> <li>Records/Minutes of senior management meetings</li> </ul>		
5.2	Implementation of the Children's Act is included in the Strategic Plan, the Annual Performance Plan & Operational Plan.			<ul style="list-style-type: none"> <li>Strategic Plan</li> <li>Annual Performance Plan</li> <li>Operational Plan</li> <li>KPAs/KPIs</li> </ul>		
5.3	Registered Child Care Facilities (Partial Care Facilities, CYCCs and Drop-in Centres) are supported so that they can be registered in terms of the Act.			<ul style="list-style-type: none"> <li>Evidence of Support given</li> <li>Registration numbers/certificates</li> <li>Quality Assurance Reports</li> </ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
5.4	Non-registered Child Care Facilities (Partial Care Facilities, CYCCs and Drop-in Centres) are supported so that they can be registered in terms of the Act.			<ul style="list-style-type: none"><li>▪ Evidence of Support given</li><li>▪ Registration numbers/certificates</li><li>▪ Quality Assurance Reports</li></ul>		
Between 00 – 07 Weak		Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED		
The province does not have a focus on processes that will ensure the development and empowerment of stakeholders using different platforms such as meetings, planning sessions, training, and support. Managers must develop a plan of ensuring that stakeholders are empowered to meet the required quality standards. Implementation of the plan is key.		The province has adequate systems of ensuring the empowerment of stakeholders for them to meet the quality requirements. Managers must explore various methods of empowerment beyond the current to increase their reach to different communities.	The province has an excellent system of empowerment in place. Managers use various platforms and methods to reach out to stakeholders and develop their capacity to meet the quality requirements. They have aligned all the planning processes to support this goal.	OLD ASSESSMENT	NEW ASSESSMENT	
				COMMENTS BY NATIONAL VERIFIER		
6.	OUTCOME 6: SEAMLESS SYSTEM AND PROCESSES					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
6.1	There is coordination and cooperation between internal Department of Social Development programmes to support the implementation of the Act (e.g. Families, Substance Abuse, VEP, HIV/AIDS and Social Crime Prevention			<ul style="list-style-type: none"><li>▪ Strategic Plan</li><li>▪ Memorandum of Understanding</li><li>▪ Reports on joint operations</li><li>▪ Minutes of Review Meetings</li></ul>		



ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
6.2	The Provincial Child Care and Protection Forum (PCCPF) coordinates and facilitates Inter-sectoral collaboration among Provincial stakeholders, District and Local area stakeholders in the implementation of the Act.			<ul style="list-style-type: none"> <li>▪ ToRs signed off by HoD</li> <li>▪ Minutes of PCCPF Meetings</li> <li>▪ Attendance Registers</li> </ul>		
6.3	Platforms to promote Inter-sectoral and implementation of Child Protection services including the Protocol exist. (e.g. Case Conferencing with DCPOs, DOJ officials etc.)			<ul style="list-style-type: none"> <li>▪ Protocols</li> <li>▪ Attendance Registers</li> <li>▪ Minutes of Case Conferences</li> </ul>		
6.4	The province has an HR strategy to support the implementation of the Children's Act.			<ul style="list-style-type: none"> <li>▪ HR Strategy</li> <li>▪ Minutes of Review Meetings</li> </ul>		
6.5	The provincial organogram is aligned to the national organogram and reflects the obligation to implement the Children's Act in the job descriptions			<ul style="list-style-type: none"> <li>▪ Organogram</li> <li>▪ Job-descriptions</li> <li>▪ Performance Management System</li> </ul>		
6.6	There are adequate Social Service Practitioners (SSP) to implement the Children's Act.			<ul style="list-style-type: none"> <li>▪ Number of SSPs per category</li> <li>▪ Vacancy Rate</li> </ul>		

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					PROVINCE	NATIONAL
6.7	Plan to expand the SSPs (Mechanisms to employ additional officials to implement the Children’s Act in place)			<ul style="list-style-type: none"><li>Approved and funded HR Expansion Plan</li></ul>		
6.8	The province has a recruitment and retention strategy of Social Service Practitioners to implement the Children’s Act.			<ul style="list-style-type: none"><li>Provincial policy/strategy</li><li>Approved HR Plan</li><li>HR Budget</li><li>Advertisements for recruitment</li></ul>		
Between 00 – 15 Weak		Between 16 – 29 Average	Between 30 – 40 Strong	TOTAL POINTS EARNED		
The province does not have a culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act. Managers should identify critical stakeholders and designate staff to manage and/or attend Inter-sectoral meetings and participate in activities. Reports should be submitted with evidence of attendance and minutes.		The province is not quite effective in the creation of a culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act for the benefit of the child. In the Action Plan, the province should identify areas of weakness and close the gaps to ensure improvement in this area.	The province demonstrates a strong culture of Inter-sectoral collaboration with other stakeholders to ensure seamless implementation of the Children’s Act for the benefit of the child. Managers should strive to close gaps, where they exist and document best practices for reporting purposes. Recognition for good work must be recorded.	LAST ASSESSMENT	NEW ASSESSEMENT	
				COMMENTS BY NATIONAL VERIFIER		
7.	OUTCOME 7: EFFECTIVE AND EFFICIENT MONITORING AND REPORTING					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
7.1	The province has a schedule of planned visits to conduct Quality Assurance of Service Point Areas and Designated Child Protection Organisations.			<ul style="list-style-type: none"><li>Schedule of Visits</li></ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION		NEW SCORE	
						PROVINCE	NATIONAL
7.2	Mechanisms, procedures/ tools to conduct monitoring, supervision, and inspection of childcare facilities/children services are in place.			<ul style="list-style-type: none"><li>Monitoring Tools</li><li>Monitoring Reports</li></ul>			
7.3	Regular Monitoring/ Inspection of Child Care Facilities (Partial Care Facilities, Cluster Foster Care Schemes (CFCS), CYCCs and Drop-in Centres) in terms of Section 304 of the Children's Act are conducted			<ul style="list-style-type: none"><li>Provincial Monitoring System</li><li>Data Collection Tool(s)</li><li>Provincial Monitoring Reports</li></ul>			
7.4	There is a periodic evaluation of the provincial system of service delivery that is used to reflect on the quality of childcare provision in the province.			<ul style="list-style-type: none"><li>Provincial Evaluation Reports</li></ul>			
Between 00 – 07 Weak		Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED			
The province has weak systems of monitoring and evaluating the quality of the services delivered. There is no reflection on the efficacy of the QAF to cause continuous improvement initiatives. Managers must develop a robust monitoring system that will promote quality delivery of services and encourage a culture of self-reflection.		The province has developed effective systems of monitoring service delivery to ensure the implementation of the Children's Act. Monitoring is a planned activity that is professionally executed. Managers must explore methods of ensuring continuous improvement across all facilities.	The province has developed excellent monitoring systems and uses appropriate tools to ensure the quality delivery of services. There is a culture of quality and excellence demonstrated across all the facilities. Managers must strive towards Total Quality Management (TQM).	LASTASSESSMENT	NEWASSESSMENT		
				COMMENTS BY NATIONAL VERIFIER			

8. OUTCOME 8: CONSTRUCTIVE FEEDBACK AND COACHING						
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
8.1	The province has a schedule of assessment with teams and team leaders appointed by the HoD.			<ul style="list-style-type: none"> <li>Monitoring Schedule</li> <li>Database of appointed Team Leaders ad Team Members</li> </ul>		
8.2	The province has a documented quality process of conducting assessments at service delivery points that that has been shared with all stakeholders.			<ul style="list-style-type: none"> <li>Quality Assessment Document</li> <li>Minutes of Review Meetings</li> </ul>		
8.3	The province has a system of training, deploying, and rating coaches who assist service delivery points develop and implementing an organisational development plan (ODP) after an assessment.			<ul style="list-style-type: none"> <li>Training Programme for Coaches</li> <li>Deployment Schedule of Coaches</li> <li>Performance Management and Development System</li> </ul>		
8.4	The province has a system of providing feedback and following up on the implementation of the ODP to ensure continuous improvement.			<ul style="list-style-type: none"> <li>Report on Assessments ODPs for Service Delivery Points</li> </ul>		

Between 00 – 07 Weak	Between 08 – 14 Average	Between 15 – 20 Strong	TOTAL POINTS EARNED			
The quality process implemented in the province is weak and does not follow protocols. A flawed quality process will compromise the integrity of the assessment. Managers must explore the training and development of quality assessment teams and monitor their performance closely.	The quality process implemented in the province is adequate and is done according to set protocols. A good quality process strengthens the integrity of the assessment and empowers those who are involved in it. Managers must continue to look for better and smarter methods of assessments.	The quality process implemented in the province is excellent and inspires confidence in the system. Team and team leaders know what they are doing and are adequately trained. Managers ensure the integrity of the quality process and must find ways of sharing best practices.	LASTASSESS MENT	NEW ASSESSMENT		
			COMMENTS BY NATIONAL VERIFIER			

9.	OUTCOME 9: PRACTICAL TRAINING AND DEVELOPMENT					
ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE	
					PROVINCE	NATIONAL
9.1	The National Child Care and Protection Policy, the Children's Act and all other relevant guidance documents and circulars are made available/ accessible to Social Service Practitioners (SSPs) to support the implementation of the Children's Act.			<ul style="list-style-type: none"> <li>Signed off receipt by officials in specially designed registers</li> <li>List of suggestions</li> </ul>		
9.2	Senior Managers (HoD and management) understand the Children's Act and its implications			<ul style="list-style-type: none"> <li>Continuous Professional Development Certificates</li> </ul>		
9.3	Capacity building strategy/plan exists and being implemented			<ul style="list-style-type: none"> <li>Capacity-building Strategy Training Report on Effectiveness of Strategy</li> </ul>		

ITEM NO	STANDARDS	RATING IN LAST ASSESSMENT	REMEDIAL ACTION UNDERTAKEN BY PROVINCE SINCE LAST ASSESSMENT	MEANS OF VERIFICATION	NEW SCORE				
					PROVINCE	NATIONAL			
9.4	Capacity building needs of Social Service Practitioners included in their Performance agreements are monitored accordingly.			<ul style="list-style-type: none"><li>Work plans</li><li>PMDS records</li></ul>					
9.5	Records of officials trained on the Act exist.			<ul style="list-style-type: none"><li>List of Training programmes</li><li>Attendance Registers</li><li>Copies of CPD Certificates</li></ul>					
9.6	All officials responsible for the implementation of the Children's Act receive consultation or supervision.			<ul style="list-style-type: none"><li>Performance Agreements</li><li>Performance Review Reports</li><li>Work Plans signed by Supervisors</li></ul>					
9.7	The province has trained staff that conducts Quality Assurance of Service Point Areas and Designated Child Protection Organisations.			<ul style="list-style-type: none"><li>Attendance Registers</li><li>CPD Certificates</li></ul>					
Between 00 – 15 Weak		Between 16 – 29 Average		Between 30 – 40 Strong		TOTAL POINTS EARNED			
The training of the development of stakeholders is not adequately conducted and prioritised to ensure implementation in the province. Managers must develop a Human Resource Management and Development Strategy that supports the implementation of the Children's Act.		The training and development of stakeholders in the province are not satisfactory to ensure the implementation of the Children's Act. Managers must identify gaps in the development of SSPs and develop and Training Plan to close the gaps.		The training and development of stakeholders in the province are excellently delivered to ensure the implementation of the Children's Act. Managers must recognise best practices by units and share them in their reports. Opportunities for further improvement can also be identified.		LAST ASSESSE NT			NEW ASSESSMENT
						COMMENTS BY NATIONAL VERIFIER			

## OVERALL PROVINCIAL RATING SCALE

FINAL SCORE	PERCENTAGE	CATEGORY	DESCRIPTION
<b>00 – 120</b>	<b>0 – 20%</b>	<b>Unsatisfactory</b>	This result implies that there are major weaknesses in performance in critical aspects which require immediate remedial action. Therefore, urgent action is required in the province to ensure that the children are safe, protected, their needs are met and that their wellbeing improves. Immediate remedial action is required.
<b>121 – 240</b>	<b>21% – 40%</b>	<b>Weak</b>	This result means that while there may be some strengths, however, the weaknesses are too many and they diminish the experiences of children in substantial ways. It may imply that some children could be at risk or that their needs are not met unless urgent action is taken. The province needs to develop a structured way of responding to its weaknesses.
<b>241 – 360</b>	<b>41% – 60%</b>	<b>Average</b>	An average result means that the province is doing the bare minimum to just ensure that it is meeting the basic needs of the children. While there could be strengths, they do not have a high impact because of the weaknesses in the system. The province must address its areas of weakness while building on its strengths to improve the quality of services rendered to children.
<b>361 – 480</b>	<b>61% – 80%</b>	<b>Great</b>	A great result means that the strengths far outweigh the weaknesses. The province is delivering a quality service that makes a difference in the lives of children. Although there are a few areas of improvement, the province can put in place systems to improve and strive to raise performance to excellent.
<b>481 – 600</b>	<b>81% – 100%</b>	<b>Excellent</b>	Excellent means that the province has achieved an outstanding standard of performance which serves as an example of best practice. The province not only sets plans to achieve the standards but reflects and continually improves. This best practice is worth disseminating. It also implies that outstanding performance is sustainable and can be maintained by the province.

**CONGRATULATIONS, YOU HAVE SUCCESSFULLY COMPLETED YOUR ACTION PLAN.**



# **APPENDIX 3**

## **HOW TO CONDUCT AN INTERNAL (SELF) OR EXTERNAL QUALITY ASSURANCE ASSESSMENT**



## APPENDIX 3.1



### HOW TO CONDUCT AN INTERNAL (SELF) OR EXTERNAL QUALITY ASSURANCE ASSESSMENT

#### APPENDIX 3



## HOW TO CONDUCT AN INTERNAL (SELF) OR EXTERNAL QUALITY ASSURANCE ASSESSMENT

### Introduction



A QAF is intended to ensure that the organisation complies with legislation, policy principles, and international instruments, and delivers an effective and efficient service. However, it is not only about using tools that are fit for purpose to monitor services, but it is also about ensuring that the correct processes and procedures are followed when conducting an assessment. The process followed must be fair, credible, transparent, and developmental. The developmental approach used in this case is primarily about enabling people and organisations to experience themselves as whole and competent at any given time. They are given opportunities and supported to grow and develop.

Therefore, there must be evidence of thorough preparation, communication, execution, feedback and reporting by a competent team of people designated to do the job. Because quality assurance is a process and not a once-off “inspection” it enables an ongoing process of monitoring within a developmental framework. In this way, the actual process of monitoring is used for capacity building but does not diminish the element of “watching” over people and resources.

There is no doubt that the quality assurance process is a powerful method for facilitating change, development, and transformation. However, it is also a tool that is “power-based”, as with most “therapeutic relationships” and evaluation/assessment procedures. This means that the organisation and the service recipients are vulnerable to the authority, knowledge, skill, and opinions of the quality assurance team. This is particularly true if one of the quality assurance outcomes is a review of funding to the organisation. Power, in this type of situation, can be knowingly, or unwittingly, misused. It is therefore necessary to build in safeguards against the potential abuse of power. These safeguards are briefly indicated below, and they are captured in more detail within the minimum standards.

1. An organisation (DCPO)/DSD service point should not be assessed by one person. In an extreme case where one person does the quality assurance, they should consult with at least two other professionals before doing the Organisational Development Plan (ODP).
2. Information gained about the organisation, the staff and/or the service recipients during the quality assurance process is confidential. Only those who have a professional reason to have the information should be given it. The quality assurance team members should not be permitted to discuss the process and outcomes with friends, relatives, or colleagues.
3. The quality assurance team, wherever necessary and appropriate, should include at least one individual who has a specific knowledge, skill, and practical experience (preferably a recognised qualification) which establishes her/him as an expert in the field/s of service delivery in which the organisation is involved.
4. **Accreditation** is non-negotiable. No team or individual should be permitted to do quality assurance with an organisation without having been trained and accredited in this type of work.
5. Quality Assurance should not be undertaken to the point of the ODP and then left without following through by the quality assurance team, management, and staff. This is particularly critical where violations of Rights or Legislation have occurred and/or where service recipients are in a particularly vulnerable position. There should therefore be overall supervision, monitoring and management of all DQA processes and procedures, with strong accountability from each quality assurance team.
6. Once the quality assurance team is appointed and the organisation has been notified, additional persons should not be permitted to participate without having prepared with the team and without the necessary accreditation. This should apply regardless of position, rank, or qualification.
7. As part of capacity building, and with the permission of the quality assurance authorities and team leader, observers and/or interns may from time to time be added to the teams. Their role is to observe only until they are appropriately accredited.

### Developmental Principles of the Assessment Process

- Each human being and each organisation has strengths and the potential to be effective.
- Development cannot be forced, only supported and nurtured.
- Each organisation must be understood and responded to as an integrated whole at any moment and over time.
- Labelling and categorising people or organisations is not helpful in the development and is to be avoided.

- The organisation is the “expert” on itself and this knowledge should be drawn upon within the quality assurance process.
- All people and organisations have the capacity to grow and change.
- Mistakes are not failures but rather opportunities for learning and growth.
- Every crisis is an opportunity for learning, growth, and change. Therefore, never waste a good crisis.

### **Guidelines for conducting a Quality Assurance Assessment**

The quality assurance process aims at assessing the developmental needs of the organisation together with monitoring minimum standards and rights. Rights apply to Constitutional Rights, Fundamental Human Rights, and Special Rights captured within international agreements and instruments ratified by South Africa, as well as domestic legislation.

The actual developmental assessment takes place through the internal self-assessment process done by the organisation itself, and the onsite visit at the organisation carried out by an external team of experts together with the organisational staff. This assessment involves the active participation of all the role-players throughout the process, including staff, management, the community, and the service recipients. The assessment results in the development of an Organisational Developmental Plan (ODP).

### **Preparation for the Quality Assurance Assessment**



The organisation/department to be assessed is required to complete the internal **Quality Assurance Tool** at least a month in advance of the onsite visit. This is known as the internal Quality Assurance self-evaluation process. The organisation/department must be provided with the knowledge and skill to do self-evaluation as effectively as possible and with integrity and confidence. In most instances, the manager and/or one of the senior professional staff would facilitate the internal Quality Assurance for the organisation. As the Quality Assurance assessment process is based on principles, rights and minimum standards, the organisation/department should be given sufficient information on these and be enabled to make sense of them to their service as thoroughly as possible. The responsibility for ensuring and facilitating this preparation (to the extent requested by the organisation/department) lies with the Quality Assurance team.

The Quality Assurance team will receive the internal self-assessment report conducted by the organisation/department at least two weeks before the external Quality Assurance assessment to study. The team should have an in-depth understanding of the minimum

standards, principles, and rights and how they should be applied in practice when they assess the organisation/department. Team members should come equipped with the necessary documents and frameworks. The internal self-assessment process is a major contribution to the full Quality Assurance and forms the starting point for the team's assessment of the organisation.

The quality assurance team should come together for **a minimum of 3 hours** to prepare themselves before conducting the Quality Assurance assessment to understand the strengths, perspectives, and diversity that each team member brings to the process. This preparation should include, among others:

- What the team leader's expectations are of the team,
- Identifying team strengths, perspectives, and diversity,
- The style and approach to be used,
- The tools to be used,
- Who will work with each component of **the tool**,
- How the process will flow,
- How debriefing will be included throughout the assessment,,
- The decision-making and communication process to be used
- Duration of the onsite visit.

### ***The External Quality Assurance Process***

The Quality Assurance Assessment visit is carried out by no fewer than two persons but preferably more depending on the size and complexity of the organisation/department. This process is also based on a developmental framework drawn from the principles and minimum standards, focussing on assessing organisations/departments that provide a service to children, families, and communities. The process involves an assessment of whether the rights are appropriately protected and if the organisation/department complies with and implements according to the RSA Constitution and the relevant international and national instruments.

Where serious violations are discovered, these should be reported in writing by the Quality Assurance team to the appropriate authorities within 24 hours of the on-site assessment. Where actual abuse of individuals is identified relevant authorities should be notified. The statutory body (e.g., Minister and national department) responsible for monitoring legislation related to that service should be notified in writing within seven days of the Quality Assurance assessment.

The organisation concerned will be notified at the assessment that such violations have been observed and will be reported to the appropriate authorities. Where immediate protection measures for individuals and/or groups are indicated, the Quality Assurance team should take such immediate action as deemed necessary after consultation with the relevant provincial or national authorities. Where individual professionals have knowingly committed an offence and/or violated their professional code of conduct, they should within three weeks of the Quality Assurance visit be reported in writing to their Council, or Professional Board.

The Quality Assurance assessment visit culminates in at least two developmental assessment meetings where the staff, management, service recipients (including children and youth where this applies), community representatives, and the Quality Assurance team draft an Organisational Developmental Plan (ODP) with the organisation/department. The Quality Assurance team refines the plan and submits it to the organisation/department for signature. The same plan is submitted to the broader statutory/monitoring organisation (such as the Provincial Department or National Department or National NGO) within three weeks of completing the onsite assessment.

### ***Mentoring and Coaching***

Once the Quality Assurance assessment has been completed and the ODP has been finalised, the organisation /department is assigned a mentor. The fundamental criteria for the choice of mentors should be competency in terms of knowing how to develop and deliver that service to a minimum standard and knowing how to build capacity while functioning at a minimum standard level. The extent of the involvement of the mentor depends upon the developmental need of the organisation. The role of the mentor is to:

- provide support and guidance in achieving the ODP goals - as required and/or requested by the organisation/department,
- assist the organisation to access information on the programme, material, and financial resources,
- provide support and guidance in a crisis situation, as required and/or requested by the organisation,
- follow-up on any violations identified in the assessment and monitor the organisation/department between assessments,
- lead and facilitate the Quality Assurance review with the organisation/department.

The mentor is expected to build a professional, positive, and supportive relationship with the organisation. He/she is a resource to the organisation/department and should have the technical expertise to:

- (a) gain the trust of the organisation/department,
- (b) build capacity at all levels,
- (c) assist the organisation to reach developmental goals and minimum standards.

It is preferable, but not essential, that the mentor be one of the team members who undertook the initial Quality Assurance assessment of the organisation/department. While the mentor is expected to act as a monitor, s/he only assumes an authoritative position over the organisation/department in circumstances where there is a violation of the law, international and national instruments, and/or rights. At the heart of the Quality Assurance process is a commitment to support development and capacity building from the authorities.

### ***The Quality Assurance Review Process***

The Quality Assurance review takes place between 8-15 months after the initial assessment - preferably no later than 12 months. The process is facilitated by the mentor working in close cooperation with the management team of the organisation/department. Based on the initial assessment outcomes and the ODP, the following will be reviewed:

- progress towards achieving policy principles and minimum standards,
- progress towards achieving identified ODP goals,
- whether the organisation has satisfactorily addressed any violations,
- whether there are any new violations to be addressed.

The results of the Quality Assurance Review are noted and the implementation of the ODP is monitored until the next full Quality Assurance assessment. If for any reason there is no appointed mentor, the authorities would have to appoint someone to facilitate the Quality Assurance review.

### ***A Step-by-Step Summary Quality Assurance Assessment Process***

- a. The QA assessment process starts with an internal self-assessment/evaluation by the Organisation to be quality assured.
- b. The manager of the organisation/department must facilitate the internal assessment and provide feedback to the QA team leader.
- c. The QA team should then meet to discuss the completed QA report or if this is not possible, the leader should circulate the information to all team members so they can read this before the actual QA takes place.
- d. Team members then take note of the areas of strength mentioned and the areas which they would like to explore further.
- e. An external assessment is conducted by the QA team.
- f. The team compiles a report.

- g. The QA team arranges and discusses the content of the report with the organisation/department.
- h. An ODP/OIP is developed between the independent team and management by agreement.
- i. The QA team appoints a mentor to oversee the implementation and review of the ODP/OIP by the management of the Organisation.
- j. The management board of the organisation/department must without delay, after completion, submit a copy of the ODP/OIP to the HoD or delegated official of the DSD.
- k. Any serious violations are reported immediately with swift action taken.
- l. The mentor is responsible for ensuring the Quality Assurance reviews take place as agreed with progress reports.

### **Roles and Responsibilities of the Quality Assurance Team**



Depending on the organisation/department that is being assessed, team members will have different roles and responsibilities. These must be clarified upfront before the team visit. It is therefore important that:

- The team should meet at the beginning of each day and the leader must assign tasks to each member to ensure that all areas of the organisation are covered and the team must meet again at the end of each day to give feedback.
- Each team member must take notes of all the findings and hand these to the team leader at the end of each day or the next morning.
- The team leader must collate all the information to enable him/her to compile a final report from all of the findings. The final report should be checked with the team for accuracy before being presented to the organisation.
- The team leaders should be mentored before they undertake the task of leading quality assurance teams.

### **Qualities of the Quality Assurance Team**

- Be neutral, non-judgmental, and objective.
- Enable and facilitate that staff, community, and management, give their honest experience and opinion, whether the team member agrees with it or not.
- Create a conducive climate for the quality assurance assessment and provide support to the participants.
- Enable the staff assessed “to step outside” of the service/programme and look at it from an objective point of view.



- Encourage the staff to provide honest experiences and judgements as there are no right and wrong answers.
- Where a judgment seems entirely unfair or inappropriate, they must open that item for discussion in the team.

### **Selection of the Quality Assurance Team**

The selection of appropriate quality assurance team participants and team leaders is the key to ensuring effective quality assurance practice. Quality assurance is a skilled intervention and cannot be undertaken by anyone simply because of their seniority or “position”. Selection should include a wide range of relevant, yet diverse, professionals who have the necessary credibility, basic competencies, experience, and attitudes. Individuals with extensive knowledge and practical experience in their field/sector must be selected. The individual should have the ability to make the policies, legislation, and minimum standards “come to light” for the organisation. In addition, the ability to guide, build capacity and generally act as a consultant to organisations, and challenge violations in a professional yet firm manner, are important. Among those invited to participate and eventually selected should be:

- a range of senior practitioners in the various fields,
- academics,
- senior government officials,
- community members.

### **Suggested Composition of the Quality Assurance Team**

- Team leader national/provincial/district M & E Manager (depending at which level the QA is conducted).
- 1 x DSD Programme Manager/Coordinator.
- 1 x Social worker/person with knowledge, skill, and practical experience in the provision of Designated Child Protection services.
- 1 x person from the DSD Finance unit and additional members as need be.

The Quality Assurance Assessment process must be conducted with professionalism and integrity to ensure compliance and continuous improvement of the system and the growth and development of the individuals that work in it. If the process is flawed it will nullify the good work done by many hard-working people in the system. The following tool can be used to guide the work of the Quality Assurance team leader and members.



## **APPENDIX 3.2 DQA for Designated and non-designated child protection organisations/DSD service points**

**A Quality Assurance Assessment Process Evaluation Tool**

### DQA for Designated and non-designated child protection organisations/DSD service points

#### A Quality Assurance Assessment Process Evaluation Tool

**Purpose:** This tool is aimed at assisting the QA Team to conduct the assessment professionally according to the set policies, processes, and procedures.

**Instructions:** The team leaders complete the following checklist by placing a tick next to the correct answer and completing the Comment Section in line with their observation of the process. This assessment tool must be submitted together with the final report and the ODP.

ACTION	YES	NO	COMMENT
<b>PREPARATIONS BEFORE CONDUCTING QUALITY ASSURANCE ASSESSMENT</b>			
<p>The team has assessed the need to conduct a QA before approaching the organisation/department.</p> <p>The assessment might be triggered by:</p> <ul style="list-style-type: none"> <li>• The need for registration of the facility or programme.</li> <li>• A sampling exercise to determine and/or confirm trends and patterns.</li> <li>• The occurrence of a serious incident that needs a rapid response.</li> <li>• Or any other reason.</li> </ul>			
The HoD or delegated official has identified and endorsed the QA team.			

ACTION	YES	NO	COMMENT
<ul style="list-style-type: none"> <li>A documented authorisation process.</li> </ul>			
<p>The team is knowledgeable, experienced and has the required skills to conduct a QA process.</p> <ul style="list-style-type: none"> <li>The team's profile with qualifications and experience.</li> </ul>			
<p>A schedule has been developed by the team indicating the dates of the quality assurance assessment visits.</p> <ul style="list-style-type: none"> <li>A management plan for onsite visits (programme for the day/s)</li> </ul>			
<p>The Provincial/District official responsible for M&amp;E has informed the organisation/department concerned at least four to six weeks before the visit.</p> <ul style="list-style-type: none"> <li>Proof of Correspondence.</li> </ul>			
<p>The team leader has provided the following information and/or documents to the organisation/department:</p> <ul style="list-style-type: none"> <li>Internal assessment format (pre-evaluation checklist)</li> <li>Quality assurance process</li> <li>Composition of the QA team (names and profiles of the team members)</li> <li>Agenda for each day</li> <li>Reporting format</li> <li>Organisational Development Format</li> </ul>			

ACTION	YES	NO	COMMENT
<p>The team has met to prepare for the QA and discussed the following:</p> <ul style="list-style-type: none"> <li>• Team leader's expectations of the team</li> <li>• Strengths of each team member</li> <li>• Approach to be used</li> <li>• Responsibilities of each team member</li> <li>• A flow chart of the process</li> <li>• Decision-making and communication process</li> <li>• The Outcome of the Internal Assessment process</li> </ul>			
<b>GUIDELINES TO CONDUCTING AN INTERNAL SELF-ASSESSMENT</b>			
<p>The team leader has sent the self-assessment forms and/or tools to the organisation/department to complete, with clear instructions on when to return them.</p> <ul style="list-style-type: none"> <li>• Proof of correspondence and attachments.</li> </ul>			
<p>The internal QA is based on a framework developed from the principles, as well as the norms and standards.</p> <ul style="list-style-type: none"> <li>• Appropriate forms and tools.</li> </ul>			
<p>The management and staff at the organisation/department have been trained to conduct the internal assessment before the QA assessment (onsite visit).</p> <ul style="list-style-type: none"> <li>• Proof of training session/module/programme</li> </ul>			
<p>The assessment form has been completed by the manager and staff of the organisation/department.</p>			

ACTION	YES	NO	COMMENT
<ul style="list-style-type: none"> <li>Form with signatures of manager and staff who completed it.</li> </ul>			
<p>The organisation/department to be assessed has returned the completed forms to the team leader at least two weeks before the QA assessment takes place.</p> <ul style="list-style-type: none"> <li>Latest assessment forms.</li> </ul>			
<b>REVIEW OF THE INTERNAL ASSESSMENT FORM</b>			
<p>The QA team members have studied the responses in the completed assessment because it is the starting point for them to prepare for the full QA process.</p> <ul style="list-style-type: none"> <li>Summary of findings based on returned assessment forms.</li> <li>Proof of questions/issues to be probed.</li> <li>Determination of focus of evaluation.</li> </ul>			
<b>CONDUCTING AN EXTERNAL QUALITY ASSURANCE ASSESSMENT</b>			
<p>An introductory meeting has been held with all staff members and clients to explain the QA process.</p> <ul style="list-style-type: none"> <li>Presentation of the legislation (Children's Act, regulations, the purpose of assessment, areas of particular focus, a process to be followed etc.)</li> </ul>			
<p>An inspection of the physical site and general climate of the organisation/department has been completed.</p> <ul style="list-style-type: none"> <li>Walkabouts and pictures</li> </ul>			
<p>Interviews and discussions with the following people based on outcomes, norms and standards have been conducted. Transcripts or records of interviews with:</p> <ul style="list-style-type: none"> <li>service recipients</li> </ul>			

ACTION	YES	NO	COMMENT
<ul style="list-style-type: none"> <li>individual staff members</li> <li>management</li> <li>board members</li> <li>a steering committee, where applicable</li> </ul>			
<p>Scrutiny of procedures, policies and training programmes based on minimum standards has been done.</p> <ul style="list-style-type: none"> <li>Final report.</li> </ul>			
<p>A review of the staffing structure, job descriptions and staff performance assessments has been completed.</p> <ul style="list-style-type: none"> <li>Final report.</li> </ul>			
<p>A review of the client's files and the various documents listed in the internal QA framework has been done.</p> <ul style="list-style-type: none"> <li>Final report.</li> </ul>			
<p>At least one meeting with the staff team to discuss their views, to give feedback as the assessment progresses, and to indicate strengths and developmental areas and possible actions or programmes to address these have been held.</p> <ul style="list-style-type: none"> <li>High-level preliminary report.</li> </ul>			
<p>In case of serious violations of the rights of children discovered, these must be reported by the team to the appropriate authorities within 24hrs of the onsite assessment.</p> <ul style="list-style-type: none"> <li>Report of the incident with evidence We compiled and submitted it to the relevant authority.</li> <li>Report to the centre/programme management team.</li> <li>Charges laid against offenders, where applicable.</li> <li>Notification sent to Minister of Social Development within seven days.</li> <li>Disciplinary action was taken against departmental staff, where applicable.</li> </ul>			

ACTION	YES	NO	COMMENT
<p>The information gained about the organisation, the staff and/or the service recipients during the quality assurance assessment process is confidential. Only those who have a professional reason to have the information should be given it. The team members should not be permitted to discuss the assessment with friends, relatives, and/or colleagues.</p> <ul style="list-style-type: none"> <li>• Code of Conduct for team members with a confidentiality clause.</li> </ul>			
<p>The final report has been finalised by the QA team and given to the organisation/department for acknowledgement and implementation within one week of the QA visit.</p> <ul style="list-style-type: none"> <li>• Final report.</li> <li>• Proof of acknowledgement of receipt.</li> </ul>			



ORGANISATIONAL DEVELOPMENT/IMPROVEMENT PLAN (ODP/OIP)			
<p>An oral feedback meeting manager and senior staff to agree on and outline the Organisational Development Plan (ODP) has been held.</p> <ul style="list-style-type: none"> <li>Minutes of the meeting.</li> </ul>			
<p>The staff team and QA team have worked together during the assessment and on the final day has developed the draft ODP upon which everyone agrees.</p> <ul style="list-style-type: none"> <li>Signed draft ODP.</li> </ul>			
<p>At least one day has been reserved to draft the Organisation Development/Improvement Plan (ODP/OIP).</p> <ul style="list-style-type: none"> <li>Signed draft ODP.</li> </ul>			
<p>The management, staff, representatives of the management board and QA team has participated in this process.</p> <ul style="list-style-type: none"> <li>List of ODP meeting attendees.</li> </ul>			
<p>The ODP addresses major concerns regarding the implementation of legislation, policy, principles, the Constitution, and international instruments.</p> <ul style="list-style-type: none"> <li>Final ODP with clear objectives and action plan.</li> </ul>			
<p>The ODP forms the basis for ongoing capacity building and support, as well as for monitoring in terms of effectiveness and efficiency, the care and protection of the service recipients.</p> <ul style="list-style-type: none"> <li>Continuous professional development plan.</li> </ul>			

COMPILATION OF THE FINAL REPORT			
<p>At the end of the QA process, the team leader has compiled a final report which will be between 20 – 30 pages in length. (with pictures/graphs etc.)</p> <ul style="list-style-type: none"> <li>Final report.</li> </ul>			
<p>The report is written according to the aims highlighted by the organisation and comments on the team's assessments of compliance with Minimum Standards and Practice Principles. (standard report format)</p> <ul style="list-style-type: none"> <li>A final report was written in an appropriate and standard format.</li> </ul>			
<p>The final report is signed by the team leader reflecting the date of the assessment of the QA and the date of finalisation of the report.</p> <ul style="list-style-type: none"> <li>Final report.</li> </ul>			
<p>The QA team has submitted the signed comprehensive QA report to the organisation/department four weeks after the completion of the external assessment.</p> <ul style="list-style-type: none"> <li>Final report</li> <li>Letter of acknowledgement of receipt</li> <li>Completed ODP.</li> </ul>			
<p>The organisation/department is allowed an opportunity to appeal against the findings of the QA team should they disagree with them.</p> <ul style="list-style-type: none"> <li>Minutes of the meeting where policy on appeals was shared.</li> </ul>			

## OFFERING OF COACHING AND MENTORING

<p>Once the QA assessment is completed and the Organisation Development Plan (ODP) finalised the organisation/department is assigned a mentor by the HoD or delegated DSD official. The mentor should be responsible for the following:</p> <ul style="list-style-type: none"> <li>• Provision of support and guidance in achieving the ODP goals</li> <li>• Provision of support and guidance in crisis</li> <li>• Follow-up on any violations identified in the assessment and monitor the organisation/department.</li> <li>• Lead and facilitate the QA review with the Organisation.</li> <li>• The mentor should be a resource for the Organisation and should have the expertise and knowledge to build capacity.</li> </ul> <p>Preferably the mentor should be a team member who was part of the QA assessment process.</p>			
<p>The mentor is expected to build a professional, positive, and supportive relationship with the organisation. S/he is a resource for and consultant to the organisation and should have the technical expertise to:</p> <ol style="list-style-type: none"> <li>(a) gain the trust of the organisation</li> <li>(b) build capacity at all levels</li> <li>(c) facilitate that the organisation can reach developmental goals and minimum standards.</li> </ol> <p>It is preferable, but not essential, that the mentor be one of the team members who undertook the DQA assessment of the organisation.</p>			

QUALITY ASSURANCE REVIEW			
<p>The QA review takes place in cycles as prescribed by law. The process is facilitated by the mentor.</p> <p>The following must be reviewed:</p> <ul style="list-style-type: none"> <li>• Progress towards compliance with the childcare legislation</li> <li>• Progress towards achieving principles and national norms and standards</li> <li>• Progress towards achieving identified ODP goals</li> <li>• Whether the organisation/department has satisfactorily addressed, any violations</li> <li>• Whether there are any new violations to be addressed</li> </ul>			
<p>An updated ODP report must be completed and monitored continuously until the next QA assessment.</p> <ul style="list-style-type: none"> <li>• Proof of follow up mentoring activities.</li> </ul>			



# **APPENDIX 4**

## **EXAMPLE OF AN ORGANISATIONAL DEVELOPMENT PLAN**

***APPENDIX 4.1***  
***Example of an organisational development plan***

**EXAMPLE OF AN ORGANISATIONAL DEVELOPMENT PLAN**

**ORGANISATIONAL DEVELOPMENT AREAS AND GOALS –  
(to be attached to the QA report)**

This plan must document:

- the strengths of the organisation/project.
- the developmental areas (those aspects needing further development).
- the developmental goals for 6 months and 12 months.
- actions and activities to achieve the developmental goals.
- who will be responsible for particular actions and activities.
- how progress will be monitored.

PLEASE DO NOT MAKE ANY LAST-MINUTE CHANGES TO “LOOK BETTER”  
IN THE QA.

- To develop an in-service training plan for all staff,
- To develop a more regular supervision structure for all staff,
- To develop and improve Organisational Design Issues for **Organisation X**,
- To develop and run specific therapeutic programmes focused on children, parents and the community,
- To transfer Family Reunification work from level 1 to level 2,
- To write up all policies and procedures for **Organisation X**.

GOAL	ACTION	WHO	WHEN
1. To develop an in-service training plan for all staff	<p>Look at the following areas for training:</p> <ul style="list-style-type: none"> <li>• Developmental approach, developmental assessments and Individual Development Plans</li> <li>• Practice Principles and Minimum Standards</li> <li>• Sex education, sexual behaviour and HIV/AIDS issues</li> <li>• Understanding development and troubled children for the Domestic staff</li> <li>• Training of Security staff on the basics of Child Care</li> </ul>	<p>James, Adi and Maki</p> <p>James will be the team leader for this</p> <p>Maki</p>	<p>The plan for this training will be drawn up by the end of July 2017.</p> <p>The implementation of this training will take place over the next 24 months – by June 2019</p>
2. To develop a more regular supervision structure for all staff	<p>The following must be included in this:</p> <p>On-Line Supervision – daily Individual Supervision - fortnightly Group Supervision – fortnightly</p>	<p>James, Gwyn</p> <p>James will be the team leader for this</p>	<p>A structure for supervision will be developed by the end of July 2017 and the supervision will be ongoing</p>
3. To develop and improve Organisational Design Issues for Organisation X	<p>The following areas must be looked at:</p> <ul style="list-style-type: none"> <li>- Job Descriptions</li> <li>- Conditions of Service</li> <li>- Performance Appraisals</li> <li>- Channels of Communication</li> <li>- Staffing Structures</li> <li>- Orientation of new staff</li> <li>- Monitoring &amp; Evaluation</li> <li>- Review of Policies and Systems</li> </ul>	<p>James, Glenda, Di and Cindy</p> <p>James will be the team leader for this</p>	<p>This will be completed by the end of September 2017</p>
4. To develop and run specific therapeutic programmes focused on children, parents and the community	<p>Task team to look at:</p> <ul style="list-style-type: none"> <li>• Life Skills and Independent Living – Stage 1 <ul style="list-style-type: none"> <li>- research existing programmes through interviews and reading</li> <li>- do a Needs assessment of Organisation X</li> </ul> </li> </ul>	<p>Adi and Shaine</p>	<p>By the end of October 2017</p>



	Stage 2 – look at the option of space for an Independent Living Programme	James, Glenda and Manny	By the end of December 2017
	<ul style="list-style-type: none"> <li>• Parenting Skills Training - to share skills with parents</li> </ul>	Maki and Flora	By the end of September 2017
	<ul style="list-style-type: none"> <li>• Decision-making and problem-solving - this will be done with the children</li> </ul>	Adi & Kgomotso	By the end of June 2017
	<ul style="list-style-type: none"> <li>• Cultural Diversity programme - to be run with the staff and the children</li> </ul>	Maki, Thomas Magdalene	By the end of December 2017
	<ul style="list-style-type: none"> <li>• Volunteer programme - to develop a programme for volunteers once a needs assessment retraining and recruitment has been done</li> </ul>	James and Gwyn	By the end of September 2017
5. To transfer Family Reunification work from Here to Organisation X	<p>To examine all cases and decide how they can be transferred to Organisation X.</p> <p>To consult between Here, teach parenting skills, work with extended families, look at Permanency planning and liaise with all NGO's, Financial Services and the Department to expedite family reunification</p>	<p>Gwyn &amp; James</p> <p>James &amp; Adi</p>	<p>By the end of July 2017</p> <p>By June 2018</p>
6. To write up all policies and procedures for Organisation X	<p>All policies must be written up:</p> <ul style="list-style-type: none"> <li>• Admissions</li> <li>• Behaviour management</li> <li>• EMCADD – engagement, management, care, assessment, development and disengagement</li> </ul>	James, Adi, Di and Naomi	By June 2018



***APPENDIX 4.2***  
***Organisation development plan***



## **ORGANISATION DEVELOPMENT PLAN**

### **GOAL 1:**

<b>DEVELOPMENTAL AREA</b>	<b>ACTION/ACTIVITY</b>	<b>WHO (RESPONSIBLE PERSON)</b>	<b>WHEN (TIME FRAME)</b>

**GOAL 2:**

<b>DEVELOPMENTAL AREA</b>	<b>ACTION/ACTIVITY</b>	<b>WHO (RESPONSIBLE PERSON)</b>	<b>WHEN (TIME FRAME)</b>

**GOAL 3:**

<b>DEVELOPMENTAL AREA</b>	<b>ACTION/ACTIVITY</b>	<b>WHO (RESPONSIBLE PERSON)</b>	<b>WHEN (TIME FRAME)</b>



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# APPENDIX 5

## CLIENT SATISFACTION ASSESSMENT

## Client Satisfaction Assessment (FOR DSD USE ONLY)

- Client profile:

Population group	Black	White	Coloured	Asian	Other
1. Gender					
2. Age					

- Tick client's response

Statement	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am aware of the services the organization provides					
I am aware of my rights as a client					
I am aware of how and where to lodge a complaint					
I am served promptly					
Appointment times are adhered to					
The facility/office is neat and clean					
I am treated with respect, fairness and consideration					
I am addressed in a language I understand					
I am getting satisfactory service.					

My needs and expectations are met					
I participate in decisions affecting me					
Did you experience the premises and service to be accessible					
Did the organization do a follow up after the service was rendered					

### Any other Comments

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- Based on what you told us, what can be done to improve the services of this organisation?

.....

.....

.....





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# **APPENDIX 6**

## **AUDIT FORM: MANAGEMENT OF STATUTORY SERVICES IN TERMS OF THE CHILDREN'S ACT**



## **AUDIT FORM: MANAGEMENT OF STATUTORY SERVICES IN TERMS OF THE CHILDREN'S ACT**

**(The purpose of this form is to monitor, investigate, verify and scrutinise the  
statutory services in terms of the Children's Act)**

<p><b>For office use</b></p> <p><b>Details of the case audit team</b></p> <p>Name and surname of the audit team leader:</p> <p>Date of audit:</p> <p>Signature:</p> <p>Name and surname of the case audit team member:</p> <p>Date of audit:</p> <p>Signature:</p>
<p><b>Details of the organisation</b></p> <p>Name of the organisation:</p> <p>Address:</p> <p>Telephone number:</p> <p>Fax Number:</p> <p>E-mail address:</p>
<p><b>Details of the case manager</b></p> <p>Name and surname:</p> <p>Post number:</p> <p>Name and address of service office:</p> <p>File number:</p>

**Details of supervisor****Name and surname:****Name and address of service office:****SECTION 1: ORGANISATIONAL STATUTORY CASE MANAGEMENT AUDIT  
CHECKLIST**

1=Poor (below-expected outcome)

2=Average (satisfactory with minor improvement necessary)

3=Good (satisfactory)

**PART A: ADMINISTRATION**

Function	Rating (tick)			Recommendation
	1	2	3	
1. Organisational case filing system				
2. Organisational case archiving system				
3. Organisational case management system (including information management system, registers, registries and management of records)				
4. Organisational case-flow management system (processes from reception, intake, assessment, referral, intervention and termination)				
5. Documentation:				
5.1. Organisational business plan (for the current year)				
5.2. The organisational structure vs demand for services vs caseloads				
5.3. Organisational strategic plan				
5.4. Organisational annual report (including reporting mechanisms)				
5.5. Statutory Social Work Component annual plans				
5.6. Case managers' work plans				
5.7. Case managers' annual reports				
5.8. Records of staff meetings				

**PART B: SUPPORT FOR CASE MANAGERS**

Function	Rating (tick)			Recommendation
	1	2	3	
6. Availability of social auxiliary workers				
7. Availability of administrative staff				
8. Availability of supervisors				
9. Volunteers				
10. Staff ratios with the norms and standards				
10.1. Social worker: supervisor ratio				
10.2. Social worker: caseload ratio				
11. Availability of resources				
11.1. Computers				
11.2. Telephone/cellphone				
11.3. E-mail				
11.4. Internet				
11.5. Office space				
11.6. Office furniture				
11.7. Access to information (books, journals, dictionaries etc.)				
11.8. Stationery				
11.9. Orientation and induction of new staff				

**PART C: TRAINING AND CAPACITY BUILDING**

Function	Rating (tick)			Recommendation
	1	2	3	
12. In-service training (including workshops, conferences, non-certificate training)				
13. Individual supervision				
14. Group supervision (group supervision intended for capacity building)				
15. Specialised professional training (including short courses, certificates, degrees)				
16. Capacity building on organisational policies, guidelines, protocols etc.				

**PART D: POLICIES RELEVANT TO STATUTORY CASE MANAGEMENT**

Function	Rating (tick)			Recommendation
	1	2	3	
17. Availability of statutory documents including Acts, policies, guidelines, protocols, etc.				
18. Disciplinary policy (including policy on professional misconduct)				
19. Orientation and induction policy				

Remarks and recommendations:

## SECTION 2: STATUTORY CASE AUDIT CHECKLIST

1=Poor

2=Average

3=Good

### **PART A: ADMINISTRATION**

Function	Rating (tick)			Recommendation
	1	2	3	
1. Record-keeping				
1.1 Intake form available and fully completed.				
1.2 Process notes.				
1.3 Supervision reports/notes.				
1.4 Progress reports (only if the file has been opened for more than 12 months)				
1.5 Closing report (only if the file is closed or pended)				
1.6 Filing: documents organised and filed properly ( sub-files for reports, documents, court documents and supervision reports/notes; filing from the back of the file with the most recent documents at the top)				
1.7 Documentation: relevant life documents available(copies of ID, birth certificates, death certificates, medical reports, marriage certificates etc)				
1.8 Official statutory documentation:				
a. Minutes of court proceedings				
b. Court order/s				
c. Extension order/s				
d. Administrative order/s.				
e. Children's court report/s				
f. Report/s for the movement of the child.				
g. Affidavits				
h. Application forms				
i. Consent forms				
j. RACAP registration form <sup>4</sup>				
k. Letter in terms of section 239 (1)				

<sup>4</sup> RACAP (Register on Adoptable Children and Prospective Adoptive Parents)

Function	Rating (tick)			Recommendation
	1	2	3	
1. CPR and SOR clearance certificate <sup>5</sup>				
2. Statistics				
2.1. The case manager's diary updated				
2.2. Case manager's monthly stats submitted.				

## **PART B INTERVENTION**

Function	Rating (tick)			Recommendation
	1	2	3	
<b>3. PROCEDURAL INTERVENTION</b> (adherence to correct procedures and processes)				
3.1. Intake process followed				
3.2. Initial assessment of the child and family are done				
3.3. Consultation:				
3.3.1. Office interviews				
3.3.2. Home visits (including visits to school, church, prison, workplace, clinic etc)				
3.3.3. Other forms of contact (telephone, e-mail, SMS, etc)				
3.4. Pre-statutory services (including assessment, information gathering, requests for consent to adoption, placement of advertisements, RACAP registration, section 239 (1) letter, CPR and SOR clearance, family preservation services, report writing, requests for services from other professionals etc)				
3.5. Court preparation (for the child and family where applicable)				
3.6. Attendance of court proceedings				
3.7. Placement of the child				

---

SOR (Sexual Offenders Register)

Function	Rating (tick)			Recommendation
	1	2	3	
<b>4. THERAPEUTIC INTERVENTION</b>				
4.1. Holistic assessment of the child				
4.2. Individual development plan (IDP)				
4.3. Care plan				
4.4. Permanency plan				
4.5. Individual therapy and counselling				
4.6. Group therapy				
4.7. Multi-disciplinary team discussions/meetings.				
4.8. Case conference (case discussions with the Social Work discipline)				
4.9. Family reunification				
4.10. Handover and archiving of files				
4.11. Referral for further services				
4.12. Termination (only for cases where services were terminated)				
4.13. Aftercare (only for cases where services were terminated)				

### **PART C: CASE MANAGEMENT**

Function	Rating (tick)			Recommendation
	1	2	3	
5. Compliance with legislation				
6. Supervision/ consultation:				
6.1. Individual supervision				
6.2. Group supervision (Staff meetings should not be included here, only social work group supervision of cases, including case discussions)				
6.3. Supervision files and supervision reports/notes				



Remarks and recommendations:



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# **APPENDIX 7**

## **QUALITY ASSURANCE REPORT FOR PARTIAL CARE FACILITIES AND DROP-IN CENTRES**



# QUALITY ASSURANCE REPORT FOR PARTIAL CARE FACILITIES AND DROP-IN CENTRES

## Introduction

This is a QA report template for Partial care facilities and Drop-in centres. The process may start with an internal self-assessment by the Organisation to be quality assured, followed by an external assessment conducted by a DSD team and culminates in an Organisational Improvement Plan, the progress of which will be monitored by DSD.

## Purpose of Quality Assurance

Ensure that appropriate legislation is upheld,  
 Ensure effective and efficient service delivery,  
 Ensure that those receiving services are satisfied with the quality of services received,  
 Identify service delivery challenges,  
 Identify capacity building and resources needed to address the challenges,  
 Provide support and mentoring to achieve goals set in the Service Delivery Improvement Plan.

## QA Reporting Template

The template consists of 3 component parts and an annexure.

- *Parts A and B should be completed by the Organisation and the QA team.*  
 -Part A covers corporate governance.  
 -Part B deals with service delivery standards per service type being assessed, as well as external relations.
- *Part C is the summary of the QA assessment and the recommendations for DSD use only*
- Annexure A is a client satisfaction assessment to be used by DSD.

Please note that the summary of findings and scores below each element e.g. governance, management are for the QA team only.

## 1. ORGANISATIONAL PROFILE

### 1.1 Identification Particulars

Name of organisation	
NPO Registration Number	
Street Address	
Postal Address	
Telephone Number	
Region	
Service delivery area	
Fax Number	
E-mail Address	
Contact Person	(Full Name & Surname )

### 1.2 Board Composition

Name	Portfolio	Gender	Disability Yes / No	Population Group	Relationship

### 1.3 Board and Staff Composition

Name	Post (e.g. Social Worker, Social Work Manager etc. *use the above terminology	Gender	Disability Yes / No	Population Group	Relationship

### 1.4 Financial Information

**Income & Expenditure:** What was the budget; income and expenditure of the current and previous financial years?

Year	Projected Budget		Actuals		Surplus / Deficit On Actuals
	Income	Expenditure	Income	Expenditure	
Current 2015 – 2016					
2014-2015					
Reason for surplus/deficit					
Amount of funding received from the DSD for the current financial year to date					
Has NGO been tax exempted?					Yes
					No

**Sources of Funding:** Income from the following sources

Source	Financial Year (2015 – 2016)	Financial Year (2014 – 2015)
Department of Social Development		
Other government departments		
International donors		
Corporate social investment		
Income generation		
Cost recovery		
Land (Property)		
Donations		
TOTAL		

## ASSESSMENT TEMPLATE:

Ratings:

Yes	Partial/ In progress	No
2	1	0

## PART A: CORPORATE GOVERNANCE

### 2. GOVERNANCE

#### 2.1 Oversight Role of the Board

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
2.1.1 Board is composed of committed members who represent the organisations' interests.	Profiles of board members Board minutes				
2.1.2 Board is composed of members according to the organisation's constitution.	Constitution Organizational chart Minutes of Board meetings				
2.1.3 Board is capable of carrying out key roles and responsibilities such as policy formulation, fundraising, public relations, financial oversight, lobbying/ advocacy and periodic review of its activities.	Minutes of board meetings, Organizational reports Programme Implementation plan				
2.1.4 Board meets according to the organisation's Constitution.	Minutes of board meetings, Constitution				

## 2.2 Legal Status

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
2.2.1 NGO is registered according to relevant legislation (inclusive of the constitution, SARS registration, NPO registration & registration as per applicable Acts).	Scrutinizing registration (NPO certificate, sect 21 cert, NPO Act, Constitution  Registration in terms of applicable statutory requirements				
2.2.2 The organisation has a signed Constitution or founding document/Memorandum of Articles/Trust Deed.	Constitution/ founding documents  AGM minutes				



## 2.3 Accountability

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
2.3.1 The Board is open for inputs from stakeholders, staff and volunteers to influence decision-making and planning.	Minutes of meetings, reports suggestion boxes, complaints register				
2.3.2 The recruitment and selection of potential board members are transparent.	Founding document or Constitution or Articles of Association. Trust Deed, Minutes of AGM				
2.3.3 The Board has a developmental succession plan.	Succession plan/Constitution (terms of office)				
2.3.4 Last Annual General Meeting (AGM) was conducted as required*(indicate the date of last AGM in the "Findings" column).	Minutes of AGM				
2.3.5 The Board provide regular reports to stakeholders – including quarterly progress reports and annual financial and performance reports.	Monthly, Quarterly and Annual reports				
2.3.6 The organisation has a signed and updated organogram.	Organogram Staff list/management list				

**Summary for Governance** (*key findings for DSD use*)

Scoring = total scored ( ) / number of scored standards (12) = average score

### 3. MANAGEMENT

#### 3.1 Organisational development

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
3.1.1 Vision/mission is clearly articulated and displayed	Copy of vision/mission (Clearly documented and displayed)				
3.1.2 A strategic plan is in place and reviewed.	Copy of strategies, vision, objectives Minutes of management committee meetings, constitution				
3.1.3 NGO has an organizational structure with clearly defined lines of authority and responsibility.	Documented organogram displayed identifying communication and reporting channels Staff list, Management list				

### 3.2 Planning

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
3.2.1 Management, staff and other appropriate stakeholders jointly develop and document implementation plans.	Implementation plans				
3.2.2 Implementation plans are updated with inputs from relevant stakeholders.	Updated implementation plan				
3.2.3 Staff and other stakeholders are given feedback regarding major decisions taken regularly.	Minutes of staff and stakeholder meetings				

### 3.3 Non-Financial Data

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
3.3.1 Reliable data sources are available to inform quarterly progress reports – for verification purposes.	Quarterly reports supporting documents and registers /				
3.3.2 The organisation submits quarterly progress reports timeously and in the prescribed formats	TPA submission dates DSD templates				

**Summary for Management:** *(key findings for DSD use)*

Scoring = total scored / number of scored standards (8) = average score

#### 4. HUMAN RESOURCE MANAGEMENT

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
4.1 The organisation has a signed and updated Human Resource Policy.	Human Resource Policy				
4.2 Staff meetings are held regularly. (Participatory management).	Meeting minutes				
4.3 Supervision occurs regularly	Personnel records and files				
4.4 Personnel records are kept for employees, including clear job descriptions, salary information, emergency contact information and mandated employment forms, etc.	Personnel records and files				
4.5 Personnel files are kept safely and confidentially	Personnel files and storage				
4.6 The organisation reports on the staff vacancy rate as required (in case of organisations receiving post-funding)	Quarterly reports to DSD				
4.7 Staff are qualified and registered in line with professional requirements of the applicable legislation	Personnel records and files				
4.8 Staff members are cleared against the child protection register and sexual offences register (where applicable).	Personnel records and files				

**Summary for Human Resource Management** *(key findings for DSD use)*

Scoring = total scored / number of scored standards (8) = average score

## 5. OCCUPATIONAL HEALTH AND SAFETY

Standard	Data source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
5.1 Internal Occupational Health & Safety (H & S) Policy is in place	<i>OH&amp;S Policy</i>				
5.2 A Health and Safety committee is in place and fully-functional	<i>OH&amp;S Committee meeting minutes</i>				
5.3 Emergency evacuation plans are in place and fully-functional	<i>Emergency evacuation plans displayed</i>				
5.4 Emergency/evacuation drills are conducted regularly	<i>Minutes of staff and management meetings</i>				
5.5 Signage and emergency exits are visible.	<i>Signage and emergency exits displayed</i>				
5.6 Occupational health and safety certificate is displayed	<i>OH&amp;S certificate displayed</i>				
5.7 Appropriate fire equipment is in place, in working order and updated	<i>Fire equipment in place and working condition</i>				
5.8 First aid kit in place with a list of contents	<i>First aid box/ trolley, expiry date</i>				
5.9 The building is suitable and accessible for operational requirements	<i>Building suitable, e.g. ramps &amp; rails</i>				

**Summary for Occupational Health and Safety:** *(key findings for DSD use)*

Scoring = total scored / number of scored standards (9) = average score

## 6. FINANCIAL MANAGEMENT

### 6.1 Financial Accounting and Control

Standards	Data source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
6.1.1 Financial Policy is in place	Financial Policy/Minutes of board/Management meetings				
6.1.2 A financial accounting system is in place for all categories of funding	A computerised or manual cashbook system				
6.1.3 The organisation compiles a budget aligned to the annual plan	Annual plans budget/income and expenditure reports				
6.1.4 A separate ledger account for DSD funds exists	Ledger Printout (computerised) or manual cashbook, ledger account				
6.1.5 The allocated funds are utilized under the stated targets and outputs as contemplated in Tables 1 & 2 of the TPA.	Budget Ledger accounts				
6.1.6 Segregation of duties exists	Cheques, EFT. Cash (incl. debit card), petty cash, Constitution, Financial Policy				
6.1.7 Debit card in the name of the organisation (where applicable)	Finance policy, minutes, bank statements				



Standards	Data source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
6.1.8 Applicable payment method/s is managed effectively	Requisition / Counterfoils, Payment voucher/ transaction printout, bank statements, receipts				
6.1.9 All income is properly recorded in receipt books, cash books and deposit books	Receipt books, cash book and deposit book/ Monthly bank statements				
6.1.10 All expenditure is properly recorded	Cashbook/cheques/ expenditure slips				
6.1.11 All donations in cash or kind are recorded	Donations register, Donation policy				
6.1.12 Bank statements are checked and filed	Filed bank statements				

## 6.2 Asset Management

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
6.2.1 A Procurement Policy is in place	Procurement Policy/ Financial Policy, Minutes of Board Meetings				
6.2.2 All assets are managed effectively – internal controls for physical resource management are in place	Financial Policy/ Inventory control reports/ Updated inventory register, Asset Register				

## 6.3 Financial Audits

Standard	Data Source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
6.3.1 The organisation performs regular internal audits/ spot checks (per their policies)	Minutes of Board/ Management/ finance committee meetings				
6.3.2 External audits are performed by certified Accountants/ certified Bookkeepers/ Registered Auditors	Registration number of auditors/ certification number of accountants				

**Summary for Financial Management** (*key findings for DSD use*)

Scoring = total scored / number of scored standards (16) = average score

## 7. EXTERNAL RELATIONS / INTEGRATION

Standard	Data source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
7.1 NGO activities and business processes promote the vision and mission of the provincial department.	Relevance of service Strategic / Service plans Programmes, project reports, beneficiaries				
7.2 NGO networks and shares resources with other NGO's	Networks and resources (building, human and financial resources) are shared. Working Agreements Programme / project files Minutes of meetings Interviews with NGO's				

**Summary for External Relations/integration:** *(key findings for DSD use)*

Scoring = total scored / number of standards (2) = average score

## 8. SUSTAINABILITY

Standard	Data source	NGO Self-assessment Comments	NGO Score	QA Team findings	QA Team Score
8.1 Programmes/projects are supported by beneficiaries	(Attendance registers, management reports to the Board, Funders/ Donors				
8.2 Medium and long-term sustainability plans exist	Implementation plans/ fundraising strategy Financial Reports Diversification of income base				
8.3 NGO can review its business and structure in response to organisational and environmental challenges	Reviews of implementation plans Minutes of meetings				

**Summary for Sustainability:** *(key findings for DSD use)*

Scoring = total scored / number of standards (3) = average score

**Signature: Manager/Director of Organisation:**

**Date:**

## PART B: SERVICE DELIVERY

1. SERVICE DELIVERY (Here programmes must insert standards for the type of service to be quality assured)

**PROGRAMME NAME**

**TYPE OF SERVICE: e.g ECD AND PARTIAL CARE**

Norm		Standard	Data source	NGO Score	QA Team findings	QA team Score
1.1	A safe environment for children	Children must experience safety and feel cared for whilst at the partial care facility	Health Clearance Certificate; Health and Safety Plan;			
		Premises inside and outside must be safe, clean and well maintained	Health Clearance Certificate; Health and Safety Plan;			
		Equipment used must be safe, clean and well-maintained	Health Clearance Certificate; Health and Safety Plan;			
		There must be adult supervision at all times	Health Clearance Certificate; Health and Safety Plan; Job descriptions			
		The structure must be safe and weatherproof	Health Clearance Certificate; Health and Safety Plan;			
		Floors must be covered in washable and easy to clean materials that are suitable for children to play and sleep on and walls must be safe and easy to clean	Health Clearance Certificate; Health and Safety Plan;			

Norm		Standard	Data source	NGO Score	QA Team findings	QA team Score
	Drawing up of policies and procedures regarding health care at the partial care facility	Procedure to deal with infectious diseases at the partial care facility	Policy and procedure document on infectious diseases			
		Procedures to deal with the medical needs of sick children and children with chronic illnesses	Policy and procedure on dealing with sick children			
		Ensure adequate supply of cleaning agents and towels at the partial care facility	Health and safety policy and procedure			
		Provide for the training of staff in first aid	First Aid certificates			
		Record keeping and registers about storage and use of medicines at the partial care facility	Medicine control registers			
		Promote confidentiality when dealing with health-related information	Code of confidentiality			
1.2	Provision of appropriate developmental opportunities	Programmes are delivered by members of staff who have the knowledge and training to deliver a developmental program	Qualifications and training certificates of staff members;			
		Programmes must be appropriate to the developmental stages	ECD Programme; Preparation books of practitioners			
1.3	Programmes aimed at helping	The programme must promote the development of fine, gross and sensory skills in children	ECD Programme; Daily Programmes; Preparation books of practitioners			

	children to realise their full potential	Programmes must promote self-control, independence and developmentally appropriate responsibility	ECD Programme; Daily Programmes; Preparation books of practitioners			
		Activities must promote free and ample communication and interaction with and amongst children	ECD Programme; Daily Programmes; Preparation books of practitioners			
1.4	Constructively caring for children and providing	(b) Programmes must adhere to the following conditions:  i. Toilet facilities must be safe and clean for children	ECD Programme; Daily Programmes; Preparation books of practitioners  Health and safety plan			

	support and security	ii. Where there are no sewerage facilities, sufficiently covered potties must be available	Health and hygiene plan			
		iii. every child under the age of three must have his or her potty	Health and safety plan			
		iv. Discipline must be effected humanely and promote integrity with due regard to the child's developmental stage and evolving capacities. Children may not be punished physically by hitting, smacking, slapping, kicking or pinching.	Disciplinary procedures for children and staff members; Complaints and grievance procedures for children and staff members			
		(c) iv Programmes must meet the following requirements concerning staff: <ul style="list-style-type: none"> <li>(aa) for children between the ages, one month and 18 months be 1:6</li> <li>(bb) for children between the ages 18 months and three years be 1:12</li> <li>(cc) for children between the ages, three and four years be 1:20</li> <li>(dd) for children between the ages five and six years, 1:30</li> <li>For every staff member stipulate above there should be an assistant</li> </ul>	ECD Programme; Daily Programmes; Preparation books of practitioners			
	Ensuring developmental and positive behaviour	(d) Programmes must be conducted in a non-discriminatory manner	ECD Programme; Daily Programmes; Preparation books of practitioners			
		(e) Staff must demonstrate behaviour that positive behaviour by modelling attitudes and interaction with children	HR Policies and Procedures; Job descriptions; Supervision reports; Minutes of meetings			
1.5	Respect for and nurturing of the culture,	Programmes must promote appreciation and understanding of children's culture and language.	HR Policies and Procedures Job descriptions			



	spirit, dignity, individuality , language and		Qualifications and training certificates of staff members;  Admission policies			
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	development of each child:	Educators must utilize one medium of class instructions.	ECD Programme; Preparation books; Class reports; Children workbooks /files			
		Children must be allowed to communicate in the language of their choice and preference outside class.	Educational Material; Workbooks/files; Preparation books			
		Cultural diversity must be encouraged and respected by educators and children alike.	Educational material/equipment; Supervision reports; minutes of staff meetings; daily programmes			
	Meeting the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children:	(a) Programmes must be appropriate to the developmental stages and evolving capacity of children.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		(b) Programmes must ensure that parents and caregivers are involved in the development of children.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		(c) Programmes must promote cognitive development in children.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		(d) Programmes must promote the development of fine sensory and motor skills in children.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		(e) Programmes must teach age-appropriate self-control and independent behaviour.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		Existing community resources and strengths must be utilised in promoting the development of children.	ECD Programme; Daily Programmes; Preparation books of practitioners			
		The emotional needs of children must be addressed and children must be encouraged to express their emotions in a safe, supportive and protective environment.	ECD Programme; Daily Programmes; Preparation books of practitioners			

**Summary for Service Delivery (key findings only) For DSD Only**

Total scored / number of scored standards = average score

**Signature: Manager/Director of Organisation:**

**Date:**

**Summary of Client Satisfaction Assessments conducted (for QA team only)**

This section is not scored.

Indicate how many clients are interviewed and provide a brief overview of the responses in terms of satisfaction with services received.

A particular area/areas of concern or success could be highlighted. Comment on clients' cooperation and participation.

## PART C: ASSESSMENT OVERVIEW: FOR QA TEAM USE ONLY

### Overall rating:

	Component	Overall rating	%
A	Corporate Governance		
B	Service Delivery		
	<b>Overall rating</b>		

### Level of Performance:

Level		Rating	%	Description
1	Mature	1.50 – 2.00	80 – 100%	The organisation is fully functioning and sustainable with a diversified resource base and partnership relationships with national and international networks. Structures for governance, management practices human resources, financial resources and service delivery are in place and functioning.
2	Healthy	1.00 – 1.50	50 - 80%	The organisation has a track record of achievement; its work is recognised by its constituency, the government the private sector and other NGO's active in the same sector. Structures for governance, management practices human resources, financial resources and service delivery are in place and functioning, however, room for improvement has been identified.
3	At risk:	0.50 – 1.00	30 – 50%	The organisation is developing some capacity. Limited structures for governance, management practices human resources, financial resources and service delivery are in place and functioning.
4	In crisis	0 – 0.50	0 – 30%	The organisation has very low capacity. All the components (of effectiveness) are assessed to be rudimentary or non-existent.

**CONCLUSIONS: FOR QA TEAM USE ONLY**

**RECOMMENDATIONS: FOR QA TEAM USE ONLY**

**Recommendations to Organisation:**

Org IP

YES

☐

NO

☐

**Signatures**

Designation	Print name	Signature	Date
Team leader			
DSD Assistant Manager			
Programme Manager			



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# APPENDIX 8

## ECD QUALITY AND SUPPORT SYSTEM (QASS)



**social development**

Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

Draft

ECD Quality Assurance and Support  
System (QASS)

December 2021



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ECD Technical Lead and Report Development: Linda Biersteker

Steering Committee: Isabella Sekawana (Chairperson, NDSD), Mpho Papale (NDSD), Mokgadi Maja (NDBE), Janeli Kotze (NDBE), Thandeka Rantsi (Bridge), Rene King (NECDA), Laura Brooks (Ilifa Labantwana).

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This report is based on an initial research review and report authored by Patricia Martin, Linda Biersteker and Sharon Follentine.

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## Acronyms

ECD	Early Childhood Development
DoH	Department of Health
DBE	Department of Basic Education
DSD	Department of Social Development
DoH	Department of Health
CPD	Continuous Professional Development
LoLT	Language of Learning and Teaching
NGO	Non- Governmental Organisations
NECDA	National Early Childhood Development Alliance
NIECDP	National Integrated Early Childhood Development Policy
NQF	National Qualifications Framework
QASS	Quality Assurance and Support System
QA	Quality Assessor
QC	Quality Coordinator
QL1	Quality Level 1
QRIS	Quality Rating and Improvement System
QSW	Quality Support Worker
PIP	Programme Improvement Plan
PCPRF	Partial Care Registration Framework
SACE	South African Council of Educators

# Quality Assurance and Support System for ECD in South Africa

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## 1. Introduction

This report and the attached annexures build upon a previous report commissioned by the Department of Social Development (DSD) and Ilifa Labantwana in 2020. The report titled *ECD Quality Assurance and Improvement Research* introduced a framework to support the development of an effective ECD Quality Assurance and Support System (QASS) made up of standards, interventions, processes and tools to achieve the dual policy goals of improved access and child development outcomes. The report also identified promising practices that respond to the policy imperatives and have the potential for replication and scale and developed recommendations on measures that could be integrated into a national ECD quality assurance and improvement system.

Following the *ECD Quality Assurance and Improvement Research*, this report outlines a proposed approach to a QASS for Early Childhood Development (ECD) in South Africa and frames opportunities for supporting ECD programmes to achieve quality. This approach is underpinned by the developmental intention to support continuous quality improvement for ECD programmes alongside ECD programme registration. Therefore, the QASS should be used as a quality assurance and enrichment strategy for ECD programmes rather than a compliance system.

The system must also acknowledge that ECD programmes are provided differently and in a diversity of settings, including income-poor and rural communities. This report considers quality assurance for programmes required to register to start with, and quality assessments have been designed for centre-based programmes and playgroups. However, in the longer-term programme quality must be appropriately supported across all modalities and settings.

This report builds upon the previously agreed upon Framework and summarises the recommended approach to a QASS. It outlines domains, sub-domains and indicators of quality and describes the recommended processes for ECD programme quality assurance and support. The document also clarifies opportunities to support ECD programmes to achieve quality, including articulating the roles of different stakeholders at each stage of the process and broadly describing a recommended human development plan. It describes the recommended process for quality assessment; as well as potential interventions for quality improvement, articulating structures that can be used to support quality.

This work is based on a rigorous review of South African ECD policies, legislation and guidelines as well as relevant international Quality Assurance, Improvement and

Support Systems and interviews on current best practices with government and civil society stakeholders.

In particular, the following policies were closely reviewed and drawn on to develop this draft system:

- Children’s Act Partial Care and ECD and associated regulations, norms and standards
- Partial Care and Programme Registration Frameworks
- Guidelines for ECD Services
- Nutrition Guidelines for Early Childhood Development Centres
- National Early Learning and Development Standards
- National Curriculum Framework for Children 0 – 4 years
- National Early Childhood Development Monitoring and Evaluation Framework: South Africa (DBE & UNICEF)
- Further Education and Training ECD
- Occupational Certificate ECD
- National Integrated ECD Policy (2015)

These culminated in a set of key recommendations that informed the design of the QASS described below.

## 1. Context

More than 3.5 million of South Africa’s 0-5-year olds do not access any form of early learning programme (Statistics South Africa, 2021). For those children who do experience early learning programmes, most are in unregistered centres. Analysis of the General Household Survey data from 2019 indicates that 48% of children aged 3–5 and 21% of children aged 0-2 are accessing an early learning programme (Statistics South Africa, 2021). However, analysis of DSD registration data conducted by Ilifa Labantwana suggests that of the 2.9 million children who do access an early learning programme, only 800 654 children are in registered ECD programmes.

Unlike the provision of health services and basic education, ECD provision is community-based. ECD operators are largely non-profit organisations and micro-social enterprises - often operating in the informal sector. Programmes are funded partly through the government’s per child for 264 days subsidy and through fees charged to children’s caregivers.

In the absence of an effective QASS, the quality of early learning programmes for most 0-5 children in South Africa is largely unknown.

Ensuring access to quality early learning requires increasing access to the per-child per 264 days subsidy as well as improving the remuneration, training and retention of ECD practitioners, while also ensuring ECD programmes create stimulating environments for children. To achieve this, we must clearly describe what quality looks like within ECD programmes, and build a support system to help ensure programmes can achieve it.

The National Integrated Early Childhood Development Policy (2015) aims to ensure every infant and young child has **access** to essential, **quality** early childhood development services. However, South Africa is far from realising access and quality goals to support good child outcomes – particularly for children from income-poor households.

To track progress towards universal access and quality the policy commits to developing “*appropriate monitoring, quality assurance and support systems to secure the provision of quality early childhood development services and outcomes for young children in South Africa*” (Government of the Republic of South Africa, 2015, page 18). The policy directs that the national system must:

- Establish processes for continuous quality improvement across all modes of service delivery (centre and non-centre based early childhood development programmes) that involve ECD practitioners and related workers in self-assessment processes together with standardised external quality monitoring and support, and
- Be separated from administrative functions. The quality management process should be a continuing programme of self-assessment, in-service support and incentivized external accreditations. Line departments should develop a standardised package of resource tools and processes for quality improvement (Government of the Republic of South Africa, 2015 page 115).

While there has been valuable progress towards a focus on quality programming across departments, several priorities would take us further towards an effective QASS in South Africa:

1. The policy should be explicit that access and quality be advanced simultaneously as there is a tendency to view these as consecutive outcomes. The current system is weighted in favour of compliance and registration rather than process quality improvement systems, which impacts negatively on securing improvements in child outcomes.
2. ECD policy and supporting laws require that the system is applicable across all relevant modalities (including centres, playgroups, childminders, mobile facilities, and toy libraries), but currently, there is only guidance for ECD centres.
3. While the Children’s Act (2005) provides well-developed basic, largely structural norms and standards and guidelines and supporting tools for ECD services, there is a need for more developed guidance and tools for the measurement of programme quality.
4. DSD and DBE processes make provision for the development of improvement plans at a provincial and individual site level, however, it is not clear to what extent these are operationalised or resourced.

Considering prevailing financial and human resource constraints, the challenging reality that much ECD provision is at poor levels of quality, and the time that will be

needed to negotiate the systemic integration and develop coordination structures for the system, improving upon the challenges described above will be an incremental process.

## 2. What is Quality?

While definitions of quality are diverse according to context and values, there are two common elements:

1. Changes in children's outcomes or well-being; and
2. The causal day-to-day experiences, relationships and interactions across the continuum of care children experience have the most proximal influence on children's well-being or outcomes (UNICEF, 2019).

In addition, the quality of the early learning programmes can be considered in two broad categories:

1. **Structural quality variables** - Structural quality includes norms and standards that, if met, secure a basic healthy, safe and enabling learning environment for young children. The standards pertain primarily to the infrastructure and inputs in an early learning environment and include the physical setting, teacher-child ratios, group size, learning materials, health and nutrition.
2. **Process quality variables** - Process quality refers to the nature, quality and consistency of the interactions and the relationships between the educator and young child. Process quality variables include classroom interactions (teacher to child and child to child), interactions with parents, pedagogical approaches such as rich literacy experiences and developmentally supportive play, and following the curriculum to promote school readiness with clear learning goals (Biersteker et al, 2016).

Research shows that process quality, compared to structural variables, has a more profound influence on child development outcomes (e.g. Rao et. al. 2014; Sabol, Hong, Pianta & Burchinal; 2013; Torrii, Fox & Cloney, 2017; Zellman, 2013). In addition, it must be acknowledged that most ECD provision takes place through micro-social enterprises or non-profit entities. Therefore, it is also important to consider areas of management, leadership and staffing to ensure that individuals or entities delivering this critical service can sustain themselves.

With this in mind, an ECD QASS must develop and leverage a body of standards to measure the full continuum of quality variables and not be limited to structural or programme variables.

## 4. Draft Quality Assurance and Support System

This section sets out five objectives for designing a QASS in South Africa. These are:

1. Advance Access and Quality Simultaneously
2. Identify Domains of Quality
3. Operationalise a QASS Process
4. Introduce a Scale of Quality Standards and Assessment Tools
5. Initiate A Quality Support System

#### **4.1 Objective 1: Advance Access and Quality Simultaneously**

Within the current compliance system, all ECD programmes must register as a Partial Care Facility and/or Programme to operate. However, there is a significant gap between the legislated norms and standards and the ability of programmes to comply - particularly in poor, under-serviced rural and urban areas.

The ECD Conditional Registration Framework offers guidance for assessing compliance with the norms and standards for registration across a bronze-silver-gold scale. However, the ECD policy recognises that “registration is not a sufficient condition to guarantee the level of quality needed to ensure good child outcomes”. Therefore, a framework and support system to assess and improve quality at a programme level is required.

It is proposed that within the operating environment of the current registration system, once ECD programmes are assessed for minimum compliance standards and are eligible to operate (i.e. that they meet at least bronze level on the registration standards), ECD practitioners should immediately be given information and access to suitable learning resources on programme quality. In addition to this, programmes should receive self-assessment tools, and be encouraged to use them to gauge their programme quality. Following this, programmes should receive a site visit to assess the quality and develop an improvement plan. By integrating registration processes with the quality assurance assessments, programmes can be concurrently assessed on minimum compliance and quality.

Designing the system in this manner acknowledges that quality early learning can take place in environments where minimal compliance requirements are in place. Recognising this will support programmes to improve quality in such environments. The approach described here is developmental, pragmatic and untangles issues of quality programming from the physical condition of the site.

Analysis of the General Household Survey data reflects that around 2.1 million poor children<sup>6</sup> are accessing some form of ECD programme (Statistics South Africa, 2021). The DSD subsidises around 670 000 of those children. That means that 1.4 million poor children are accessing some form of ECD programme that does not benefit from government subsidies. For the QASS to work effectively, the entry level requirements to operate must be assessed regularly to ensure they are accessible to the majority of

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<sup>6</sup> Children in income quintiles 1-3

ECD programmes. If they are not, then most ECD programmes and children will not be able to benefit from a QASS.

Alternatively, the government's response to support can be considered holistically with both compliance support and quality support being implemented simultaneously rather than prioritising compliance over quality. Encouragingly, a recent change to the ECD Conditional Grant framework recognises the challenges with registration even at a bronze level and enables support to ECD service to attain bronze level registration.

#### 4.2. Objective 2: Identify Domains of Quality

Based on a scan of existing government policy, standards and tools, international quality ratings and local examples of good practice, the following constructs are proposed as Domains of Quality:

- **Learning programmes and practice** are essential to the development of children. To promote school readiness there should be a targeted focus on specific school readiness skills (early mathematics and literacy) with clear learning goals, rather than a general whole child curriculum that includes these skills as part of incidental learning. In addition, effective learning activities should be cumulative and sequenced to align with children's developmental stages (Center on the Developing Child, 2016; Phillips et al., 2017; UNESCO, 2017). This domain considers activities, materials, curriculum, planning, assessment, child- child and practitioner-child interactions.
- **Staffing** is important to consider as learning is driven by practitioners. However, it should be noted that there is mixed evidence of the relationship between qualifications and improved learning outcomes and that this is less evident in the absence of post-secondary qualifications (Manning et al, 2017). This was supported in recent South African research (Dawes et al, 2019). Practitioner competencies appear to be a stronger predictor of quality than qualifications. Studies have found that once one moves beyond qualifications to provide in-service training and continuing professional development and support that improves educator competencies; process quality in the classroom and outcomes are likely to improve (Early et al, 2007). Therefore, this domain considers training, experience and continuing professional development.
- **Parent and community engagement.** Programmes and learning standards that are framed to reflect local and parental values, and which reflect what parents find to be important promotes satisfaction and the likelihood of parents valuing and re-enforcing programme inputs at home. However, it is important to note that there can be a disjuncture between what parents value and perceive as quality to what has been proven to improve quality. This can create challenges in the development of culturally responsive and effective indicators or standards and suggests there is some value in communicating the defined quality standards with caregivers
- **Programme management and leadership.** As discussed previously, governance and management improve working conditions which in turn



influences the quality and improved learning outcomes (Britto, Yoshikawa, & Boller, 2011; OECD, 2001). South African studies have also found a correlation between centre management and overall programme quality (Biersteker et al. 2016; Department of Basic Education, Department of Social Development, & UNICEF, 2010). In addition, management and supportive conditions of service for educators is increasingly recognised as being associated with the provision of better-quality care and education (Litjens & Taguma, 2010) (OECD, 2012).

- **Inclusiveness** considers the extent to which classrooms support the participation of all children regardless of their ethnicity, language, gender, learning or other needs (UNESCO, 2017; ISSA, n.d.; NAEYC, 2018). This domain focuses on integration, referral and support for barriers to learning and development.
- **Health and safety** are critical to creating enabling environments for learning. While feeding at early learning programmes is insufficient to meet all of the children's nutritional needs, it is widely reported to incentivise regular attendance and improve children's engagement in learning activities (Richter et al 2000). This domain considers what is done in programmes regarding health practices and nutrition.

While the core constructs of quality will apply to all modalities of programme implementation there will necessarily be differences relating to the location of the programme (e.g. building, mobile programme, childminder with up to six children in a family home), the way the programme is delivered (e.g. to individual children, group programmes, presence of primary caregiver or not) and programme hours which have a bearing on provision for rest time and meals. The variation in programme location, delivery and hours will have implications both for registration standards (e.g. requirements for outdoor spaces where mobile programmes are set up/parked) and programme quality indicators. As a first step, indicators for group programmes in the form of centre-based programmes and playgroups have been drafted (detailed in the assessment tools in Appendix One below).

### 4.3. Objective 3: Operationalise a QASS Process

While it is the government's mandate to support the quality of ECD programmes, capacity constraints in the public sector cannot be ignored. Neither can the wisdom and experience of social partners. Therefore, it is critical to consider the operationalisation of QASS through the lens of public-private partnership.

Figure 1 below reflects a process flow that illustrates the cycle programmes could follow through registration and quality improvement. This process flow is integrated into the existing registration system and is aligned with the current timeframes for registration and monitoring in the regulations of the Children's Act (2005).

As described above, the approach is to ensure that quality can be assessed alongside compliance as far as possible within the current system. At a high level, the scenarios an ECD programme could experience would be:

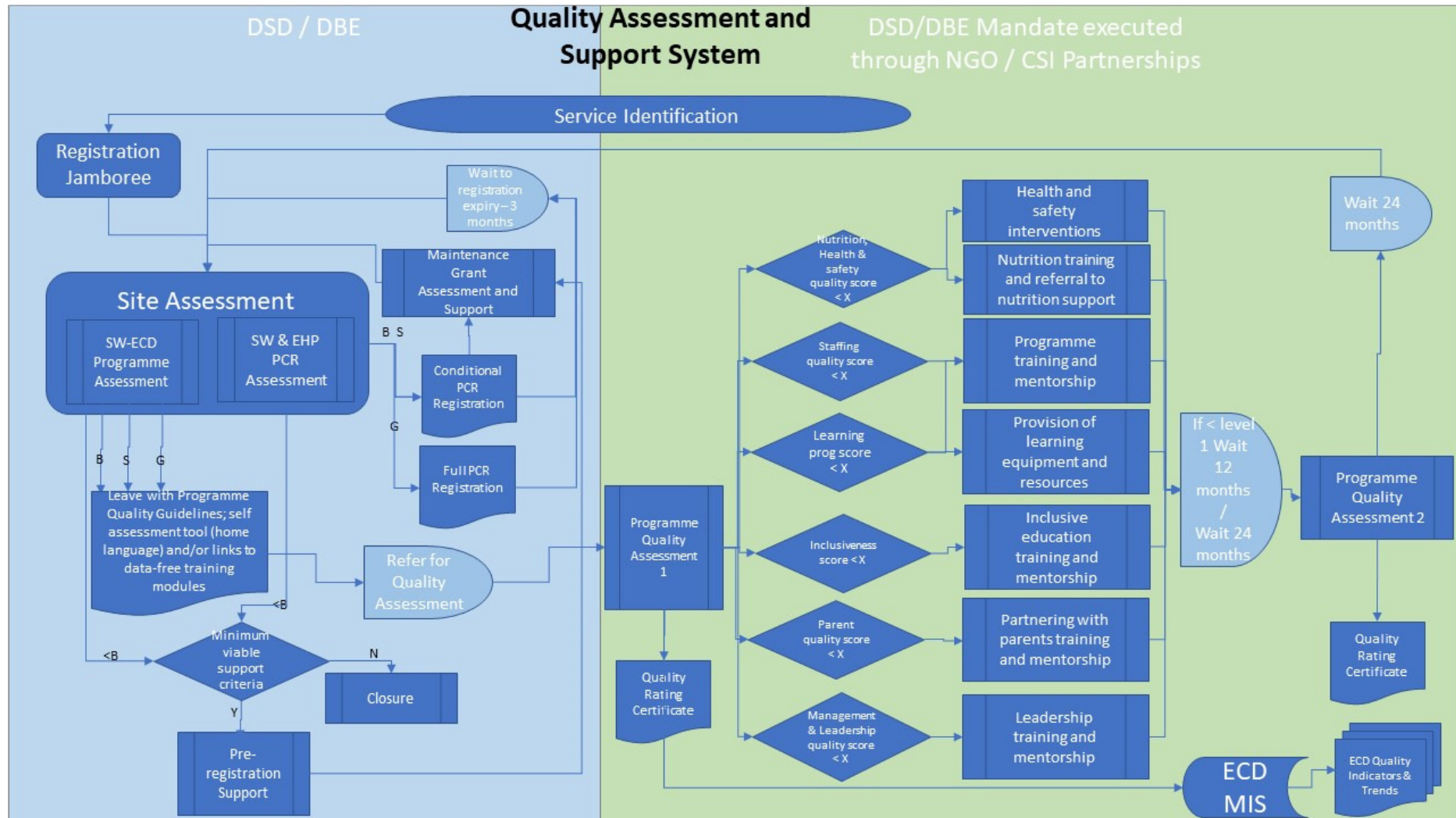
- An ECD programme meets minimum compliance standards and is then assessed against the QASS framework. If gaps are identified in the quality assessment, then a programme improvement process will be put in place.
- ECD programme does not meet minimum compliance standards and must be placed on a compliance support programme (i.e. pre-registration support). Pre-registration support could also present an opportunity to provide preliminary guidance on quality. Once programmes have been supported and meet minimum compliance standards, they can then be assessed against the QASS framework.

The government's role should be focused on developing an enabling policy environment for QASS, developing a QASS framework and system, coordinating the QASS at all levels of government, and managing operations and resources for QASS implementation. Quality Assurance assessments could be undertaken by government staff (e.g. social auxiliary workers) who have been appropriately trained. In addition, the NIECDP (2015) provides that ongoing monitoring and supervision should be provided by ECD coordinators/supervisors (with at least ECD NQF 5) directly employed and/or funded by the government.

However, there is unlikely to be sufficient human capacity in government alone to support this system. To bridge the capacity gap a partnership model should be considered. NGOs and civil-society partners could be contracted to support assessment, monitoring/supervision and implement quality improvement processes and support interventions.

Figure 1 shows the process that could be followed within the current frameworks and systems for registration. It is suggested that should there be an opportunity to reconsider the norms and standards and processes for registration, a simpler process be adopted which assesses minimum viable standards for operating. ECD services would then enter a quality assessment and support cycle and only be referred for renewal of registration if quality dropped below a certain level. This proposed process is shown in Appendix three, Figure 2.

Figure 1: QASS Process Flow



The table below details the steps in the QASS (see above, Figure 1: Process Flow) and identifies the roles of various stakeholders and approaches that could be taken for delivery.

**Table 1: Process Flow Steps**

Step	Description	Tools/ systems required	Existing tools/ systems	Accountable parties	Delivery approach
<b>Identify and prepare for registration</b>	An unregistered ECD programme applies or is identified for Partial Care and/or Programme Registration.	National roll-out of the Conditional Registration Framework is required.	Conditional Registration framework	DSD, Local Government	
<b>Assessment against minimum compliance standards</b>	The programme is assessed against bronze; silver and gold norms and standards.  Quality guidelines; self-assessment tool and links to data free videos/materials related to quality left with the programme.	Data capture/ digital records of the assessment tool are required so that the tool can inform compliance support that may be required.	Conditional Registration framework	DSD, Environmental Health/ Local Government	DSD, local government or contracted NGOs  Spot checked by DSD/EHP if outsourced
<b>Assessment against a quality framework</b>	Any programme that meets at least the bronze compliance standards is referred to be assessed using the quality framework.	Agreed set of Level 1 to Level 3 (Start-up, Basic, Enhancing) quality standards.	DBE M&E Framework /DBE centre audit tool and Children's Act regulations norms & standards  Supplementary tools - High Scope; Bridge; ELOM Programme Assessment Tool; True North; ELRU	DSD, DBE	Assessment undertaken by government or contracted NGOs and a rating is recommended.  DSD/DBE should consider spot

			<p>Catscan; SmartStart Programme Assessment; DMF Centre Quality Assessment</p> <p>Additional information can be gained from the initial review - such as ECERS 3, Programme Administration Scale, NAEYC, ACEQA, MELE</p> <p>The above resources were consulted to develop domains, subdomains and indicators.</p>		check if the function is outsourced.
<b>Pre-registration support (MG process)</b>	Unregistered programmes which do meet the bronze standards for registration but do meet the minimum requirements for support would be supported to meet compliance standards via targeted pre-registration support. This could also be an opportunity to offer preliminary guidance regarding programme quality.	This can be based on the current Maintenance Grant, which needs to be clearly linked to compliance standards.		DSD/Local Government	DSD/Local Government

<b>Registration certificate</b>	If the site meets Bronze, Silver or Gold compliance standards, it is issued with a registration certificate.			DSD	
<b>Quality rating assigned</b>	If it meets at least Quality Level 1 or above, the programme can be assigned a quality rating, 1(Start-up), 2 (Basic) or 3 (Enhancing).			DSD, DBE	Provincial interdepartmental committee to approve and issue ratings.
<b>Develop PIP with ECD programme</b>	If it does not meet Quality Level 1, the programme will be required to develop a Project Improvement Plan. This will determine what support the programme requires.	The quality assessment tool will indicate the necessary types of support that should be provided based on the outcomes of the assessment. A separate project improvement process will be detailed.		DSD, DBE	The development of the PIP can be outsourced. A copy must be submitted to the DBE/DSD to be kept on file.  DBE/DSD sample PIP's submitted for monitoring purposes.
<b>Ongoing programme support &amp; mentoring</b>	Ongoing site support and mentoring were provided.	Frequency, duration, content and workforce requirements (qualification/skills levels) will be specified.	Existing site support and mentoring programmes provided by NGOs		Outsourced but monitored by DSD/DBE

<b>Skills training</b>  <b>LTSM pack issued</b>	Skills training	Proposals for types of training that might be included, duration, workforce requirements. Learning and Teaching Support Materials (LTSM) package may also be included.	<p>Existing training programmes provided by NGOs.</p> <p>Targeted short course training through data-free digital models.</p> <p>Work ongoing on new NQF Level 4 and potential new NQF Level 1 qualification</p>	DSD, DBE	<p>DBE, SACE, DHET, QCTO for credit-bearing training programmes</p> <p>Public and NGO training providers.</p>
<b>Re-assessment against a quality framework</b>	<p>Within 12 months, supported programmes (initially below Quality Level 1) must be re-assessed against Level 1 quality standards.</p> <p>Those who reached level 2 will be reassessed after 24 months in line with the ECD programme monitoring timeframe.</p>	The same quality assessment tool can be applied, to verify that those standards which were previously not met are now met.		DSD, DBE	Assessment must be submitted to DSD/DBE as portfolios of evidence and for record-keeping on file. DSD/DBE provincial interdepartmental committee to approve and issue ratings.
<b>Spot checks that programmes meet Quality Level 1 (Start-up)</b>	The government conducts spot checks (site visits) for a sample of programmes to verify that Quality Level 1 is now reached.	The same quality assessment tool can be applied, to verify that those subdomains/indicators which		DSD, DBE	DBE/DSD

		were previously not met are now met.			
<b>Compliance support (MG process)</b>	Unregistered programmes which meet the bronze or silver standards for registration but do not meet the gold standards will be supported to meet compliance standards via infrastructure support and municipal compliance support.	This can be based on the current Maintenance Grant, which needs to be clearly linked to compliance standards		DSD/Local Government	DSD/Local Government
<b>Closure process</b>	Unregistered programmes which do not meet the standards for conditional or full compliance and do not meet the minimum viable standards for support will enter a closure process.			DSD/Local Government	DSD/Local Government
<b>Apply for quality assessment (licensed programmes)</b>	Registered programmes can apply for quality assessment.			DSD, DBE	DSD/DBE must accept and manage applications for QA ratings.



#### 4.4. Objective 4: Graded Quality Standards and Assessment Tools

A simple three-point scale is proposed to assess programmes against the domains described in section 4.2 using simple, practical indicators of quality at each level. The proposed scale levels include Level 1 (*Start-up*), Level 2 (*Basic*) and Level 3 (*Enhancing*). Programmes may also fail to achieve Level 1, thus there are four possible levels that could be achieved through the assessment. The QASS domains, sub-domains and indicators build on the Children's Act (2005) ECD Programme regulations, norms and standards; the DBE ECD Monitoring and Evaluation Framework and DBE ECD programme audit tool as they cover all the constructs identified in section 4.2. The process of developing scales included drawing on some local tools (e.g. High Scope, ELOM programme quality tool, Smart Start Programme Quality Assessment) that have differentiated levels for learning programme indicators. In addition, international measures like UNESCO's Measure of the Early Learning Environment (MELE), the Early Childhood Environmental Rating Scale and Infant and Toddler Environmental Rating Scale and the Programme Administration Scale have also been considered.

Existing South African tools provide a valuable foundation for these constructs. However, most are not differentiated by – age, (baby and toddler, preschool age) modality, or levels of 1 (*Start-up*), Level 2 (*Basic*) and Level 3 (*Enhancing*). While core constructs of quality apply to modalities described in this report<sup>7</sup> there will be differences that will affect quality indicators and assessments. These relate to:

- the location (e.g. purpose-built building, community venues or homes),
- how the programme is delivered (e.g. to individual children, group programmes, presence of primary caregiver or not),
- to whom the programme is delivered (i.e. different age groups of children; baby and toddler, preschool age) and
- programme hours which have a bearing on provision for rest time and meals.

In addition, quality indicators were also assessed against measurability (i.e. how difficult they would be to measure), impact on child outcomes and alignment with South African policy, laws and tools.

Finally, it is recommended that the QASS link to the Programme Registration Framework. Therefore, any indicators already reflected at the bronze, silver or gold levels should not be included in the indicators or assessments. However, were standards from the Partial Care and Programme Registration Framework were

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<sup>7</sup> This report focuses on modalities that require programme registration. As a first step, assessments were developed for centre-based programmes and playgroups.

unspecific, they have been operationalised and included in the quality indicators and assessments.

Through this iterative analytical process, subdomains and indicators were developed. This process was undertaken to ensure they are essential, pragmatic and contextually relevant. It should be noted that the current tools refer to centre-based programmes and playgroups as a first step. Tools should be developed to accommodate toy libraries and mobile ECD programmes in the future.

Table 1 below reflects the cumulation of this analysis at a high level. Using the following parameters for each subdomain:

1. Determining the number of indicators at each level for Quality level 1 – Quality level 3: It was critical to ensure assessment tools were relatively concise. However, additional items could be built into a programme self-evaluation form.
2. Ensuring Measurability by considering the difficulty in measuring quality against each sub-domain.
3. Prioritizing indicators with a significant impact on child outcomes. This is particularly critical when considering assessment, scoring and prioritisation of support.
4. Alignment with existing South African Policy and supporting laws and tools.
5. Estimated time required to conduct the assessment.

Based on the table below, it should be noted that learning programme sub-domains generally have a high impact on child outcomes. This is reflected in Table 2 below. However, some indicators may be more difficult to measure. ECD assessors may be required to assess indicators linked to pedagogy.

Regarding staffing, continuing professional development has a higher impact on child outcomes than qualifications. This was also noted in section 4.2 above. While parents play a critical role in their children's learning and this is reflected at a policy level, evidence in this area is mixed. Inclusiveness is essential but should be considered in light of whether there are children with illnesses or disabilities who have entered or tried to access the programme.

While there isn't necessarily a clear link between learning outcomes and nutrition, this area reduces child hunger and malnutrition and improves brain and physical development, attendance and concentration. As such, it allows learning to take place. Finally, while COVID protocols have been reflected below, it is unclear whether COVID protocols will form part of the Registration Framework moving forward.

**Table 2: High-Level Reflection of Domains and Indicators**

**DOMAIN: LEARNING PROGRAMME**

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy Alignment
	Quality level 1	Quality level 2	Quality level 3				
Equipment, Play Materials and Layout	3	4	4	easy	medium	30 mins at the right time of day	Yes
Activities	4	4	4		medium		
Daily Programme	2	2	2		high		
Planning Observing & Assessing	2	3	3	moderate	high	15 min review records or question	
Curriculum	1	2	2	moderate	medium	15 min	
Interactions with Children	2	3	3	moderate	high	2hours	
Teaching strategies	4	5	5	difficult	high		

## DOMAIN: STAFFING

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy Alignment
	Quality level 1	Quality level 2	Quality level 3				
Qualifications and training	2	2	2	easy	medium	Quick if records available	Yes
Continuing professional development/instructional leadership	2	4	4	easy	high	Interview questions and document review	Yes

## DOMAIN: PARENTS AND COMMUNITY

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy Alignment
	Quality level 1	Quality level 2	Quality level 3				
Orientation	1	1	1	easy	Mixed evidence is probably low in current situations but NB in policy	Short Questions 15 minutes	Not explicit
Communication & reports	2	3	3	easy			Yes
Involvement with programme	1	2	2	easy			Yes
Parent education	2	2	2	easy			Yes
Community involvement	1	1	1	easy			Yes

## DOMAIN: MANAGEMENT AND LEADERSHIP

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy Alignment
	Quality level 1	Quality level 2	Quality level 3				
<b>Operational leadership</b>	2*	5	5	easy – review forms	medium Evidence that mediates programme quality	15 mins	Yes
<b>Working conditions (including policies, climate, salaries, benefits)</b>	3	3	3	easy	medium <sup>a</sup>	Quick if records available  Interview	Yes*

*Instructional leadership in staffing, parent relations in parents \* Overlap Partial Care Registration Framework (PCPRF) While there has not been much research on working conditions they are recognised to be an important contributor to child outcomes, attachment*

## DOMAIN: INCLUSIVENESS

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy Alignment
	Quality level 1	Quality level 2	Quality level 3				
<b>Disability, chronic illness</b>	2	4	4	moderate	high	Interview and observation	Yes
<b>Language and culture</b>	2	2*	2	moderate	high	During observation 2 hours	Yes

*Note: some items in PCPRF operationalised \* Overlap PCPRF*

# **DOMAIN: NUTRITION, HEALTH & SAFETY**

Subdomain	Number of Indicators			Measurability	Impact child outcomes	The time needed to assess	Policy
	Quality level 1	Quality level 2	Quality level 3				
<b>Nutrition</b>	0*	2	2	easy	medium * *	Short – interview, menu	Yes
<b>Safety</b>	1*	3	3	easy	high	Question and observe	Yes
<b>Health (COVID-19)</b>	1			easy	Uncertain – new area		Yes

*\*Covered by PCPRF*

*\*\* Reduces hunger, improves attendance allows learning not a clear relationship with outcomes*

Draft QASS assessment tools are captured in Appendix One below. Tools are framed around the 3-point scale of Level 1 (*Start-up*), Level 2 (*Basic*) or Level 3 (*Enhancing*). Indicators have been articulated against sub-domains; with simple observations, interviews or evidence recommended to understand programme quality at each level.

#### 4.4.1 Scoring Indicators

Quality Assessments should result in scores and Domain Profiles for programmes. Domain Profiles could be used at the programme level to self-assess and inform their Programme Improvement Plan, which should trigger targeted support for programme improvement.

The scoring methodology should be finalised after consultation and testing. However, this report has set out a possible approach.

A Quality Rating System could generate six domain scores. The six domains could each be scored at quality Level 1 (*Start-up*), Level 2 (*Basic*) or Level 3 (*Enhancing*). For some indicators, N/A (not applicable) is permitted and this will not be used to determine the domain score. In this case, the score will be determined by the number of indicators achieved/rated.

In addition, an overall composite score could determine where the programme as a whole, falls on the quality scale i.e. Level 1 (*Start-up*), Level 2 (*Basic*) or Level 3 (*Enhancing*).

In terms of the scoring methodology, the learning programme and the associated staffing competencies and instructional support needed for its delivery are particularly important to impacting child outcomes. With that in mind, the following approach is suggested for scoring for levels of quality.

**Table 3: Composite Scoring Across Domains**

Approach to Composite Score Across Domains	
<b>Programme scores less than Quality Level 1</b>	The early Learning Programme does not reach Quality Level 1 requirements in one or more of the six quality domains. Targeted support is triggered to reach level 1.
<b>The programme reaches Quality Level 1 Start-up</b>	Early Learning Programme achieves <b>all</b> Quality Level 1 requirements. The programme is providing a safe initial level education and care programme. Domain Profile is leveraged to understand what would be required to reach level 2. Targeted support triggered as is reasonable.



<b>The programme reaches Quality Level 2 Establishing</b>	Early Learning Programme provides quality education and care and achieves the minimum level 2 score or above for the Learning Programme domain and in at least 3 other quality domains. Domain Profile is leveraged to understand what would be required to reach level 3. Targeted support triggered as is reasonable.
<b>The programme reaches Quality Level 3 Enhancing</b>	Early Learning Programme provides quality education and care and achieves all requirements for Quality level 2 domains as well as the minimum score or above in all six Level 3 domains

In terms of the domain scores, it is suggested that all standards should be reached at level 1 (Start-up). Thereafter, minimum scores should be considered within each domain to allow for some flexibility.

**Table 4: Minimum Indicator Scores for Domains**

Domain	Minimum Indicator Score to be credited with the domain		
	Level 1	Level 2	Level 3 All at Level 2 plus
Learning	18/18	19/23 or above	19/23 or above at Level 3
Staffing	4/4	5/6 or above	5/6 or above at Level 3
Health, Safety and Nutrition	2/2	3/5 or above	3/5 or above at Level 3
Management and Leadership	5/5	6/8 or above	6/8 or above at Level 3
Parent and Community	7/7	6/9 or above	6/9 or above at Level 3
Inclusiveness	4/4	4/6 or above	4/6 or above at Level 3

#### 4.5. Objective 5: Initiate A Quality Support System

To be meaningful, QASS assessments must be linked to a continuous support process for programmes. While both DSD and the Department of Basic Education (DBE) provide some support for programme improvement, this has not been standardised and adequately resourced. Most provincial DSD support is towards partial care registration, and provincial education departments have not had adequate human resources for systematic quality improvement support to programmes. Nor is there a system for including self-assessment by the early learning programmes in the development of Programme Improvement Plans (PIPs).

Many NGOs have developed, trialled and tested comprehensive quality assurance systems that include explicit processes for the development, implementation and oversight of improvement plans to address quality gaps and limitations in outcomes

identified in the assessment processes. ‘One size does *not* fit all’ and options for operationalising the programme improvement component to the QASS needs to consider context, programme level and available resources.

It is proposed that initially, the QASS focuses on assessing and supporting early learning programmes serving vulnerable children that need support to achieve Level 1 (Start-up) quality. The key components of the programme improvement plans could include:

- Assessment, leading to a Domain Profile and Programme Improvement Plan. These should be used to trigger targeted support by government or social partners, and be leveraged by the programme itself for self-improvement.
- On-going mentorship and support that facilitates on-site improvement in programme delivery.
- Provision of targeted and appropriate skills development programmes. Ensuring these are accredited, where relevant, is a critical longer-term objective, along with credit accumulation from short skills programmes.

A proposed package of support to be provided towards meeting Level 1 Start-up quality standards is articulated in the following section

Once the QASS has been finalised it is recommended that key processes, tools and support interventions be beta-tested and piloted. Learnings from piloting should be leveraged to further refine this work

## **5. A Package of Support for the Quality Assurance and Support System (QASS)**

As described above, it is critically important to provide a package of support for ECD centre and playgroup programmes that struggle to reach Quality Level 1 standards. This is recommended under the assumption that many programmes are operating below Quality Level 1, and these programmes are servicing the most vulnerable children. Furthermore, these programmes are unlikely to be able to achieve significant gains in programme quality without a quality support process. As noted by Biersteker and Martin (2020<sup>8</sup>); internationally, governments play a major role in the quality assurance process for ECD.

While the state is responsible for ECD, South Africa’s history of ECD provisioning and support has relied largely on non-state providers. As such, the recommended approach for improving programme quality recognises the government’s responsibility and relies on the state supporting quality improvement for independently operated ECD programmes; while also leveraging existing support organisations and interventions for quality improvement.

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<sup>8</sup> Biersteker L., Martin, P. ECD (2020) Quality assurance and improvement research report: revised final draft - 2 July 2020

Biersteker and Martin's (2020)<sup>9</sup> review of South African policy imperatives identified good or promising practices. Recommendations from this work highlight opportunity for a feasible, effective and efficient national system that could be implemented at scale to improve quality provisioning of early learning for all children in South Africa.

To ensure buy-in and successful implementation of a QASS the following guiding principles are proposed:

- Transparency and reliability of the rating process,
- Developmental support for ECD programmes
- Voluntary participation from participating programmes
- State assistance to enable quality and
- Appreciative promotion of existing resources and knowledge (NIECDP).

The rest of this document will focus on a proposed *package of support* to assist programmes towards QL1 (Start-up) quality standards. To illustrate how support can function in practice, several illustrative examples have been included and roles and responsibilities for state and non-state actors have been discussed. The *package of support* described refers to the resources, materials and supportive processes required to improve the quality of early childhood development programming. As noted previously, the current iteration of the quality assessment focuses on ECD centre and playgroup modalities and does not include modalities such as child minding or toy libraries. The limited scope of the assessment will in turn affect which programmes are prioritised for support and it is recommended that future iterations of the assessment include additional modalities. The package of support process includes the onboarding of quality support workers, the assessment of ECD programmes as well as a description of support interventions.

## 6. Roles and Responsibilities

The South African government has historically had limited capacity to support the management of ECD programmes. Skilled non-governmental organisations (NGOs) have played a leading role in supporting quality provisioning within the ECD sector. It is recommended that while the responsibility for QASS must lie with the government, existing networks of NGOs should be leveraged to support the implementation of the quality assurance and support process.

Quality improvement requires an appropriately skilled workforce. Innovative practices by ECD NGOs demonstrate that quality improvement is possible with skilled Quality Coordinators (QC) leading teams of entry-level staff of Quality Support Workers (QSWs). In addition to QSWs, a dedicated and more specifically skilled set of Quality Assessors (QAs) would be required to support the quality assessment and assurance process.

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<sup>9</sup> Biersteker L., Martin, P. (2020)ECD Quality assurance and improvement research report: revised final draft - 2 July 2020

The implementation of a quality support process requires a clear articulation of the different roles and responsibilities of stakeholders in the quality support process. Each of these is outlined below.

### **6.1. National Department**

The national government department would be responsible for the development and oversight of QASS. This would involve the lead department (DSD or DBE from 1 April 2021) in collaboration with other government stakeholders as appropriate. Core responsibilities could include

- Setting quality norms and standards, tools and implementation guidelines including validation of a sample of assessments
- Providing guidelines for quality support (such as templates for PIP, components of the support package, incentives and guidelines for NGOs to whom some aspects may be outsourced)
- Designing QA and QSW training programmes and training of trainers to cascade training in provinces
- Developing a Human Resource plan and budget for staffing the QASS
- Developing a progressive plan to implement QASS, as well as developing costed annual plans
- Developing and implementing a national communications strategy for the QASS
- Maintaining a national database of the quality level of programmes assessed
- Monitoring and evaluation: include QASS targets in Annual Performance Plans for the Department, monitor implementation and roll-out of the plan
- Support or conduct research on whether the QASS is impacting child well-being and learning outcomes

### **6.2. Provincial Departments**

The Provincial departments could be responsible for implementing the QASS system in collaboration with other departments as appropriate. This could include

- Identifying Quality Assurance Coordinators within the provincial department
- Allocating or outsourcing suitably qualified human resources to undertake assessments, allocate ratings and support the development of PIPs and follow up support
- Arranging training and certification of provincial QAs and QSWs
- Approval or ratification of Quality Ratings
- Moderation of a selection of assessment ratings to ensure reliability
- Maintaining a database of ECD service Quality Ratings and dates for re-assessment.

- Identify common quality gaps geographically and different training and support options for addressing them (e.g. service providers to offer a particular short course; resource needs could be met by public-private partnerships)
- Contracting NGO partners
- Oversight of officials, or contracted NGO partners, implementing different aspects of the QASS
- Developing a database of support resources including links to short courses, online materials, resources and ECD forums or networks
- Implementing appropriate incentives for quality improvement
- Providing for communities of support between ECD programmes by building on existing models; considering geography and context e.g. WhatsApp groups, hubs, circles of support.

### **6.3. Non-Governmental Organisation Partners**

NGOs working in the ECD sector could support the QASS in three ways:

Firstly, NGOs have played a critical role to date in programme enrichment and support. Many organisations support networks of ECD providers. NGOs should be supported to continue this work within the sector. While the QASS will provide a shared framework for sector quality; it should not prescribe NGO quality enrichment and support practices.

Secondly, a partnership model is proposed to bridge the government capacity gap for quality assessment and improvement. Here NGOs could become government-contracted quality assessment and support partners. Where appropriate, ECD NGOs could be contracted to support assessment and to focus on quality improvement processes according to the specified package of interventions. Lessons could be drawn from the Western Cape, where there is a well-evolved use of ECD Service Providers to support registration.

Thirdly, NGOs can assist the ECD programmes they already support by preparing them for quality assessment, so they may meet quality standards. NGOs could assist their constituencies in self-evaluation, help them work towards meeting the standards and assist them to apply to the Province to have the quality assessment completed.

### **6.4. Quality Coordinators**

Quality coordinators (as described in the NIECDP, 2015) are skilled personnel with experience supporting the delivery of ECD services. QCs supporting QL1 should have at least ECD NQF Level 4 and relevant experience. They should lead quality support teams with QAs and QSWs.

A possible structure for quality support teams is reflected below.

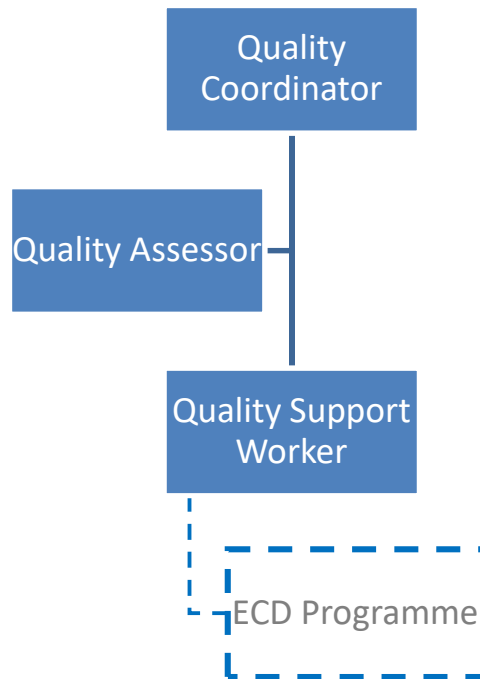


Figure 2: Quality Support Team Structure

### 6.5. Quality Assessors

Whether departmental staff or outsourced, Quality Assessors would be trained and certified to implement the ratings. QAs would be responsible for:

- Quality assessments of ECD programmes as they achieve bronze registration status. This would entail conducting quality assessments feedback sessions with programme staff.
- Uploading the rating to the relevant database.

The following are recommended as selection criteria for QAs

Required:

- NQF level 4 ECD qualification or relevant training and experience.
- Proficiency in English and the LoLT of the early learning services to be assessed
- Successful completion of quality assessment training module requirements. This can be done through in-house orientation supported by a train the trainer model.

Strongly Recommended:

- Experience with an android device.

## 6.6. Quality Support Workers

QSWs would be responsible for:

- Working with the ECD programme to develop an agreed PIP to address Quality Level 1 (QL 1) gaps.
- Quarterly site support visits to incentivize quality improvement, review progress and help solve problems.
- Linking the ECD programme to appropriate short courses, online resources and local support structures.
- Maintaining records of PIP interventions and progress and completing reports.
- Attending regular report back and QSW support sessions with the relevant quality coordinator.

QSWs should be experienced ECD practitioners, preferably with an NQF 4 or relevant training. In areas where this is not possible, trained and supported assistants could be used for supporting programmes up to quality level 1. They should be trained to provide or facilitate the required on-site support to the programme.<sup>10</sup> Each team could be responsible for a cluster of 60-75 ECD services depending on geographical distances. District or sub-district based QSWs could be overseen by a Quality Coordinator, who should play a supportive, supervisory role.

## 6.7. ECD Services

In this phase, which targets improvement to QL1 for ECD centres and playgroups, the responsibilities of ECD programmes would be:

- Attending local briefings by department or local service providers to explain the QASS and associated benefits.
- Undertaking a supported self-assessment,
- Explaining QASS process to all staff, management and parents,
- Preparing relevant documentation and records for the assessment visit (assembling evidence),
- Working with a QSW to develop a PIP as necessary including ranking priorities for quality improvement,
- Committing to release staff for necessary training offered in the district
- Attending local support structure meetings and/or use of digital platforms for support,
- Being available for site support visits and feedback,
- Reflecting on progress and what else needs to be achieved.

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<sup>10</sup> The Early Learning Resource Unit reports successfully delivering quality support on this basis – see Phase 1 ECD database.



## 7. Human Development Plan for a Quality Support Process

South Africa has several good models of quality support. However, site support and training are often resource-intensive, and current, implementation is relatively limited and disparate. We recommend a model of coaching and support teams, overseen by skilled or outsourced to organisations. Coaching is a performance-driven relationship where the coach guides specific skills and provides a useful basis for supporting programme improvement. QSWs could support ECD programmes that fail to achieve level 1 through a coaching relationship.

As described above, the implementation of this model could be outsourced to NGOs who have significant experience supporting the delivery of quality ECD programming, and who have relationships with local community members. This could be coordinated by national coordinating structures with experience of managing national programmes such as the National ECD Alliance (NECDA) and the Ntataise Network. However, in areas that do not have access to appropriate NGOs, government officials may need to provide direct support.

To support this process, clear guidelines for procedures for the delivery of support and oversight in different geographies and contexts must be developed. For example, in rural areas case-loads of centres to be supported by QSWs should be lower, and additional resources may be required for travel and access to short courses. With this in mind, provinces would need to develop implementation plans and budgets taking into account different contexts.

### 7.1. Materials Development:

Once the quality rating scales described in this document are finalised, a concise assessor guide and training manual should be developed using these finalised materials.

A manual should be developed as a training guide for assessors. The manual should be accompanied by training resources such as video clips of classroom interactions, photographs of learning areas and equipment, notes on different training opportunities in the sector, examples of age-appropriate daily programmes, planning books, child assessments and progress reports, different administrative policies, and curriculum and dietary guidelines.<sup>11</sup>

The assessor training pack will outline practicalities of completing the quality assessment including - documents programme staff should have available to facilitate the process, assessor attitude to the programme staff, time to be allowed for each assessment (including those programmes with multiple classes), guidance on rating

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<sup>11</sup> The existing DSD/TREE/ILIFA Capacity Building for Social Workers A Toolkit for ECD Centre & Programmes Assessment includes useful information that could be drawn from even though it is focused on Partial Care and Programme Registration



specific indicators, and information on giving feedback and the next steps for the programme.

National training for provincial officials could be cascaded to further officials and relevant NGO staff.

## **7.2. Training of Quality Assessors and Quality Support Workers**

Once recruited, QAs should be trained. The training could include the following elements:

- An introduction to the purpose of the QASS and the intention of having a developmental approach, focusing on support to staff.
- Orientation to the scales, rating of learning environment videos and document packs, role-plays on administering interviews and document related scales (parent, staffing, management, and some aspects of inclusion, health, safety and nutrition).
- Two mornings of observing a classroom environment (preferably an infant 0 – 2 and 2 – 5 class) in a small group to practice scoring and achieve consistency.
- A summative assessment consisting of a full quality assessment of an early learning programme in which the trainee quality assessor achieves high alignment with an expert rater (such as 85% alignment).

Quality Support Workers and Quality Coordinators must receive training, including on

- Development of Programme Improvement Plans (PIP),
- Delivery of on-site support, mentoring and coaching,
- Linking ECD programmes to appropriate training programmes. and
- Connecting ECD programmes to resources and support.

Training should also include orientation to the scales and requirements, the process of developing a PIP, supportive feedback, how to manage site visits and ongoing record keeping and documentation of progress.

## **8. Quality Assessment and Programme Improvement Plan (PIP)**

As described previously this document makes provision for assessment across 3 levels of quality. Depending on how the system is targeted over time, assessment could take place across all 3 levels of quality, and result in corresponding programme improvement plans. However, for the initial implementation of the package of support, programme improvement plans for programmes failing to achieve Quality Level 1 should be the priority.

### **8.1. Self-Evaluation by ECD Programme Staff**

Directly after PCR/Programme Site assessment and before the quality assessment, the ECD programme management should receive a copy of the quality tool and a simple guide with self-evaluation questions for the three levels of quality (See Appendix Four for an example for the Staffing domain indicators).

Self-evaluation key to quality improvement and is required as part of the National Integrated Early Childhood Development Policy (NIECDP) 2015 M&E process. Self-evaluation can raise awareness of quality components and gaps and lead to the reflective practice important for quality improvement. However, there may be different perceptions of quality and programme staff and the QSW will need to discuss these and clarify the assessment indicators and their importance while being sensitive to contextual issues.

### **8.2. Programme Quality Assessment**

As is common practice in Quality Rating and Improvement System (QRIS) ratings, a single assessment (observation, interview and document review) can be used to assess indicators across multiple quality levels.

A full rating provides valuable information on quality needs for the ECD sector and indicates to programme staff the areas in which they are stronger. This can be affirming and motivating for programme staff, and introduce necessary information for them to start working towards a higher quality level.

Once the initial external assessment is completed and scored there are two possibilities

- ECD programmes that achieve QL1 should receive immediate feedback to this effect from the QA.
- ECD programmes that do not meet all QL1 requirements should receive a feedback session from the Quality Assessor and be designated a QSW for further support. The feedback should start with recognising what has been achieved including any indicators (including at a higher quality level) before specifying any gaps.
- If staff have implemented a self-evaluation they should have an opportunity to share where they have had different ratings and to clarify any differences. This should then proceed to the development of a PIP for programmes that fail to achieve QL1.
- In the future, once the QASS becomes established and further levels are included for support, an appeal process should be instituted for programmes that contest the rating that they have received. The South Africa training accreditation system provides examples of such processes.

### 8.3. Recording of Quality Scores and Data

Once the assessment is completed, quality scores for the ECD programme should be stored within a QASS database which can then be aggregated at sub-district and district levels to inform departmental planning, provincial and national quality improvement tracking and ECD Forum agendas. If a management information system for ECD programmes is developed, programme quality scores should be stored in this system and associated with programme unique identifiers.

### 8.4. Development of the Programme Improvement Plan (PIP)

The following people should contribute to developing the PIP facilitated by the **QSW**:

- Programme Manager (principal, playgroup facilitator),
- Practitioners and other relevant staff,
- Management committee or oversight structure representative<sup>12</sup> (if applicable and feasible).

At this stage of roll, the development of the PIP should focus on Level 1 indicators that are unmet.

Goals should be achievable so that there is a sense of success for programme staff. It would be useful to do this by domain - indicating priorities and developing steps to achieve the desired outcome and with timelines. These can be monitored at subsequent support events or site visits from the programme QSW. In discussion with the programme staff, goals should be set for the next 12 months, however, additional time should be allowed for improvements dependent on external support. The QSW should guide the programme staff to focus on the most critical domains (i.e. learning programme and staffing) for immediate improvement.

The quality improvement strategy should depend on the results of the quality assessment. For example, if there are several learning programme indicator gaps then attendance at a short course or skills programme should be considered. Should there only be one or two gaps these might be supported through coaching “twinning” (described below) or provision of information or material resources. Plans should be signed and dated. DBE, the QSW and the programme should each be given copies to guide site visits. Table 1 below provides an example of an improvement plan.

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<sup>12</sup> For example, if the programme falls under a supporting umbrella structure or NGO.

Table 1:

## Example of an Improvement Plan (adapted from ACECQA template)

Domain/ indicator	Issue identified during assessment	What outcome or goal do we seek?	Priority (L/M/H)	How will we get this outcome? (Steps)	Success measure	By when?	Progress notes
Learning Programme Environment	Materials are not organised into learning areas and children mill around, materials scattered.	At least two learning areas are set out with accessible materials for children	H	ECD coach to give a practical session on layout and organisation	Two or more areas are set up Children know what to do in the different areas		
Learning Programme Planning	No plan for learning activities	A practitioner has a daily and weekly activity plan	M	Experienced colleague/ or external mentor to assist and/or Practitioner undertakes short course on NCF	Support strategy identified Integrated plan available for the week and each day. Written down	Term 3 2021 Plan post support	
Management Working Conditions	Staff do not have clear descriptions of roles and responsibilities	All staff assigned clear roles	H	Workshop with staff and allocate roles and note any training needed to fulfil these.	Roles typed up and displayed	Term 3 2021	Review at end of 2021 and adjust as necessary
Management and leadership	The programme does not have a separate bank account	Bank account set up	H	Importance of bank account explained If the necessary principle is linked to someone who can support the application process.	Bank account in programme name set up	Term 4 2021	

## 9. Support Interventions: Training, Digital Resources and Mentorship

The results of the quality assessment will demonstrate clear areas for improvement and based on this, specific suggested resources for training and support of the ECD programme should be recommended. Furthermore, the area-based QSWs and Quality Coordinators should be able to motivate local NGOs or the provincial departments for the delivery of short courses or training based on aggregated district quality data.

### 9.1. Basic skills training for PIP goals

In this section, existing training and support forums are described.

At QL1 appropriate training interventions include short courses, and accreditation is not required. There is no recent, comprehensive information on what is offered in the sector. However, in 2013 an audit of NGO programmes and capacity<sup>13</sup> reflected that 65 providers offered 264 non-accredited courses of various kinds. Just over half of the courses had a field support component and, in many cases, this was substantial. Table 2 maps the short course offerings against the quality domains.

**Table 2 Content of non-accredited training programmes related to Quality domains**

Content	Number of Programmes	Quality Domain
ECD Skills – basic	36	Learning programme
Orientation/introduction	17	
Babies and Toddlers	17	
Literacy, math, school readiness	16	
Specific curricula (High Scope, Montessori, Brain Boosters etc)	13	
Child assessment	4	
Managing toy libraries/making toys	17	
Management/leadership training for principals and governing bodies	26	Management
Finance	7	
Psychosocial Support /Diversity	9	Inclusion
Disability	6	
Safety, health, first aid, HIV, nutrition	21	Health, Nutrition & Safety
Parenting	17	Parenting

Source: Biersteker, L & Picken, P. (2013) Report on a Survey of Non-Profit Organisations Providing Training for ECD Programmes and Services (birth to four years) Cape Town: Ilifa Labantwana.

<sup>13</sup> Biersteker, L & Picken, P. (2013) Report on a Survey of Non-Profit Organisations Providing Training for ECD Programmes and Services (birth to four years) Cape Town: Ilifa Labantwana.

With this in mind, we do not recommend requiring the use of accredited courses to support programmes to reach QL1. While credit transfer from short courses towards accredited qualifications would in some cases be an attractive option, there are very limited opportunities for this currently. Appendix five outlines the current legacy unit standards available for skills programmes. Only credits at National Qualifications Framework (NQF) Level 3 (two-unit standards) can be credited towards the legacy qualification Further Education and Training Certificate (now known as the National Senior Certificate) in ECD NQF 4. There is no indication when the NQF Level 1 occupational certificate will be available. While South African Council of Educators (SACE) accreditation of short courses is a possible training opportunity, staff at programmes aspiring to QL1 would be unlikely to be able to access these courses, as NQF 4 is the minimum requirement.

Course accreditation can be a lengthy and exclusionary bureaucratic process. For QL1 we recommend that all short courses aligned to one or more of the quality domains and indicators are acceptable as a step towards improving programme quality. Demonstration of competence in meeting the quality indicators after training is all that would be required. This would not exclude those providers offering accredited skills programmes but that would not be a requirement.

There are many NGO providers with experience working to support ECD service quality around the country. There is no recent data on the reach or number of these programmes. However, there are Resource and Training Organisations (RTOs) in every province and many of these provide a range of training and resource services. Table 3 lists 2020 National Early Childhood Development Alliance (NECDA) membership and other known RTOs that offer support services (brackets provide other organisations of which we are aware):

**Table 3: Known Resource and Training Organisations by Province**

Province	ECD Organisations
<b>Eastern Cape</b>	Bulungula Incubator, CSD-Rhodes University, Early Inspiration, I TEC, Khululeka CEDC, Loaves & Fishes, Masakhane Trust, Masikhule ECDC, Regional Educare Committee, SA Montessori Association, Ubunye Foundation, Ubuntu Care (Lebone, Auburn House Trust, Masibumbane, Peddie Development Project)
<b>Free State</b>	Boitjhorisong RC, Lesedi Educare Association, Ntataise Trust, Ntsoanatsatsi Educare Trust, Realeboga-Bakubung TDA, Tshehang Development and Training, Tshepang Trust
<b>Gauteng</b>	Basadi Pele Foundation, Bright Kid Foundation, Cotlands, COUNT, Curriculum Development Project, Diketso Inclusive, Edutak, Gauteng BAOBAB ECTP, HOPE World Wide, Inclusive Education South Africa, KELRU, Motheo Training, Nova Institute, Play with Purpose, READ, Safe and Sound, SAIDE, Siyakholwa, Smart Start, Teachers Learning Centre, Tharallo Library, The Love Trust, The Early Care Foundation, The Topsy Foundation, Ububele, Umthombo Wolwazi Training (Grow)

<b>Kwa-Zulu Natal</b>	Africa Ignite, Dlananathi, ELET, Feed the Babies Fund, iThemba Projects, KZN Experimental College, LETCEE, Midlands Community College, NELRU, Singakwenza Edu and Health, Siyakwazi, TREE, Unlimited Child, Zero2Five Trust (Family Literacy Project, Impande, New Beginnings)
<b>Limpopo</b>	Golang Kulani ELC, Khamimamba, Thukakgaladi IDP, Thusanang Trust
<b>Mpumalanga</b>	Ntataise Lowveld Trust, Penreach, Sithuthukile Trust, Siyathuthuka NSP
<b>Northern Cape</b>	Custodial Trust
<b>North West</b>	Tsiboganag CAG, Royal Bafokeng Institute
<b>Western Cape</b> ( <b>Bold are NGOs supporting DSD with registration</b> )	Ashley Kriel Development Centre, <b>Early Learning Resource Unit</b> , Early Years Services, Foundation for Community Work, <b>Grassroots Educare Trust</b> , <b>Ikamva Labantu</b> , Inceba Trust, Inclusive Education SA, <b>Klein Karoo Bronnesentrum</b> , <b>Knysna Education Trust</b> , Mikhulu Trust, Nalibali, ORT SA Cape, <b>Pebbles Project</b> , Persona Doll Training, Sikhula Sonke, The Learning Initiative, <b>True North</b> , Schools Development Unit - University of Cape Town, VPUU, Wordworks ( <b>Badisa, CECD, Enlighten Education Trust, Elgin Community Centre, Flower Valley Conservation Trust, Learn2Live, Leer en Leef, Masikhule, SAEP, Sinethemba, The Early Education Centre, Valley Development Trust</b> )

While there is a lack of updated information on short courses currently offered by these and other organisations, the table above indicates that there is a network of NGOs which could be drawn on to offer training and support across the provinces, many operating in rural areas. However, where organisations are limited (such as the Northern Cape), direct government intervention would be required. For the QASS, it would be important to update this information.

Table 4 below provides a snapshot of the types of support likely to be needed to achieve the standards in the different quality domains measured.

**Table 4: Possible Resource Support by Domain**

<b>QUALITY DOMAIN LEARNING PROGRAMME</b>			<b>Coaching/mentoring/comm unity of practice</b>
<b>Sub domain</b>	<b>Training Support Note: Many orientation courses cover all subdomains</b>	<b>Resource Support</b>	
Equipment, Play Materials and Layout /Activities	Toy making workshops Classroom layout, different activity areas (books, construction, art, make-believe, math, story, music, outdoor play)	Equipment for routine care - age-specific. Feeding, seating, sleeping, nappy changing/toilet. Maintenance Grant DBE Package Pre-Grade R CSI Support - Standard list to select from R4P materials, Bookdash Writing materials, etc.	

Daily Programme	Components of holistic, age-appropriate schedule	Posters	
Planning Observing & Assessing	Programme planning workshop Child formative assessment workshop	Templates for recording child progress	
Curriculum	DBE NCF training Power of Play	NCF Guidelines and Support materials	
Interactions with Children	Positive Discipline workshops Facilitating child development course		
Teaching strategies	Facilitating child development course		
STAFFING			
Qualifications and training		Database of available training providers and resources Financial supports for training	
Continuing professional development/instructional leadership		Bridge ECD Practitioner Reflection Tool <sup>14</sup>	Coaching, mentoring, support hub
PARENTING			
Orientation Communication Involvement with programme Community involvement	Short Course - Including Parents & Community	Resource directory for referrals	Coaching, mentoring, support hub
Parent education	DSD Parenting Module Parenting training	Resources as handouts Parent apps and online parenting resources/hubs	
Reporting to parents	Part of child progress assessment and reporting module (Learning Programme)	Templates for parent reports	
MANAGEMENT AND LEADERSHIP			
Operational leadership	Workshops on policies and regulatory framework Financial records, planning and budgeting	Packs with policy templates Examples of records	Coaching & mentoring, a support hub
Governance	Governing Body Training Course	Constitution template	
Working conditions (including policies, climate, salaries, benefits)	Staffing course Basic Conditions of Employment Workshop	Packs with policy templates	
INCLUSIVENESS			

<sup>14</sup> Bridge (2019). ECD practitioner quality reflection tool. (accessed 27 August 2021), <  
<https://www.bridge.org.za/wp-content/uploads/2019/04/ECD-Practitioner-Quality-Reflection-Tool-1.pdf>>



Disability, chronic illness	Inclusion workshops <sup>15</sup> Making adaptive equipment	Adaptive equipment Parent support materials	Coaching and mentoring support, Hub
Language and culture	Antibias and diversity workshop	Materials – indigenous games Print material in local languages	
NUTRITION, HEALTH AND SAFETY			
Nutrition	Department of Health training including cook training Nutrition NGOs	Link to nutrition partners Cooperatives for fresh food purchase Menus	
Safety	DSD Child Protection Workshops Child Safety workshops - NGOs		

Note: Not all service providers or resourcing initiatives are necessarily free.

## 9.2. Potential of Digital Resources for Quality Support

Digital resources have the potential to support greater access to training for quality improvement and support. There is a wide range of digital products from online training programmes to daily activity ideas. These include many digital support platforms, such as ECD Link, the Grow App, the True North Pre-School Registration Colour Guide App, the Ulwazi App, and the Impande WhatsApp Bot. These could be considered as resources that could be facilitated by the quality support teams.

However, any strategy for using digital resources needs to take account of the following:

- It can be difficult to distribute an app to potential users (however, this may be easier in the context of facilitated PIPs).
- Attrition of users for apps and other online products or offerings can be a challenge. Local experience suggests that small incentives can be useful (e.g. airtime rewards, acknowledgement at the end of a section of training).
- Building in feedback opportunities to digital offerings can incentivise engagement. For example, during lockdown Blocks for Growth provided parents with booklets of stimulation ideas and sent daily WhatsApp activities to parents. Parents were invited to upload photos of children's work or activities and received a response when they did this or asked a question.

<sup>15</sup> **Programmes and providers specialising in Inclusion disability and support for developmental delay , diversity and antibias):** Uhambo (NDINOGONA stimulation programme for ECD and Daycare centres, special needs and inclusive schools , Inclusive Education SA (orientation for practitioners); The Learning Initiative, Blocks for Growth  
Personal Doll Training

Hardware issues can be a barrier: while smartphone ownership is growing, space is often be limited on entry-level smartphones.

For those who do not have smartphones, mobile websites may be an alternative option. However, unequal network coverage can limit access.

SMS and USSD are more ubiquitously available for cell phone users and may be useful technologies to consider. However, they are typically limited in how much information they can provide, and SMS is often best used to provide prompts.

Hybrid products including hard copy materials and digital support for the practitioners (such as in Finding Thabo which uses posters and a Facebook interface for extension) are also a possibility. Similarly, the CoMach network<sup>16</sup> has used radio programming with a Facebook extension.

Should digital resources be included as a key component of the QASS, design issues need careful consideration. The use of audio clips (such as with Care Up) improves access by practitioners with low levels of literacy. Interactive Audio Instruction for delivering training and curriculum has been successfully used in many Lower and Middle-Income Countries<sup>17</sup>

A few well-known local examples targeting practitioners include:

### **The Power of Play**

This is a free and zero-rated platform developed by Cotlands with the Lego Foundation, UNICEF and DBE. It has been available since 2017/8. The courses are designed for anyone who implements programmes for babies and young children in South Africa (e.g. practitioners, teachers, childminders, day mothers, playgroup facilitators). PlaySA reports that they are training 150 000 Early Childhood Development (ECD) practitioners, Grade R & Foundation Phase educators across South Africa on play-based learning<sup>18</sup>. The course sessions include videos, images, reading, tasks, evaluation and reflection activities. For those practitioners who are SACE registered it provides 15 credits, and a certificate is offered.

### **Care Up**

This was developed to assist parents, teachers and other primary caregivers in laying quality early literacy and learning foundations. It provides images and sound clips to explain concepts and tips for games to make. A motivational message is delivered on Mondays and Tuesday to Friday a notification of activity. There are links to Nal'ibali and Bookdash stories. Since its inception,

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<sup>16</sup> Comach Network (accessed 27 August 2021), <<https://comach.melissadensmore.com/>>

<sup>17</sup> Christina, R., & Louge, N. (2015). Expanding access to early childhood development: using interactive audio instruction (No. 94010, pp. 1-60). The World Bank.

<sup>18</sup> <https://playsa.org/about/>

there have been more than 5000 downloads. An evaluation in 2018 found that approximately 37% of parents and 51% of ECD practitioners who used the app, engaged with the content often enough and for an adequate duration, to enhance their ECD knowledge.

### **Dlala Wande**

Dlala Wande is a light touch skill transfer training intervention designed to upskill ECD practitioners (either untrained or with limited training) working in low-resource ECD programmes. The focus is on the learning programme: Book sharing, Management, Promoting Cooperation, Basic Concepts. It consists of the following: a toy kit, tablet with video clips demonstrating learning activities and strategies. Contact time will comprise the initial session to deliver the kit and demonstrate the use of the tablet. This will be piloted once the COVID situation normalizes.

### **Maths Up**

RED INK has developed early maths content in an app format for practitioners and teachers of 4 – 6-year-old children. The app contains colour illustrations, stories and rhymes, play-based activities and tips for parents on how to involve their children in maths at and around the home.

Apps can be used in a self-driven fashion by providers, and/or they can be leveraged as a way to augment the capabilities of programme teams to reach a wider audience. As such, the use of an app could be supported by a QSW to support programme improvement in appropriate contexts.

## **9.3. Structures for Rolling Out Capacity Building and Support**

QSWs can support programmes on-site. In addition, ECD programmes could be connected to the following structures:

- NGO networks,
- Hubs or centres of excellence,
- ECD forums,
- “Twinning” with partner ECD programmes - the details of the hub model, twinning, and forum models for support are dealt with below.

We recommend that the QSWs identify opportunities for accessible support and work with the ECD provider to develop a contextually applicable support strategy for programme improvement. Depending on the quality domains or indicators where there are gaps, ECD programmes will require different types and amounts of support.

### 9.3.1. National and Provincial NGO Networks and Umbrella Organisations

These are composed of NGOs and other ECD stakeholders who are in touch with their ECD programme membership and provide support and training services to them. Examples include

- the National ECD Alliance (NECDA) and Ntataise Networks have developed accredited training programmes which their members can deliver to on the ground service providers. NECDA also distributes packs of learning resources (Repurpose for Purpose) and has coordinated the delivery of the DSD Parenting Support Programme through its members.
- SA Congress for ECD has also hosted capacity building opportunities for its provincial members.
- The SmartStart social franchise works with partner organisations (franchisors) around the country to deliver a standard package of training and support for franchisees offering their programme.
- Smaller area-based networks such as Impande, SAEP, True North, Grow, PEN, Leave No Young Child Behind, offer a range of services to support quality development for their constituencies.

We recommend that provincial departments (with support from provincial forums) identify service providers and networks, which can be drawn on to deliver support. This information can be consolidated into a comprehensive database. The Western Cape DSD has used this model to support registration and to offer support during the COVID 19 lockdown and reopening.

### 9.3.2. Hubs

Hubs - sometimes based on Centres of Excellence - are used mechanisms for improving ECD delivery. For example, in the UK the 4Children's 'Early Learning and Community Childcare Hubs' connects high-quality schools or ECD centres with at least 8 other ECDs to develop an action plan to improve quality.

The City of Cape Town 19 promotes an ECD ward hub concept that aims to bring principals from an identified ward together to network and connect on ECD issues facing them and has encouraged ECD forums to create hubs. Where a forum has more than 100 members, smaller hubs consist of about 20 to 25 members. They also use an ECD Centre of Excellence model where a good or excellent ECD centre becomes the hub for various services to be channelled to other ECD centres or programmes in the area such as -

- toy and book libraries from which other ECD centres within the community can borrow learning materials.
- training of practitioners for an accredited qualification or skills programmes;
- training of parents and community members;

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<sup>19</sup> CCT (2015) Investing in Early Childhood Development to build a caring city.

- support for centres to register their centres and programmes;
- a contact point for government services such as nutrition, early stimulation and early learning, immunisation and health checks, and donor support in the ECD sector;
- a contact point for the link between ECD and school-based structures and programmes in the community;
- a contact point for special programmes, such as Takalani Sesame;
- information and advocacy activities;
- the management of outreach programmes focusing on the First 1 000 Days programme; and
- a contact point for businesses and donors interested in supporting ECD in the community.

Some hubs provide mentoring, with regular self-assessment and action planning visits and professional development for practitioners as well as network development meetings e.g. Newham Working Together Early Years Hub.<sup>20</sup>

Sometimes a hub model is used for a specific programming purpose for example to strengthen inclusive ECD. In both the United Kingdom and South Africa, existing ECD centres expanded into inclusive hubs, which model good practice and support other centres in providing inclusive ECD services.<sup>21</sup>

LETCEE's ECD Circles support structure offers monthly workshops, with site support about once a quarter. The aim is to strengthen centre-based and non-centre based ECD practice within a neighbourhood - broadening quality, building community. They report that getting everyone together has been useful, and led to cross visits which provide an exchange of ideas. Attendance is incentivized by providing resources at meetings e.g. a theme kit with printed ideas, background information, a chart or picture). The circle also forms WhatsApp Groups: a "push" group where LETCEE staff send a daily activity and a reference library is available; and a "pull" group where there are competitions and users can post ideas and photos, which becomes a Support group.

*Illustrative Example 1: LETCEE*

SmartStart clubs of about 15 franchisees who are geographically close are intended to build peer support and encouragement. Clubs are organised and facilitated by their nominated Club Leader and meet monthly to share challenges, successes, and good practice solutions. It is also a platform for receiving new content and materials and for the motivation engendered by a sense of belonging and shared purpose. The majority of franchisees do attend club meetings, but the costs of travel to meetings limit participation for some franchisees. Coaches attend club meetings every quarter.

*Illustrative Example 2: SmartStart*

<sup>20</sup> Early Years Hub, (accessed 27 August 2021) <<https://eyhub.co.uk/>>

<sup>21</sup> Early Years Hub, (accessed 27 August 2021) <<https://eyhub.co.uk/>>

and Ilifa Labantwana (accessed 27 August 2021) <

<https://ilifalabantwana.co.za/wp-content/uploads/2017/06/Creating-hubs-of-inclusive-education-in-KZN-1.pdf>>

The use of hubs may be appropriate within districts where quality hubs have been identified, however, they will not be appropriate for all locations.

### 9.3.3. ECD Forums

ECD Forums are voluntary associations of ECD service providers in a specific area and are the most widely available networks with local-level membership. See Table 7 for *Forums by Province in 2014*. These are regularly used by provincial departments and local government for sharing information, and they have been successful vehicles for ongoing capacity building (e.g. Young Child Forums in Nkomazi and Worcester; Save the Children SA ECD Forums, Impande Forums). In addition, ECD forums can act collectively to leverage resources and address challenges.

**Table 7 Number of ECD Forums by Province in 2014**

E Cape	Free State	Gauteng	KZN	Limpopo	Mpumalanga	N Cape	North West	W Cape
70	25	343	116	67	51	15	46	156

Source: Bridge (2014) Early Childhood Development Structure Mapping for Ilifa Labantwana: Cape Town.

Research on ECD Forums<sup>22 23</sup> has indicated their potential role in leveraging in-kind and monetary support for ECD centres and their staff, fostering social cohesion and solidarity amongst forum members, mobilizing effective engagement with key government stakeholders and providing a platform of sharing good practices and innovation. A key aspect of Forums is that membership provides a group voice and feelings of empowerment. Of interest for the QASS is the Human Science Research Council study of Save the Children SA ECD forums in KwaZulu-Natal<sup>24</sup>, which found that people assisted each other to ensure that they brought up the standard of ECD services offered in their community to the same acceptable level. The Point and Inner City ECD Forum in Durban found that a strength-based participatory approach was most helpful, which has relevance for how quality support should be conducted<sup>25</sup>.

ECD forums are a key mechanism for leveraging existing networks for programme quality improvement in commonly identified areas where programmes experience challenges as training can take place at a group, rather than a programme, level. ECD forums are more common in urban areas due to the geographical proximity of ECD programmes. ECD forums traditionally focus on centre-based programmes, and in certain areas, they may be dominated by more established or registered ECD programmes. Thus, while ECD forums are a valuable mechanism by which programme quality can be supported, they may not be appropriate in all environments.

<sup>22</sup> Motala, S. et al (2014) Telling the good story. Networking to successfully enhance outcomes for young children. HSRC and SCSA.

<sup>23</sup> McLean, B. A. (2019). Learning experiences of inner city early childhood development managers who participated in an ECD Forum: a social work perspective. Unpublished Masters Dissertation, UNISA.

<sup>24</sup> Human Sciences Research Council (2014) Early Childhood Development Forums - Save the Children South Africa Wentworth ECD Centre Audit (ECDF) 2014 - KwaZulu-Natal

<sup>25</sup> <sup>25</sup> McLean above

### 9.3.4. Twinning

Twinning is a strategy that has been used in education. For example, the Gauteng Department of Education twins wealthier suburban schools with township schools for the sharing of ideas, expertise and resources. There are examples of this approach with ECD centres either supporting one particular programme (e.g. in Cape Town Fish Hoek Pre-primary supports a school in Masiphumele) or a group of ECD centres (Riverview Primary, Malelane, provides some support to a group of ECD centres in Wards 16 and 19 in Nkomazi). This could be encouraged as a component for quality support. However, it can be a difficult method to scale, and the relationship between a wealthier ECD programme and their less wealthy “twin” ECD programme can benefit from facilitation. While this may form part of a PIP strategy, it is unlikely to play a significant role in overall quality improvement, partly due to the relatively small number of well-resourced ECD services, and partly due to the practical difficulties in implementing this model.

Drawing on the support structures described above, the following illustrative examples reflect different approaches that could be taken to accommodate different kinds of needs in the future.

Masibambane Educare has met most of the QL1 indicators, some indicators at QL2 and regularly attends the local ECD Forum. The supervisor has had basic training, there is a basic daily programme offered with some variety and materials, but they are not able to offer an inclusive programme and working conditions for staff need attention. Many ECD programmes in the area also don't offer an inclusive service and the QSW and department set up a short course on inclusion via the ECD Forum and includes Masibambane staff. During the site visit, the QSW works with the supervisor to develop a schedule of staff duties including breaks during the day, information to each staff member on their conditions of service and the importance of times to share information about children. With these in place, Masibambane should meet all the QL1 indicators by the next assessment.

*Illustrative Example 3: Masibambane Educare*

Little Stars Educare operates in a sturdy, wendy house at the supervisor's home. It has grown from her taking in a few children of working parents to a group of 20 children. The site and programme meet conditional registration bronze standards. The supervisor has taken on an assistant to help with the children, and they offer a warm and safe environment. However, neither has relevant training, there are limited activities and only the most basic records are in place. As a priority, the QSW links the supervisor to an NGO offering a short course focusing on the learning programme. She is put in touch with the local ECD Forum and linked to other support materials. During the site support visits, the QSW explains how to open a bank account and how to keep a fee register. The PIP for Little Stars will still require other areas of capacitation before they reach QL1, but the Learning Programme and related staff training are the points of departure.

*Illustrative Example 4: Little Stars Educare*



## 10. Strengthening Incentives for Quality

A critical consideration when implementing the framework for the QASS is the use of incentives for the quality improvement of ECD programmes. Incentive design is a process of connecting performance measurement with some form of reward. Incentives for programmes improvement can be categorized into two primary forms.

- 1) Remunerative incentives,
- 2) Symbolic incentives.

Remunerative incentives are typically associated with extrinsic motivation<sup>26</sup>, and symbolic incentives are more typically associated with intrinsic motivation<sup>27</sup>. It should be noted that incentives linked to extrinsic motivation have the potential to crowd out intrinsic motivation if they are not deployed well<sup>28</sup>, and significant incentives can reduce the likelihood of expressions of vulnerability and support seeking.

Remunerative incentives can include money, learning and teaching materials, vouchers, health and safety materials, food and bursaries. Some ECD interventions maintain motivation by providing an intervention related reward once certain requirements or standards have been met (e.g. True North has a community currency shop where points earned can be exchanged for ECD equipment and materials).

Symbolic incentives can include some form of recognition or praise from a relevant community or peers. Incentives of this nature may include quality certificates, recognition in an official forum (website, newspaper, radio, ward, local forum or TV) or opportunities to attend events and certificates of appreciation).

As noted above, digital resources such as apps at times use incentives in this way. Incentives can take the form of an opportunity (i.e. being entered into a draw to receive a prize) or can be directly linked to achievement.

Thus, when considering incentives for a QASS there is value in

- Ensuring incentives retain a relatively low monetary value.
- Preserving the legitimacy of the process and assessment.
- Tying incentives to the core work being promoted (delivering quality programmes to support child outcomes) and the intrinsic motivation of providers to accomplish that core work.

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<sup>26</sup> Pavetti, L., Stanley, M., (2016) Using Incentives to Increase Engagement and Persistence in Two-Generation Programs. (accessed 27 August 2021) <<http://www.buildingbetterprograms.org/wp-content/uploads/2016/12/Incentives-Literature-Review-Final1.pdf>>

<sup>27</sup> Pavetti, L., Stanley, M., (2016) Using Incentives to Increase Engagement and Persistence in Two-Generation Programs. (accessed 27 August 2021) <<http://www.buildingbetterprograms.org/wp-content/uploads/2016/12/Incentives-Literature-Review-Final1.pdf>>

<sup>28</sup> Vlaev, I., King, D., Dolan, P. (2019) Changing health behaviors using financial incentives: a review from behavioral economics. (Accessed on 27 August 2021) <<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7407-8>>



While material incentives have a clear and direct expense associated with them, symbolic incentives typically require human time and at times other resources. Scaling any incentive system will require planning and resourcing. While research and piloting incentives are necessary, the following are promising practices:

- Providing access to basic learning and teaching/classroom materials upon completion of any recommended training courses.
- Providing something to make and/or take away at training workshops (e.g. Template for an educational resource, access recyclable materials for use in the classroom).
- Issuing certificates of quality that can be displayed by ECD programmes who have been assessed.
- Periodic (bi-annual or annual) opportunities for programmes meeting a particular standard to receive further learning and teaching materials.
- Connecting ECD programmes that are working towards quality improvement to people who could assist them (e.g. volunteers to assist with administration, or in the classroom).
- Competitions and Opportunities for recognition such as the SmartStart League of Stars and ABSA ECD Awards. The League of Stars competition was created to encourage teamwork and excellence. Clubs of franchisees score performance on different areas and then get an overall performance rank in the league. This is intended to encourage a broader support network and is incentivized by prizes to members of the winning Club.

## 11. ECD Quality Communications Campaign

A well-thought-through communications campaign for quality improvement in the ECD sector should be implemented alongside the support package. This campaign could be a responsibility held by national departments. The core focus of such campaigns should be on ensuring that practitioners and programme operators have a clear understanding of programme quality, and steps that they can undertake to improve programme quality. Elements of a successful communications campaign for quality improvement within ECD could include -

- **Pro-active communication** explaining high-quality ECD and offering quality guidelines for ECD programmes (even at the pre-registration phase). These need to be directly targeted at ECD practitioners and parents and contain information on specific practices that promote quality within ECD, highlighting what parents can expect from local ECD programmes, and clarifying what government support is available. Communications could be targeted at the following groupings:
  - ECD forums,
  - Jamborees and relevant events,

- ECD support organisations and RTOs,
  - Parent support/home visiting programmes,
  - Intersectoral government forums,
  - Provincial and District DBE, DSD, Department of Health (DoH) and other departments.
- **Publicly Available Information** to support the drive for and demand for quality; the self-evaluation template and indicators measuring ECD quality and service level ratings should be publicly available through an online portal. These could also be shared at jamborees. ECD practitioners should be aware of what is required to achieve quality level one, two or three, and NPOs should be encouraged to align existing support programmes with this instrument.

Over time, once the QASS system is running effectively and data has been accrued; aggregated results of programme quality could be represented geographically – such as by district. This could include:

- Public indicators of quality in ECD by geographic area; and
- Trends of quality over time by geographic area.

This will create opportunities to understand specific gaps in quality at a local level, and effective targeting of support geographically.

Once the system is fully operational - evidence reflects that services can request and receive timely assessments, ratings are applied fairly and support is accessible - quality ratings could be posted to allow parents to select quality programmes for their children.

An example of this is the implementation of the National Quality Standards for ECD in Australia <sup>29</sup>The public has access to indicators and trends and parents can search for ECD services in their area and see the ratings and service types available near them.

## 12. Conclusion and Way Forward

An effective Quality Assurance and Improvement System could be the lynchpin of ECD provision in South Africa. It is a critical instrument at multiple levels.

At an individual programme level, the QASS should employ a developmental approach, and programme improvement plans should result in targeted support to assist programmes in need. This should be employed to intentionally develop the base level of ECD programmes, rather than a compliance measure.

A critical component for improving programme quality is ensuring that programmes that fail to achieve QL1 receive opportunities for programme support. The assessment and linkages to support are best provided by quality assessors and support workers,

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<sup>29</sup> <http://aceqa.gov.au>.

supervised by coordinators. Linkages to existing programmes, apps and materials can be leveraged to improve programme quality through supportive relationships.

While this document is a useful starting point, further components are critical to developing a comprehensive QASS. The QASS and support package must be rigorously piloted, and refined based on lessons from testing. In this vein, the QASS must be practical, understandable and actionable by assessors, social partners and practitioners. All tools and processes must be considered against this measure to create a usable, implementable system. Before rollout, the package of support process should be tested with NGOs and government departments and piloted within a municipality or district. This process will create opportunities to clarify:

- 1) The best approach to rolling out assessment and support processes and structures,
- 2) Roles and responsibilities – particularly given the recommended approach to leverage partnerships with NGOs,
- 3) Types of support programmes need and want, to improve their programme quality.
- 4) Types of systems that could be used to incentivise programme quality.

The QASS must eventually be expanded to consider all modalities of ECD. The current framework could be appropriate for modalities that are required to register their programmes, such as toy libraries and mobile ECDs. For these types of programmes, assessment tools and support interventions need to be developed. However, for modalities that are not required to register their programmes (such as childminders), further consideration is required.

The QASS should be integrated into a management information system (MIS) and connected to a national outcomes assessment system for early learning programmes. This could help to improve the quality assurance system and test the assessment system's validity.

At a district and provincial scale, the QASS could be used to track the quality of programmes that support child outcomes, geographically and over time. Whereas nationally, data could eventually be aggregated up to highlight systemic challenges across quality domains in South Africa.

Finally, in the long term, a publicly rated system could be built that supports parents' ability to identify and understand quality programming, and choose quality programmes for their children where available.

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## APPENDIX ONE: QASS ASSESSMENT TOOLS

### ECD Quality Assurance and Support – Assessment Details

<b>ECD Service Name:</b>						
<b>Service Type</b>	Centre-based ECD <i>(&gt; 6 children and individual children attend &gt; 4 hours a day/&gt;12 hours a week)</i>			Play Group <i>(&gt; 6 children and individual children attend up to 4 hours a day and not more than 12 hours a week)</i>		
<b>Province:</b>		<b>Local Municipality:</b>				
<b>District Municipality:</b>		<b>Ward:</b>				
<b>Address:</b>						
<b>Locality:</b>	Urban Formal	Urban Informal	Township	Rural		
<b>Date of Quality Assessment:</b>		<b>Name of Assessor:</b>				
<b>Previous Assessment Date:</b>		<b>Previous Assessment Overall Level:</b>	Below Level 1	Level 1	Level 2	Level 3
<b>Total Number of Children Enrolled:</b>		<b>Total Children Present:</b>				
<b>The Number of children with disabilities:</b>		<b>Age of Oldest Child Enrolled:</b>		<b>Age of Youngest Child Enrolled:</b>		

## QASS ASSESSMENT TOOL EARLY LEARNING PROGRAMME

### Notes:

1. There is a separate measure for infants and toddlers (0 – 24 months) and older children (2-5). The assessor must determine which early learning programme assessment to use based on the ages of the children in the programme. Where mixed age groups are present, the level would need to be met for all ages and the most appropriate tool should be selected between the 0-2 instrument and the 2-5 instrument
2. A combined 0-5 early learning programme assessment can be found in Appendix Six. This can be used to assess programmes with children of mixed age groups (including children who are 0-2 and 2-5).
3. There is a long list of indicators (e.g. activities) given below which have been removed from this version because of time for the rating. However, they are more explicit and could be included in a self-evaluation form.
4. Indicators in a grey font are there to show progression across levels but are not assessed as they are included in the Registration Framework

To assess the early learning programme try to follow the following process:

1. A separate Learning Programme Assessment should be completed for one of each age group if there are multiple classes. Fill in the table below for each group/class and fill in the full assessment for each.
2. Observe the playroom/classroom and complete all that you can in the sections marked “playroom observation”. This could be done while observing the programme but if the playroom is set up and this can be done earlier it will allow focus on other programme observations.
3. Observe the programme for +- 2 hours noting all the indicators that you can observe on the “programme observation” sections.
4. Use the notes section to record examples seen or given and points of interest that could be used to help identify strengths and weaknesses.
5. Interview the practitioner, first going back and covering any indicators you could not observe in the observation sections through questioning and then completing remaining sections marked “practitioner interview”.

<b>Class/Group Name:</b>		<b>Practitioner Name:</b>	
<b>Assistant 1 Name:</b>		<b>Assistant 2 Name:</b>	
<b>Age of Oldest Child:</b>		<b>Age of Youngest Child:</b>	
<b>Programme Observation Start Time:</b>		<b>Programme Observation End Time:</b>	



## EARLY LEARNING PROGRAMME 0-2

	INDICATORS	START UP 1	ESTABLISHING 2	ENHANCING 3
<b>EQUIPMENT, PLAY MATERIALS AND LAYOUT</b>				
<b>PLAYROOM OBSERVATION</b>	Enough age-appropriate equipment for routine care. Includes furniture, chairs and tables, mattresses, cups, plates etc. For 0- 12 months: cots for very young infants, highchairs, changing table or mats etc.	There is some basic furniture and materials for routine care but not enough for all children to use at the same time.  <input type="button" value="YES"/> <input type="button" value="NO"/>	There is sufficient furniture and materials for routine care (all children can use at the same time)  <input type="button" value="YES"/> <input type="button" value="NO"/>	There is sufficient and convenient child-sized furniture and materials for routines, adaptations for children with disabilities, and accessible storage.  <input type="button" value="YES"/> <input type="button" value="NO"/>
	Enough age-appropriate equipment and learning materials for inside play. Enough variety means that there is always sufficient equipment for all children to have a choice of activities (allowing for rotation and turn-taking).	There are some play materials of different kinds but not much variety and may be insufficient for all children to have something to play/work with.  <input type="button" value="YES"/> <input type="button" value="NO"/>	There are sufficient materials for play and learning (enough for all children to have something to work on but there is a limited choice – only one activity or only one choice).  <input type="button" value="YES"/> <input type="button" value="NO"/>	There are enough and enough variety of materials in all learning areas. More than two activities in each area and enough for all children to be occupied. Adaptations for use by children with different levels of ability (including disabled).  <input type="button" value="YES"/> <input type="button" value="NO"/>
	During play times the room is divided into learning activity areas. e.g., make-believe, blocks, fine motor/ perceptual (large beads, simple puzzles, shapes, shape sorters etc.), art (crayons, dough), big soft blocks, board books, sensory play (water, sand).	During playtime at least two play or learning activity areas are set out.  <input type="button" value="YES"/> <input type="button" value="NO"/>	During playtime, at least three play or learning areas are set out. There is space for several activities to go  <input type="button" value="YES"/> <input type="button" value="NO"/>	During playtime four or more play or learning areas are set out. The space is arranged so children can use them independently. Quiet and active areas are separate.  <input type="button" value="YES"/> <input type="button" value="NO"/>

	Sand and water over 18 months.			
	Children's work, as well as posters and charts, photos relating to the curriculum, are displayed. e.g., scribbles, handprints.	A few materials are displayed for children.	Display content is suitable for children's ages, is at eye level and includes some children's work.	There is a rich display based on current activities/themes with many examples of the children's own work.
			<input type="button" value="YES"/> <input type="button" value="NO"/>	<input type="button" value="YES"/> <input type="button" value="NO"/>
Notes				
DAILY PROGRAMME				
PLAYROOM OBSERVATION	Routines are smooth and non-disruptive (Routines include arrival, departure, snacks and meals, nappy-changing/potty times and rest)	There are regular times planned in the daily programme for general care routines (arrival, departure, snacks, meals, toilet times and rest).	General care routines are generally age-appropriate and well organised but usually done as a large group activity with long periods of waiting.	General care routines such as meals, rest, toilet, arrival, and departure, are flexible to children's age and individual needs. Children are encouraged to assist and supported to be self-sufficient.
	Babies and toddlers have a flexible schedule where they can feed and sleep on demand.  Practitioner Q L 3: How do you adjust routines for particular children's needs (e.g., if they are not	<input type="button" value="YES"/> <input type="button" value="NO"/>	<input type="button" value="YES"/> <input type="button" value="NO"/>	<input type="button" value="YES"/> <input type="button" value="NO"/>

<p>sleepy at rest time, are anxious at separating from a parent on arrival)? Give an example.</p>			
<p>Age-appropriate daily programme followed with free play (indoors and out); small group (scheduled times for a few children with practitioner) and whole-group activities (ring time, music). Age-appropriate means shorter group times and smaller group numbers for younger children who cannot concentrate for long. For infants under 18 months, no group activities are acceptable <a href="#">D: Review daily programme – this is usually displayed on the wall</a></p>	<p>There is a basic daily schedule including learning opportunities appropriate to the age of the children.</p> <div data-bbox="804 655 1122 715"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>A balanced daily programme is followed including indoor and outdoor play daily (weather permitting) and free play and group activities.</p> <div data-bbox="1162 655 1480 715"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>A well-structured but flexible daily learning programme is followed by a variety of activities every day including free play and group activities.</p> <p>There are smooth transitions without long periods of waiting.</p> <div data-bbox="1520 655 1839 715"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p><b>Notes:</b></p>			

ACTIVITIES				
PROGRAMME OBSERVATION	<p>The programme includes music and movement activities.</p> <p>NB This does not include loud background music during other activities. Materials include rattles, shakers, chimes, drums etc.</p> <p>Activities include moving to a song or a beat, taped music, singing, action songs.</p> <p>If music is not on the daily programme, Ask Practitioner.</p> <p>Do children ever do music and movement activities? How often?</p>	<p>There is an organised music/movement activity at least twice a week.</p> <p>YES NO</p>	<p>There are some music materials and at least one music and movement activity daily.</p> <p>YES NO</p>	<p>There are many music materials for free play as well as a daily group music activity. Creativity is encouraged.</p> <p>YES NO</p>
	<p>The programme includes opportunities for gross motor play.</p> <p>Babies: Activities and space for tummy time, crawling, cruising, beginning walking, pushing, pulling</p> <p>Toddlers: Pushing, balls and bean bags, low obstacle courses or climbing, tunnels, etc NB: Must be separated from older children during outdoor play</p>	<p>There is at least one daily outdoor play opportunity for gross motor play (may use small equipment - balls, ropes, and games rather than fixed outdoor play equipment).</p> <p>YES NO</p>	<p>There are outdoor play opportunities at least once daily as well as indoor large muscle activities such as movement rings.</p> <p>YES NO</p>	<p>There are a variety of opportunities for large muscle development indoors and outdoors each day. These provide for integrated skills development e.g., building with large blocks, dramatic play, woodwork, digging.</p> <p>YES NO</p>

PROGRAMME	<p>The programme focuses on helping children to communicate and build vocabulary</p>	<p>Practitioners usually respond and try to understand babies' and toddlers' communications (through gestures, sounds and words).</p> <p>YES NO</p>	<p>Practitioners respond to babies' and toddlers' communication and do at least 2 of the following: label what they are doing, share age-appropriate books, sing action songs and finger plays.</p> <p>YES NO</p>	<p>Practitioners interpret and build on babies' and toddlers' communications and do 3 or more of the following daily: Share many books. Use simple descriptive words, Sing action songs and finger plays.</p> <p>YES NO</p>
	<p>The programme includes opportunities to develop perceptual and fine motor skills. For 0 – 2 years Babies: grasping toys, busy board, Toddlers: sorting, form recognition (posting box, stacking and nesting, lego simple puzzles)</p>	<p>At least 2 concrete maths materials or activities including conversation.</p> <p>YES NO</p>	<p>3 to 5 developmentally appropriate materials and some activities and daily routines are used to focus on maths (e.g., who is first, last, sorting by size, one to one correspondence - each child has a cup etc, counting songs and rhymes)</p> <p>YES NO</p>	<p>More than 5 developmentally appropriate materials of various types (for counting, measuring, learning shape and size, data handling).  Daily activities are used to promote maths.</p> <p>YES NO</p>
<p>Notes:</p>				

INTERACTION WITH CHILDREN				
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>The practitioner promotes and encourages positive interaction among children.</p> <p>Q: What do you do to encourage children to get along with each other</p>	<p>The practitioner intervenes to stop any negative interactions among children.</p>	<p>Peer interaction is encouraged (e.g., free choice groups, inviting shy children to join a group).</p> <p>YES NO</p>	<p>Staff model good social skills, help children develop good social behaviours, and provide opportunities for children to work together.</p> <p>YES NO</p>
	<p>Staff child interaction warm, interested individualised and respectful, sensitive to how children are feeling (response is prompt to children who are upset).</p>	<p>Staff are generally warm with children (children freely approach staff for needed support) but may not focus on individual children's needs.</p> <p>YES NOT MET</p>	<p>There is a warm and friendly atmosphere, some positive interactions and responses to individual children, consistent response to children's needs including to share their thoughts and work (observed at least twice)</p> <p>YES NO</p>	<p>There is frequent positive interaction, warm contact, and a relaxed and pleasant atmosphere. Children are encouraged to express their emotions.</p> <p>Practitioners are sensitive to non-verbal cues and respond appropriately. They are respectful and guide positively. They are supportive and comforting (observed more than twice during observation).</p> <p>YES NO</p>
	<p>Positive discipline practised. (no physical punishment, yelling, shaming, withholding food or long time out. Clear expectations set (rules known), praise for good behaviour, explains and redirects misbehaviour. Supports children to solve a conflict.</p>	<p>Discipline is not harsh, basic control is maintained and expectations are age-appropriate.</p>	<p>No harsh methods are used, control is maintained, expectations are age-appropriate. Children are reminded of classroom rules and these are applied consistently.</p>	<p>There is an effective use of non-punitive discipline methods. The programme is arranged to avoid conflict. Children are supported to solve conflicts themselves. The reasons for the rules are explained to children.</p>

	<p>If no examples are seen, ask Practitioner</p> <p>Q: How do you maintain discipline in your playroom? Describe methods you use?</p> <p>X here if not observed: <input type="checkbox"/></p>	<div>YES</div> <div>NO</div>	<p>The practitioner takes action before conflicts can arise.</p> <div>YES</div> <div>NO</div>	<div>YES</div> <div>NO</div>
<p>Notes:</p>				

TEACHING STRATEGIES				
	INDICATORS	INADEQUATE 1	BASIC 2	GOOD 3
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>During free choice times, practitioners allow children to have a high level of choice about what to play and what materials to use. (Practitioners do not give instructions to children concerning their choice of activities or playmates.)</p> <p>If not observed ask Practitioner, Q: Can you describe free play opportunities? What can children play with? When does this happen?</p> <p>X here if not observed: <input type="checkbox"/></p>	<p>Staff direct how children use materials and carry out activities (e.g., all make the same things, respond with the same words and actions).</p> <p>YES NO</p>	<p>Children make at least two choices independent of practitioner direction about where and how to carry out activities, but some materials choices and activities are practitioner directed.</p> <p>YES NO</p>	<p>Children make three or more choices during playtime (independent of practitioner direction) about where and how to use materials and carry out activities.</p> <p>YES NO</p>



	<p>Staff move around and engage with children during playtime and use a range of techniques to support and extend children's learning (e.g. encourage, talk, demonstrate, join in play, allow children to try things out, simplify a task or offer a more advanced activity)</p> <p>If not observed ask the practitioner to explain what they do when children have playtime.</p> <p>X here if not observed: <input type="checkbox"/></p>	<p>Practitioner-child interaction is largely supervisory (e.g., Provides materials, keeps order).</p> <p>YES NO</p>	<p>Staff engage with one or two children to extend their learning using one or two different techniques (three instances observed).</p> <p>YES NO</p>	<p>Staff regularly engage to extend children's learning using a variety of techniques (more than 3 instances observed).</p> <p>YES NO</p>
	<p>Staff support children's emotional and social development: opportunities for autonomy (e.g., dress, pour juice, fetch the paper, help tidy up) and initiative (trying things in different ways, suggesting a game etc)</p> <p>For babies e.g hold their cup, help feed themselves, finger foods or practitioner follows their lead in an activity</p>	<p>Staff do not support children to do things for themselves or encourage children to take initiative.</p>	<p>The practitioner sometimes supports children to do things for themselves and take initiative.</p> <p>Two instances were observed.</p> <p>YES NO</p>	<p>The practitioner regularly supports children to do things for themselves and take initiative.</p> <p>Three or more instances were observed.</p> <p>YES NO</p>

Notes:

**CURRICULUM (PLANNED EXPERIENCES, ROUTINES)**

	INDICATORS	INADEQUATE	BASIC	GOOD
		1	2	3

<p><b>PRACTITIONER INTERVIEW</b></p>	<p>The learning programme is guided by the NCF ELDAs and aim and phase-specific developmental guidelines. Well-being (health), identity and belonging (social and emotional), communication, exploring mathematics, knowledge of the world, creativity.</p> <p>D: ask to see Practitioner's planning book for the day and week. Do activities provide for the different development areas above?</p> <p>D: check if there is a curriculum plan displayed – some programmes do this.</p> <p>Principal Q: Is a particular curriculum followed and can an example be seen?</p> <p>How do teachers plan?</p>	<p>There is a learning programme/curriculum used that broadly supports holistic development, but it may not specifically or consciously plan around the NCF areas.</p> <p>YES NO</p>	<p>The learning programme/curriculum focuses on some of the ELDAs and is mostly developmentally appropriate.</p> <p>YES NO</p>	<p>The learning programme/curriculum used covers all the ELDAs and activities that are developmentally appropriate catering to different children's individual needs.</p> <p>YES NO</p>
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	<p>Practitioner organises activities according to an integrated weekly and daily plan (e.g. particular theme/topic is reflected across learning areas and times of the day).</p> <p>Questions in the previous item cover this</p>	<p>There is no evidence of planning used to organise learning activities across different programme areas and parts of the daily programme (that a specific plan is being followed for the day though there may be a regular schedule)</p>	<p>Planning books and the playroom reflect a planned and integrated approach across different learning areas and parts of the daily programme.</p> <p>YES NO</p>	<p>Plans are applied to integrate learning activities and there is evidence of taking into account children's interests and developmental appropriateness in planned activities that are implemented.</p> <p>YES NO MET</p>
<p>Notes:</p>				
<p>PLANNING, OBSERVING AND ASSESSING</p>				

PRACTITIONER INTERVIEW	<p>Children are observed and staff take remedial action to address behavioural or learning problems where appropriate.</p> <p>D: Ask the teacher/practitioner to show you any record of observations of learner performance (observation book)</p>	<p>There is no record of observations in an observation book, or this is not in regular use.</p>	<p>An observation book is used and there is some evidence of doing activities to help children develop in areas where they are struggling.</p> <p>YES NO</p>	<p>There are many and varied observations of children's progress and evidence of a range of activities to remediate difficulties/facilitate holistic development.</p> <p>YES NO</p>
	<p>Learning content/activities are organised according to an integrated weekly and daily plan based on achieving NCF learning outcomes.</p> <p>D: Ask practitioner to show planning book Practitioner Q L 1 How do you plan for the day and the week?</p>	<p>There is a basic weekly and daily plan for learning activities. (Practitioner may not have written this down, it could be questioned)</p> <p>YES NO</p>	<p>Planning books and the playroom reflect a planned and integrated approach with a weekly plan which outlines activities and outcomes for the week (all ELDAs are considered and may be organised by a theme)</p> <p>YES NO</p>	<p>Weekly plans are available and applied and there is evidence of building on children's interests and developmental appropriateness in planned activities.</p> <p>YES NO</p>
	<p>Children's progress is assessed to inform learning and teaching.</p> <p>D: Ask to see examples of assessment reports and/or learner portfolios or records of the learners' work (i.e., learners' drawings, artwork, photos etc.)?</p>	<p>Practitioners can describe how children are progressing but there is not a formal record of this.</p> <p>YES NO</p>	<p>Assessments are done regularly, and reports are filed. (i.e., Practitioner observes a small group of children at least once a week on a rotational basis)</p> <p>YES NO</p>	<p>There are many and varied observations/assessments of children's progress regarding developmental milestones.</p> <p>YES NO</p>

	Ask Principal to show progress report form (cross-reference to Parent and Community) If No forms L1 Practitioner Q, what do you look for to see how children are progressing with examples					
Notes:						
Total Scores – Learning Programme	# of level 1 yes or N/A	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
Percentage Met / Not Met	/16*100=	/16*100=	/21*100=	/21*100=	/21*100=	/21*100=
Learning Programme Domain level	IF (% level 1 yes = 100) tick here.		IF (% level 1 yes = 100) and (# of level 2 yes or N/A >16) tick here.		IF (% level 2 yes=100 and (# of level 3 yes or N/A > 16) tick here	

## EARLY LEARNING PROGRAMME 2-5

	INDICATORS	BEGINNING/START UP 1	ESTABLISHING/BASIC 2	ENHANCING /GOOD 3
<b>EQUIPMENT, PLAY MATERIALS AND LAYOUT</b>				
<b>PLAYROOM OBSERVATION</b>	Enough age-appropriate equipment for routine care. Includes furniture, chairs and tables, mattresses, cups, plates etc.	There is some basic furniture and materials for routine care but not enough for all children to use at the same time.  <input type="checkbox"/> YES <input type="checkbox"/> NO	There is sufficient furniture and materials for routine care (all children can use at the same time)  <input type="checkbox"/> YES <input type="checkbox"/> NO	There is sufficient and convenient child-sized furniture and materials for routines, adaptations for children with disabilities, and accessible storage.  <input type="checkbox"/> YES <input type="checkbox"/> NO
	Enough age-appropriate equipment and learning materials for inside play. Enough variety means that there is always sufficient equipment for all children to have a choice of activities (allowing for rotation and turn-taking).	There are some play materials of different kinds but not much variety and may be insufficient for all children to have something to play/work with.  <input type="checkbox"/> YES <input type="checkbox"/> NO	There are sufficient materials for play and learning (enough for all children to have something to work on but there is a limited choice – only one activity or only one choice).  <input type="checkbox"/> YES <input type="checkbox"/> NO	There are enough and enough variety of materials in all learning areas. More than two activities in each area and enough for all children to be occupied. Adaptations for use by children with different levels of ability (including disabled).  <input type="checkbox"/> YES <input type="checkbox"/> NO
	During play times the room is divided into learning activity areas. e.g., make-believe, blocks, maths/ perceptual (beads, puzzles, shapes, counters, sorting games etc.), art (paints, brushes, crayons, pencils, dough, construction), books, nature/science table, sensory play (water, sand)	During playtime at least two play or learning activity areas are set out.  <input type="checkbox"/> YES <input type="checkbox"/> NO	During playtime, at least three play or learning areas are set out. There is space for several activities to go  <input type="checkbox"/> YES <input type="checkbox"/> NO	During playtime four or more play or learning areas are set out. The space is arranged so children can use them independently. Quiet and active areas are separate.  <input type="checkbox"/> YES <input type="checkbox"/> NO

	Children's work as well as posters and charts relating to the curriculum are displayed.	A few materials are displayed for children.	Display content is suitable for children's ages, is at eye level and includes some children's work.  <div>YES</div> <div>NO</div>	There is a rich display based on current activities/themes with many examples of the  <div>YES</div> <div>NO</div>
Notes				
DAILY PROGRAMME				
PLAYROOM OBSERVATION	Routines are smooth and non-disruptive (Routines include arrival, departure, snacks and meals, toilet times and rest)  Practitioner Q L 3: How do you adjust routines for particular children's needs (e.g., if they are not sleepy at rest time, are anxious at separating from a parent on arrival)? Give an example.	There are regular times planned in the daily programme for general care routines (arrival, departure, snacks, meals, toilet times and rest).  <div>YES</div> <div>NO</div>	General care routines are generally age-appropriate and well organised but usually done as a large group activity with long periods of waiting.  <div>YES</div> <div>NO</div>	General care routines such as meals, rest, toilet, arrival, and departure, are flexible to children's age and individual needs. Children are encouraged to assist and supported to be self-sufficient.  <div>YES</div> <div>NO</div>
	Age-appropriate daily programme followed with free play (indoors and out);	There is a basic daily schedule including learning	A balanced daily programme is followed including indoor and	A well-structured but flexible daily learning programme is followed by a variety of activities every day including free play and group activities.



	<p>small group (scheduled times for a few children with practitioner) and whole-group activities (ring time, story, music). Age-appropriate means shorter group times for younger children who cannot concentrate for long.</p> <p><a href="#">D: Review daily programme – this is usually displayed on the wall</a></p>	<p>opportunities appropriate to the age of the children.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>outdoor play daily (weather permitting) and free play and group activities.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>There are smooth transitions without long periods of waiting.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
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**Notes:**

ACTIVITIES				
PROGRAMME OBSERVATION	<p>The programme includes music and movement activities.</p> <p>NB This does not include loud background music during other activities. Materials include rattles, shakers, chimes, drums etc.</p> <p>Activities include moving to a song or a beat, taped music, singing, action songs.</p> <p>If music is not on the daily programme, Ask Practitioner.</p> <p>Do children ever do music and movement activities? How often?</p>	<p>There is an organised music/movement activity at least twice a week.</p> <p>YES NO</p>	<p>There are some music materials and at least one music and movement activity daily.</p> <p>YES NO</p>	<p>There are many music materials for free play as well as a daily group music activity. Creativity is encouraged.</p> <p>YES NO</p>
	<p>The programme includes opportunities for gross motor play.</p> <p>2- 5 years</p> <p>Materials and opportunities should develop balancing, running, climbing, walking, ball skills, rolling, pedalling obstacle courses, etc.</p>	<p>There is at least one daily outdoor play opportunity for gross motor play (may use small equipment - balls, ropes, and games rather than fixed outdoor play equipment).</p> <p>YES NO</p>	<p>There are outdoor play opportunities at least once daily as well as indoor large muscle activities such as movement rings.</p> <p>YES NO</p>	<p>There are a variety of opportunities for large muscle development indoors and outdoors each day. These provide for integrated skills development e.g., building with large blocks, dramatic play, woodwork, digging.</p> <p>YES NO</p>
PROGRAMM	<p>The programme includes language and literacy development.</p> <p>2- 5 years</p> <p>The programme includes language and literacy activities (daily story time, sharing ideas at circle time, finger plays,</p>	<p>Some (At least 2 daily) of the following or similar activities are used by staff with children to encourage them to communicate.</p>	<p>The practitioner provides regular activities (3 to 5 daily) to develop children's language and literacy skills. A <b>daily</b> story, action songs and rhymes, some</p>	<p>Many (6 or more of the following) daily language and literacy activities during both free play and group times.</p> <p>Daily story with active child participation and discussion</p>

	<p>songs, reading books and reading to children, talking, and listening expansion of conversation encouraged, print-rich environment, opportunities for drawing/writing.)</p>	<p>e.g., Practitioner sometimes shares a book with children, tells a story, does action rhymes, there are a few books, some writing materials.</p> <p>YES NO</p>	<p>appropriate books and reading to children, access to writing implements and paper, some practitioner and child conversations and some labelled pictures and printed words displayed especially children's names.</p> <p>YES NO</p>	<p>(e.g., children asked to recall parts of the story); action songs; access to many appropriate books; shares books with small groups often; plays sound and word games; had small group discussions.</p> <p>Practitioner records children's sayings; labels items in drawings; (Check portfolios); displays their emergent writing (on the wall).</p> <p>Many labelled pictures and materials are on view.</p> <p>YES NO</p>
	<p>The programme includes opportunities to develop maths skills. For children 2 – 5 these would be things to count, measure, learn about shape and size, sorting and classification.</p>	<p>At least 2 concrete maths materials or activities other than worksheets are used. <i>E.g., things to count, compare, pictures of shapes</i></p> <p>YES NO</p>	<p>3 to 5 developmentally appropriate materials and some activities and daily routines are used to focus on maths (e.g., who is first, last, sorting by size, one to one correspondence - each child has a cup etc, counting songs and rhymes)</p> <p>YES NO</p>	<p>More than 5 developmentally appropriate materials of various types (for counting, measuring, learning shape and size, data handling).</p> <p>Daily activities are used to promote maths.</p> <p>YES NO</p>
<p><b>Notes:</b></p>				

INTERACTION WITH CHILDREN				
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>The practitioner promotes and encourages positive interaction among children.</p> <p>Q: What do you do to encourage children to get along with each other</p>	<p>The practitioner intervenes to stop any negative interactions among children.</p>	<p>Peer interaction is encouraged (e.g., free choice groups, inviting shy children to join a group).</p> <p>YES NO</p>	<p>Staff model good social skills, help children develop good social behaviours, and provide opportunities for children to work together.</p> <p>YES NO</p>
	<p>Staff child interaction warm, interested individualised and respectful, sensitive to how children are feeling (response is prompt to children who are upset).</p>	<p>Staff are generally warm with children (children freely approach staff for needed support) but may not focus on individual children's needs.</p> <p>YES NO</p>	<p>There is a warm and friendly atmosphere, some positive interactions and responses to individual children, consistent response to children's needs including to share</p>	<p>There is frequent positive interaction, warm contact, and a relaxed and pleasant atmosphere. Children are encouraged to express their emotions.</p> <p>Practitioners are sensitive to non-verbal cues and respond appropriately. They are respectful and guide positively. They are supportive and</p>

			their thoughts and work (observed at least twice) <div> <div>YES</div> <div>NO</div> </div>	comforting (observed more than twice during observation). <div> <div>NO</div> </div>
Positive discipline practised. (no physical punishment, yelling, shaming, withholding food or long time out. Clear expectations set (rules known), praise for good behaviour, explains and redirects misbehaviour. Supports children to solve a conflict. If no examples are seen, ask Practitioner Q: How do you maintain discipline in your playroom? Describe methods you use? X here if not observed: <input type="checkbox"/>	Discipline is not harsh, basic control is maintained and expectations are age-appropriate. <div> <div>YES</div> <div>NO</div> </div>	No harsh methods are used, control is maintained, expectations are age-appropriate. Children are reminded of classroom rules and these are applied consistently. The practitioner takes action before conflicts can arise. <div> <div>YES</div> <div>NO</div> </div>	There is an effective use of non-punitive discipline methods. The programme is arranged to avoid conflict. Children are supported to solve conflicts themselves. The reasons for the rules are explained to children. <div> <div>YES</div> <div>NO</div> </div>	
Notes: <div> <div>YES</div> </div>				

TEACHING STRATEGIES				
	INDICATORS	INADEQUATE 1	BASIC 2	GOOD 3
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>During free choice times, practitioners allow children to have a high level of choice about what to play and what materials to use. (Practitioners do not give instructions to children concerning their choice of activities or playmates.)</p> <p>If not observed ask Practitioner, Q: Can you describe free play opportunities? What can children play with? When does this happen?</p> <p>X here if not observed: <input type="checkbox"/></p>	<p>Staff direct how children use materials and carry out activities (e.g., all make the same things, respond with the same words and actions).</p> <p>YES NO</p>	<p>Children make at least two choices independent of practitioner direction about where and how to carry out activities, but some materials choices and activities are practitioner directed.</p> <p>YES NO</p>	<p>Children make three or more choices during playtime (independent of practitioner direction) about where and how to use materials and carry out activities.</p> <p>YES NO</p>

<p>Staff move around and engage with children during playtime and use a range of techniques to support and extend children's learning (e.g., talk, add information, listen, question, model, join in play, allow children to try things out, simplify a task or suggest a more advanced activity)</p> <p>If not observed ask the practitioner to explain what they do when children have playtime.</p> <p><input type="checkbox"/></p> <p>X here if not observed:</p>	<p>Practitioner-child interaction is largely supervisory (e.g., Provides materials, keeps order).</p> <p>YES NO</p>	<p>Staff engage with one or two children to extend their learning using one or two different techniques (three instances observed).</p> <p>YES NO</p>	<p>Staff regularly engage to extend children's learning using a variety of techniques (more than 3 instances observed).</p> <p>YES NO</p>
<p>Group times that are practitioner directed allow for child participation.</p> <p>If not observed ask Practitioner Q: What are children asked to do/how do they contribute during group times?</p> <p><input type="checkbox"/></p> <p>X here if not observed:</p>	<p>In large group activities, staff do not ask children to offer ideas or participate according to their developmental levels.</p> <p>YES NO</p>	<p>Children sometimes contribute or participate at their own developmental levels at large group time.</p> <p>YES NO</p>	<p>Children contribute their own ideas and participate at their own developmental levels throughout large group times.</p> <p>YES NO</p>

PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>Staff ask open-ended questions to extend children's thinking.</p>	<p>The practitioner asks mostly closed-ended questions (e.g., What is this? What colour is this? What do we call this?)</p> <p>YES NO</p>	<p>The practitioner asks some questions to encourage children to reflect on an activity or idea (e.g., What do you think ....', 'Do you agree with ...?', 'Why?', 'Would you have done it differently? How?')</p> <p>Two instances were</p> <p>YES NO</p>	<p>The practitioner asks many questions to encourage children to reflect on actions and ideas in multiple ways.</p> <p>Three or more instances were observed.</p> <p>YES NO</p>
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	Staff support children's emotional and social development: opportunities for autonomy (e.g., dress, pour juice, fetch the paper, help tidy up) and initiative (trying things in different ways, suggesting a game etc)	Staff do not support children to do things for themselves or encourage children to take initiative.	<p>The practitioner sometimes supports children to do things for themselves and take initiative.</p> <p>Two instances were observed.</p> <div> <div>YES</div> <div>NO</div> </div>	<p>The practitioner regularly supports children to do things for themselves and take initiative.</p> <p>Three or more instances were observed.</p> <div> <div>YES</div> <div>NO</div> </div>
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Notes:

**CURRICULUM (PLANNED EXPERIENCES, ROUTINES)**

	INDICATORS	INADEQUATE 1	BASIC 2	GOOD 3
PRACTITIONER INTERVIEW	<p>The learning programme is guided by the NCF ELDAs and aim and phase-specific developmental guidelines. Well-being (health), identity and belonging (social and emotional), communication, exploring mathematics, knowledge of the world, creativity.</p> <p>D: ask to see Practitioner's planning book for the day and week. Do activities provide for the different development areas above?</p> <p>D: check if there is a curriculum plan displayed – some programmes do this.</p> <p>Principal Q: Is a particular curriculum followed and can an example be seen?</p> <p>How do teachers plan?</p>	<p>There is a learning programme/curriculum used that broadly supports holistic development, but it may not specifically or consciously plan around the NCF areas.</p> <p>YES NO</p>	<p>The learning programme/curriculum focuses on some of the ELDAs and is mostly developmentally appropriate.</p> <p>YES NO</p>	<p>The learning programme/curriculum used covers all the ELDAs and activities that are developmentally appropriate catering to different children's individual needs.</p> <p>YES NO</p>

	<p>Practitioner organises activities according to an integrated weekly and daily plan (e.g. particular theme/topic is reflected across learning areas and times of the day).</p> <p>Questions in the previous item cover this</p>	<p>There is no evidence of planning used to organise learning activities across different programme areas and parts of the daily programme (that a specific plan is being followed for the day though there may be a regular schedule)</p>	<p>Planning books and the playroom reflect a planned and integrated approach across different learning areas and parts of the daily programme.</p> <div> <div>YES</div> <div>NO</div> </div>	<p>Plans are applied to integrate learning activities and there is evidence of taking into account children's interests and developmental appropriateness in planned activities that are implemented.</p> <div> <div>YES</div> <div>NO</div> </div>
<p>Notes:</p>				
<p><b>PLANNING, OBSERVING AND ASSESSING</b></p>				

PRACTITIONER INTERVIEW	<p>Children are observed and staff take remedial action to address behavioural or learning problems where appropriate.</p> <p>D: Ask the teacher/practitioner to show you any record of observations of learner performance (observation book)</p>	<p>There is no record of observations in an observation book, or this is not in regular use.</p>	<p>An observation book is used and there is some evidence of doing activities to help children develop in areas where they are struggling.</p> <p>YES NO</p>	<p>There are many and varied observations of children's progress and evidence of a range of activities to remediate difficulties/facilitate holistic development.</p> <p>YES NO</p>
	<p>Learning content/activities are organised according to an integrated weekly and daily plan based on achieving NCF learning outcomes.</p> <p>D: Ask practitioner to show planning book Practitioner Q L 1 How do you plan for the day and the week?</p>	<p>There is a basic weekly and daily plan for learning activities. (Practitioner may not have written this down, it could be questioned)</p> <p>YES NO</p>	<p>Planning books and the playroom reflect a planned and integrated approach with a weekly plan which outlines activities and outcomes for the week (all ELDAs are considered and may be organised by a theme)</p> <p>YES NO</p>	<p>Weekly plans are available and applied and there is evidence of building on children's interests and developmental appropriateness in planned activities.</p> <p>YES NO</p>
	<p>Children's progress is assessed to inform learning and teaching.</p> <p>D: Ask to see examples of assessment and learner portfolios or records of the learners' work (i.e., learners' drawings, artwork, photos etc.)?</p> <p>Ask Principal to show progress report form (cross-reference to Parent and Community)</p>	<p>Practitioners can describe how children are progressing but there is not a formal record of this.</p> <p>YES NO</p>	<p>Assessments are done regularly, and reports are filed. (i.e., Practitioner observes a small group of children at least once a week on a rotational basis)</p> <p>YES NO</p>	<p>There are many and varied observations/assessments of children's progress regarding developmental milestones.</p> <p>YES NO</p>

	If No forms L1 Practitioner Q, what do you look for to see how children are progressing with examples					
Notes:						
Total Scores – Learning Programme	# of level 1 yes or N/A	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
Percentage Met / Not Met	/18*100=	/18*100=	/23*100=	/23*100=	/23*100=	/23*100=
Learning Programme Domain level	IF (% level 1 yes = 100) tick here.		IF (% level 1 yes= 100) and (# of level 2 yes or N/A >18) tick here.		IF (% level 2 yes=100 and (# of level 3 yes or N/A > 18) tick here	

## QASS ASSESSMENT TOOL - STAFFING DOMAIN

	INDICATORS	LEVEL 1 START UP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
	Qualifications			
PRINCIPAL INTERVIEW	<p>Supervisor /Playgroup leader or sole proprietor has ECD training.</p> <p><i>Q/D: Ask for a breakdown of staff qualifications including short courses – and ask to see copies of certificates if possible</i></p>	<p>Supervisor /Playgroup Leader has basic training in ECD (e.g., orientation/short course)</p> <p>YES NO</p>	<p>Centre Supervisor has a Level 4 in ECD/ Playgroup Leader has a skills programme or more than an orientation course (e.g., receives ongoing coaching and support)</p> <p>YES NO</p>	<p>Centre Supervisor has Level 5 or above (e.g., relevant diploma or degree)</p> <p>Playgroup leader has NQF Level 4 or above</p> <p>YES NO</p>
	<p>Practitioners/Playgroup facilitators (teaching) have ECD training to enable them to implement the ECD programme.</p> <p><i>NA if only one staff member</i></p> <p><i>Q/D: Ask for a breakdown of staff qualifications including short courses – and ask to see copies of certificates if possible</i></p>	<p>Half the teaching staff have basic ECD training.</p> <p><i>Assistants are not included in this rating.</i></p> <p>YES NO</p> <p>N/A</p>	<p>50 - 75% of centre teaching staff have NQF 4 qualification in ECD and 50 – 75% of assistants have NQF Qualification in ECD or attended an ECD skills programme</p> <p>Playgroup support staff have an orientation training</p> <p>YES NO</p> <p>N/A</p>	<p>All centre teaching staff including assistants have an ECD qualification – Teachers at NQF 4 minimum and assistants NQF Level 1 or ECD skills programme (Levels 1 – 3)</p> <p>Playgroup support staff have an orientation plus ongoing coaching and support.</p> <p>YES NO</p> <p>N/A</p>

	Note
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	Professional Development			
PRINCIPAL INTERVIEW	<p>There is supportive supervision and evaluation of staff (e.g., principal/experienced senior staff member/ or coach, field support worker observes practitioners in the classroom, gives feedback and reviews planning and progress reports)</p> <p><i>NA if only one staff member</i></p> <p>Q: How are staff supervised and supported.</p> <p>L3 D Principal show any templates used</p>	<p>There is no formal system of supervision and evaluation, but seniors help with programme planning.</p> <p>YES NO N/A</p>	<p>Some supervision (informal observation, Some feedback on performance, reviewing of plans and reports)</p> <p>YES NO N/A</p>	<p>Regular review of child records, annual observation, and written evaluation.</p> <p>Staff strengths and gaps identified.</p> <p>Action to implement recommendations of the evaluation.</p> <p>YES NO N/A</p>
	<p>Material support for professional growth</p> <p>Books, copies of curriculum, a computer on-site * Curriculum planning materials, posters * Financial support /time off to attend workshops and training.</p> <p>Principal question: Q3 Does the programme provide any assistance or materials to help staff members to develop professionally</p>	<p>Few or no material professional resources are available</p>	<p>Some professional resource materials are accessible to all staff and assist to attend workshops.</p> <p>YES NO</p>	<p>Support to attend courses, conferences, and workshops.</p> <p>Good professional library/ online resources accessible</p> <p>Support to get ECD qualification</p> <p>YES NO</p>
PRACTITIONER	<p>There is provision for staff development internal and external (In-service training, workshops, webinars, conferences, discussion groups, training by ECD forum etc.)</p>	<p>Staff support each other. New staff receive an orientation.</p>	<p>Staff are mentored by more experienced staff (internal or external) to ensure ongoing capacity development.</p>	<p>In addition, each staff member is required to identify areas for development through self-evaluation and (together with management) a development plan is created.</p>

	<p><i>NA if only one staff member</i></p> <p>Q: How are you supported to deliver a quality programme?</p> <p>Q: How are new staff orientated? Do staff plan together and help each other?</p> <p>D: Ask to see Staff development plan</p> <p>Q: Do you have opportunities to develop yourself professionally? If so, mention these. Think about support at the programme and outside opportunities.</p>	<div>YES NO</div> <div>N/A</div>	<p>Staff have the opportunity to attend some workshops and other development opportunities (training) that are on offer.</p> <div>YES NO</div>	<div>YES NO</div>
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	<p>There is a process for teaching staff to reflect on classroom practices, experiences, and actions so to improve their practice and build their knowledge.</p> <p>Q: Does the centre/playgroup have a process in which you think about/evaluate your planning and teaching and how it meets the needs of the children in your group?</p> <p>L3 D Ask Practitioner to share any records she keeps</p>	<p>There is no formal process of staff reflection on their teaching.</p>	<p>There is a process that may be informal, such as a regular meeting or team discussion of the programme or new information and teaching is meeting the needs of the children.</p> <div data-bbox="1144 601 1464 667"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Staff keep reflective records (e.g., journals or notes in their planning books) in which they reflect on how their activities and teaching are meeting the needs of children, what to adapt or new ideas they would like to try access in training or study.</p> <div data-bbox="1646 604 1966 670"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>Notes:</p>				

	Total Scores - Staffing	# of level 1 yes or N/A	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
	Percentage Yes/No	/4*100=	/4*100=	/6*100=	/6*100=	/6*100=	/6*100=
	Staffing Domain level	IF (% level 1 yes = 100)		IF (% level 1 yes = 100) and (# of level 2 yes or N/A > 4) tick here		IF (% level 2 yes = 100) AND (#of level 3 yes or N/A > 4) tick here	

## QASS ASSESSMENT TOOL – PARENT & COMMUNITY ENGAGEMENT DOMAIN

	INDICATORS	LEVEL 1 START UP	INDICATORS	LEVEL 1 START UP
PRINCIPAL INTERVIEW	Orientation			
	<p>New families are orientated to the programme on joining.</p> <p>Fees, schedules, operations, policies, approach to discipline explained, info on the programme (in-person and written guideline)</p> <p>Q: How are new parents introduced to your programme?</p> <p>D Written guide if available</p>	<p>There is a basic process of orientation for new families.</p> <p>(e.g., the family meets the principal and teacher and is told hours, meals, fees etc)</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>In addition to meeting key staff, operational details are provided in a written guide.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>New families are interviewed, given a tour, introduced to the staff, and checked in on after some time to resolve any questions</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>Notes:</p>				

	Communication and Reporting			
PRINCIPAL INTERVIEW	<p>Family circumstances, beliefs, childrearing practices, likes and dislikes discussed.</p> <p>Principal Q 2 and 3 Are you aware of family circumstances, beliefs, and expectations for their children?</p> <p>Are any of these documented on admission?</p> <p>What do you do when parents have different expectations about discipline, learning programmes?</p>	<p>Parents are asked to keep staff involved about important changes in the child's home life.</p> <p>YES NO</p>	<p>Circumstances, beliefs, and practices were elicited at the time of admission (discussion/ on admission form) and some accommodations were made for these.</p> <p>YES NO</p>	<p>Family circumstances, childrearing practices etc discussed regularly during meetings or in communications e.g., updates by WhatsApp, message book and where there are differences in approach these are respectfully treated.</p> <p>YES NO</p>
PRINCIPAL INTERVIEW	<p>Communication with parents/family is regular, understandable, and accessible and includes information about the child as well as operations.</p> <p>Examples would be notice boards, message books, parent meetings, social media, message books, informal conversations, and formal conferences.</p> <p>Q How do you and your staff communicate with parents?</p> <p>D: ask to see message books, any brochures made available, WhatsApp groups and notes on the notice board.</p>	<p>Contact re problems covered in Bronze</p>	<p>Basic information sharing about programme operations and some engagement with parents re child's overall development, interests, and progress at least once a term</p> <p>YES NO</p>	<p>Formal and informal communication with parents about child's wellbeing and development at least once a month</p> <p>YES NO</p>

	<p>The programme provides for regular reporting on a child's progress.</p> <p>D: ask to see reporting form</p> <p>Q: Do you record the progress of learners? If so, how are recording and reporting done?</p>	<p>Verbal reports on child progress are given to parents from time to time.</p> <p>YES NO</p>	<p>A written or verbal child progress report is given twice a year and parents are contacted if there are concerns about child development.</p> <p>YES NO</p>	<p>There are quarterly written progress reports to parents as well as a feedback meeting with the practitioner/principal. Parents are contacted whenever there are concerns about the child.</p> <p>YES NO</p>
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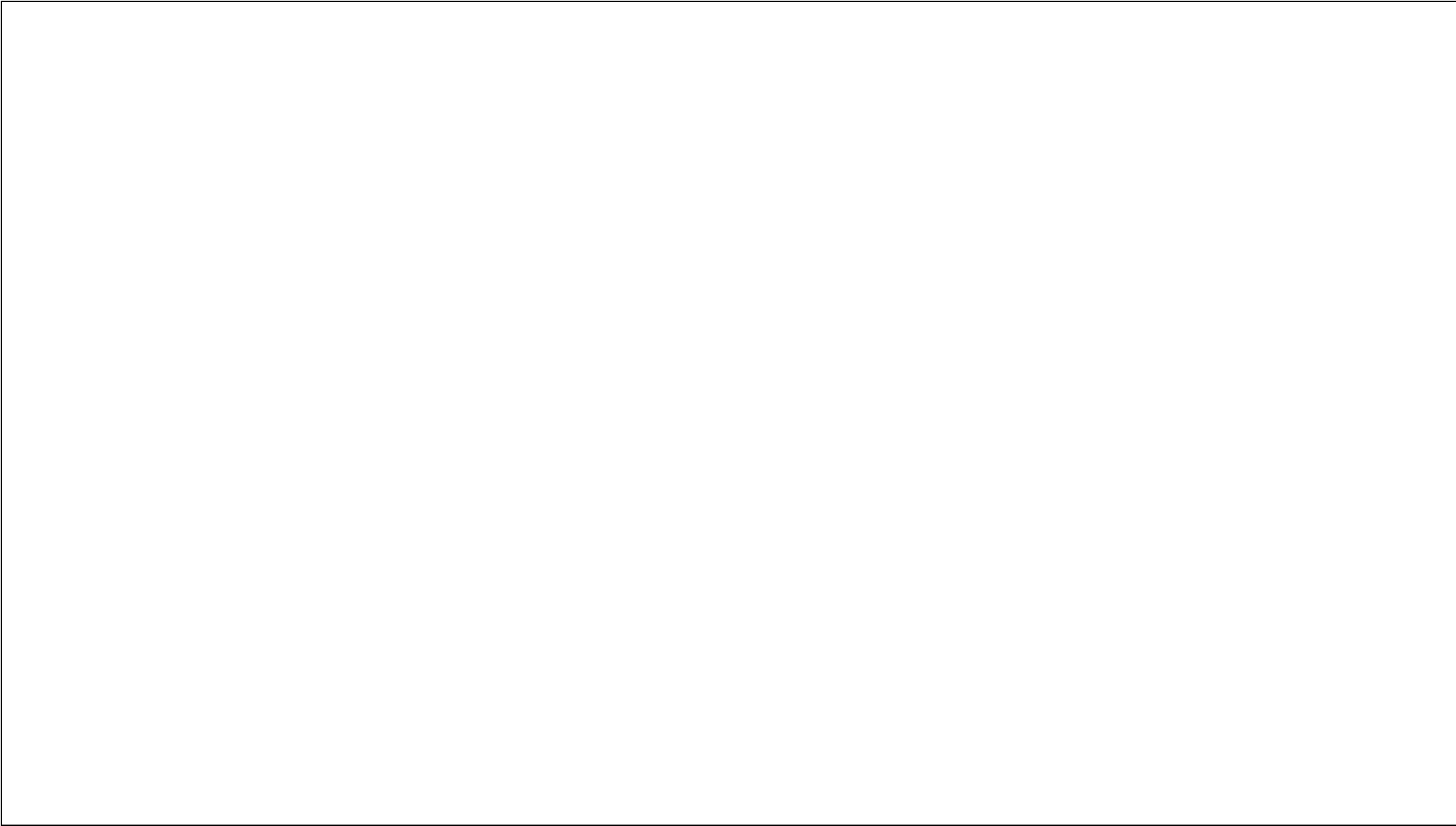
Notes:

	Involvement with Programme			
PRINCIPAL INTERVIEW	<p>There are opportunities for parents to meet staff and other parents and to participate in supporting the functioning of the ECCE programme.</p> <p>Examples: meetings, graduations, concerts social gatherings, workdays, grandparent's day, participation in field trips etc</p> <p>Q: How does the programme involve parents? Give examples of the ways they are involved.</p>	<p>There are 1 - 2 opportunities for parents/guardians to participate in the ECCE Programme.</p> <p>YES NO</p>	<p>There are a variety of ways for parents/guardians to be involved in the programme (3 or more)</p> <p>YES NO</p>	<p>There are many ways for parents/guardians to be involved (&gt;4)</p> <p>YES NO</p>
	<p>Parents' views are taken into consideration.</p> <p>e.g., grievance procedure; contribution to programme evaluations</p> <p>Parents on SGB/PTA</p> <p>D: Complaints procedure</p> <p>Q: Do you ask for feedback from parents about the service you provide. Is there a parent advisory group or committee?</p>	<p>There is no formal process for providing feedback and raising concerns about the programme.</p>	<p>The programme has a grievance procedure and parents raise concerns at meetings.</p> <p>YES NO</p>	<p>There is a complaints procedure and formal process of including parent input in regular programme evaluations OR representation on parent committee/advisory group.</p> <p>YES NO</p>



**Notes:**

	Parent Education			
PRINCIPAL INTERVIEW	<p>ECCE programme provides information and resources to support learning and healthy development at home and ensure a successful transition from home to ECCE programme and Grade R.</p> <p>e.g., meetings, open days /workshops about the programme, toy making, ideas sent home, book or toy borrowing, home visits, displays, support with primary school applications, offering the DSD parenting programme etc.</p> <p>Q: How does your programme assist parents to help support their children's health and learning at home</p>	<p>Parents are encouraged to show interest in children's work (e.g., comment on their drawings, sing the songs they are learning, collect materials for use in the classroom - papers, egg boxes, etc</p> <p>YES NO</p>	<p>In addition, there are 1 – 2 activities to explain the learning programme and parents' role in extending learning at home.</p> <p>(e.g., special parent workshops, noticeboard displays of activities to do at home, handouts, WhatsApp messages)</p> <p>YES NO</p>	<p>Many opportunities (4 or more) in which parents are engaged as active partners in early education and healthy development of their child and are assisted with ideas and resources to do so</p> <p>YES NO</p>
	<p>Parents ensure that children attend regularly for the full programme day unless sick or in unusual family circumstances.</p> <p>D: Ask to see attendance register</p> <p>Q: Ask if they find that children are on time for the programmes – and if not, how many are often late.</p>	<p>At least 75% of children attend regularly but are not necessarily on time</p> <p>YES NO</p>	<p>75 – 95% of children attend regularly and most arrive on time</p> <p>YES NO</p>	<p>All children attend regularly and on time and the practitioner is informed if there is a reason for non-attendance</p> <p>YES NO</p>



	Community Involvement			
PRINCIPAL INTERVIEW	<p>ECCE programme is integrated into the community and there is a good relationship between them and the service.</p> <p>e.g., individuals, local business, ECD forum/other ECD centres, safety forum, NGOs, and services such as clinic, police force, local primary school, links with therapists for children who need support, or extra-murals, get in nurse and social workers, inviting community members in to present a skill or their job.</p> <p>Q: What relationships does the programme have with other ECD services, schools, health, and social services and/the broader community?</p>	<p>The programme has at least one connection in the community e.g., with a local clinic, ECD forum.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>2 – 3 engagements with community structures and services to support the programme (2 – 3)</p> <p>Including facilitating late birth registration where applicable.</p> <p>Links with local clinic/ CHW for growth monitoring</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Many partnerships with the local community (more than 3) to provide a better programme and facilitate referrals to other services</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
	<p>Notes:</p>			

Total Scores – Parent & Community	# of level 1 yes	# of level 1 no	# of level 2 yes	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
Percentage Yes/No	/7*100=	/7*100=	/9*100=	/9*100=	/9*100=	/9*100=
Parent & Community Domain level	IF (% level 1 yes = 100) tick here.		IF (% level 1 yes = 100) and (# of level 2 yes > 5) tick here.		IF (% level 2 yes = 100) and (# of level 3 yes > 5) tick here.	

## QASS ASSESSMENT TOOL - MANAGEMENT AND LEADERSHIP DOMAIN

### Notes:

- 1) This focuses on the ability to implement systems, policies and procedures and to manage physical, financial and human resources (Prog Reg Framework, (h) Gold) Instructional leadership is covered the staffing domain as it affects the ability of staff to perform professional functions.

	INDICATORS	LEVEL 1 STARTUP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
	<b>Operational leadership</b>  <i>(For services that fall under another NPO or entity which manages operations these standards apply to the overseeing entity. If the principal is unable to answer these questions please reflect this in the notes section and follow up with the overseeing entity afterwards to complete)</i>			
PRINCIPAL INTERVIEW	Admission policies and records relating to attendance and children in place.  D: Admission policy (Including HIV AIDs infected/affected)	<b>PCR framework has basic child register info (no item for start-up)</b>	Admission policies with provisions for HIV/AIDS infected and affected children and those with disabilities are in place and are observed.  <div> <div>YES</div> <div>NO</div> </div>	Admission policies are in line with current policy and legislation and are reviewed at least every two years.  <div> <div>YES</div> <div>NO</div> </div>
	Health and safety protocols followed.  D: Accident register  Abuse register	<b>There is a child attendance register (PCR)</b>	Service has: <ul style="list-style-type: none"> <li>• accident and incident register</li> <li>• medicines register.</li> <li>• emergency plan</li> <li>• outings procedure</li> </ul>	In addition, these records are carefully monitored with follow up if attendance is variable and if there are any other concerns

PRINCI	<p>Emergency plan</p> <p>Medicines register.</p> <p>Incident book</p> <p>Outings procedure</p>		<ul style="list-style-type: none"> <li>child abuse procedure and register</li> </ul> <div>YES NO</div>	<div>YES NO</div>
	<p>Governance</p> <p>D: NPO number or application; meeting minutes; AGM minutes</p> <p>For a sole proprietor or for-profit business</p> <p>Q: Is there a management committee/structure or advisory committee, who is represented? How often does it meet?</p>	<p><b>IF NPO:</b> Programme has a governing structure.</p> <div>YES NO</div>	<p><b>IF NPO:</b> Has a constitution or articles of incorporation and meets when necessary.</p> <ul style="list-style-type: none"> <li>Includes parents and community representation.</li> <li>Has applied for NPO registration if applicable.</li> </ul> <p><b>IF PRIVATE:</b> Parents/community are represented in an advisory group that meets at least annually.</p> <div>YES NO</div>	<p><b>IF NPO:</b></p> <p>Committee meets at least termly and there are minutes.</p> <p>An AGM was held in the last 12 months (if in existence for longer than that)</p> <p>NPO registered and up to date submissions to DSD.</p> <p><b>IF PRIVATE:</b> Parents/community are represented in an advisory group or governing body which has met at least termly and there are minutes.</p> <div>YES NO</div>
	<p>Financial control systems and policies in place</p>	<p>The programme has use of a separate bank account</p>	<p>Financial procedures are generally in place and records are up to date. Including:</p>	<p>All financial records and procedures are in place including inventory and</p>

<p>D:</p> <p>Bank account – check the name of the account</p> <p>Receipts</p> <p>Fees register.</p> <p>Monthly &amp; annual budget</p> <p>Financial reports</p> <p>Annual financial statement</p> <p>Fundraising or sustainability plan</p>		<p>Bank account in name of the programme</p> <p>Receipts</p> <p>Fees register.</p> <p>Monthly &amp; annual budget</p> <p>Financial reports - monthly income and expenditure</p> <p>Annual financial statement and accounting officers report.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>stock records.</p> <p>In addition, the principal/management have a sustainability plan for the facility including fundraising if necessary.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>Service has a business plan.</p> <p>D: Business plan/strategy</p>	<p>No business plan</p>	<p>The programme has elements of a business plan in place e.g., financial plan, staffing structure and organisational structure</p> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>The programme has a valid business plan including:</p> <p>Goals, financial plan, marketing plan, service promotion, organisational structure, staffing plan.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>Notes:</p>			



Working conditions				
<b>PRINCIPAL INTERVIEW:</b> D: Check whether the following documents are available for use in the following standards: Templates for employment contracts __; job descriptions __; performance records __; minutes of staff meetings __. *				
PRACTITIONER INTERVIEW	Conditions of service and the working environment supports staff retention.  <i>N/A is only permitted where a single staff member is operating as a sole proprietor or PTY.</i>  Q: What are your job responsibilities are these in a written contract, job description  Is your performance assessed?	Staff are aware of their responsibilities, salary, and service conditions but formal staff policies are not in place (no contracts, job descriptions, staff development plans)  <div> <div>YES</div> <div>NO</div> <div>N/A</div> </div>	Staff policies include: <ul style="list-style-type: none"> <li>Contracts</li> <li>job descriptions</li> <li>performance assessment to inform staff development plan.</li> </ul> Basic Conditions of Employment Act 75 of 1997 Displayed  <div> <div>YES</div> <div>NO</div> <div>N/A</div> </div>	In addition, there is: <ul style="list-style-type: none"> <li>Orientation for new staff</li> <li>Staff attendance register</li> <li>Staff salary slips.</li> <li>UIF</li> <li>A staff disciplinary and grievance procedure</li> <li>Staff complete leave application forms</li> <li>Staff members receive annual performance appraisals (recorded in writing)</li> </ul> Basic Conditions of Employment Act 75 of 1997 Displayed

	<p>* Refer to documents reviewed D templates for the contract, job descriptions records of performance assessment and other forms.</p>			<div>YES NO</div> <div>N/A</div>
<p>Provisions for personal needs of staff</p> <p>Q: Do you have a break, staff space and a place to keep your belongings?</p>	<p>IF Staff work more than 5 continuous hours: Staff have some personal time during the day e.g., when children are resting or take turns to supervise outside play while others have a break.</p> <div>YES NO</div>	<p>IF Staff work more than 5 continuous hours: Staff have at least one formal break daily, and some adult furniture outside children's play space.</p> <p>Staff have some storage for their belongings.</p> <div>YES NO</div>	<p>IF Staff work more than 5 continuous hours: Separate staff room or office area, convenient storage, daily breaks (based on length of day) and facilities for staff meals e.g., fridge, kitchen</p> <div>YES NO</div>	

<p>There is regular communication by all staff and sharing of information to meet children's needs.</p> <p><i>N/A is only permitted where there is a single staff member</i></p> <p>Q1 Do staff here share information that helps you to meet the needs of individual children?</p> <p>Q2: do you have staff meetings, how often, what is discussed?</p> <p>* Refer to documents reviewed D minutes of staff meetings.</p>	<p>Information about children is informally shared among staff including issues about behaviour changes at home, illness, and allergies.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">YES</div> <div style="border: 1px solid black; padding: 2px 10px;">NO</div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">N/A</div> </div>	<p>There are staff meetings in response to particular issues and some basic information about children's needs (e.g., allergies, illness) is displayed prominently.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">YES</div> <div style="border: 1px solid black; padding: 2px 10px;">NO</div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">N/A</div> </div>	<p>There are regular staff meetings (at least once every month?) with minutes kept and communication about children (e.g., joint child study of the problem).</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">YES</div> <div style="border: 1px solid black; padding: 2px 10px;">NO</div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">N/A</div> </div>			
<p>Notes:</p>						
Total Scores – Management & Leadership	# Of level 1 yes or N/A	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
Percentage Yes/No	/5*100=	/5*100=	/8*100=	/8*100=	/8*100=	/8*100=
Management & Leadership Domain level	IF (% level 1 yes or N/A = 100) tick here.		IF (% level 1 yes or N/A = 100) and (# of level 2 yes or N/A > 5) tick here.		IF (% level 2 yes or N/A = 100) AND (# of level 3 yes or N/A > 5) tick here	

## QASS ASSESSMENT TOOL -INCLUSIVENESS DOMAIN

### Notes:

Inclusiveness refers to an ECCE programme in which all children must be actively welcomed and receive the necessary support so that they can benefit from early learning opportunities and participate on an equal level with others. This includes taking account of their different levels of ability, culture, family circumstances, gender, language. This implies linking children and families to sources of support as well as activities during the programme itself.

	INDICATORS	LEVEL 1 STARTUP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
	<b>Disability, Chronic Illness</b>			
PRINCIPAL INTERVIEW	<p>The programme can provide adequately for children's needs including those with chronic illnesses and disabilities and other special needs.</p> <p><i>D: Check admission registers/children's files. How recently have they been updated?</i></p> <p><i>Q: What signs or symptoms would you look for in children with chronic illness or allergies and who would you refer to?</i></p>	Registers include information of any disability, chronic medical condition, or allergies (PCR Bronze)	<p>Medical and family situation of children noted on registration, staff recognise signs of distress and are aware of referral and abuse protocols.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Data about children's medical and family circumstances are updated through regular discussions with parents.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
	<p><i>Q: Have children with disabilities been enrolled in the programme? How did/does the programme provide for them?</i></p>	The programme takes in children with mild to moderate disabilities but does not make	Programmes have some disability-friendly provisions (e.g., children with special needs are enrolled, attempts are made to include them in activities)	Children with special needs are included to the level of their ability in all activities (adaptations made as necessary) with the flexibility to take account of their requirements

	<p><i>Note: admission policy covered in Management domain</i></p>	<p>adaptations to enable them to participate in many activities.</p> <p>YES NO</p>	<p>YES NO</p>	<p>(e.g., need to rest, adaptive equipment, individual support, the programme provides information to prevent stigmatisation by other children and parents.</p> <p>YES NO</p>
<p>PRINCIPAL INTERVIEW</p>	<p>Q: Are any staff trained in ECD provision for special needs?</p> <p><i>NA is possible at all levels if there are no children with special needs admitted.</i></p>	<p>Supervisors and staff include children with special needs but have no training in providing for children with special needs.</p>	<p>At least one staff member has training for provision with special needs</p> <p>YES NO N/A</p>	<p>At least one staff member has training on special needs.</p> <p>If &gt; 3 special needs children are admitted, additional staffing is available to provide individual support to children with special needs (<i>N/A allowed</i>)</p> <p>YES NO N/A</p>

	<p>Q: Do you do any referrals for children with health or social needs – explain how and who you refer to?</p> <p>D: Any records of referrals (do not look at details – just that they exist)</p>	<p>Staff speak to parents if they observe a child with health or social service needs</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Children with extra needs are identified and referred for services such as birth registration, health and social services and social grants.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Confidential records of referrals are kept and followed up until they are resolved</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>NOTES:</p>				

	Language; Culture and Gender			
PRACTITIONER INTERVIEW	<p>The programme promotes appreciation and understanding of child's language and culture (and children must be allowed to communicate in the language of choice and preference outside class)</p> <p><i>Songs, rhymes, stories/books are provided in children's home languages.</i></p> <p>Principal and Practitioner question:</p> <p>What is the programmes language policy- approach? How do you assist children who do not speak the language of instruction?</p>	<p>Practitioners ensure that children who do not speak LoLT have an opportunity to speak their own language and are helped to understand the daily programme (e.g., gesturing, translation)</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Practitioners take the opportunity to engage children who speak minority languages in class and share songs, stories, and words.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Staff attempt to learn some expressions in languages of children enrolled that differ from LOLT.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>

	<p>Q: L2 Are there any activities that boys or girls cannot/ are not allowed to do? Are there any children who are not allowed to participate in all activities?</p> <p>Q: L 3 only. What do you do to help children to be aware of stereotypes and biases and to learn to treat everyone fairly?</p>	<p>Children are treated fairly and included in all age-appropriate activities.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>		<p>Practitioners affirm and talk about diversity. Girls and boys can participate in all activities</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>		<p>Children are actively assisted through stories, discussions to be aware of and challenge stereotypes and prejudices and to treat others with fairness, respect, and dignity.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	
<p>Notes:</p>							
	Total Scores - Inclusiveness	# of level 1 yes	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no
	Percentage Yes/No	/4*100=	/4*100=	/6*100=	/6*100=	/6*100=	/6*100=
	Inclusiveness Domain level	IF (% level 1 yes = 100) tick here.		IF (% level 1 yes = 100) and (# of level 2 yes or N/A > 3) tick here.		IF (% level 2 yes = 100) and (# of level 3 yes or N/A > 3) tick here.	

## QASS ASSESSMENT TOOL - HEALTH, NUTRITION, SAFETY DOMAIN



**Notes:** Health Nutrition and Safety is largely covered by provisions of the PCR and Programme Registration Framework and these indicators are additional and more operational.

	INDICATORS	LEVEL 1 STARTUP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
	<b>Health and Hygiene</b>			
	Covid-19 Standard operating procedures (SOPs)	COVID -19 SOPS in place and applied YES NO		
	<b>Nutrition</b>			
PRINCIPAL INTERVIEW	<p>There is provision for meeting children's nutritional needs based on hours of the programme</p> <p>Principal:</p> <p>D Menu and allergies should be posted</p> <p>Q: how do you deal with particular families' dietary restrictions (e.g. halal, kosher, vegetarian, nut or dairy allergies)</p>	<p>Full-day programmes ensure that children receive at least one meal and one snack per day.</p> <p>Programmes attended by children for more than three hours ensure that children receive at least a snack.</p> <p>(The meal or snack can be provided by the parent or caregiver.)</p>	<p>Meals offered are per hours and scheduled according to the needs of children (e.g. snacks may be offered when child hungry, babies are fed on demand)</p> <p>YES NO</p>	<p>Allergies posted for all staff to see and in severe cases of allergies parents are not permitted to send certain foods with their children (e.g. nut-free policy)</p> <p>Dietary restrictions of families followed (NA allowed)</p> <p>YES NO</p>

	<p>Meals offered are nutritious and well balanced</p> <p>Q: Who has advised on your menu? EHP or DoH Nutrition Guidelines for ECD Centres</p> <p>If parents send meals and snacks do you provide any guidelines? D guide if available</p> <p>D menu should be available or on display from L 2</p>	<p>Meals and snacks provided by the programme reflect good nutritional standards</p>	<p>Meals offered by ECD service follow the DoH Nutrition Guidelines for ECD Centres.</p> <p>If parents provide any food they are provided with guidance on suitable nutritious snacks or meals.</p> <p>YES NO</p>	<p>Meals offered to follow a guideline, are flexible to children's needs.</p> <p>Any meals supplied by parents meet nutrition requirements.</p> <p>A menu is provided</p> <p>YES NO</p>
NOTES				
	Safety			
PRINCIPAL INTERVIEW	<p>Staff are trained in first aid</p> <p>D: Principal: ask to see certificates</p>		<p>A minimum of one full-time staff member is trained in basic first aid</p> <p>YES NO</p>	<p>In centres with more than 50 children, more than one staff member is trained in basic first aid and at least one has advanced first aid.</p>

				<div>YES</div> <div>NO</div>
<p>Staff recognise signs of child abuse and how to protect children.</p> <p>Principal:</p> <p>D principal shows Abuse register</p> <p>Principal L 1: What would make you suspect a child was experiencing some abuse or neglect?</p>	<p>Staff are aware of child abuse signs</p> <div>YES</div> <div>NO</div>	<p>Staff aware of abuse protocols and maintain a confidential register</p> <div>YES</div> <div>NO</div>	<p>The principal follows up on reports and monitors child post follow up.</p> <div>YES</div> <div>NO</div>	
<p>The staff-to-child ratios are adequate for supervision, protection and learning</p> <p>Q:</p> <p>The total number of children?_</p> <p>How many assistants are there?</p>	<ul style="list-style-type: none"><li>• for children between the ages one month and 18 months be, 1:6;</li><li>• for children between the ages 18 months and three years be 1:12;</li><li>• for children between the ages three and four years be 1:20; and</li><li>• for children between the ages five and six years, 1:30;</li></ul>	<p>For centres with children 20 and above, there should be an assistant who can rotate amongst the practitioners</p> <div>YES</div> <div>NO</div>	<p>There is an assistant per group.</p> <p>For centres which prepare food and have 30 children or more, there should be a cook</p> <div>YES</div> <div>NO</div>	

NOTES							
	Total Scores – N,H & S	# of level 1 yes	# of level 1 no	# of level 2 yes	# of level 2 no	# of level 3 yes	# of level 3 no
	Percentage Yes/No	/2*100=	/2*100=	/5*100=	/5*100=	/5*100=	/5*100=
	Nutrition Health and Safety Domain level	IF (% level 1 yes = 100) and (% level 2 yes <100) tick here.		IF (% level 1 yes = 100) and # of level 2 yes > 2) tick here.		IF (% level 2 yes = 100) and # of level 2 yes > 3) tick here.	

\*Yellow is Quality Level 1, Blue is Quality Level 2, Pink is Quality Level 3

\*White blocks reflect areas where there are a continuum of quality that is reflected (but not necessarily assessed at that level) or areas where the indicator is in the PCR

## Overall Quality Score

Tick all the levels achieved for each domain as per the assessment instruments used. Then calculate the overall level using the logic described.

DOMAIN	Did Not Meet Level 1	LEVEL 1	LEVEL 2	LEVEL 3
Learning Programme				
Staffing				
Parents & Community				
Management & Leadership				
Inclusiveness				
Nutrition, Health and Safety				
<b>Overall Score</b>	<p>Did not meet level 1 in any of the 6 domains (1 or more ticks in this column)</p> <p><b>Significant Improvement Required</b></p>	<p>Level 1 or higher met for all 6 domains. (6 ticks in this column)</p> <p><b>Start-Up</b></p>	<p>Level 2 or higher met for Learning Programme; and at least 3 other domains. (Tick for Learning Programme plus 3 more ticks)</p> <p><b>Basic</b></p>	<p>Level 2 and Level 3 met for all domains. (6 ticks in level 2 and 6 ticks in level 3)</p> <p><b>Enhancing</b></p>

## APPENDIX TWO: ADDITIONAL ITEMS

The following indicator: *During playtimes, the room is divided into learning activity areas* in the Learning Programme Domain is recommended as a proxy for the additional activities listed below.

### ACTIVITIES

INDICATOR	LEVEL 1 START UP	LEVEL 2 BASIC	LEVEL 3 ENHANCING	POLICY/TOOLS ALIGNMENT
<p>Creative Art (2 – 5 years) Basic activities include drawing, painting, modelling with dough/ clay, cutting and pasting.</p> <hr/> <p>2 and Under <b>Not required for babies under 12 months (Score NA)</b> For 12 – 24 months crayons finger painting, tearing and pasting, hand and footprints Playdough from 24 months,</p>	<p>One of the four basic activities offered regularly Individual expression not encouraged (e.g. colouring or copying practised)</p> <hr/> <p>Art activity offered from time to time</p>	<p>Three basic activities are offered daily, some free expression as well as teacher-directed activities</p> <hr/> <p>Some materials are offered at least once a week</p>	<p>A wide variety of art experiences and open-ended materials are accessible and offered daily. Includes variations on the four basic activities (e.g. painting/drawing and modelling with different media) special projects, group and individual, collage and 3d creations)</p> <hr/> <p>Toddlers offered some art activity three times a week or more</p>	<p>DBE M&amp;E Classroom Observation talks to materials for Creativity NCF ELDA Creativity NCF ELDA Wellbeing – Fine motor Guidelines ECD Services</p> <p>Each day should be organised with many and carefully planned activities</p> <p>Creative activities</p> <p>CA N/s</p> <p>Programmes must promote the development of fine sensory and motor skills in children</p> <p>Prog Reg Fr 1(e) ...arts and crafts</p>

Books (Books for babies should be durable)	Few books accessible, or books in poor repair and not age-appropriate	Some books are available so that more than one child can look at books at the same time	2- 5 years Variety of fact, fantasy, nature and science, reflective of different cultures and abilities. 0 – 2 years range of familiar content – textures, people, animals, events, sounds.	DBE M&E Classroom Observation books NCF ELDA Language and Communication
<p>Educational toys/games (including table blocks) 2- 5 years</p> <hr/> <p>0 – 2 years Babies: busy board, rattles, containers to fill and empty, texture toys Toddlers (12 – 24 months) Large threading games, stacking rings, pegboards, feel-boards, interlocking materials like Duplo etc</p>	A few educational toys are available	<p>At least two examples each of small building toys, manipulative toys, matching and classification toys as well as puzzles.</p> <hr/> <p>At least five different fine motor materials per 10 children</p>	<p>A wide variety of age-appropriate educational toys and games (for older children) rotated for variety and represented the different types – puzzles, manipulative toys, small construction, matching &amp; classification toys &amp; games with rules (for older children).</p> <hr/> <p>A wide range of age-appropriate materials with different colours, textures, sizes and shapes (15 for 5 toddlers)</p>	<p>DBE M&amp;E Classroom Observation perceptual materials – puzzles, blocks (table I suspect) shapes NCF ELDA Wellbeing – Fine motor NCF ELDA Maths NCF ELDA Creativity – Problem Solving CA N/S Programmes must promote and support the development of sensory abilities in children Prog Reg Fr: Silver 2 g Programme provides opportunities for children to handle small objects ...</p>

<p>Blocks (Big)</p> <p>Blocks can be improvised, of different types such as hollow, solid, sponge, improvised. Accessories are cars, roads, little people, animals, signs or found objects such as pinecones, sticks etc.</p> <p><b>Note for babies and toddlers blocks need to be lightweight</b></p>	<p>A few blocks accessible for children's play (one child could build a structure at a time)</p>	<p>Enough blocks and accessories for at least two children to build independently at the same time</p>	<p>Blocks and accessories for three or more children. Organised and ordered according to shape, colour and size</p>	<p>DBE M&amp;E Classroom</p> <p>Observation - blocks</p> <p>NCF ELDA Mathematics</p> <p>Guidelines to ECD services Each day should be organised with many and carefully planned activities</p> <p>Intellectual abilities</p>
<p>Make-believe</p> <p>Can be improvised furniture and dress up can be cloths.</p> <p>Babies – soft animals as well as dolls.</p>	<p>A few materials/ equipment for dress up or pretend play</p>	<p>Some materials and furniture available for house play (e.g., dolls, housekeeping equipment, toy phones, shopping bags, dress up)</p>	<p>Variety of make-believe materials, open-ended and specific available for at least two themes e.g., house/ transport /; shop/clinic /jobs and representative of diversity (e.g., boy and girl dolls, black, brown, and white dolls, equipment used by people of different cultures)</p>	<p>DBE M&amp;E Classroom</p> <p>Observation - fantasy</p> <p>NCF ELDA creativity</p> <p>Guidelines to ECD services Each day should be organised with many and carefully planned activities</p> <p>Opportunities for imaginative play</p>
<p>Sand/ water play provided 2- 5 years</p> <p>Can be indoor or outdoor</p> <hr/> <p>Babies under 18 months NA allowed</p>	<p>Provision of supervised sand or water play at least once a week (season permitting)</p> <hr/> <p>once every 2 weeks (season permitting)</p>	<p>Either sand or water is provided regularly (at least twice a week) with some sand and water toys.</p> <hr/> <p>Either sand or water provided regularly (at</p>	<p>Sand and/or water provided each day with a wide variety of toys and experiences (e.g. containers, sieves, spades, spoons, pans, moulds, trucks; bubbles. water wheel).</p> <hr/>	<p>NCF ELDA Knowledge about the world</p> <p>Guidelines to ECD services Each day should be organised with many and carefully planned activities</p> <p>Intellectual abilities</p> <p>Creative activities</p> <p>CA N/S</p>



		least once a week) with some sand or water toys	Sand <b>or</b> water offered more than once a week with a variety of toys	Programmes must promote and support the development of sensory abilities in children
Nature/Science Materials can include books and pictures, images in games and lotto, animal figures. These may be organised on a nature or interest table (display). <b>NA allowed for under 2 years</b>	A few materials or activities relating to nature and science (e.g. completion of weather chart, books, pictures, plants or creatures, shells, stones, seeds, magnets, scales, prisms etc)	Some activities, interactive displays related to nature/science	In addition to interactive displays, living things etc special activities like cooking, simple experiments (floating and sinking, ice, kites, sounds) are offered regularly.	NCF ELDA Knowledge about the world Guidelines to ECD services Each day should be organised with many and carefully planned activities Intellectual abilities

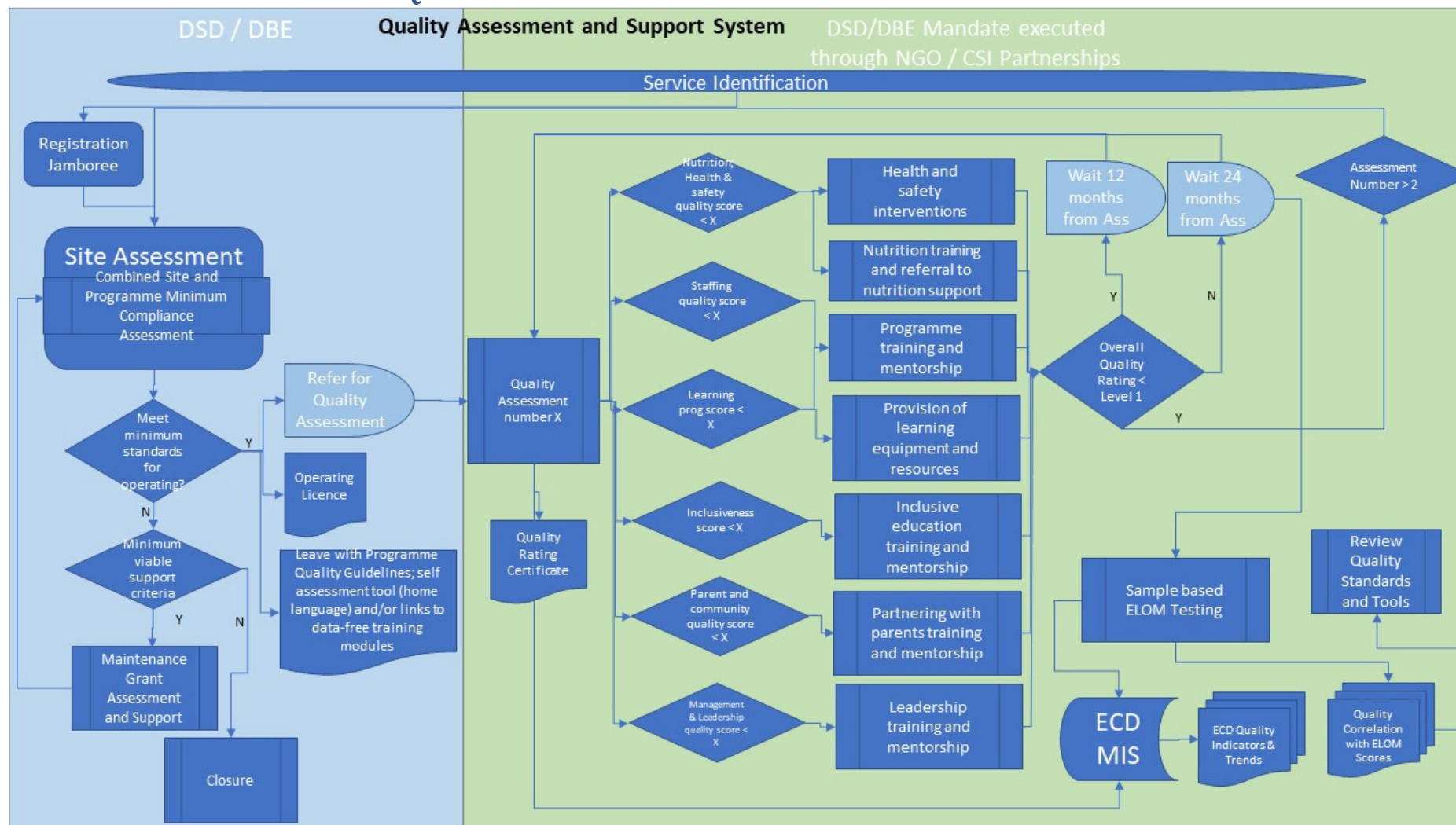
#### INTERACTIONS AND TEACHING STRATEGIES

Staff follow children's ideas and interests and acknowledge and encourage their efforts.	Practitioner sometimes follows children's ideas and interests (e.g. responds when they show her something, lets them choose a song, lets them draw what they want to draw). 1-2 instances in an hour. play. 0 instances in an hour.	The practitioner regularly follows children's ideas and interests. 3 or more instances in an hour.	The practitioner often encourages children to select activities based on their interests (more than 4 times in an hour) and shows interest in what they have done	NCF ELDA Identity and Belonging Emotional and social development – a sense of self-efficacy and agency CA N/S Programmes must teach age-appropriate self-control and independent behaviour Children must be enabled to develop a positive sense of identity and self-worth AND Children should feel valued and
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				<p>respected when participating in activities</p> <p>Guidelines to ECD services</p> <p>Practitioners should praise and encourage children, work with children to help them think about what they are doing.</p> <p>Prog Reg F 2(a) Adults treat and talk to children with kindness and respect – bronze</p> <p>Provide individual attention and encouragement to children (silver)</p>
Staff talk with children about what they are doing and thinking listen attentively and respond to their conversation.	Practitioner at times talks/listens when children share what they are doing and thinking 1 – 2 times an hour.	Practitioner sometimes talks and listens with children. 3 instances in an hour.	The practitioner often talks with and listens to children. More than 3 or more instances in an hour.	<p>NCF ELDA language and communication</p> <p>DBE M&amp;E Teacher/Practitioner communicates with learners</p>
Children are supported to be independent and do things for themselves.	The practitioner allows children to do some things for themselves (e.g., fetch their bag, hand round the fruit help tidy up) Observed at least once an hour	Practitioner encourages supports children to do things for themselves. 2-3 instances in an hour.	Practitioner regularly supports children to do things for themselves. 3 or more instances in an hour.	<p>NCF ELDA Identity and belonging</p> <p>CA N/S</p> <p>Programmes must teach age-appropriate self-control and independent behaviour.</p> <p>Children must be enabled to develop a positive sense of identity and self-worth AND</p>

				<p>Children should feel valued and respected when participating in activities.</p> <p>Prog Reg F (f ii) programmes support children to develop self-control; practice an appropriate level of independence and responsibility</p>
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## APPENDIX THREE: FIGURE 2 – QASS IN A REVISED COMPLIANCE SYSTEM



#### ***APPENDIX FOUR: SAMPLE SELF-EVALUATION TEMPLATE FOR EARLY LEARNING PROGRAMME STAFF***

<b>QUALIFICATIONS OF PRINCIPAL AND STAFF WHO WORK DIRECTLY WITH CHILDREN</b>				
All staff who work directly with children	Highest ECD qualification completed	Other training (short courses etc.)  Indicate content e.g. Power of Play First aid, NCF	Complete if the staff member is enrolled for training in the current year	Comment
			For either qualifications or short courses  Type and level of training e.g. ECD Level 4 or short course such as Inclusion	
Principal				
Class 1 Practitioner  Age of children				
Class 1 Assistant				
Class 2 Practitioner  Age of children				
Class 2 Assistant				
Class 3 Practitioner  Age of children				
Class 3 Assistant				

## Quality Domain Two: Staffing

PROFESSIONAL DEVELOPMENT	Quality Level	YES/NO (Tick all that apply)	Comment
Staff support, supervision and evaluation			
Senior staff assist with programme planning	QL1	YES/NO	
Principal or senior staff review planning and child progress records	QL2	YES/NO	
A principal or experienced senior observe the classroom from time to time and give feedback	QL2	YES/NO	
Child progress records are reviewed at least once a quarter	QL3	YES/NO	
Classroom observations by seniors regularly with feedback	QL3	YES/NO	
A principal or senior conduct a formal annual performance evaluation at least once a year which identifies strengths and weaknesses and plan for implementing recommendations.	QL3	YES/NO	
Professional development			
Staff support each other with planning and implementation.	QL1	YES/NO	
New staff receive an orientation to the programme.	QL1	YES/NO	
Staff are mentored by more experienced staff to ensure ongoing capacity development	QL2	YES/NO	
Staff have the opportunity to attend some workshops, ECD forum capacity building and other development opportunities (e.g. training, conferences, webinars, hubs) that are on offer	QL2	YES/NO	
Areas in which teaching staff need additional training have been identified	QL3	YES/NO	

Each staff member is required to identify areas for development through self-evaluation and together with management	QL3	YES/NO	
There is a staff development plan updated annually towards teaching staff and assistants receiving credit-bearing ECD qualifications and capacity building in particular skills areas.	QL3	YES/NO	
There is no formal process of staff reflection on their teaching to improve knowledge and practice	QL1	YES/NO	
There are opportunities to reflect on teaching and learning e.g. a meeting or team discussion of the programme	QL2	YES/NO	
Staff keep records (e.g. journals or notes in their planning books) in which they reflect on how their activities and teaching are meeting the needs of children, what to adapt or new ideas they would like to try from training or study.	QL3	YES/NO	
There are few books, copies of curriculum planning, computer, Apps etc. available to support improved teaching practice	QL1	YES/NO	
Some professional resource materials accessible to all staff	QL2	YES/NO	
There is assistance for staff to attend training and development workshops (time off, transport and other costs)	QL2	YES/NO	
Support to attend courses, conferences and workshops	QL3	YES/NO	
Good professional library/online resources accessible	QL3	YES/NO	
Staff are assisted to get an ECD qualification (e.g. time off, support with application, costs etc.)	QL3	YES/NO	

## APPENDIX FIVE: CREDIT BEARING ECD UNIT STANDARDS

Unit Standards Level 1 (Reg till 2023-06-03)					Accredited Providers <sup>30</sup>	
ID	Credits	Title	Content	Quality Domain/s	TVETS	NGOS
244261	3	Maintain records and give reports about babies, toddlers and young children	Observations, written records and giving reports on child’s development	Learning Programme/Parents	5 WC	10
Unit Standards Level 2 (Reg till 2023-06-03)						
244255	10	Care for babies, toddlers and young children	Nutrition, health safety, protection, referrals Attachment	Nutrition, health, safety	5 WC	12
244258	5	Demonstrate a basic understanding of child development	Understanding all aspects of child development and factors that may cause variation	Underpinning for Learning Programme, Nutrition, Health	5 WC	13
244262	5	Interact with babies, toddlers and young children	Activities, teaching strategies, relationships	Learning Programme most subdomains but especially activities, teaching strategies and relationships	5 WC	13
Unit Standards Level 3 (Reg till 2023-06-03)						
7406	12	Managing a Small-Scale ECD service	Appropriate management structure, systems of accountability; Family and community relationships; Support staff and/or helpers;	Management and leadership all areas operations, working conditions, parents		2

<sup>30</sup> According to the SAQA data base a large number of private providers are also registered to offer these courses but it is not clear whether they are still in existence or offering them.



			Admin& and record-keeping (not full financial management)			
244468 <sup>31</sup>	5	Prepare resources and set up the environment to support the development of babies, toddlers and young children	Set up, activities, resources, adapt for individual and special needs, language and culture within the context of daily programme, plan and curriculum guideline	Learning Programme: Equipment, Play Materials and Layout /Activities Daily Programme/Curriculum Aspects of Inclusion	16	47
244462	5	Work with families and communities to support Early Childhood Development	Principles and values for working with, families and communities. Assisting families to provide an environment conducive to the development of young children.	Parents and Community	16	47

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<sup>31</sup> NB 244468 and 244462 are core to the FETC in ECD and not necessarily offered separately.

## ***APPENDIX SIX: QASS ASSESSMENT TOOL COMBINED 0-5 EARLY LEARNING PROGRAMME ASSESSMENT***

### **QASS ASSESSMENT TOOL EARLY LEARNING PROGRAMME**

#### **Notes:**

1. This assessment combines the tool for infants and toddlers (0 – 24 months) and older children (2-5) and is appropriate for mixed ages groups.
2. Indicators in a grey font are there to show progression across levels but are not assessed as they are included in the Registration Framework

To assess the early learning programme try to follow the following process:

3. A separate Learning Programme Assessment should be completed for one of each age group if there are multiple classes. Fill in the table below for each group/class and fill in the full assessment for each.
4. Observe the playroom/classroom and complete all that you can in the sections marked “playroom observation”. This could be done while observing the programme but if the playroom is set up and this can be done earlier it will allow focus on other programme observations.
5. Observe the programme for +- 2 hours noting all the indicators that you can observe on the “programme observation” sections.
6. Use the notes section to record examples seen or given and points of interest that could be used to help identify strengths and weaknesses.
7. Interview the practitioner, first going back and covering any indicators you could not observe in the observation sections through questioning and then completing remaining sections marked “practitioner interview”.

<b>Class/Group Name:</b>		<b>Practitioner Name:</b>	
<b>Assistant 1 Name:</b>		<b>Assistant 2 Name:</b>	
<b>Age of Oldest Child:</b>		<b>Age of Youngest Child:</b>	
<b>Programme Observation Start Time:</b>		<b>Programme Observation End Time:</b>	

## EARLY LEARNING PROGRAMME 0-5

	INDICATORS	LEVEL 1 START UP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
<b>EQUIPMENT, PLAY MATERIALS AND LAYOUT</b>				
<b>PLAYROOM OBSERVATION</b>	Enough age-appropriate equipment for routine care. Includes furniture, chairs and tables, mattresses, cups, plates etc. For 0- 12 months: cots for very young infants, highchairs, changing table or mats etc.	There is some basic furniture and materials for routine care but not enough for all children to use at the same time. <input type="button" value="YES"/> <input type="button" value="NO"/>	There is sufficient furniture and materials for routine care (all children can use at the same time) <input type="button" value="YES"/> <input type="button" value="NO"/>	There is sufficient and convenient child-sized furniture and materials for routines, adaptations for children with disabilities, and accessible storage. <input type="button" value="YES"/> <input type="button" value="NO"/>
	Enough age-appropriate equipment and learning materials for inside play. Enough variety means that there is always sufficient equipment for all children to have a choice of activities (allowing for rotation and turn-taking).	There are some play materials of different kinds but not much variety and may be insufficient for all children to have something to play/work with. <input type="button" value="YES"/> <input type="button" value="NO"/>	There are sufficient materials for play and learning (enough for all children to have something to work on but there is a limited choice – only one activity or only one choice). <input type="button" value="YES"/> <input type="button" value="NO"/>	There are enough and enough variety of materials in all learning areas. More than two activities in each area and enough for all children to be occupied. Adaptations for use by children with different levels of ability (including disabled). <input type="button" value="YES"/> <input type="button" value="NO"/>
	During playtimes, the room is divided into learning activity areas. e.g., make-believe, blocks, maths/ perceptual (beads, puzzles, shapes, counters, sorting games etc.), art (paints, brushes, crayons, pencils, dough, construction), books, nature/science table, sensory play (water, sand)	During playtime at least two play or learning activity areas are set out. <input type="button" value="YES"/> <input type="button" value="NO"/>	During playtime, at least three play or learning areas are set out. There is space for several activities to go <input type="button" value="YES"/> <input type="button" value="NO"/>	During playtime four or more play or learning areas are set out. The space is arranged so children can use them independently. Quiet and active areas are separate. <input type="button" value="YES"/> <input type="button" value="NO"/>

	Children's work as well as posters and charts relating to the curriculum are displayed.	A few materials are displayed for children.	Display content is suitable for children's ages, is at eye level and includes some children's work. <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	There is a rich display based on current activities/themes with many examples of the children's own work. <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<b>Notes</b>				
<b>DAILY PROGRAMME</b>				

PLAYROOM OBSERVATION	<p>Routines are smooth and non-disruptive (Routines include arrival, departure, snacks and meals, toilet times and rest)</p> <p>Babies and toddlers have a flexible schedule where they can feed and sleep on demand.</p> <p>Practitioner Q L 3: How do you adjust routines for particular children's needs (e.g., if they are not sleepy at rest time, are anxious at separating from a parent on arrival)? Give an example.</p>	<p>There are regular times planned in the daily programme for general care routines (arrival, departure, snacks, meals, toilet times and rest).</p> <p>YES NO</p>	<p>General care routines are generally age-appropriate and well organised but usually done as a large group activity with long periods of waiting.</p> <p>YES NO</p>	<p>General care routines such as meals, rest, toilet, arrival, and departure, are flexible to children's age and individual needs. Children are encouraged to assist and supported to be self-sufficient.</p> <p>YES NO</p>
	<p>Age-appropriate daily programme followed with free play (indoors and out); small group (scheduled times for a few children with practitioner) and whole-group activities (ring time, story, music). Age-appropriate means shorter group times for younger children who cannot concentrate for long.</p> <p>D: Review daily programme – this is usually displayed on the wall</p>	<p>There is a basic daily schedule including learning opportunities appropriate to the age of the children.</p> <p>YES NO</p>	<p>A balanced daily programme is followed including indoor and outdoor play daily (weather permitting) and free play and group activities.</p> <p>YES NO</p>	<p>A well-structured but flexible daily learning programme is followed by a variety of activities every day including free play and group activities.</p> <p>There are smooth transitions without long periods of waiting.</p> <p>YES NO</p>

**Notes:**

**ACTIVITIES**

PROGRAMME OBSERVATION	<p>The programme includes music and movement activities.  NB This does not include loud background music during other activities.  Materials include rattles, shakers, chimes, drums etc.  Activities include moving to a song or a beat, taped music, singing, action songs.  If music is not on the daily programme, Ask Practitioner.  Do children ever do music and movement activities? How often?</p>	<p>There is an organised music/movement activity at least twice a week.</p> <p>YES NO</p>	<p>There are some music materials and at least one music and movement activity daily.</p> <p>YES NO</p>	<p>There are many music materials for free play as well as a daily group music activity. Creativity is encouraged.</p> <p>YES NO</p>
	<p>The programme includes opportunities for gross motor play.  2- 5 years  Materials and opportunities should develop balancing, running, climbing, walking, ball skills, rolling, pedalling obstacle courses, etc.  0 – 2 years  Babies: Activities and space for tummy time, crawling, cruising, beginning walking, pushing, pulling  Toddlers: Pushing, balls and bean bags, low obstacle courses or climbing, tunnels, etc NB: Must be separated from older children during outdoor play</p>	<p>There is at least one daily outdoor play opportunity for gross motor play (may use small equipment - balls, ropes, and games rather than fixed outdoor play equipment).</p> <p>YES NO</p>	<p>There are outdoor play opportunities at least once daily as well as indoor large muscle activities such as movement rings.</p> <p>YES NO</p>	<p>There are a variety of opportunities for large muscle development indoors and outdoors each day. These provide for integrated skills development e.g., building with large blocks, dramatic play, woodwork, digging.</p> <p>YES NO</p>

PROGRAMME OBSERVATION	<p>The programme includes language and literacy development.</p> <p>2- 5 years</p> <p>The programme includes language and literacy activities (daily story time, sharing ideas at circle time, fingerplays, songs, reading books and reading to children, talking, and listening expansion of conversation encouraged, print-rich environment, opportunities for drawing/writing.)</p>	<p>Some (At least 2 daily) of the following or similar activities are used by staff with children to encourage them to communicate. e.g., Practitioner sometimes shares a book with children, tells a story, does action rhymes, there are a few books, some writing materials.</p>	<p>The practitioner provides regular activities (3 to 5 daily) to develop children's language and literacy skills. A <b>daily</b> story, action songs and rhymes, some appropriate books and reading to children, access to writing implements and paper, some practitioner and child conversations and some labelled pictures and printed words displayed especially children's names.</p>	<p>Many (6 or more of the following) daily language and literacy activities during both free play and group times. Daily story with active child participation and discussion (e.g., children asked to recall parts of the story); action songs; access to many appropriate books; shares books with small groups often; plays sound and word games; has small group discussions.</p> <p>Practitioner records children's sayings; labels items in drawings; (Check portfolios); displays their emergent writing (on the wall).</p> <p>Many labelled pictures and materials are on view.</p>
	<p>0 – 2 years:</p> <p>The programme focuses on helping children to communicate and build vocabulary</p>	<p>Practitioners usually respond and try to understand babies' and toddlers' communications (through gestures, sounds and words).</p>	<p>Practitioners respond to babies' and toddlers' communication and do at least 2 of the following: label what they are doing, share age-appropriate books, sing action songs and fingerplays.</p>	<p>Practitioners interpret and build on babies' and toddlers' communications and do 3 or more of the following daily: Share many books. Use simple descriptive words, Sing action songs and fingerplays.</p>
		<div>YES</div> <div>NO</div>	<div>YES</div> <div>NO</div>	<div>YES</div> <div>NO</div>



	<p>The programme includes opportunities to develop maths skills.</p> <p>For children 2 – 5 these would be things to count, measure, learn about shape and size, sorting and classification.</p> <p>For 0 – 2 years focus would be on informal sorting, form recognition (posting box), measurement (big, small, heavy, light) and positional words (in, on, under) and quantity (a lot and a little).</p>	<p>At least 2 concrete maths materials or activities other than worksheets are used.</p> <p><i>E.g., things to count, compare, pictures of shapes</i></p> <p>YES NO</p>	<p>3 to 5 developmentally appropriate materials and some activities and daily routines are used to focus on maths (e.g., who is first, last, sorting by size, one to one correspondence - each child has a cup etc, counting songs and rhymes)</p> <p>YES NO</p>	<p>More than 5 developmentally appropriate materials of various types (for counting, measuring, learning shape and size, data handling).</p> <p>Daily activities are used to promote maths.</p> <p>YES NO</p>
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**Notes:**

INTERACTION WITH CHILDREN				
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>The practitioner promotes and encourages positive interaction among children.</p> <p>Q: What do you do to encourage children to get along with each other</p>	<p>The practitioner intervenes to stop any negative interactions among children.</p>	<p>Peer interaction is encouraged (e.g., free choice groups, inviting shy children to join a group).</p> <p>YES NO</p>	<p>Staff model good social skills, help children develop good social behaviours, and provide opportunities for children to work together.</p> <p>YES NO</p>
	<p>Staff child interaction warm, interested individualised and respectful, sensitive to how children are feeling (response is prompt to children who are upset).</p>	<p>Staff are generally warm with children (children freely approach staff for needed support) but may not focus on individual children's needs.</p> <p>YES NO</p>	<p>There is a warm and friendly atmosphere, some positive interactions and responses to individual children, consistent response to children's needs including to share their thoughts and work (observed at least twice)</p> <p>YES NO</p>	<p>There is frequent positive interaction, warm contact, and a relaxed and pleasant atmosphere. Children are encouraged to express their emotions.</p> <p>Practitioners are sensitive to non-verbal cues and respond appropriately. They are respectful and guide positively. They are supportive and comforting (observed more than twice during observation).</p> <p>YES NO</p>
	<p>Positive discipline practised. (no physical punishment, yelling, shaming, withholding food or long time out. Clear expectations set (rules known), praise for good behaviour, explains and redirects misbehaviour. Supports children to solve a conflict.</p>	<p>Discipline is not harsh, basic control is maintained and expectations are age-appropriate.</p>	<p>No harsh methods are used, control is maintained, expectations are age-appropriate. Children are reminded of classroom rules and these are applied consistently.</p>	<p>There is an effective use of non-punitive discipline methods. The programme is arranged to avoid conflict. Children are supported to solve conflicts themselves. The reasons for the rules are explained to children.</p>

	<p>If no examples are seen, ask Practitioner  Q: How do you maintain discipline in your playroom? Describe methods you use?  X here if not observed: <input type="checkbox"/></p>	<div>YES</div> <div>NO</div>	<p>The practitioner takes action before conflicts can arise.</p> <div>YES</div> <div>NO</div>	<div>YES</div> <div>NO</div>
<p>Notes:</p>				

TEACHING STRATEGIES				
	INDICATORS	LEVEL 1 STARTUP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>During free choice times, practitioners allow children to have a high level of choice about what to play and what materials to use. (Practitioners do not give instructions to children concerning their choice of activities or playmates.)</p> <p>If not observed ask Practitioner, Q: Can you describe free play opportunities? What can children play with? When does this happen?</p> <p>X here if not observed: <input type="checkbox"/></p>	<p>Staff direct how children use materials and carry out activities (e.g., all make the same things, respond with the same words and actions).</p> <p>YES NO</p>	<p>Children make at least two choices independent of practitioner direction about where and how to carry out activities, but some materials choices and activities are practitioner directed.</p> <p>YES NO</p>	<p>Children make three or more choices during playtime (independent of practitioner direction) about where and how to use materials and carry out activities.</p> <p>YES NO</p>

	<p>Staff move around and engage with children during playtime and use a range of techniques to support and extend children's learning (e.g., talk, add information, listen, question, model, join in play, allow children to try things out, simplify a task or suggest a more advanced activity)</p> <p>If not observed ask the practitioner to explain what they do when children have playtime.</p> <p><input type="checkbox"/></p> <p>X here if not observed:</p>	<p>Practitioner-child interaction is largely supervisory (e.g., Provides materials, keeps order).</p> <p>YES NO</p>	<p>Staff engage with one or two children to extend their learning using one or two different techniques (three instances observed).</p> <p>YES NO</p>	<p>Staff regularly engage to extend children's learning using a variety of techniques (more than 3 instances observed).</p> <p>YES NO</p>
	<p>Group times that are practitioner directed allow for child participation.</p> <p>If not observed ask Practitioner Q: What are children asked to do/how do they contribute during group times?</p> <p>For 0 – 2 years NA allowed</p> <p><input type="checkbox"/></p> <p>X here if not observed:</p>	<p>In large group activities, staff do not ask children to offer ideas or participate according to their developmental levels.</p> <p>YES NO</p> <p>N/A</p>	<p>Children sometimes contribute or participate at their own developmental levels at large group time.</p> <p>YES NO</p> <p>N/A</p>	<p>Children contribute their own ideas and participate at their own developmental levels throughout large group times.</p> <p>YES NO</p> <p>N/A</p>

PROGRAMME OBSERVATION & PRACTITIONER INTERVIEW	<p>Staff ask open-ended questions to extend children's thinking.</p> <p><i>For 0 – 2 years NA</i></p>	<p>The practitioner asks mostly closed-ended questions (e.g., What is this? What colour is this? What do we call this?)</p> <div data-bbox="837 600 1155 756"> <div>YES</div> <div>NO</div> <div>N/A</div> </div>	<p>The practitioner asks some questions to encourage children to reflect on an activity or idea (e.g., What do you think ....', 'Do you agree with ...?', 'Why?', 'Would you have done it differently? How?')</p> <p>Two instances were observed.</p> <div data-bbox="1191 660 1509 810"> <div>YES</div> <div>NO</div> <div>N/A</div> </div>	<p>The practitioner asks many questions to encourage children to reflect on actions and ideas in multiple ways.</p> <p>Three or more instances were observed.</p> <div data-bbox="1550 651 1868 842"> <div>YES</div> <div>NO</div> <div>N/A</div> </div>
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	<p>Staff support children's emotional and social development: opportunities for autonomy (e.g., dress, pour juice, fetch the paper, help tidy up) and initiative (trying things in different ways, suggesting a game etc)</p> <p>For babies e.g hold their cup, help feed themselves, finger foods or practitioner follows their lead in an activity</p>	<p>Staff do not support children to do things for themselves or encourage children to take initiative.</p>	<p>The practitioner sometimes supports children to do things for themselves and take initiative.</p> <p>Two instances were observed.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>The practitioner regularly supports children to do things for themselves and take initiative.</p> <p>Three or more instances were observed.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
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Notes:

**CURRICULUM (PLANNED EXPERIENCES, ROUTINES)**

	INDICATORS	LEVEL 1 STARTUP	LEVEL 2 BASIC	LEVEL 3 ENHANCING
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<b>PRACTITIONER INTERVIEW</b>	<p>The learning programme is guided by the NCF ELDAs and aim and phase-specific developmental guidelines. Well-being (health), identity and belonging (social and emotional), communication, exploring mathematics, knowledge of the world, creativity.</p> <p>D: ask to see Practitioner's planning book for the day and week. Do activities provide for the different development areas above?</p> <p>D: check if there is a curriculum plan displayed – some programmes do this.</p> <p>Principal Q: Is a particular curriculum followed and can an example be seen?</p> <p>How do teachers plan?</p>	<p>There is a learning programme/curriculum used that broadly supports holistic development, but it may not specifically or consciously plan around the NCF areas.</p> <p>YES NO</p>	<p>The learning programme/curriculum focuses on some of the ELDAs and is mostly developmentally appropriate.</p> <p>YES NO</p>	<p>The learning programme/curriculum used covers all the ELDAs and activities that are developmentally appropriate catering to different children's individual needs.</p> <p>YES NO</p>
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	<p>Practitioner organises activities according to an integrated weekly and daily plan (e.g. particular theme/topic is reflected across learning areas and times of the day).</p> <p><a href="#">Questions in the previous item cover this</a></p>	<p>There is no evidence of planning used to organise learning activities across different programme areas and parts of the daily programme (that a specific plan is being followed for the day though there may be a regular schedule)</p>	<p>Planning books and the playroom reflect a planned and integrated approach across different learning areas and parts of the daily programme.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>	<p>Plans are applied to integrate learning activities and there is evidence of taking into account children's interests and developmental appropriateness in planned activities that are implemented.</p> <div> <input type="button" value="YES"/> <input type="button" value="NO"/> </div>
<p>Notes:</p>				
<p><b>PLANNING, OBSERVING AND ASSESSING</b></p>				

PRACTITIONER INTERVIEW	<p>Children are observed and staff take remedial action to address behavioural or learning problems where appropriate.</p> <p>D: Ask the teacher/practitioner to show you any record of observations of learner performance (observation book)</p>	<p>There is no record of observations in an observation book, or this is not in regular use.</p>	<p>An observation book is used and there is some evidence of doing activities to help children develop in areas where they are struggling.</p> <p>YES NO</p>	<p>There are many and varied observations of children's progress and evidence of a range of activities to remediate difficulties/facilitate holistic development.</p> <p>YES NO</p>
	<p>Learning content/activities are organised according to an integrated weekly and daily plan based on achieving NCF learning outcomes.</p> <p>D: Ask practitioner to show planning book Practitioner Q L 1 How do you plan for the day and the week?</p>	<p>There is a basic weekly and daily plan for learning activities. (Practitioner may not have written this down, it could be questioned)</p> <p>YES NO</p>	<p>Planning books and the playroom reflect a planned and integrated approach with a weekly plan which outlines activities and outcomes for the week (all ELDAs are considered and may be organised by a theme)</p> <p>YES NO</p>	<p>Weekly plans are available and applied and there is evidence of building on children's interests and developmental appropriateness in planned activities.</p> <p>YES NO</p>
	<p>Children's progress is assessed to inform learning and teaching.</p> <p>D: Ask to see examples of assessment and learner portfolios or records of the learners' work (i.e., learners' drawings, artwork, photos etc.)?</p>	<p>Practitioners can describe how children are progressing but there is not a formal record of this.</p>	<p>Assessments are done regularly, and reports are filed. (i.e., Practitioner observes a small group of children at least once a week on a rotational basis)</p>	<p>There are many and varied observations/assessments of children's progress regarding developmental milestones.</p>

	<p>Ask Principal to show progress report form (cross-reference to Parent and Community)</p> <p>If No forms L1 Practitioner Q, what do you look for to see how children are progressing with examples</p>	<div>YES</div> <div>NO</div>		<div>YES</div> <div>NO</div>		<div>YES</div> <div>NO</div>	
<p><b>Notes:</b></p>							
Total Scores – Learning Programme	# of level 1 yes or N/A	# of level 1 no	# of level 2 yes or N/A	# of level 2 no	# of level 3 yes or N/A	# of level 3 no	
Percentage Yes / No	/18*100=	/18*100=	/23*100=	/23*100=	/23*100=	/23*100=	
Learning Programme Domain level	IF (% level 1 yes = 100) tick here.		IF (% level 1 yes = 100) and (# of level 2 yes or N/A >18) tick here.		IF (% level 2 yes=100 and (# of level 3 met or N/A > 18) tick here		



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# APPENDIX 9

## ASSESSMENT TOOL FOR PREVENTION AND EARLY INTERVENTION PROGRAMME (PEIP)



**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

## ASSESSMENT TOOL FOR PREVENTION AND EARLY INTERVENTION PROGRAMME (PEIP)

To be completed by the assessment team

### 1. IDENTIFYING PARTICULARS OF SERVICE PROVIDER RENDERING PEIP

1.1. Name of Department/ Organisation:.....

1.2. Operational Area:.....

1.3. Contact Official:.....

1.4. Contact Details (Tel):..... (Cell):.....  
(Fax):..... (Email Address):.....

#### 1.5. Registration Category

1.5.1. It is hereby certified that the Service Provider is registered in terms of:

(Tick appropriate option with an X and substantiate with documentation)

<input type="checkbox"/>	Non-Profit Organisations Act 71/1997
<input type="checkbox"/>	Companies & Intellectual Property Registration Act 71/2008
<input type="checkbox"/>	SA Council of Social Service Profession (SACSSP)
<input type="checkbox"/>	Health Professions Council of South Africa (HPCSA)
<input type="checkbox"/>	SA Schools Act 84/1996
<input type="checkbox"/>	Other Professional Body

1.5.2. If other professional body please specify: \_\_\_\_\_

1.5.3. Registration Number: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

1.5.4. Is the Service Provider designated as Child Protection Organisation: \_\_\_\_\_

1.5.5. If Yes, Date of Designation: \_\_\_\_\_

1.5.6. If no, please state the reason: \_\_\_\_\_

**2. STAFF RESPONSIBLE TO IMPLEMENT THE PROGRAMME:**

Name of the Practitioner	Position	Gender	Qualification	Registration No

**3. TYPE OF THE PROGRAMME:** \_\_\_\_\_**4. CATEGORY OF THE PROGRAMME (tick one)**

Outreach services	
Education, information and promotion	
Therapeutic programme	
Family preservation	
Skill development programme	
Diversion programme	
Temporary safe care	
Other (please specify)	

**5. NAME OF THE PROGRAMME:** \_\_\_\_\_**6. OBJECTIVES OF THE PROGRAMME** (Please state in terms of risk factors that the programme is addressing)

6.1. Objective: \_\_\_\_\_

6.2. Objective: \_\_\_\_\_

6.3. Objective: \_\_\_\_\_

**7. TARGET GROUP/BENEFICIARIES****7.1. Children**

Age Groups	Gender		Race				Disability/ Chronic Illness	Total
	Male	Female	Blacks	Whites	Coloureds	Asians/Indians		
0-5 yrs								
5-10 yrs								
10-15 yrs								
15-18 yrs								

**7.2. Adults**

	Gender		Race				Disability/ Chronic Illness	Total
	Male	Female	Blacks	Whites	Coloureds	Asians/Indians		
Youth								
Couples								
Parents/ CareGivers								
Community Members								
Others (Specify)								

**8. PEIP Approaches, Principles, Programme Design Elements and Implementation Practices** (please assess compliance of programme with answers “YES”, “NO” or “PARTLY” with justification for your answer.

**8.1. Approach(s) applied in the implementation of PEIP**

APPROACH(S)	ANSWER	JUSTIFICATION
Has the programme identified the risk factors?		
Does the programme address the factors that place children at risk?		
Does the programme keep children away from formal court procedures?		
Does the programme adopt a strength-based approach?		
Does the programme identify the protective factors?		
Does the programme adopt a child-centred and child-sensitive approach, including consideration of age, maturity, ability and developmental needs of the child?		

**8.2. PEIP Principles**

PRINCIPLE	DESCRIPTION	ANSWER	JUSTIFICATION
<i>A rights-based and developmental approach</i>	It is essential to protect children from violence, exploitation and abuse to protect their rights to survival, growth and development.		
<i>Protective environment</i>	A protective environment is composed of national child protection systems, protective social practices and children's own empowerment. Child protection initiatives need to strengthen this protective environment to enable countries, communities, families and children to prevent and respond to violence, exploitation and abuse.		
<i>Holistic approach:</i>	Child protection interventions need to address the <i>root causes</i> of violence, exploitation and abuse. The factors that enhance children's vulnerability are highly contextual and situational and operate at the different levels of analysis		
<i>Broader protection activities</i>	Child protection is part of broader protection activities aimed to		



	ensure the care and protection of vulnerable population groups such as elderly persons, disabled persons, chronically ill and victims of emergencies.		
<i>Inter-sectoral legal reform and policy change</i>	PEIP requires a multi-disciplinary and inter-sectoral approach that includes social welfare, health, education and criminal justice services.		
<i>Accountability</i>	In fulfilling this responsibility the needs to establish a national and community-based child protection system that has both a legal policy and knowledge component. Such systems should be based on partnerships.		
<i>Partnerships</i>	Child protection rests on partnerships between multilateral, national, civil society and private sectors, as well as communities, carers and families.		
<i>Child participation</i>	Child Participation involves ensuring that children can express an opinion about - and influence - decision-making and action.		
<i>Social change</i>	Child protection interventions are only effective if they try to change the norms, attitudes and behaviour of families and communities.		
<i>Capacity-building</i>	All actions with young people and their families should be provided most effectively and efficiently as possible.		
<i>Evidence-based programming</i>	Programmes and policies cannot be developed in a vacuum but should be based on the identified needs of children, families and communities in a particular social context. Research is therefore in the form of needs assessments, ongoing monitoring data and impact evaluations of projects		
Children with disability or chronic illness	PEIP should consider the needs of children with disability or chronic illness and also that their health, well-being or dignity is respected.		

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### 8.3. Programme Design Elements

DESIGN ELEMENTS	ANSWER	JUSTIFICATION
Is the programme based on a community profile? If yes please provide information.		
Does the programme mobilise community resources?		
Does the programme build on emerging practice?		
Are the programmes based on evidence-based practice?		
Are the programmes based on policy alignment?		
Does the programme promote prevention and strengthen, build capacity and self-reliance of children and families?		
Does the programme promote early identification and support for at-risk children and families?		
Does the programme adopt a multi-disciplinary approach?		
Does the programme adopt an inter-sectoral approach?		

### 8.4. Implementation Practices

PRACTICES	ANSWER	JUSTIFICATION
Is the programme accessible to children <i>within</i> their communities?		
Does the programme ensure and promote the rights of children to services?		
Is the programme delivered by service providers with the appropriate training, support, supervision and mentoring?		
Does the programme minimise the risk of secondary trauma for children and families?		

- 9. Assessment of Prevention and Early Intervention Programmes in terms of Norms and Standards of the Children's Act, 2005.** (please assess adherence with the Norms and Standards with answers "YES", "NO" or "PARTLY" with justification for your answer.

**9.1. Across all categories, the standards emphasise the importance of:**

STANDARD	ANSWER	JUSTIFICATION
Is the programme conducted in a non-discriminatory manner?		
Is the programme sensitive to the linguistic needs of children and their families?		
Is the programme sensitive to the religious norms and values of children and their families?		
Is the programme sensitive to the cultural norms and values of children and their families?		
Does the programme build on the strengths of families and communities?		
Does the programme involve children and families in decision-making processes?		
Does the programme improve the well-being and resilience of families?		
Does the programme address the factors that place children at risk within families, neighbourhoods and communities?		

**9.2. Outreach services**

STANDARDS			
Outreach services are aimed at reaching out to especially vulnerable children and families to meet the needs of children, within the context of family and community.			
Is the outreach service conducted in the following?:	adopt a multi-disciplinary, inter-sectoral approach		
	Include opportunities for children to identify their own needs within communities		
	Aim to identify children at risk, to assist families to access resources, promote resilience, and develop new capacities		
	Utilise community strengths and resources to address risk factors and promote safe neighbourhoods for children.		

**9.3. Education, information and promotion programmes:**

<b>STANDARDS</b>	<b>ANSWER</b>	<b>JUSTIFICATION</b>
Providing education and awareness on children's rights and responsibilities		
Promoting the importance of the early years, particularly early childhood development		
Promoting advocacy for the rights of children as well as for the needs of the most vulnerable children and families		
Providing information on the nature and type of services to children, families and communities, and on how to access these services		
Providing information and support to families affected by HIV/Aids and other chronic illnesses		
Providing information on early identification of risk factors in children and families		
Using available media and other communication measures		
Promoting values aimed at protecting children in their communities		
Promoting opportunities for community dialogue on matters about children		
Providing information on community risk factors and available resources to address them		

**9.4. Therapeutic programmes must –**

<b>STANDARDS</b>	<b>ANSWER</b>	<b>JUSTIFICATION</b>
Provide psychosocial care and support to children and families, including counselling and consultation		
Promote the emotional well-being and growth of the child		
Be appropriate to the developmental needs as well as the developmental stage of the child		
Be delivered in an emotionally and physically safe environment and not be harmful to the child		
Be conducted by service providers with appropriate training, support, supervision and mentoring		
Be based on the assessment of the particular needs of each child and family		

Assist recipients to use their strengths whilst they are assisted with their psychosocial needs		
Involve the child, his or her family and significant persons		
Ensure that recipients are provided with the name and contact number of the service provider		
Ensure that proper records are kept and data captured		
Be aimed at minimising secondary abuse and trauma		
Ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously		
Be reviewed regularly according to the needs of the recipients		

#### 9.5. Family preservation must –

STANDARDS	ANSWER	JUSTIFICATION
Be aimed at the identification of high-risk families and children		
Be aimed at preventing the recurrence of problems in the family environment that may harm children or adversely affect their development		
Address factors that put children at risk of imminent removal from their environment		
Address the particular needs of families in their diverse forms		
Be rendered by service providers with appropriate training, support and supervision to maximise their abilities and capacity to conduct assessments and appropriate interventions		
Be intensive by nature and delivered by a multi-disciplinary team within six months; seek to strengthen and support family support structures and render capacity development		
Be home-based and family-centred with family members seen as the main focus		
Ensure that family plans are developed with the participation of family members		
Teach skills and develop the capacity of parents, caregivers and families to address family risk factors		

Enhance positive family relations and promote a family climate that promotes the care, protection and development of children		
Ensure that children are safe from harm whilst in the family		
Promote communication and positive relationships within families		
Strengthen extended family as well as neighbourhood and community networks in promoting the well-being of the child		
Promote reunification of children with their families		
Ensure the participation of children, family members and other significant people in the child's life		
Be based on a multi-disciplinary and inter-sectoral approach		
Enable families to take responsibility and accountability for their involvement in programmes		
Have a system for monitoring and assessing the impact of a programme		

**9.6. Skills development programmes must be –**

STANDARDS	ANSWER	JUSTIFICATION
Aimed at improving children's and adult literacy		
Aimed at alleviating poverty and its adverse effects on children		
Aimed at creating employment and improving family income		
Aimed at providing skills for the care of sick, disabled and chronically ill children		

**9.7. Diversion programmes must –**

STANDARDS	ANSWER	JUSTIFICATION
Promote the dignity of the child.		
Promote the well-being of the child.		
Promote the development of the child's sense of self-worth		
Promote the development of the child's ability to contribute to society		
Be appropriate to the age and maturity of the child		
Be based on an assessment of the particular needs of the child, using an approved developmental	Social relationships, including family and peer relationships	
	Education, including school grade,	

assessment framework which covers: Details on risk factors associated with offending that are present in the child's life, including-	attendance and performance		
	History of antisocial behaviour		
	Substance abuse		
	Medical/psychiatric history		
	Whether the child has been found in need of care		
	The child's developmental areas that the programme is designed to address		
Strength assessment			
Not interfere with the child's schooling			
Impart useful skills			
Not be exploitative, harmful or hazardous to a child's physical or mental health			
Include a restorative justice element that aims at healing relationships, including the relationship with the victim			
Include an element that seeks to ensure that the child understands the impact of his or her behaviour on others, including the victim of the offence, and may include compensation or restitution			
Involve parents and caregivers where available			
Be presented in a location reasonably accessible to the child			
Ensure that a child who cannot afford transport to attend a selected diversion programme should, as far as is reasonably possible, be provided with the means to do so			
Promote the participation of children in decision-making			
Be provided by suitably trained persons, with regular supervision			
Have a system for monitoring the child's progress, including his or her compliance with the conditions of a diversion order			
Have a system for monitoring the quality of programme delivery			
Adhere to national policy guidelines			

**9.8. Temporary safe care involves the removal of** a child from his /her family home, based on the assessment of the needs of the child.

STANDARDS	ANSWER	JUSTIFICATION
Temporary safe care must promote the safety and security of the child		
Temporary safe care must promote the dignity of the child.		

Temporary safe care must promote the well-being of the child.		
The Child must be properly screened and approved in the manner contemplated in regulation (63).		
Temporary safe care service providers must demonstrate the ability to deliver an effective and efficient service to the child		
Temporary safe care may not be disruptive to the child's life and routine		
Temporary safe care must allow access to the child by relevant persons, including the parent, guardian, caregiver, next of kin or other professional as the need maybe if it is in the best interest of the child		
The identity and location of temporary safe care may not be revealed to certain persons for the protection of the child		
There must be continuous monitoring and assessment of the well-being of a child in temporary safe care		

## 10. Funding of Prevention and Early Intervention Programmes

Indicate if the funding of Prevention and Early Intervention Programmes is prioritised	YES ✓	NO X	COMMENTS
In communities where families lack the means of providing proper shelter, food and other necessities of life to their children			
To make prevention and early intervention programmes available to children with disabilities			
Indicate the funding source			

## 11. Monitoring, evaluation and accountability requirements

Is the programme documented? If "yes" the copy must be attached	Yes	No	Comment:
Is the programme subjected to ongoing review?	Yes	No	Comment:
If "yes", how often?			Comment:
Is the programme based on research?	Yes	No	Comment:
Are the participants allowed to give input or feedback?	Yes	No	Comment:



<b>Is the programme subject to regular monitoring and evaluation?</b>	Yes	No	Comment:
<b>If “yes”, how often?</b>			Comment:
<b>Are the service recipients completing the attendance register?</b>	Yes	No	
<b>If “yes” if yes please attaché attendance register.</b>			

Evaluation Tool used	Please tick	Comment if any
Pre- and post-intervention surveys		
Baseline studies		
Key informant interviews with community and government stakeholders		
Service recipients satisfaction surveys		
Knowledge, attitude and practice surveys with service recipients		

## 12. CONCLUSION

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## 13. RECOMMENDATIONS

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### **Names and contact details of officials conducting assessment**

1. Name and Surname: \_\_\_\_\_

Tel No Number: \_\_\_\_\_ Cell No Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. Name and Surname: \_\_\_\_\_

Tel No Number: \_\_\_\_\_ Cell No Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3. Name and Surname: \_\_\_\_\_

Tel No Number: \_\_\_\_\_ Cell No Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4. Name and Surname: \_\_\_\_\_

Tel No Number: \_\_\_\_\_ Cell No Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

5. Name and Surname of the Project Manager:

\_\_\_\_\_

Tel No Number: \_\_\_\_\_ Cell No Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of the Assessment: \_\_\_\_\_



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# APPENDIX 10

## EXAMPLE LETTERS

## APPENDIX 10.1



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

Private Bag X901, Pretoria, 0001, 134 Pretorius Street, HSRC Building, Pretoria  
Tel: (012) 312 7153, Fax: 086 542 3964, e-mail: NkataneM@socdev.gov.za

The CEO  
Protect the Children  
Private Bag X 0000  
**PRETORIA**  
0001

Dear \_\_\_\_\_

### RE: DESIGNATION OF CHILD PROTECTION ORGANISATION

This letter serves as a confirmation that **PROTECTS THE CHILDREN** has been designated as a Child Protection Organisation (CPO) in terms of section 107 of the Children's Act 38 of 2005.

**PROTECT THE CHILDREN** is registered for a period of five (5) years with effect from 1 April 2010 to January 2015. As a designated CPO, **PROTECT THE CHILDREN** must be managed and maintained under the Children's Act and must comply with the prescribed national norms and standards contemplated in section 106 of the Children's Act and such other requirements as may be prescribed.

The designation as confirmed in this letter may be withdrawn to perform any, or any specific, designated child protection service if **PROTECT THE CHILDREN** breaches or fails to comply with any conditions subject to which the designation was made or contravenes or fails to comply with a provision of the Children's Act then **PROTECT THE CHILDREN's** designation may be withdrawn if it is in the best interest of the protection of children as contemplated in section 109 of the Children's Act.

Please take note that the application for re-designation must be made in writing, 90 days before the expiring date lapses, to the Director-General of Social Development.

Kind Regards

**MR V. P MADONSELA**  
**DIRECTOR-GENERAL**

**DATE:**

## APPENDIX 10.2



**social development**

Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

Private Bag X901, Pretoria, 0001, 134 Pretorius Street, HSRC Building, Pretoria  
Tel: (012) 312 7153, Fax: 086 542 3964, e-mail: NkataneM@socdev.gov.za

Address of DCPO

Dear \_\_\_\_\_

RE: DESIGNATION OF CHILD PROTECTION ORGANISATION: NAME OF DCPO

This letter serves as a confirmation that -----(name of DCPO) has been designated as a Child Protection Organisation (CPO) in terms of section 107 of the Children's Act 38 of 2005.

\_\_\_\_\_ (name of DCPO) is designated for a period of five (5) years with effect from \_\_\_\_\_ (state starting date) to \_\_\_\_\_ (state expiry date).

As a designated CPO, \_\_\_\_\_(name of DCPO) must be managed and maintained in accordance with the Children's Act and must comply with the prescribed national norms and standards contemplated in section 106 of the Children's Act and such other requirements as may be prescribed.

The designation as confirmed in this letter may be withdrawn to perform any, or any specific, designated child protection service if \_\_\_\_\_(name of DCPO) breaches or fails to comply with any conditions subject to which the designation was made or contravenes or fails to comply with a provision of the Children's Act. \_\_\_\_\_ (name of DCPO) designation may be withdrawn if it is in the best interest of the protection of children as contemplated in section 109 of the Children's Act.

Please take note that application for re-designation must be done in writing, 90 days before the expiry of the period of designation, to the Provincial Head of Social Development.

Yours sincerely

PROVINCIAL HEAD OF SOCIAL DEPARTMENT  
DATE:



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# APPENDIX 11

## SAFETY ASSESSMENT TOOL

## APPENDIX 11.1



**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

### SOUTH AFRICAN SAFETY ASSESSMENT TOOL

**Note:** Complete a separate assessment form for each child.

Name of organisation										Date of safety assessment					
										DD	MM	YYYY			
Referral Name															
Family Name															
Family Address															
Name of the child assessed:										Child Birth Date					
										DD	MM	YYYY			
ID Number of child assessed:															
	Names of other children assessed in the family									Date of birth					
1.										DD	MM	YYYY			
2.										DD	MM	YYYY			
3.										DD	MM	YYYY			
4.										DD	MM	YYYY			

5.		DD	MM	YYYY
6.		DD	MM	YYYY
Any additional names? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, write names at the end of this form.				
	<b>Names of parent(s)/ caregiver(s) assessed</b>	<b>ID number</b>	<b>Relationship to child(ren)</b>	<b>Contact details</b>
1.				
2.				
3.				
4.				
NOTE				
<ul style="list-style-type: none"> <li>The social worker has to explore and analyse information collected for all sections in the safety assessment tool to be able to make an informed decision regarding the safety of the child.</li> <li>Parent/caregiver: refer to definitions as described in the manual.</li> </ul>				

**SAFETY ASSESSMENT (Y = yes; N = no; S = suspected)**

<b>Y N S</b>	<b>SECTION 1: TYPE OF REPORTED /SUSPECTED MALTREATMENT</b> (Tick all relevant types. Can be more than one)
--------------	---



<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Physical abuse	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Sexual abuse	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Emotional abuse	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Child neglect	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Exploitation	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Inappropriate social, cultural and religious practices	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Abandonment/ orphaned child/ unaccompanied minor	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Street child	
	Documents/ evidence available on the following: <input type="checkbox"/> The child has been examined by a medical doctor <input type="checkbox"/> Child disclosed abuse <input type="checkbox"/> The report has been made to the SAPS	
<b>Yes No</b>	<b>SECTION 2: CHILD VULNERABILITY</b> <b>(Tick all relevant types. Can be more than one)</b>	
<input type="checkbox"/> <input type="checkbox"/>	1. <input type="checkbox"/> Age 0-6 years 2. <input type="checkbox"/> Reasoning capacity and insight 3. <input type="checkbox"/> Mental disabilities/ disorder 4. <input type="checkbox"/> Physical disability or chronic illness 5. <input type="checkbox"/> Provocative/ challenging behaviour 6. <input type="checkbox"/> Non-assertive, passive or withdrawn	7. <input type="checkbox"/> Powerless and defenceless 8. <input type="checkbox"/> Isolated and invisible 9. <input type="checkbox"/> Inability to communicate 10. <input type="checkbox"/> Inability to meet basic needs 11. <input type="checkbox"/> Scapegoat/ blaming 12. <input type="checkbox"/> Accessibility by perpetrator and relationship with the child
<b>Yes No</b>	<b>SECTION 3: SAFETY THREATS</b> <b>(Tick all relevant types. Can be more than one)</b>	
<input type="checkbox"/> <input type="checkbox"/>	1. Parent/caregiver caused serious physical harm to the child or threatened to cause serious physical harm in the current investigation, as indicated by:	
	<input type="checkbox"/> Serious injury or abuse to the child, other than accidental	
	<input type="checkbox"/> Parent/ caregiver expresses fears that he or she will maltreat the child	

	<input type="checkbox"/> Parent/ caregiver shows a lack of self-control
	<input type="checkbox"/> Parent/ caregiver threatens to cause harm or retaliate against the child
	<input type="checkbox"/> Parent/ caregiver uses excessive discipline or physical force towards the child
	<input type="checkbox"/> The child is a drug-exposed infant
	<input type="checkbox"/> Domestic animal abuse is evident
<input type="checkbox"/> <input type="checkbox"/>	2. The parent/ caregiver does not protect the child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.
<input type="checkbox"/> <input type="checkbox"/>	3. The parent/ caregiver's explanation for the injury to the child is questionable or does not correlate with the type of injury, and the nature of the injury suggests that the child's safety may be an imminent concern.
<input type="checkbox"/> <input type="checkbox"/>	4. Parent/ caregiver fails to meet the child's basic needs for supervision, food, clothing, medical, dental or mental health care.
<input type="checkbox"/> <input type="checkbox"/>	5. Parent/ caregiver currently abuses alcohol, drugs or substances, which seriously impairs his or her ability to supervise, protect or care for the child.
<input type="checkbox"/> <input type="checkbox"/>	6. Parent/ caregiver views the child or acts towards the child in a predominantly negative way, which results in the child being a danger to self or others, for example acting aggressively or being extremely withdrawn and/or suicidal.
<input type="checkbox"/> <input type="checkbox"/>	7. Parent/ caregiver's emotional, developmental or cognitive status seriously impairs his or her current ability to supervise, protect, or care for the child.
<input type="checkbox"/> <input type="checkbox"/>	8. Parent/ caregiver has a distorted perception of the behaviour/ needs of a child.
<input type="checkbox"/> <input type="checkbox"/>	9. Current circumstance, combined with information suggesting a parent/ caregiver's history of previous maltreatment of the child in his care, suggests that the child's safety may be of immediate concern.
<input type="checkbox"/> <input type="checkbox"/>	10. Child sexual abuse is suspected and the circumstances indicate that the child's safety may be of immediate concern.
<input type="checkbox"/> <input type="checkbox"/>	11. The family refuses access to the child or there is reason to believe that the family is about to flee.
<input type="checkbox"/> <input type="checkbox"/>	12. The physical living conditions and/or the immediate community are hazardous and immediately threatening to the health and/or safety of the child, and the parent/ caregiver is unable or unwilling to protect the child in these circumstances.
	Note: When identifying safety interventions, indicate how any immediate threat will be addressed.
<input type="checkbox"/> <input type="checkbox"/>	13. Partner/ adult conflict/ violence exists in the home, which places the child at risk of serious physical and/or emotional harm or neglect.
<input type="checkbox"/> <input type="checkbox"/>	14. The child is fearful of the parent/ caregiver, other family members or other people living in or having access to the family home.
<input type="checkbox"/> <input type="checkbox"/>	15. Other (specify):
	<b>SECTION 4: PROTECTIVE CAPACITIES</b>
	<b>(If no safety threats are present, skip to section 6)</b>
	<b>Mark all that apply</b>

Yes No			
	<b>Child:</b>		
<input type="checkbox"/> <input type="checkbox"/>	1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.		
	<b>Parent/ caregiver:</b>		
	<b>Name of parent(s)/ caregiver(s) responsible for safety of child:</b>	<b>Relationship to the child:</b>	<b>ID number:</b>
1.			
2.			
3.			
<input type="checkbox"/> <input type="checkbox"/>	2. At least one parent/ caregiver in the home is willing and able to take action to protect the child. If yes, specify who: .....		
<input type="checkbox"/> <input type="checkbox"/>	3. At least one parent/ caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions. If yes, specify parent/ caregiver: .....		
<input type="checkbox"/> <input type="checkbox"/>	4. At least one parent/ caregiver has a willingness to recognise and deal with problems and threats placing the child in imminent danger. If yes, specify parent/ caregiver: ..... .....		
<input type="checkbox"/> <input type="checkbox"/>	5. At least one parent/ caregiver can access and use resources to provide necessary safety interventions. If yes, specify parent/ caregiver: ..... .....		
<input type="checkbox"/> <input type="checkbox"/>	6. At least one parent/ caregiver has supportive relationships with one or more persons who are willing to participate in safety planning, AND the parent/ caregiver is willing and able to accept their assistance. If yes, specify parent/ caregiver: .....		
<input type="checkbox"/> <input type="checkbox"/>	7. At least one parent/ caregiver is willing to accept the involvement of the worker and/or other community agencies. If yes, specify parent/ caregiver: .....		
<input type="checkbox"/> <input type="checkbox"/>	8. There is evidence of a healthy relationship between at least one parent/ caregiver and child. If yes, specify parent/ caregiver: .....		
<input type="checkbox"/> <input type="checkbox"/>	9. At least one parent/ caregiver is aware of and committed to meeting the needs of the child. If yes, specify parent/ caregiver: .....		

<input type="checkbox"/> <input type="checkbox"/>	10. At least one parent/ caregiver has a history of effective problem-solving. If yes, specify parent/ caregiver: .....
	11. Other
	<p><b>SECTION 5: SAFETY INTERVENTIONS</b></p> <ul style="list-style-type: none"> <li>• If no safety threats are present, skip to section 6.</li> <li>• If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the present home. In this case, check the item number for all safety interventions that will be implemented.</li> <li>• If there are no safety interventions that will allow the child to remain in the home, consider item 9.</li> <li>• If interventions 1–9 do not adequately ensure the child’s safety, continue to item 10.</li> </ul> <p><b>ATTACH THE SAFETY PLAN WHICH PROVIDES DETAILS OF THE SELECTED INTERVENTION(S) FOR THE SAFETY OF THE CHILD, AS DESCRIBED BELOW.</b></p> <p><b>Mark all that apply:</b></p>
	<div data-bbox="331 929 1406 1765"> <input type="checkbox"/> 1. Direct service intervention by child protection worker   <input type="checkbox"/> 2. Use of extended family, neighbours, community elders, or other individuals in the community as resources to ensure the child’s safety.   <input type="checkbox"/> 3. The use of community agencies or services as safety resources.   <input type="checkbox"/> 4. Parent/ caregiver with protective capacities appropriately protects the child from the alleged perpetrator or irresponsible parent/ caregiver.   <input type="checkbox"/> 5. Alleged perpetrator leaves the home, either voluntarily or in response to the consideration of legal action.   <input type="checkbox"/> 6. Non-offending parent/ caregiver moves to a safe environment with the child.   <input type="checkbox"/> 7. Legal intervention is planned or initiated to keep the child in the family home.   <input type="checkbox"/> 8. Other (specify) </div> <div data-bbox="331 1776 1182 1816"> <input type="checkbox"/> 9. Parent/ caregiver voluntarily agrees to place the child outside the home. </div> <div data-bbox="331 1921 1262 2013"> <input type="checkbox"/> 10. Child placed in protective custody because interventions 1-9 do not adequately ensure the child’s safety. </div>

<p><b>Yes</b> <b>No</b></p>	<p><b>SECTION 6: SAFETY DECISION</b></p> <p>Indicate whether a child is safe by checking the conclusion that accurately reflects this statement:</p>
	<p><b>CONDITIONS FOR JUDGEMENT ON SAFETY ASSESSMENT</b></p> <p>A worker should indicate a safety threat only under the following conditions by indicating yes or no:</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>1. The behaviour, family condition or situation is out of control – there is nothing internal to the family to control the threat.</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>2. The behaviour, family condition or situation is specific, can be observed, can be described – this is not intuitive or an interpretation.</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>3. The behaviour, family condition or situation could result in severe harm to a vulnerable child.</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>4. The behaviour, family condition or situation as a threat to safety either is active or could become active at any time.</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>5. Parents/ caregivers do not possess or do not actively employ protective capacities sufficient to control the threat – they do not, will not or cannot protect their children.</p>
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>6. Sufficient information has been collected and analysed to support the identification of a safety threat; sufficient information provides a basis for bringing into question whether a parent (s) or caregiver (s) can or will protect a child from the threat.</p>
	<p>The safety decision-making process is concerned with concluding a child's safety in his or her home. Judgement on whether people other than the parent(s)/ caregiver(s) can protect a child is concerned with safety planning, not safety assessment. The final decision of the safety assessment is the conclusion about the status of a child's safety within his or her home or related to the presence of threats and the parents'/caregivers' protective capacities.</p> <p>Identify the safety decision by indicating the appropriate category below. The decision should be based on the assessment of all safety threats, protective capacities, safety interventions, and any other information known about the case.</p>

<input type="checkbox"/>	<b>1. Safe</b>	<p>No safety threats are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.</p> <p>The decision can be made to either close the case or refer to other services.</p>
<input type="checkbox"/>	<b>2. Safe:</b> Threats are present, but the child is not vulnerable according to Section 2 of this tool.	<p>One or more safety threats are present, but the child is not vulnerable in the context of this safety assessment. Protective safety interventions have been planned or taken that immediately mitigate the identified safety threats. Based on protective interventions, the child will remain in the home at this time, for as long as the safety interventions mitigate the danger.</p> <p><b>A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME. ATTACH SAFETY PLAN TO REPORT.</b></p>
<input type="checkbox"/>	<b>3. Safe:</b> Presence of threats with vulnerable child, but sufficient protective capacities exist	<p>One or more safety threats are present, the child is vulnerable, but protective capacities exist. Protecting safety interventions have been planned or taken that immediately mitigate the identified safety threats. Based on protecting interventions, the child will remain in the home at this time, for as long as the safety interventions mitigate the danger.</p> <p><b>A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME. ATTACH SAFETY PLAN TO REPORT.</b></p>
<input type="checkbox"/>	<b>4. Unsafe</b>	<p>One or more safety threats are present, the child is vulnerable and protective capacities are insufficient. Placement in alternative care is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.</p>
<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>	All children involved have been assessed.	
	<b>Children assessed – refer to page 1</b>	

<b>Completed by:</b>	Surname/ name:
	Signature:

	Date:	
<b>Supervisor's review/ approval of social worker judgement:</b>	Surname / name:	<b>Stamp of organisation</b>
	Signature:	
	Date:	

## APPENDIX 11.2



**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

### SOUTH AFRICAN ACTUARIAL RISK ASSESSMENT TOOL

**Note:** Complete a separate assessment form for each family.

Name of organisation		Date of safety assessment		
		DD	MM	YYYY
Family Name				
Parent/ Caregiver	Name(s)	ID number(s)		
Family Address				
	Names of children in the family	Date of birth		
1.		DD	MM	YYYY
2.		DD	MM	YYYY
3.		DD	MM	YYYY



4.		DD	MM	YYYY
5.		DD	MM	YYYY
6.		DD	MM	YYYY

Source(s) of information:

#### NOTE

- The social worker completes the scoring of the assessment tool as follows:
  - Start to complete the category of maltreatment or suspected maltreatment (either abuse, neglect or exploitation) that was the reason for reporting the case,
  - Then complete the other two categories separately,
  - Score all three categories of maltreatment,
  - Consider overriding conditions as indicated in the tool,
  - Formulate a final professional judgement as indicated in the tool.
- Parent/caregiver: refer to definitions as described in the manual.

# **ACTUARIAL RISK ASSESSMENT**

ABUSE			S	NEGLECT			S	EXPLOITATION			S
A1	Current report is for abuse			N1	The current report is for neglect			E1	The current report is for the exploitation		
	a. No	0			a. No	0			a. No	0	
	b. Yes	1			b. Yes	1			b. Yes	1	
A2	Number of previous child protection investigations			N2	Number of previous child protection investigations			E2	Number of previous child protection investigations		
	a. None	0			a. None	0			a. None	0	
	b. One	1			b. One	1			b. One	1	
	c. Two	2			c. Two	2			c. Two	2	
	d. Three or more (number: ____)	3			d. Three or more (number: ____)	3			d. Three or more (number: ____)	3	
A3	The family previously received CPS			N3	The family previously received CPS			E3	The family previously received CPS		
	a. No	0			a. No	0			a. No	0	
	b. Yes	1			b. Yes	1			b. Yes	1	
A4	Number of children abused			N4	Number of children neglected			E4	Number of children exploited		
	a. None	0			a. None	0			a. None	0	
	b. One or more	2			b. One or more	1			b. One or more	2	
A5	Age of youngest child in the home			N5	Age of youngest child in the home			E5	Age of youngest child exploited		
	a. Two or older	0			a. Two or older	0			a. Two or older	0	
	b. Under two	1			b. Under two	1			b. Under two	1	

A6	Characteristics of the child(ren) (max. score = 3)			N6	Characteristics of the child(ren) (max. score = 3)			E6	The child is involved in the following activities (max score = 10)		
	a. None of the below	0			a. None of the below	0			a. None of the below	0	
	b. Criminal or acting out behaviour	1			b. Medically fragile/ failure to thrive	1			b. Child labour	1	
	c. Developmental or physical disability	1			c. Developmental or physical disability	1			c. Sexual exploitation	1	
	d. Mental health/ behavioural problem	1			d. Foetal alcohol syndrome	1			d. Child trafficking	1	
	e. Significant behaviour that is not developmentally related	1							e. Illegal adoption	1	
									f. Forced marriage	1	
									g. Removal of body parts	1	
									h. Commissioned offences	1	
									i. The child is an:		
									- Unaccompanied minor	2	
									- Foreign child	1	
A7	Prior injury to a child resulting from child abuse			N7	Parent/caregiver provides physical and/or emotional care inconsistent with child's needs			E7	Parent/caregiver's response to exploitation (max. score = 3)		
	a. No	0			a. No	0			a. Not applicable	0	
	b. Yes	1			b. Yes	1			b. Blames the child	1	
	c. Suspected	1							c. Justifies the situation	2	
									d. Denies the situation	2	
A8	Parent/caregiver's response to abusive incident (max. score = 3)			N8	Parent/caregiver has a past or current mental health problem						
	a. Appropriate response	0			a. No	0					
	b. Blames child for	1			b. Yes	1					

	symptoms									
	c. Denies knowledge of symptoms	2								
	d. Justifies abuse of child	2								
	e. Does not acknowledge abuse; hides the abuse	2								
A9	Domestic violence in the home in the past			N9	Parent/caregiver has past or current substance problem (max. score = 2)					
	a. No	0			a. No	0				
	b. Yes	2			b. Alcohol (current or past)	1				
	A number of incidents: _____				c. Drugs (current or past)	1				
A 10	Characteristics of the parent/ caregiver (max. score = 3)			N 10	The housing of parent/ caregiver (max. score 2)					
	a. None of the characteristics below is present	0			a. Physically safe	0				
	b. Provides insufficient emotional support	1			b. Physically unsafe	1				
	c. Employs excessive/inappropriate discipline	1			c. Homeless at time of investigation	2				
	d. Employs overly controlling/abusive/restrictive/unfair behaviour towards the child	1								

A 11	Parent/caregiver has a history of abuse/neglect as a child								
	a. No b. Yes	0 1							
A 12	One or both parent(s)/caregiver(s) has past or current substance problem								
	a. No b. Yes	0 1							
	<b>TOTAL ABUSE RISK SCORE:</b>  <b>Maximum = 22</b>				<b>TOTAL NEGLECT SCORE:</b>  <b>Maximum = 16</b>			<b>TOTAL EXPLOITATION SCORE:</b>  <b>Maximum = 21</b>	
<b>SCORED RISK LEVEL</b>									
Assign the family's scored risk level based on the <b>highest</b> score on the neglect, abuse or exploitation indexes, using the following as a measure:									
	<b>Abuse score</b>	<b>Neglect score</b>	<b>Exploitation score</b>				<b>Scored risk level</b>		
	<input type="checkbox"/> 0-1	<input type="checkbox"/> 0-1	<input type="checkbox"/> 0-1				Low		
	<input type="checkbox"/> 2-5	<input type="checkbox"/> 2-5	<input type="checkbox"/> 2-5				Moderate		
	<input type="checkbox"/> 6-8	<input type="checkbox"/> 6-8	<input type="checkbox"/> 6-8				High		
	<input type="checkbox"/> 9+	<input type="checkbox"/> 9+	<input type="checkbox"/> 9+				Very high		
<b>Indicate final risk level:</b>									
	<b>Scored risk level</b>	<b>Scored risk level</b>	<b>Scored risk level</b>						
	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low						
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate						
	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High						
	<input type="checkbox"/> Very high	<input type="checkbox"/> Very high	<input type="checkbox"/> Very high						

<b>OVERRIDING CONDITIONS</b> Tick 'yes' if a condition indicated below is applicable in this case. If <u>any</u> condition is applicable, override scored risk levels of 'low', 'moderate' and 'high' to a final risk level of <u>very high</u> . 'Very high' indicates that immediate further action is needed.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A sexual abuse case AND the perpetrator is likely to have access to the child victim
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-accidental injury to a child under the age of two
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severe non-accidental injury to any child
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent(s)/caregiver(s) action or failure to take action has resulted in the death of a child due to abuse or neglect (previous or current) and still have other children in their care
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspicion of child trafficking
<b>PROFESSIONAL JUDGEMENT BY THE SOCIAL WORKER.</b> If in the social worker's judgment, the perceived risk level may be higher than that indicated on the scored risk level, then he or she may adjust the score <u>one</u> level higher. Indicate whether a scored risk level has been adapted and substantiate your decision.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate the changed risk level:    Moderate <input type="checkbox"/> High <input type="checkbox"/> Very high <input type="checkbox"/>  Motivation: _____  _____

<b>Completed by:</b>	Surname/name:	
	Signature:	
	Date:	
	Surname/name:	<b>Stamp of organisation</b>  

<b>Supervisor's review/approval  of social worker judgement:</b>			
	Signature:		
	Date:		



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# APPENDIX 12

## DEVELOPMENTAL ASSESSMENT TOOL





## DEVELOPMENTAL ASSESSMENT TOOL:

### INSTRUMENT:

The underlying thinking is that if a child has a strong sense of belonging, mastery, independence and generosity he or she is more likely to make a positive contribution to society. The purpose of the developmental assessment is to determine his or her strengths and needs concerning these four developmental areas. The assessment also needs to include other developmental needs, specifically physical needs, which include health and basic care needs, as the meeting of these needs is essential to the child's survival and well-being.

### 1. IDENTIFYING DETAILS OF CHILD BEING ASSESSED

Case number	
Name	
Surname	
Date of birth	
Age	
Sex	
Social worker/ case manager	

#### Details of parents/ carers

Name	
Surname	
Date of birth	
Relationship to child	
Contact details	
Name	
Surname	
Date of birth	
Relationship to child	
Contact details	

**Current family and home situation (e.g. family structure including siblings and their whereabouts, other significant adults and their whereabouts)**

--

## 2. ASSESSMENT INFORMATION

Date of formal assessment meeting:

--

People present at assessment:

Name	Relationship to child

Other people/information sources consulted for this assessment:

--

## 3. DEVELOPMENTAL AREA: PHYSICAL AND EMOTIONAL WELL-BEING

*General health*

- Are there any health conditions and impairments? How are these being addressed?
- Is the child's carer responsive to his or her health care needs and are the necessary health services accessed timeously when needed? For example, immunisations, dental care, eye care.
- Does the child have access to health advice and information, including information on drug and alcohol use and sexual health?
- Is the child involved in decision-making around his or her health?
- For the HIV positive child, does the child understand the implications of his or her HIV positive status and information on how to look after his or her own health?

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*Physical development*

- Is the child's physical development normal for his or her age/stage of development, including fine motor skills and gross motor skills?

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*Nutrition*

- Does the child have balanced, nutritious and regular meals?
- Is the child involved in the preparation of meals?
- Do meals reflect the child's cultural roots and practices e.g. eating with hands? If the child needs health care is this available?

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#### *Clothing*

- Does the child have sufficient clothes that are weather and age-appropriate?
- Is the child given opportunities to decide on what clothes to buy and wear?

#### *Emotional development*

- What is the child's general emotional state e.g. positive, unhappy, fearful?
- Are there any psychological difficulties evident?
- Where the child has experienced trauma/ death of parents, what psycho-social support have they received?

### **4. DEVELOPMENTAL AREA: BELONGING**

#### *Safety:*

- Is the child safe where he or she lives, at school and in his or her neighbourhood?
- Does the child feel safe in these environments?

#### *Identity – personal and family:*

- Does the child have a birth certificate, ID etc.?
- Does the child have memories and knowledge of personal and family origins, including family stories and personal articles?
- Does the child have space to keep his or her own things (especially children in residential care)?

#### *Identify – cultural:*

- Does the child know about his or her own cultural identity?
- Is the child comfortable with his or her cultural identity?
- Does he or she have opportunities to express their preferred cultural identity?

*Identify – religious/spiritual:*

- What is the child's religious/spiritual identity?
- Does the child feel comfortable with this identity?
- Does he or she have opportunities for practising his or her preferred religious/spiritual identity?

*Positive communication:*

- Do the child and his or her carers listen to and talk to each other?
- Does the child seek help, advice, and guidance from his or her carer when needed?

*Caring relationships:*

- Is the child offered support from birth family members, personal carers and other significant adults?
- Does the child accept this support?
- What contact arrangements does the child have with birth family members, friends and significant others?

*Carer support:*

- Does the child receive the personal time, physical care and encouragement from the carer?

*Positive relationships with peers:*

- Who are the child's friends? What kinds of things do they do together?
- Does the carer approve of these friendships?
- Do these friendships encourage positive or anti-social/ destructive behaviour?

*Boundaries for daily living:*

- Does the child receive constant supervision and are his or her whereabouts monitored according to reasonable behaviour guidelines?
- What is the child's daily routine? Does it provide the necessary boundaries for daily living? For example, time for self-care, schooling/homework; chores; recreation; spiritual practices, etc.

- Does the child respect these boundaries?
- Does the child have role models that model positive behaviour and support for positive activities?

## 5. DEVELOPMENTAL AREA: MASTERY

### *Actively engaged in learning:*

- Is the child involved in learning opportunities at school?
- How is the child progressing at school? (Attendance, educational attainment, results).
- What does the child most enjoy at school? What does he or she least enjoy?
- Does the child submit homework on time?
- Is the child involved in other activities to develop his or her life skills?

### *Supportive environments:*

- Does the child have, encouraging and nurturing relationships with teachers and activity leaders which stimulate his or her learning and skill achievements?

### *Carer's involvement in learning:*

- Do carers actively support the child to succeed in school and with other learning opportunities at home or elsewhere? For example, attendance of school meetings; homework supervision/support; encouragement of reading.
- Do the child's carers encourage him or her to do his or her best at school, at work or in other activities? Have they offered him or her recognition for doing so?

### *Motivation to achieve:*

- Does the child do his or her best to learn and master new life skills or realise personal goals?
- What does the child want for him- or herself in the future? What are his or her hopes and dreams, and how does he or she see him- or herself realising these?

*Cultural competence:*

- Does the child interact positively with children of different racial, ethnic and cultural backgrounds?

## **6. DEVELOPMENTAL AREA: INDEPENDENCE**

*Planning and decision-making:*

- Does the child exercise positive planning, chose from many options when making decisions, and attempt to solve his or her problems?

*Personal power:*

- Does the child express his or her feelings in a way that takes account of others?
- Is he or she able to have a say over things that happen in his or her life?

*Responsibility:*

- Does the child demonstrate age-appropriate self-care? This includes physical care (e.g. bathing, teeth brushing) and other life skills, such as cleaning up after themselves and preparation of meals.
- Is the child aware of what constitutes a healthy lifestyle? Is the child able to exercise self-control, or does he or she engage in reckless or impulsive activities including substance misuse?
- Does the child accept personal responsibility for his or her actions?

*Activity programmes:*

- Does the child participate in any structured community activities, hobbies, interests, clubs or societies?
- If not, what opportunities are there in the community for the child to participate in?

*A positive view of personal future:*

- Does the child demonstrate a positive view of his or her culture or spiritual identity?
- Does the child find the world interesting and enjoyable?
- Does the child believe that he or she has a place in the world?
- Does the child demonstrate optimism about the future?

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## **7. DEVELOPMENTAL AREA: GENEROSITY**

*Service to others:*

- What kinds of things does the child do for others without expecting reward or without being told to do so?
- Is the child engaged in specific opportunities to help others in his or her: Daily living environment? Neighbourhood? Wider community?

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*Peaceful conflict resolution:*

- How does the child resolve conflicts? Is this done through compromise without physical aggression or resorting to hurtful action of language?

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*Caring:*

- Does the child value helping others and considering the needs of others?

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*Honesty:*

- Does the child understand the difference between truth and lies and is he or she truthful to the extent of his or her understanding? (Ages 3 – 5)
- Does the child show that he or she can tell the truth even when it is not easy? (12+)

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*Respect:*

- Does the child show respect to others?

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## **8. CONCLUSIONS, SOLUTIONS AND ACTIONS**

*Now the assessment is complete, conclusions, solutions and actions need to be recorded. This needs to be done together with the child or young person and their carer, and take into account their ideas, solutions and goals.*

*Developmental Area: Physical and emotional well-being*

Strengths and resources:

Needs/ worries:

Changes wanted (*desired outcome*):

Actions to effect change (*including who is responsible and thee time-frame*):

*Developmental Area: Belonging*

Strengths and resources:

Needs/ worries:

Changes wanted (*desired outcome*):

Actions to effect change (*including who is responsible and thee time-frame*):

*Developmental Area: Mastery*

Strengths and resources:

Needs/ worries:

Changes wanted (*desired outcome*):

Actions to effect change (*including who is responsible and thee time-frame*):



*Developmental Area: Independence*

Strengths and resources:

Needs/ worries:

Changes wanted (*desired outcome*):

Actions to effect change (*including who is responsible and thee time-frame*):

*Developmental Area: Generosity*

Strengths and resources:

Needs/ worries:

Changes wanted (*desired outcome*):

Actions to effect change (*including who is responsible and thee time-frame*):

**9. AGREED ACTIONS**

*This table provides a summary of the actions agreed on. It provides the basis for reviews of the developmental plan.*

Desired outcome	Action	Who will do this?	By when?



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

## TOOL FOR ASSESSMENT OF CHILDREN IN ALTERNATIVE CARE

**NB:** Ensure that a separate form is completed for each child being assessed.

### 2. ASSESSMENT DETAILS

Date assessment started	
Date assessment report completed	

#### 2.1 Details of the person responsible for the assessment

Name and surname	
Position	
Organisation	
Contact number	

#### 2.2 Details of where the child is currently placed

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**2.3 Other people who were consulted or contributed to this assessment** (*this should include the child, his/her biological parents and other significant adults in his/her life*)

Name and surname	Organisation/ Position/ Relationship to child

**2.4 Date (s) of assessment meeting (s) and people present at assessment** (*more than one meeting might be needed to complete the assessment*)  
(*Attach the attendance register as proof of evidence and reference*)

Meeting date	People present

### 2.5 DETAILS OF CHILD BEING ASSESSED

#### 2.5.1 Child's details

File no		
Name		
Surname		
Date of birth / ID number		
Age		
Sex		
Home language		

The religious affiliation (if applicable)							
Where the child is currently placed? (tick applicable box)	Home	CYCC	TSC	Foster Care	Cluster Foster Care	Other	
Date child placed in alternative care?							
Present caregiver (name and address) <sup>32</sup>							
Child in CYCC, Name of the centre manager.							
Designated Social worker/case manager							

### 2.5.2. Details of child's parent/s, guardian or caregiver who had custody before the child's removal

Name (s) and surname		
Relationship to child		
Residential address		
Work address		
Telephone numbers	Residence	
	Office	
	Cellular	
Email address		

### 2.5.3 Current family and home situation

List and describe any critical incidents in the child's life. For assessment reviews, list any significant changes in the child's circumstances since the last assessment/review.

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## 3. DEVELOPMENTAL AREA: PHYSICAL AND EMOTIONAL WELL-BEING

### 3.1 Physical well-being checklist

Checklist item	Yes/No & Comment
(1) Has the child had the basic tests for hearing and eye-sight? (Especially important for children under-6 years old and children who are struggling academically)	
(2) For children under-6 years old, do they have a Road to Health card? Is this up to date?	
(3) Has the child had regular dental check-ups? When was the last dental check-up/ treatment?	
(4) Are there any observable signs of physical abuse and/or indicators of deliberate neglect,	

<sup>32</sup> In terms of the Children's Act, in a CYCC the caregiver is the centre manager. For a child in foster care or cluster foster care, the caregiver is the foster parent.

Checklist item	Yes/No & Comment
for example underweight, stunted growth, bruises on any part of the body, marks on the arms/chest/face, belt marks, cigarette or burn marks?	
(5) Does the child have a chronic illness? If yes, what is the nature of this illness?	
▪ Is the HIV positive child aware of his/her status?	
(6) Has the child had any acute illnesses since the previous assessment/review?	
▪ If yes, how did s/he respond to treatment/medication?	
(7) Does the child have a disability? If yes, what is the nature of this disability?	
▪ Does the child have the necessary assistive devices (where applicable)?	

*NOTE: In the following sections, questions/prompts are provided for the multi-disciplinary team to think about when completing the assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.*

### 3.2 General health

- What kind of access does the child have to health advice and information, including information on drug and alcohol use, reproductive and sexual health? Who is providing the child with this information?
- How is the child involved in decision-making around his/her health?

### 3.3 Chronic and acute illness

- For the child with chronic illnesses, what is his/her understanding of the implications of the illness?
- How is the child being supported to take care of his/her health?

### 3.4 Physical development

- How does the child's development compare with the expected level of development for children at a similar age/stage of development?
- If the child is not at the appropriate level of development, what are the reasons for this and what has been done to address it?

### 3.5 Disability

- For the child with a disability, what arrangements have been made to ensure his/her inclusion socially (home, community) and educationally etc.?

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- How does the child's cultural background influence his/her view of his/her illness? How does this cultural view affect the caregiver's response to the illness?

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### 3.6 Physical development

- How does the child's development compare with the expected level of development for children at a similar age/stage of development?
- If the child is not at the appropriate level of development, what are the reasons for this and what has been done to address it?

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### 3.7 Cultural Aspects

What are the cultural expectations of the physical development of a child his/her age? How do these expectations influence the caregiver's view of the child?

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### 3.8 Nutrition

- How balanced and nutritious are the meals? Does the child feel that s/he is getting enough food?
- To what extent do meals reflect the child's cultural roots and practices e.g. eating with hands?
- If the child is living in a multi-cultural environment what opportunities are there to eat food from his/her own culture and other's cultures?
- How is the child involved in the preparation of meals?

--

### 3.9 Clothing

- To what extent does the child have sufficient clothes that are weather and age-appropriate?
- How does the child feel about the type and quantity of their clothes?
- What opportunities are there for the child to decide on what clothes to buy and wear?

### 3.10 Emotional development

- What is the child's general emotional state e.g. positive, unhappy, and fearful?
- If there are any obvious psychological difficulties, how has the caregiver responded to this?
- If the child has experienced trauma/death of parents what psycho-social support has s/he received? How has the child responded to psycho-social support services received?
- 

### 3.11 Assessment conclusions and actions to address needs: Physical and emotional well-being

*Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concern and actions to achieve this change should be clearly and simply stated.*

Strengths and resources:

Needs/concerns:

Changes wanted (desired outcome):

Actions to effect change (including who is responsible and the time-frame):

## 4. DEVELOPMENTAL AREA: BELONGING

### 4.1 Identity – birth certificate and ID

Checklist item	Yes/No & Comment
(1) Does the child have a birth certificate?	
(2) If the child is 16+ does he/she have an Identity Document? d?	

*NOTE: In the following sections, questions/prompts are provided for the multi-disciplinary team to think about when completing the assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.*

#### **4.2 Identity – personal and family**

- What does the child know about his/her biological family?
- What memories and knowledge does the child have of his/her personal and family origins including family stories and personal articles?
- What is the child's understanding of why she/he is in alternative care.?
- How does the child feel about his/her personal and family history? For example, is it a source of pride or embarrassment?
- What contact arrangements does the child have with birth family members, friends and significant others? How does the child experience these relationships?

#### **4.3 Identity – cultural**

- What does the child know about his/her cultural roots? What culture does s/he identify with?
- How does the child feel about his/her cultural identity? Is she/he comfortable? Embarrassed? Uninterested?
- What opportunities does the child have to express his/her preferred cultural identity?
- If the child and caregiver come from different cultural backgrounds how does this impact how the child views him/herself? How does it impact his/her cultural development?

#### **4.4 Identity –Sexual**

- How does the child feel about his/her sexual identity? Is she/he comfortable or embarrassed?
- What opportunities does the child have to express his/her preferred sexual identity?

#### **4.5 Identity – religious/spiritual**

- What does the child know about his/her religious roots? What is his/her religious/spiritual identity?
- How does the child express his/her religious/spiritual identity? What opportunities does s/he have to express this preferred religious/spiritual identity?

#### **Safety**

- Does the child feel safe where he/she lives, at school and in his/her community? If there is any place where the child feels unsafe what are the reasons for this?

#### **4.7 Caring relationship - caregiver**

- What is the nature of the relationship between the child and his/ her current caregiver?
- To what extent does the child receive personal time, physical care and encouragement from the caregiver?
- How does the child experience this relationship?

#### **4.8 Positive communication**

- How do the child and his/her caregivers listen to and talk to each other? What is their style of communication?
- How comfortable is the child with seeking help, advice, and guidance from his /her caregiver when needed?

#### **4.9 Positive relationships with peers**

- Who are the child's friends? What kinds of things do they do together?
- What are the caregivers' views of these friendships?
- Do these friendships encourage positive or anti-social/destructive behaviour?



#### 4.10 Boundaries for daily living

- Who monitors and supervises the child's whereabouts and is this supervision adequate?
- To what extent does the child's daily routine provide the necessary boundaries for a daily living e.g. time for self-care, schooling/homework; chores; recreation; spiritual practices etc.
- To what extent is the child able to maintain home routines and rules?

#### 4.11 Sense of place in the world

- How does the child see him/herself in the world? Does the child believe she/he has a place in the world? What is his/her understanding of this?

#### 4.12 Assessment conclusions and actions to address needs: Belonging

*Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concern and actions to achieve this change should be clearly and simply stated.*

Strengths and resources:

Needs/worries:

Changes wanted (desired outcome):

Actions to effect change (including who is responsible and the time-frame):

### 5. DEVELOPMENTAL AREA: MASTERY

#### 5.1 Education checklist

Checklist item	Yes/No & Comment
(1) Is the child attending school/ECD centre?	
(2) What grade is the child in?	
(3) Does the child attend school regularly?	
(4) Does the child submit his/her homework on time?	

*NOTE: In the following sections, questions/prompts are provided for the multi-disciplinary team to think about when completing the assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.*

## **5.2 General competency**

- What are some of the activities the child does well in? (This could be in any context, home, school, extra-mural etc)

## **5.3 Supportive learning environments**

- What is the nature of the child's relationship with teachers?
- To what extent do these relationships influence the child's attitude towards school and education?

## **5.4 Caregivers involvement in learning e.g. monitor homework, understands/follows current learning areas of child**

- How does the child's current caregiver support them to succeed in school and with other learning opportunities at home or elsewhere?
- To what extent does the child's caregiver encourage them to do their best at school, at work or in other activities? How do they recognise the child's achievements?

## **5.5 Actively engaged in learning and embraces new activities**

- How does the child approach learning new things?
- How does the child approach new activities? Is this with a sense of confidence and adventure or reticence and insecurity?

## 5.6 Assessment conclusions and actions to address needs: Mastery

*Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concern and actions to achieve this change should be clearly and simply stated.*

Strengths and resources:

Needs/worries:

Changes wanted (desired outcome):

Actions to effect change (including who is responsible and the time-frame):

## 5 DEVELOPMENTAL AREA: INDEPENDENCE

*NOTE: In the following sections, questions/prompts are provided for the multi-disciplinary team to think about when completing the assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.*

### 6.1 Planning and decision-making

- How does the child approach problem solving and decision-making? For example, does s/he consider many options? Does s/he stop and think about consequences or rush into decisions without any thought of the implications of their decisions?

### 6.2 Personal power

- Does the child express his/her feelings in a way that takes account of others?
- Is the child able to have a say over things that happen in his/her life?

### 6.3 Responsibility for self

- To what extent does the child demonstrate age-appropriate self-care? This includes physical care (e.g. bathing, teeth brushing) and other life skills such as cleaning up after themselves and preparation of meals.
- What is the child understands of what constitutes a healthy lifestyle?
- Is the child able to exercise self-control or does he/she engage in reckless or impulsive activities including substance misuse?
- To what extent does the child accept personal responsibility for his/her actions?

### 6.4 Engagement in activities that will help prepare him/her for the future

- What kinds of structured community activities, hobbies, interests, clubs or societies does the child participate in?
- What opportunities are there in the community for the children to participate in?

### 6.5 Positive view of personal future

- How does the child feel about his/her future? What kind of future does s/he envisage for him/herself?
- Has the child thought through how s/he will realise this future? How realistic are these plans?

### 6.6 Assessment conclusions and actions to address needs: Independence

*Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concern and actions to achieve this change should be clearly and simply stated.*

Strengths and resources:

Needs/worries:

Changes wanted (desired outcome):

Actions to effect change (including who is responsible and the time-frame):

## 7. DEVELOPMENTAL AREA: GENEROSITY

*NOTE: In the following sections, questions/prompts are provided for the multi-disciplinary team to think about when completing the assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.*

### 7.1 Service to others

- What kinds of things does the child do for others without expecting reward or without being told to do so?
- What kind of opportunities is the child engaged in to help others in his/her: Daily living environment? Neighbourhood? Wider community?

### 7.2 Peaceful conflict resolution

- How does the child resolve conflicts? Is this done through compromise without physical aggression or resorting to hurtful action of language?

### 7.3 Caring

- What value does the child place on helping others and considering the needs of others?
- What value does the child place on caring for animals and the natural environment?

### 7.4 Honesty

- What is the child's understanding of the difference between truth and lies?
- To what extent can the child tell the truth even when it is not easy?

### 7.5 Respect

- To what extent does the child show respect to others (peers and adults)? How do they show this respect?

## 7.6 Assessment conclusions and actions to address needs: Generosity

*Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concern and actions to achieve this change should be clearly and simply stated.*

Strengths and resources:

Needs/worries:

Changes wanted (desired outcome):

Actions to effect change (including who is responsible and the time-frame):

## 8. INDIVIDUAL DEVELOPMENT PLAN

*This table provides a summary of the actions agreed on in the assessment. It provides the basis for tracking progress against the planned actions. Record the desired outcomes and agreed actions in the summary table below.*

Desired outcome	Action	Who will do this?	By when?

**Child or young person's comment on the assessment and actions identified**

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**Parent or caregiver's comment on the assessment and actions identified**

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**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

**ASSESSMENT OF CHILDREN IN ALTERNATIVE CARE  
ASSESSMENT INSTRUMENT DESCRIPTORS**

<b>SECTION 3: PHYSICAL AND EMOTIONAL WELL-BEING</b>	
<b>1.1 Physical well-being checklist</b>	<p>This section looks at some of the child's basic health information and looks at whether the child is in good health, receives adequate physical and health care or presents with minor/serious health or disability needs.</p> <p>Children under-6 need full immunisation and a completed, up-to-date Road to Health Card.</p> <p>Children also need to have regular general health check-ups, including eye tests, ear tests and dental check-ups. Sometimes children struggle at school because of sight or hearing impairments.</p> <p>For children with disabilities, assistive device refers to specialised equipment to facilitate increased mobility, postural support, or increase the functional levels of people with disabilities.</p>
<b>3.2 General health</b>	<p>All children need access to basic treatment and health care and a reliable caregiver to administer medicines, dietary supplements and home remedies.</p> <p>Children should have access to information on health advice and information, including information on drug and alcohol use and sexual health. This information should be presented in a clear and non-judgmental way.</p> <p>Children should be involved in making decisions about their own health, especially children with chronic illnesses.</p>
<b>3.3 Chronic and acute illness</b>	<p>A child with a chronic illness needs to have age-appropriate information on their condition and have opportunities to talk about how they are coping with their illness.</p>
<b>3.4 Physical development</b>	<p>The focus here is on whether the child is meeting the developmental milestones for their age group, this is particularly important for children under-6. A variety of assessment tools are available, the tool developed by the Early Learning Resource Unit is attached as an example.</p> <p>For older children, attention needs to be paid to whether they are entering puberty at a culturally acceptable age. Children who enter puberty too early or much later than their peers can struggle emotionally. Sometimes early puberty or delays can also be an indication of other health condition which requires investigation. Children who are on ARVs may experience specific physical conditions e.g. breasts in boys and they will need assistance to deal with this.</p>
<b>3.5 Disability</b>	<p>The Children's Act requires that in any matter concerning a child with a disability due consideration must be given to:</p>



<b>SECTION 3: PHYSICAL AND EMOTIONAL WELL-BEING</b>	
	<ul style="list-style-type: none"> <li>▪ Making it possible for the child to participate in social, cultural, religious and educational activities, recognising the special needs the child may have.</li> <li>▪ Providing the child with conditions that ensure dignity, promote self-reliance and facilitate active participation in the community; and</li> <li>▪ Providing the child and the child's caregiver with the necessary support services.</li> </ul>
<b>3.6 Nutrition</b>	<p>Children need a nutritious and balanced diet with 3 meals a day as an absolute minimum. They should be involved in the preparation and choice of food as far as possible. Involving children in the preparation of food is a synergistic way of meeting many needs and honouring their rights – survival, participation and identity as well as teaching the child important life skills.</p> <p>If a child is in a multi-cultural environment it is important that they have an opportunity to eat food from their own culture and in a culturally acceptable manner e.g. eating food with hands.</p>
<b>3.7 Clothing</b>	<p>Children need at least one change of clothing that offers protection against the weather. Clothing can provide children with a sense of belonging to their peer group or can lead them to feel excluded. They should be given opportunities to decide what clothes to buy and wear as far as possible. Discussions on age-appropriate clothing provide opportunities to talk about peer pressure, sex and sexuality.</p>
<b>3.8 Emotional development</b>	<p>The child's general emotional state indicates their overall emotional development. Most children in alternative care will have experienced some kind of trauma in their lives and would need support to work through this. Their caregiver must have an understanding of how children can act out painful emotions.</p>

<b>SECTION 4: BELONGING</b>
<p>The need to belong is universal and is fostered in many ways, such as through feeling loved and supported, positive relationships, and a sense of connection to family, friends, and community. Belonging is about children developing a positive sense of who they are, and feeling that they are valued and respected as part of a family and community.</p> <p>From birth, children develop a sense of who they are. Relationships with family members, other adults and children, friends and members of their community play a key role in building their identities. Children's sense of who they are is shaped by their characteristics, their behaviour, and their understanding of themselves, their family and others. Belonging is about having a secure relationship with or a connection with a particular group of people. When children feel a sense of belonging and a sense of pride in their families, their peers, and their communities, they can be emotionally strong, self-assured, and able to deal with challenges and difficulties. This creates an important foundation for their learning and development.</p> <p>Children and youth in alternative care have special issues with belonging and feeling loved. They are separated from their birth families, which are sites of loving relationships and a sense of belonging. Often their issues with separations and loss are compounded by a series of out-of-home placements and by problematic relationships in their birth families.</p> <p>Belonging includes coming to terms with separations from birth families and other significant people, a sense of connection to culture and ethnicity, the ability to make friends and</p>

<p>maintain peer relationships, participation in community activities, and regular contact with people who model, encourage, and reward activities that promote a sense of belonging.</p> <p>A sense of belonging and being loved is third in Maslow's hierarchy of needs, after physiological needs for food, clothing and shelter (first) and the need for personal safety (second). Respect and esteem for self and others are the fourth and self-actualization are the fifth. Maslow's theory thus parallels the elements of the Circle of Courage.</p>	
<b>4.1 Safety</b>	If a child is to develop physically, emotionally and socially they need to feel safe in their home, school and community.
<b>4.2 Identity – birth certificate and ID</b>	Legal identity is as important as personal and cultural/social identity.
<b>4.3 Identity – personal and family</b>	Children in alternative care need to know where they came from and maintain contact with their biological families and communities of origin. They also need positive messages about their families, backgrounds, cultures, beliefs, and languages to help them develop pride in who they are. These messages also give them the confidence to voice their views and opinions, make choices, and help shape their own learning. This is important for their sense of belonging and an integral part of family reunification services.
<b>4.4 Identity – cultural</b>	
<b>4.5 Identity – religious/spiritual</b>	Research shows that a connection to spiritual things indicates a sense of belonging and connection to values outside of ourselves. Connection to spiritual values may indicate the ability to decanter from one's own troubles and pay attention to other people and activities. This applies to spiritual things and not organised religion. Participation in organised religion provides a child with a sense of belonging to a community.
<b>4.6 Positive communication</b>	Every child needs at least one adult who they can confide in. Confiding in others is associated with successful coping, good mental health and resilience, or capacities to cope with, adapt to, or overcome adversities.
<b>4.7 Caring relationship - caregiver</b>	Connections and attachments to others are essential to healthy development and optimal functioning. This principle is foundational to the Circle of Courage and theories of human development. The optimal connection is long term and to pro-social persons who value and reward the child's pro-social behaviours and in whom the child confides deeply personal information. The child values relationships with pro-social persons and respects and seeks to emulate their pro-social behaviour.
<b>4.8 Positive relationships with peers</b>	Long-term positive relationships with friends are associated with children dealing successfully with adversities. This assumes that the child sees these friends regularly, respects them and wants to be like them.
<b>4.9 Boundaries for daily living</b>	Routines and house rules/house policies provide structure for the child and help to contain behaviour. Routines address the structure of the children's daily activities e.g. times for waking up; preparing and eating breakfast; playtime. The rules/house policies refer to what is expected of children in terms of their behaviour e.g. when you go out you ask permission and set times for when you come back.
<b>4.10 Sense of place in the world</b>	A child needs to feel that they have a place in the world and that their presence is acknowledged and valued by significant others.

## SECTION 5: MASTERY

Mastery is being able to do some things well and to feel pride in being able to do so. Age and developmental stage Competence often is used interchangeably with mastery. Age and developmental stage are important in assessing competence.

Competencies are enhanced when children and youth experience control over their life events, show a capacity for self-regulation and have both motivation and abilities to accomplish goals. Mastery encompasses being truly good at something, enjoying a variety of activities, having abilities to cope with adversities, having emotional expressiveness, healthy sexual development, and being able to regulate emotions. Empowerment is an important aspect of mastery.

Competence is fundamental to Erikson's developmental theory and begins with secure attachment relationships and capacities for self-regulation.

<b>5.1 Education checklist</b>	Access to education is a basic right. The South African Schools Act, 1996, makes special provisions for children in alternative care to access free education. All children aged 6+ should be attending school (GR onwards). Regular and consistent school attendance is important for academic achievement as is the completion of homework tasks.
<b>5.2 General competency</b>	Every child has something that they do well, such as caring for an animal or having a hobby or sport. The hope is that children can do many things well and take pride in doing so. Being able to do things well is a protective factor that helps a child to cope with adversities. It serves as a buffer against feeling worthless and incompetent.
<b>5.3 Actively engaged in learning</b>	Being willing to learn is a sign of good self-esteem and is a quality associated with self-confidence. Entering new situations is difficult and many people hold back. Sometimes the inability to join in suggests a lack of confidence and a lack of social skills. Persons who have histories of secure attachments in childhood seek out new activities with a sense of happy anticipation.
<b>5.4 Supportive learning environments</b>	Often a child's poor performance at school or reluctance to go to school is due to unsupportive school environments. It is important to understand how the child's attitude to school is influenced by these relationships.
<b>5.5 Caregivers' involvement in learning</b>	Caregiver support of the child's learning is key to their succeeding in school. Caregivers can show support through attending school meetings; homework supervision/support; and encouragement of reading.
<b>5.6 Motivation to achieve</b>	Persistence in learning new things is characteristic of persons with secure attachments and successful accomplishments of developmental tasks.

## SECTION 6: INDEPENDENCE

Independence means the freedom to make choices and to have control over your own life. Autonomy is used interchangeably with independence. The development of autonomy is gradual, beginning with planned dependency early in life, learning to respect elders, and being taught about the value of autonomy. Adults can provide guidance and values, but young people should be encouraged to make their own choices and to control their own destinies.

## SECTION 6: INDEPENDENCE

Independence is a major, life-long developmental task whose beginnings are in infancy. As Erikson pointed out, when care providers deny children opportunities for exercising autonomy, many adverse effects are possible, including the development of shame and doubt.

Shame is a sense of the self as fundamentally defective, while doubt involves fear of others, fear of being attacked by others, and innate belief in an unjust world. Such attitudes and beliefs clearly undermine optimism about the future and capacities for resisting negative role models and situations. Persons whose autonomy has been respected and enhanced, on the other hand, expect to have their wills affirmed in a range of domains and they also respect and affirm the wills of other people.

The involvement of children and youth in planning for their futures and in making decisions that affect them are important parts of respecting and fostering autonomy. Reviews of the youth development literature show that positive outcomes are associated with youth autonomy, meaning youth have voices in decisions that affect them, that they can make some of their own choices, and that they have opportunities to contribute to the well-being of others.

<b>6.1 Planning and decision-making</b>	The ability to plan ahead, prioritise and delay gratification are important life skills. Studies have shown that children who can delay gratification have fewer behaviour problems, lower stress and stronger friendships.
<b>6.2 Personal power</b>	Having a sense of control over what happens is an important part of independence, self-confidence and self-efficacy. The child who has no say often feels invalidated, diminished, and powerless.
<b>6.3 Responsibility for self</b>	Developing responsibility means becoming trustworthy or accountable for one's actions. A child needs to learn to take responsibility for their own decisions (physical, emotional, social). Taking responsibility for self implies the development of independence of a child using the acquisition of practical skills of dressing and feeding, the gaining of confidence as well as independent living skills.
<b>6.4 Engagement in activities that will help prepare him/her for the future</b>	This looks at whether the child is exercising his/her agency in taking the small steps toward long-range goals. The child is actively engaged in using resources that are available and is demonstrating a commitment to do what it takes to succeed.
<b>6.5 Positive view of personal future</b>	Optimism fuels a child's will to learn skills for independent living and is a well-recognised protective factor when people have experienced adversities. Children in care may have high expectations for what they will accomplish in the future, but they sometimes need a great deal of help in taking the small steps that lead to a good future. Realistic plans are those that build on short and long term goals and are consistent with the child's capacities.

**SECTION 7: GENEROSITY**

Generosity is closely linked with respect. Understanding that other people have the right to the same freedom and social resources as you are fundamental to respectful behaviour. Moreover, to help another person and make a contribution to their wellbeing not only demonstrates high respect but enriches our own sense of self-worth and positive identity. When generosity occurs, the recipient feels nurtured and their feelings of belonging are enhanced.

<b>7.1 Service to others</b>	Children who do things for others are showing an important human quality that is characteristic of people who do well in life. The ability to give time, attention and/or material things to at least one other person is a quality of a well-lived life. In addition, personal satisfaction, a sense of self-efficacy, and skill-building often result from service to others.
<b>7.2 Peaceful conflict resolution</b>	The ability to resolve conflict through compromise without physical aggression or resorting to hurtful action of language is an essential life skill. The ability to express feelings directly without being aggressive or passive is an important component of emotional health.
<b>7.3 Caring</b>	Children need to learn how to care about themselves and how to care for other people and animals. Positive interactions with the natural environment are an important part of healthy child development, and these interactions enhance learning and the quality of life throughout one's lifetime. Children must be encouraged and given opportunities to develop a sense of respect and caring for the natural environment.
<b>7.4 Honesty</b>	Honesty means telling the truth. Honesty includes being truthful with ourselves and with others. It means caring enough about others not to mislead them for personal benefit. It means facing up to our mistakes, even when we have to admit them to others or when they may get us into trouble.
<b>7.5 Respect</b>	Respect is a basic moral value or need that makes us aware that we are human beings. Respect includes taking someone's feelings, needs, thoughts, ideas, wishes and preferences into consideration. It means taking all of these seriously and giving them worth and value.

# Child progress form

Use this form to help you keep track of children's progress as they grow, learn and develop new skills. Observe what the child is doing, then read through each column and put a tick next to the things the child can do together with the date of your observation. Then plan what activities you will do to help the child build on this foundation and learn new skills.

Name:

Age (years/months):

	Learning to move	Learning to use hands	Learning about self & others	Learning to communicate	Learning to think
0-6 months	<input type="checkbox"/> lifts head and shoulders when lying on tummy <input type="checkbox"/> can hold head up on his own <input type="checkbox"/> rolls over <input type="checkbox"/> sits with support	<input type="checkbox"/> takes hand to mouth <input type="checkbox"/> plays with fingers and toes <input type="checkbox"/> holds object in hand <input type="checkbox"/> reaches for and grasps object	<input type="checkbox"/> shows feelings - smiles when happy, cries when sad <input type="checkbox"/> smiles when spoken to <input type="checkbox"/> likes to be played with <input type="checkbox"/> laughs, coos and shouts for attention	<input type="checkbox"/> looks at mother talking <input type="checkbox"/> turns to look where sound is coming from <input type="checkbox"/> makes sounds when talked to <input type="checkbox"/> tries to copy sounds	<input type="checkbox"/> recognizes mother and close family <input type="checkbox"/> looks for fallen object
6-12 months	<input type="checkbox"/> sits alone <input type="checkbox"/> crawls <input type="checkbox"/> pulls up to stand <input type="checkbox"/> walks using furniture or holding hands	<input type="checkbox"/> bangs + shakes things <input type="checkbox"/> holds and eats finger foods <input type="checkbox"/> passes things from hand to hand <input type="checkbox"/> puts things in boxes <input type="checkbox"/> uses finger to point and poke <input type="checkbox"/> pick up small things using thumb + finger <input type="checkbox"/> puts things in boxes / takes them out again	<input type="checkbox"/> responds to own face in the mirror <input type="checkbox"/> shows interest in other children <input type="checkbox"/> gives affection (hugs and kisses) <input type="checkbox"/> cries when caregiver leaves <input type="checkbox"/> fearful of strangers	<input type="checkbox"/> responds to own name <input type="checkbox"/> follows simple instructions e.g. stops when he hears 'no' <input type="checkbox"/> starts to use gestures, crying, and talking sounds to show what he wants <input type="checkbox"/> reaches out to be picked up, waves bye-bye and claps hands <input type="checkbox"/> babbles expressively / tries to 'talk' to you	<input type="checkbox"/> plays peek a boo <input type="checkbox"/> looks for things that are out of sight <input type="checkbox"/> enjoys picture books
1-2 years	<input type="checkbox"/> pushes/pulls toy when walking <input type="checkbox"/> kicks a ball	<input type="checkbox"/> begins to stack things <input type="checkbox"/> throws a ball <input type="checkbox"/> pours water <input type="checkbox"/> starts to feed self with spoon <input type="checkbox"/> drinks from cup <input type="checkbox"/> takes off shoes and socks <input type="checkbox"/> opens doors	<input type="checkbox"/> wants to be independent <input type="checkbox"/> understands + follows simple requests <input type="checkbox"/> copies actions of others <input type="checkbox"/> feels proud when does well <input type="checkbox"/> plays next to other children <input type="checkbox"/> simple pretend play e.g. feeds doll	<input type="checkbox"/> enjoys simple stories, songs and rhymes <input type="checkbox"/> nods or shakes head to say yes or no <input type="checkbox"/> points to things when asked e.g. body parts, toys, family members <input type="checkbox"/> starts to name things in house and yard <input type="checkbox"/> uses 2-word sentences e.g. ball gone	<input type="checkbox"/> matches an object to a picture <input type="checkbox"/> sorts objects into groups <input type="checkbox"/> points to pictures when asked <input type="checkbox"/> starts to do simple puzzles
2-3 years	<input type="checkbox"/> stands on one foot <input type="checkbox"/> jumps <input type="checkbox"/> climbs well and runs easily <input type="checkbox"/> walks on a line	<input type="checkbox"/> threads beads <input type="checkbox"/> builds complex things with blocks e.g. houses, bridges <input type="checkbox"/> turns handles, screws/unscrews lids <input type="checkbox"/> washes own hands <input type="checkbox"/> scribbles round and round <input type="checkbox"/> draws lines up and down	<input type="checkbox"/> says what s/he wants <input type="checkbox"/> easily frustrated, has temper tantrums <input type="checkbox"/> starts to play with other children <input type="checkbox"/> enjoys pretend play with other children <input type="checkbox"/> struggles to share and take turns <input type="checkbox"/> separates more easily from caregiver	<input type="checkbox"/> understands most sentences <input type="checkbox"/> makes sentences of 2-3 words <input type="checkbox"/> recognises and names most household objects	<input type="checkbox"/> understands 'what' and 'where' <input type="checkbox"/> understands position words (in, on, under) <input type="checkbox"/> understands big / little <input type="checkbox"/> matches colours <input type="checkbox"/> talks about books and pictures <input type="checkbox"/> listens to longer stories
3-5 years	<input type="checkbox"/> hops on one foot <input type="checkbox"/> touches toes without falling over <input type="checkbox"/> moves in time to music	<input type="checkbox"/> cuts and folds paper <input type="checkbox"/> bounces and catches ball <input type="checkbox"/> dresses and undresses without help	<input type="checkbox"/> learns to share and take turns <input type="checkbox"/> controls emotions. e.g. talks instead of fights <input type="checkbox"/> understands other people's feelings <input type="checkbox"/> struggles to tell the difference between fantasy and reality e.g. makes up stories or is scared of monsters	<input type="checkbox"/> understands most simple conversations <input type="checkbox"/> asks and answers questions (when, how, why) <input type="checkbox"/> talks clearly so strangers can understand	<input type="checkbox"/> arranges things in order of size <input type="checkbox"/> completes patterns <input type="checkbox"/> begins to count <input type="checkbox"/> knows own name, age and sex <input type="checkbox"/> understands concepts e.g. high + low, more + less



## ASSESSMENT REPORT FORMAT

Provincial/DCPO Logo

Name of Service Point/District Office/DCPO:

DSD file number	DCPO File number	Court File Number
<b>ASSESSMENT CONDUCTED BY:</b>  Surname and full names:  Qualifications:  SACSSP registration number:  Office Postal Address:  Telephone number:  Signature:  Date:		
<b>1. CLIENT IDENTIFYING INFORMATION</b>		
NAME:		CASE/ REF. NO:
ID NO:	REFERRAL SOURCE:	
Presenting problem/ Issue of concern:		
Specify the type of engagement	Office interview Home visit	Telephone School Other (specify)
Name of Person(s) participating in the assessment:		
Relationship with the client:		
<b>2. SOCIAL HISTORY (Always make an assessment based on person-family context)</b>		
2.1. Family history/ background		

2.2.	Interpersonal relationships and communication aspects (partner, children, family)
2.3.	Support systems (family and community resources)
2.4.	Critical event (nature and response and impact on current functioning)
2.5.	Role changes (before/ after critical event)
2.6.	Cultural and religious factors
2.7.	Problem-solving techniques/ methods applied
2.8.	Social habits (chemical and substance abuse, criminal tendencies, sexual orientation (if not identified in 2.2.))
2.9.	Employment history
2.10.	Environmental factors (client-family-community living conditions)
<b>3. MEDICAL AND PHYSIOLOGICAL FACTORS</b>	
3.1.	History and development of medical/physiological condition including disability)
3.2.	Disclosure to significant others
3.3.	Implications/ demands of the illness/ condition/ disability
3.4.	Coping mechanisms
3.5.	Motivation for medical treatment/ rehabilitation/ continuing care/ after care
<b>4. EDUCATIONAL FACTORS</b>	
4.1.	Educational history
4.2.	Educational performance
4.3.	Risk assessment
<b>5. TENTATIVE ASSESSMENT</b>	
5.1.	Problems/ issues/ needs/strengths
	Nature of problem/ issues/ needs/strengths Contributing factors Duration, Severity and urgency of response
5.2.	Person and situation
	Personal-family strengths and weaknesses Situational strengths and challenges (obstacles) Risk assessment
5.3.	Person-Issue-Situation Assessment outcome (describe problem/ issues/ needs identifies) Assumptions/ hypothesis
<b>6. EVALUATION:</b>	
<b>7. INTERVENTION PLANNING</b>	
7.1.	Client/ family expectations
7.2.	Action plan
	Client tasks/ action steps Social worker tasks/ action steps Plans to evaluate the intervention process (specify how/ when/ where)
<b>8. DETAILS OF SUPERVISOR</b>	



**Full names and surname:**

**Date:**

**SACSSP registration number:**

**Signature:**



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# **APPENDIX 13**

## **QUALITY ASSURANCE**

### ***APPENDIX 13.1***

#### **QUALITY ASSURANCE FRAMEWORK FOR CHILD AND YOUTH CARE CENTRES**



## **QUALITY ASSURANCE FRAMEWORK FOR CHILD AND YOUTH CARE CENTRES**

### **1. WHAT IS QUALITY ASSURANCE**

It is an internal and independent assessment of a facility ensuring effective and quality service delivery and caring and protecting children in need of care and protection.

It intends to create an opportunity to facilitate the transformation of child and youth care centres and increase capacity building.

It promotes inter-sectoral and multi-disciplinary rather than a personal approach

The QA tool should be used in private and government child and youth care centres.

Ensuring that the allocation of subsidies is used for the intended purpose it was allocated for.

### **2. AIMS OF A QUALITY ASSURANCE**

- To assess the operational and management systems (SWOT) of child and youth care centres.
- To ensure that services are in line with the Children's Act 38 of 2005, Regulations, Norms and Standards and Practice Guidelines
- To ensure that quality services are provided.
- To enable the organisation to meet policy as well as norms and standards requirements.
- To identify challenges in the child and youth care centre and community.
- To identify capacity building and resources needed to develop the organisation.

- To provide support and mentoring to achieve the developmental goals of the organisation.
- To be used by an inter-sectoral team.
- To ensure that funding is allocated and used effectively and efficiently.
- To enable sustainable service delivery through support and guidance.

### **3. QUALITY ASSURANCE PROCESS AND PROCEDURE**

Every CYCC must undergo a Quality Assurance process within two years of registration in terms of the legislative prescript.

The Quality Assurance process must be repeated every three years from the date the previous QA was finalised.

The HoD may order a QA at any time where there is a reason to believe that a CYCC failed to comply with any provision of the Children's Act, Regulations and national norms and standards.

An internal assessment must be conducted by the team connected to the child and youth care centre.

An independent assessment must be conducted by the team not connected to the centre.

### **4. INDEPENDENT QUALITY ASSURANCE TEAM**

Independent Quality Assurance team must be appointed by the HOD of a province which consists of the following members:

- Team leader (provincial level),
- 1xGovt. (senior-level),
- 1xNGO (senior-level),
- 1xperson with knowledge, skill and practical experience in the provision of Designated Child Protection services,
- Any person the HOD may be deemed appropriate (preferably from the finance unit).

### **5. PREPARATIONS**

## **Internal Quality Assurance**

Assess the need to conduct a QA

The internal assessment is the starting point and forms part of the preparations of the QA process.

Training must be provided to the management of the child and youth care centre before conducting a QA.

The manager of the Child and Youth Care Centre must facilitate the internal assessment.

A QA process requires preparation and the child and youth care centre must be requested to complete the internal assessment 3-to 4 weeks in advance.

The person responsible for monitoring and evaluation of the child and youth care centre at the regional level must inform the centre manager of the QA process and should assist, support and guide the management with the internal assessment

The completed internal assessment must be provided to the independent QA team 2-3 weeks before the QA.

The following must be provided to the child and youth care centre before the QA process:

- Internal assessment format,
- Agenda for each day,
- ODP format,
- QA process,
- Report format,
- Independent assessment,
- Names and capacity of the independent team members.

## **Independent QA Team Preparation**

The HOD must identify and endorse the Independent QA team.

The team should be knowledgeable, experienced and have the required skills to conduct a QA process therefore training must be provided.

A schedule must be developed by the team indicating the number of child and youth care centres that requires a QA and reasons for conducting the QA.

The team must meet for 4 hrs. maximum to prepare for the QA. The preparation should include the following:

- Team leader's expectations of the team,
- Strengths of each team member,
- Approach to be used,
- Responsibilities of each team member,
- A flow chart of the process,
- Decision-making and communication process,
- Discuss the internal assessment.

## **6. INTERNAL QUALITY ASSURANCE**

An internal QA is based on a framework developed from the principles and norms and standards and should be completed by the centre manager and staff of a child and youth care centre.

This is a self-evaluation process and the management must be trained to conduct the internal assessment before the QA.

The completed assessment is a major contributor and starting point for the QA team to prepare for the full QA process.

## **7. INDEPENDENT ASSESSMENT**

The duration of the QA process is 3-4 days depending on the size of the child and youth care centre and based on the principles, norms and standards.

The process must focus on assessing the services provided to the recipients, management and staff, including the community the centre is situated in.

The assessment involves whether the rights are appropriately protected and if the centre is in compliance with and implementing the SA Constitution other legislative mandates, policies, norms and standards and practice guidelines.

Serious violations of the rights discovered must be reported in writing by the team to the appropriate authorities within 24 hours of the on-site assessment. Where abuse of individuals is identified, charges should be laid with the relevant authorities and the Minister should be notified in writing within 7 days of the QA assessment.

The management of the centre will be informed that such violations have been observed and will be reported to the relevant authorities. Where professionals i.e. social workers, have knowingly broken the law or violated their professional code of conduct they should be reported in writing to their Council or Professional Board within 3 weeks of the QA.

At least 1 day must be reserved to draft the Organisation Development Plan (ODP). The management, staff, representatives of the management board and QA team must participate in this process.

The management of the child and youth care centre must be finalised and complete the drafted ODP.

The QA team must submit the signed comprehensive QA report to the centre 4 weeks after the completion of the QA assessment.

## **8. MENTORING**

Once the QA assessment is completed and the ODP finalised the organisation is assigned a mentor by the HOD.

### **The mentor should be responsible for the following:**

Provide support and guidance in achieving the ODP goals

Provide support and guidance in crisis-situations

Follow-up on any violations identified in the assessment and monitor the centre between QA assessments.

Lead and facilitate the QA review with the organisation.

The mentor should be a resource for the centre and should have the expertise and knowledge to build capacity.

Preferably the mentor should be a team member who conducted the QA assessment.

## **9. QUALITY ASSURANCE REVIEW**

The QA review takes place within 3 years of the previous assessment. The process is facilitated by the mentor.

The following must be reviewed:

- Progress towards achieving principles and national norms and standards,
- Progress towards achieving identified ODP goals,
- Whether the centre has satisfactorily addressed any violations,
- Whether there are any new violations to be addressed,
- Updated ODP report must be completed and monitored until the next QA.

## **10. ORGANISATIONAL DEVELOPMENT PLAN (ODP)**

An ODP for the child and youth care centre must be established between the independent team and the management by agreement.

The independent team appointed a mentor to oversee the implementation and review of the ODP by the management of the child and youth care centre.

The management board of a child and youth care centre must without delay, after completion, submit a copy of the ODP to the MEC for social development.

## **11. DURATION OF A QUALITY ASSURANCE PROCESS**

A full Quality Assurance process should take place over 2-3 days depending on the size of the child and youth care centre.



## **12. APPROACH OF THE TEAM**

All team members must be

Neutral

Non-judgemental

Objective

## **13. GENERAL PRINCIPLES**

The general principles outlined in the Children's Act guide the implementation of all legislation applicable to children

All proceedings, actions or decisions in a matter concerning a child must respect, protect, promote and fulfil the child's rights set out in the Bill of Rights.

## **14. QUALITY ASSURANCE PRINCIPLES**

The practice principles that are discussed will apply to Child and Youth Care Centres

These principles are in line with the general principles in the Children's Act, 2005 and the IMC Policy Recommendations.

Accountability

Non-Judgemental Attitude

Strength-Based

Best Interests of Child Standard

Best Interest of Child Paramount

Child Participation

Appropriateness

Normalisation

Rights of Young People

The rights the child has in terms of the Bill of Rights

Continuum of Care

Effective and Efficient

Permanency Planning

Empowerment

Family Preservation

Competency

## **15. TOOLS TO BE USED TO CONDUCT QUALITY ASSURANCE**

Internal Assessment tool

Independent Assessment tool

ODP tool

## ANNEXURE A Part 1

<b>INTERNAL ASSESSMENT FORMAT</b>
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The internal assessment must be completed by the management and staff of the child and youth care centres.

### IDENTIFYING PARTICULARS OF THE CHILD AND YOUTH CARE CENTRE

**Name of Child and Youth Care Centre**

\_\_\_\_\_

**Physical Address**

\_\_\_\_\_  
\_\_\_\_\_

**Name of the Centre Manager**

\_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Cell number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Date when internal assessment was completed:** \_\_\_\_\_

**Team members involved in the completion of the assessment**

Name of the person	Position of the person in the CYCC


**Maximum capacity (registered number):** \_\_\_\_\_

**Actual number at the time of the QA process**

Target group	Number	Gender		Total
		Male	Female	
0-5 yrs				
5-10 yrs				
10-15 yrs				
15-18 yrs				
Over 18 yrs				

**Vision**

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**Mission**

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**OBJECTIVES OF THE CYCC**

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

### **Ratings (Practice Principles)**

- 1      Lots of effort from the team and aims are being achieved
- 2      Lots of effort from the team and aims are almost being achieved
- 3      Aims not being achieved
- 4      Little effort and aims not being achieved
- 5      No effort and aims not being achieved



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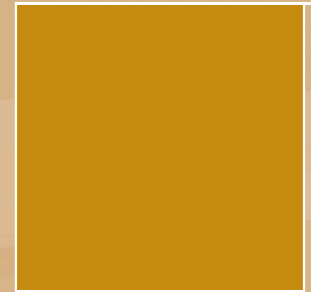
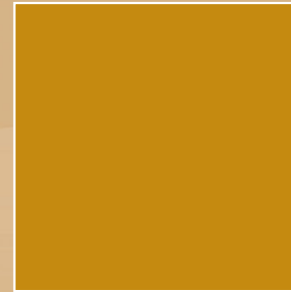
Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# ***APPENDIX 13.2 BLUEPRINT, MINIMUM NORMS AND STANDARDS FOR SECURE CARE FACILITIES***



# Blueprint, Minimum Norms and Standards for Secure Care Facilities in SOUTH AFRICA

August 2010



*Building a Caring Society. Together.*

[gov.za](http://gov.za)

[www.dsd.gov.za](http://www.dsd.gov.za)

Secure care facilities - Design guide and space and cost norms





MrVusi Madonsela

The Bill of Rights in the Constitution of the Republic of South Africa 1996, addresses the protection of children, including the protection of the rights of children in conflict with the law. Various international instruments like the United Nations Convention on the Rights of the Child (UNCRC) and other pieces of legislation such as the Child Justice Act, 75 of 2008 and the Children's Act 38 of 2005 also provide a specific set of regulations for dealing with children in conflict with the law.

Social Development is amongst the leading government departments in the provision of services to children in conflict with the law and their families. In 1996 Cabinet appointed an Inter-Ministerial Committee (IMC) on Young People at Risk to lead the process of developing a national legal framework that is consistent with national, regional and international instruments.

One of the key recommendations of the IMC was the development of minimum norms and standards for secure care facilities to ensure the best interest of children during correction, rehabilitation and reintegration into the family and community, as provided for in the Constitution and other pieces of legislation.

The prime objective of the minimum norms and standards for secure care facilities, as the name denotes, is to provide standardized and uniform services for children in conflict with the law in secure care facilities. The minimum norms and standards put forward ways by which different sectors of society can work together effectively to uphold the principles of child justice and the restorative justice system. This is central to the promotion of the best interest of children in conflict with the law and to prevent offending and re-offending.

It is without question that addressing issues of children in conflict with the law requires a holistic and integrated approach. The minimum norms and standards contained in this booklet direct both government and NGO's in a coordinated approach to provide services to children in conflict with the law, and to adopt a child rights approach that promotes diversion programmes and community-based sentences.

As the Department pursues its work of building a caring society, our interventions should be grounded on the principles of upholding the best interest of children in the context of family, community and broader society. Our interventions should also explore underlying contributory factors which predispose children to the risk of offending.

I wish to thank the staff of the Department at both national and provincial levels and representatives of civil society organizations for working together fruitfully in producing the blueprint, minimum norms and standards for secure care facilities. I urge you all to continue working together in the same spirit of cooperation to realize the full implementation of this policy

Mr Vusi Madonsela DIRECTOR-GENERAL

DEPARTMENT OF SOCIAL DEVELOPMENT

A handwritten signature in black ink, likely of Mr Vusi Madonsela, written over a light blue background.



## 1 Introduction

### 1.1 Background

#### 1.1.1 Definition

Secure care is a residential facility and/or programme of intervention that ensures the appropriate physical, behavioural and emotional containment of young people who are charged with crimes and who are awaiting trial or sentencing. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities.<sup>1</sup>

#### 1.1.2 Secure care

<sup>2</sup>The concept “secure care” was coined during the transformation process of the child and youth care system. This term was used to distinguish those children who because of coming into conflict with the law would need a programme that would ensure that they take responsibility for their wrongdoing, that recidivism is prevented, as well as contain them, restrict their movements and ensure the safety of the community. The intention was to ensure that there is a “place” where these children are contained, as well as an “intervention” during their containment. Therefore with time, Secure care as a concept has been used interchangeably – to mean a facility and a programme.

#### 1.1.3 Secure care facilities

<sup>3</sup>All secure care facilities (government and non-government) should be established and maintained according to national regulations, minimum standards, and practice guidelines, which are based on international instruments and internationally accepted child and youth care practices. Secure care facilities should provide differentiated programmes or units according to ages and the degree of danger which the young person may pose to peers, staff and society in general. For example, a facility may have a

high-security unit and a minimum-security unit, each offering a range of programmes. Choice of placement should be based on an assessment and not on arbitrary decisions related to the crime, or a reward/ punishment system. Where a province has sufficient secure care facilities to choose from, each facility could provide a different programme.

Children who have been appropriately assessed to require secure care should not be accommodated in facilities or units which accommodate children in need of care and protection. Children in need of care and protection should be accommodated in a safety unit or facility. This differentiation accommodates the different programmes, staffing, training and security requirements. It is possible, that both groups of children could be housed at one facility provided the staffing and buildings provide for this in line with the ‘differentiated programmes’ approach set out above.

The secure care programme should also be accessible to children at risk as an intensive short term programme of intervention based on a developmental assessment by a multi-disciplinary team. This means that children can access the secure care programme, where appropriate and where applicable, as day programme, week programme, and short term programme to meet their developmental and therapeutic needs.

### 1.2 Guiding principles and values<sup>4</sup>

- **Accountability:** Everyone who intervenes with children/young people and their families should be held accountable for the delivery of an appropriate and quality service.
- **Age-appropriate:** Every child should be addressed in a manner appropriate to his or her age and intellectual development and should be spoken to and be allowed to speak in his or her language of choice, through an interpreter, if necessary.
- **Appropriateness:** All services to children/young people and their families should be the most appropriate for the individual, the family and the community.

<sup>1</sup> Dept Social Development, Blueprint for Secure Care Centres, undated draft for discussion

- The best interest of the child: refer section 7 and 8 of Children's Act.
- Child-centred: Positive developmental experiences, support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the child's/young person's development over time.
- Community-Centred: Services should be contextualised within the community environment, and support and capacity building to communities should be provided through regular developmental assessment and programmes which strengthen the community's development over time.
- Confidentiality: Principle according to which particulars which have been obtained from children and/or families within the professional relationship will not be disclosed without their permission.
- Continuity of Care and Development: The changing social, emotional, physical, cognitive and cultural needs of the child/ young person and their family should be recognised and addressed throughout the intervention process. Links with continuing support networks and resources, when necessary, should be encouraged after disengagement from the system.
- Continuum of Care and Development: Children/young people at risk (and their families) should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programme/s appropriate to their individual developmental and therapeutic needs.
- Diversity: Every child should be treated in a manner that takes into account his or her cultural values and beliefs.
- Effectiveness and Efficiency: Services to children/young people and their families should be delivered most effectively and efficiently possible.
- Empowerment: The resourcefulness of each child/young person and their family should be promoted by providing opportunities to use and build their own capacity and support networks and to act on their own choices and sense of responsibility.
- Equality: Children must have equal access to available services and every effort should be made to ensure that children receive similar treatment.
- Family-Centred: Services should be contextualised within the family, the extended family and the community, and support and capacity building to families should be provided through regular developmental assessment and programmes which strengthen the family's development over time.
- Family Preservation: All services should prioritise the goal to have children/ young people remain within the family and /or community context wherever possible. When a child/young person is placed in alternative care, services should aim to retain and support communication and relationships between the person and their family (unless proven not to be in their best interests), and maximise the time which the person spends in the care of his/her family.
- Integration: Services to children/young people and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.
- Non-discriminatory: No young person should be refused admission to a centre based on race, religion, sexual orientation, or cultural heritage and provision for an appropriate staff team who can understand and communicate with each young person should be made.
- Normalisation: Children/Young People and their families should be exposed to normative challenges, activities and opportunities, which promote participation and development.
- Participation: Children/young people and their families should be actively involved in all the stages of the intervention process.
- Permanency Planning: Every child/young person within the Continuum of Care and Development should be provided with the opportunity to build and maintain lifetime relationships within a family and/or community context within the shortest time possible.
- Restorative Justice: The approach to children/young people in trouble with the law should focus on restoring societal harmony

and putting wrongs right rather than punishment. The child/young person should be held accountable for his or her actions and where possible make amends to the victim.

- Rights-based: The rights of children/young people as established in the South African Constitution and the various international conventions ratified by South Africa, shall be protected.
- Strengths-based: Services on all levels of intervention should, as a matter of priority, identify and build on the strengths of the child and family.
- Transitory programme: Refers to residential care for children who are in trouble with the law and who are waiting for the finalisation of the statutory process. This includes young people awaiting trial, awaiting sentence, awaiting transfer, awaiting designation, awaiting placement on the Continuum of Care and awaiting placement with family or friends.

### 1.3 Requirements for an ideal facility

The core model could have the following elements:

- Living quarters - Living quarters should be safe, clean and functional and in a good state of repair. Rooms should be inward-facing and open onto an entertainment area. Five children should be accommodated per room. Provision should also be made for a single room that may be utilised for children with special needs.
- Offices within living quarters – Provision should be made for office space for a social worker and child and youth care worker.
- Ablution facilities – Rooms should have en-suite bathrooms.
- Recreation area within the living quarters - This area may be used as a lounge/TV room, group work facility or venue to complete homework.
- Outdoor multipurpose quad – The quad may be utilised for the playing of games or meetings with all the children.
- Indoor multipurpose recreation facility (hall) - There are adequate and appropriate indoor facilities in the centre for treatment activities, relaxation, recreation and exercise.
- Gymnasium.
- Out-door recreation facility – The outdoor facilities should provide for standardised soccer, cricket, rugby, volleyball, softball, hockey

fields as well as for an obstacle course.

- Pool - The swimming pool should be fenced off and the area locked and the pool covered when not in use. Ablution blocks should be provided around the area.
- Dining room - The dining area should provide for a serving area as well as adequate seating arrangements.
- Medical facilities – The medical facility should consist of an admission room, medication room, examination room, sickbay and isolation room.
- Visiting area – The visiting area must be private and comfortable.
- Accommodation for families - The centre has facilities to house families, travelling from far, when they visit their children.
- Administration block – Provision should be made of adequate office space for personnel.
- Library and resource centre.
- School – The school should provide for classrooms, adequately equipped workshop facilities and a computer training centre.
- Kitchen – A separate delivery entrance to the kitchen should be provided. Change rooms with lockers for kitchen staff, ablution facilities and an office for the supervisor should be available.
- Laundry – Office space should be provided for the supervisor's office and change rooms.
- Storerooms.
- Garages for government vehicles. Vehicle vault – A secure area should be provided for the delivery of children.
- Record room
- All residential care facilities should structurally make provision for children with disabilities.

- The Center must be located within communities and no further than 100km or 1-hour travelling time from the court and/or SAPS. A radius of 1 km, but not exceeding 5 km, should be maintained from the residential area. No other service, other than those to children in conflict with the law, should be provided from the same premises. The Centre should be on a transport route for easy access.

The centre should have certain basic infrastructure and equipment to function successfully: Independent living equipment.

- Emergency equipment – Fire extinguishers and first-aid kits.
- Living quarters - Each child has his/her own sturdily constructed bed and
- locker/cupboard.
- Ablution facilities - 2 showers, 1 basin and 2 toilets for boys; 1 bath, 1 shower, 2 basins and 2 toilets for girls; 1 Bath, shower and toilet for disabled children.
- Recreation area within the living quarters – Lounge furniture and tables.
- Kitchen – The following should be provided: 4-plate industrial stoves with ovens, warmers, deep fryers, microwave oven, hydro-boils, boilers, dishwasher, water coolers, food processors, extractor fans, cold room with shelves and storing pellets, walk-in fridge/freezer, pantry, cupboards, dry store, chemical store, storeroom for kitchen utensils and crockery, bain-maris with inserts, serving bowls, trays and serving trolleys.
- It is essential, that there is compliance with Health, Safety, and Hygiene standards
- e.g. fire extinguishers and first aid kits, fly screens, mounted hand wash system,
- sterilising containers, etc.
- Dining room - There should be enough crockery and cutlery for every child and extra eating utensils should be available upon need.

Crockery & cutlery should be made from melamine. Stainless steel frame tables and chairs covered with fibreglass should be mounted to the floor.

- Laundry - The laundry should be fully equipped with industrial washing machines, tumble dryers and shelves. Space should be provided for lockers, ablution facilities and a small storeroom for chemicals and detergents.
- Administration office – The complex should be equipped with IT and telephone
- infrastructure and a dedicated server room.
- The following infrastructure should be provided: Computers, printers, fax machines, a commercial-grade photocopier, cellular telephones, laptop with 3G connection and data projector per facility.
- Indoor facilities – Children have access to pool tables and board games.

- Hall - The hall must have a capacity to accommodate 200 individuals. It should be equipped with a stage, a stage curtain, a fitted sound system and fitted chairs.
- Out-door recreational facilities - Children have access to soccer-, rugby-, netball- and basketballs, baseball balls and bats and cricket sets.
- Pool - Life jackets should be provided to children who cannot swim.
- Medical facilities – Fully equipped admission room, lockable cupboard for medication, fridge, sterilisation equipment, fully equipped dressing room, emergency equipment and beds.
- Client waiting area – Comfortable tables and chairs.
- School – fully equipped workshop facilities.
- Computer training room – Equipped with computers, desks and chairs.
- Library and resource centre – Recreational and educational reading material should be provided.
- Classrooms - fully equipped classrooms to facilitate conducive learning.

### 1.3 Design Principles

#### 1.3.1 Regulatory

Adherence to regulatory frameworks and guidelines

- Building regulations
- Occupational health and safety
- SABS codes

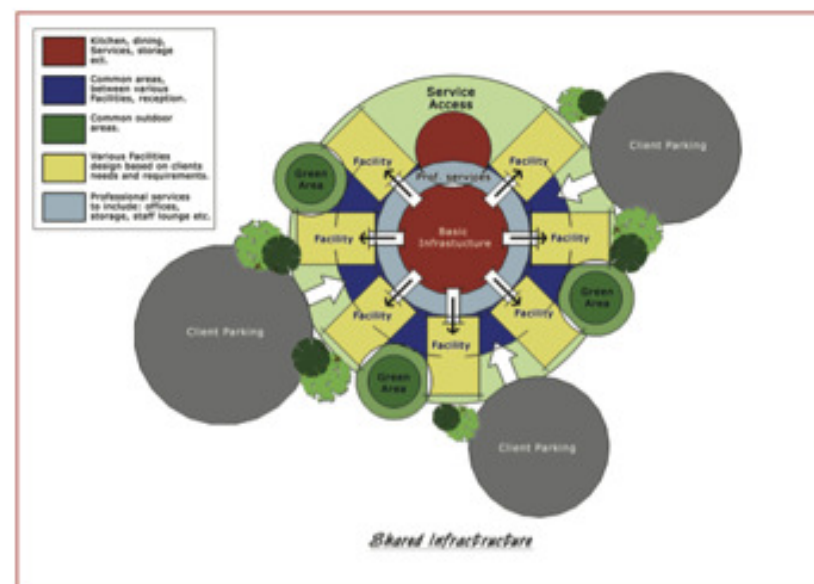
#### 1.3.2 Architectural design principles

- Form follows function. It is an expression of the philosophy in terms of building and to create a living space
- Create an environment for staff, children, educators and support staff within a secure area.
- Emphasis on rehabilitation rather than punishment.
- The facility is designed as a subtle containment or confinement complex and will create a non-institutionalised environment, more domestic or homelike, in nature.
- Protect buildings against vandalism without barriers such as prison bars.
- Strive towards an environment with open spaces, colour, gardening and green recreational areas.
- Circulation in the facility to follow the business processes and programmes.

### 1.4 Facilities concepts

Social development facilities could be arranged in precincts, which could facilitate the shared use of infrastructure.

Figure 1: Shared infrastructure/precinct



The facility would be designed so that the arrangement of the elements or components is aligned with the processes to be undertaken at the facility.



## 2.1 Introduction

The building blocks include Security; Administration block; Staff ablutions; Living accommodation; Dining / Sitting / Kitchen; Medical; Activity centre; Classroom; Library; Sports centre.  
Court, and Pavilion are optional.

Table 1: Secure care facility building blocks

Living accommodation	?	1
Court	?	1
Sport centre	✓	1
Library	✓	1
Classroom	✓	4
Activity centre	✓	1
Medical	✓	1
Dining / Sitting / Kitchen	✓	1
Living accommodation	✓	3
Staff ablutions	✓	1
Administration block	✓	1
Security	✓	1
Secure Care facility required building blocks		
Proposed number of building blocks		

Key: ✓ : Required ? : Optional

## 2.1 Administration block



Figure 3: Administration block

### DSO INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility      60      Persons

#### SCC001 OFFICE BLOCK

Item No	Accommodation	Area	Rate	Cost	Type
SCC001-1	Office space	216	R 6 000.00	R 1 296 000.00	Functional
SCC001-2	Waiting area	23	R 6 000.00	R 138 000.00	Support
SCC001-3	Lobby	23	R 9 000.00	R 207 000.00	Core
SCC001-4	Toilets	19	R 10 000.00	R 190 000.00	Support
SCC001-5	Kitchen	5	R 10 000.00	R 50 000.00	Support
SCC001-6	Records room	5	R 5 000.00	R 25 000.00	Support
SCC001-7	Planters	5	R 3 000.00	R 15 000.00	Core
SCC001-8	Vent shafts	6	R 2 000.00	R 12 000.00	Core
SCC001-9	Disabled toilet	4	R 10 000.00	R 40 000.00	Support
SCC001-10	Passages	66	R 5 500.00	R 363 000.00	Core
SCC001-11	Cleaners store	2	R 5 000.00	R 10 000.00	Support

INTERNAL AREA	374 m <sup>2</sup>		
Functional	223 m <sup>2</sup>	3.72	m <sup>2</sup> per client
Support	97 m <sup>2</sup>	43.50%	of functional space
Core	106 m <sup>2</sup>	47.53%	of functional space
Structural	57 m <sup>2</sup>	15.24%	of internal space
TOTAL AREA	463 m <sup>2</sup>	8.05	m <sup>2</sup> per client
TOTAL COST			R 2 348 000.00
Building Cost per Sqm			R 5 272.73
Building Cost per Person			R 39 166.67

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

## 2.1 Bedroom Blocks

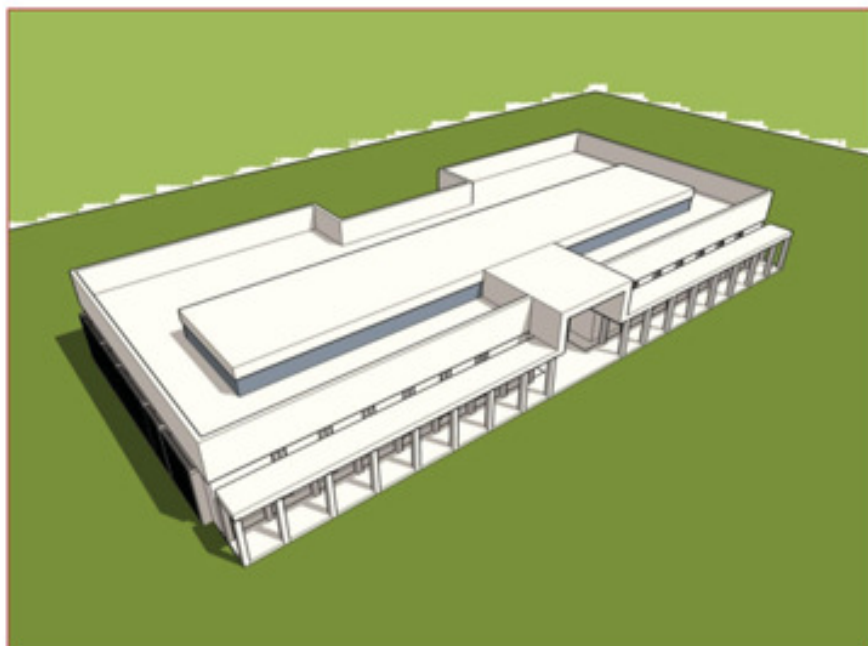


Figure 4: Dormitory

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility 20 Persons

#### SCC002 DORMITORY BLOCK

Item No	Accommodation	Area	Rate	Cost	Type
SCC002-1	Dormitories	184	R 7 500.00	R 1 380 000.00	Functional
SCC002-2	Lozage and study area	108	R 6 500.00	R 702 000.00	Functional
SCC002-3	Special bedrooms	24	R 7 500.00	R 180 000.00	Functional
SCC002-4	Bathrooms	86	R 11 000.00	R 946 000.00	Support
SCC002-5	Care workers offices	20	R 6 500.00	R 130 000.00	Support
SCC002-6	Care workers offices	4	R 6 500.00	R 26 000.00	Support
SCC002-7	Store rooms	4	R 3 500.00	R 14 000.00	Support
SCC002-8	Lobby	45	R 6 000.00	R 270 000.00	Core

INTERNAL AREA	475 m <sup>2</sup>		
Functional	316 m <sup>2</sup>	15.80	m <sup>2</sup> per client
Support	114 m <sup>2</sup>	36.08%	of functional space
Core	45 m <sup>2</sup>	14.24%	of functional space
Structural	87 m <sup>2</sup>	18.32%	of internal space
TOTAL AREA	562 m <sup>2</sup>	28.10	m <sup>2</sup> per client
TOTAL COST			R 3 848 000.00
Building Cost per Sqm			R 7 880.00
Building Cost per Person			R 192 400.00

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."



## 2.1 Dining



Figure 5: Dining / lounge / kitchen

### USD INFRASTRUCTURE PLAN

#### YOUTH CARE CENTRE

Number of Person in Facility **84** Persons

#### YCC004 KITCHEN

Item No	Accommodation	Area	Rate	Cost	Type
SCC004-1	Lounge	55	R 7 000.00	R 385 000.00	Functional
SCC004-2	Dining room	105	R 7 000.00	R 735 000.00	Functional
SCC004-3	Sleep	17	R 3 500.00	R 59 500.00	Core
SCC004-4	Kitchen	48	R 12 000.00	R 582 000.00	Support
SCC004-5	Kitchen yard	35	R 2 000.00	R 70 000.00	Support
SCC004-6	Garage	19	R 3 500.00	R 66 500.00	Support
SCC004-7	Toilet	20	R 11 000.00	R 220 000.00	Support
SCC004-8	Laundry	10	R 4 500.00	R 45 000.00	Support
SCC004-9	Workshop	10	R 3 500.00	R 35 000.00	Support
SCC004-10	Staff room	25	R 7 000.00	R 181 000.00	Support
SCC004-11	Court	19	R 2 000.00	R 38 000.00	Core

INTERNAL AREA	<b>359 m<sup>2</sup></b>		
Functional	<b>160 m<sup>2</sup></b>	2.50	m <sup>2</sup> per client
Support	<b>163 m<sup>2</sup></b>	101.88%	of functional space
Core	<b>36 m<sup>2</sup></b>	22.50%	of functional space
Structural	<b>43 m<sup>2</sup></b>	11.98%	of internal space
TOTAL AREA	<b>402 m<sup>2</sup></b>	6.28	m <sup>2</sup> per client
TOTAL COST			<b>R 2 367 000.00</b>
Building Cost per Sqm			<b>R 5 923.31</b>
Building Cost per Person			<b>R 28 094.38</b>

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

## 2.1 Activity



Figure 6: Activity centre

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility      **80**      Persons

#### SCC006 ACTIVITY CENTRE

Item No	Accommodation	Area	Rate	Cost	Type
SCC006-1	Activity 1	49	R 7 000.00	R 343 000.00	Functional
SCC006-2	Activity 2	49	R 7 000.00	R 343 000.00	Functional
SCC006-3	Activity 3	55	R 7 000.00	R 385 000.00	Functional
SCC006-4	Computer learning	30	R 8 000.00	R 240 000.00	Functional
SCC006-5	Therapy office	15	R 6 500.00	R 97 500.00	Functional
SCC006-6	Boys toilets	4	R 11 000.00	R 44 000.00	Support
SCC006-7	Girls toilets	4	R 11 000.00	R 44 000.00	Support
SCC006-8	Entrance	14	R 6 500.00	R 91 000.00	Core
SCC006-9	Store 1	4	R 3 500.00	R 14 000.00	Support
SCC006-10	Store 2	4	R 3 500.00	R 14 000.00	Support
SCC006-11	Store 3	5	R 3 500.00	R 17 500.00	Support

INTERNAL AREA	<b>233 m<sup>2</sup></b>		
Functional	<b>198 m<sup>2</sup></b>	3.30	m <sup>2</sup> per client
Support	<b>21 m<sup>2</sup></b>	10.61%	of functional space
Core	<b>14 m<sup>2</sup></b>	7.07%	of functional space
Structural	<b>30 m<sup>2</sup></b>	12.88%	of internal space
TOTAL AREA	<b>283 m<sup>2</sup></b>	4.38	m <sup>2</sup> per client
TOTAL COST			<b>R 1 833 000.00</b>
Building Cost per Sqm			<b>R 7 008.58</b>
Building Cost per Person			<b>R 22 718.87</b>

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

## 2.1 Sport



Figure 7: Sport centre

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility 60 Persons

#### SCC003 SPORT CENTRE

Ref No	Accommodation	Area	Rate	Cost	Type
SCC003-1	Girls Changingroom	30	R 11 000.00	R 330 000.00	Support
SCC003-2	Boys Changingroom	30	R 11 000.00	R 330 000.00	Support
SCC003-3	Store	30	R 5 500.00	R 165 000.00	Support
SCC003-4	Recreation area	135	R 12 000.00	R 1 620 000.00	Functional
SCC003-5	Disabled toilet	6	R 11 000.00	R 66 000.00	Support
SCC003-6	Office	15	R 6 500.00	R 97 500.00	Support
SCC003-7	Sport Hall	416	R 8 000.00	R 3 328 000.00	Functional

INTERNAL AREA	662 m <sup>2</sup>	
Functional	551 m <sup>2</sup>	9.18 m <sup>2</sup> per client
Support	111 m <sup>2</sup>	20.15% of functional space
Core	0 m <sup>2</sup>	0.00% of functional space
Structural	41 m <sup>2</sup>	6.19% of internal space
TOTAL AREA	703 m <sup>2</sup>	11.72 m <sup>2</sup> per client
TOTAL COST		R 5 936 500.00
Building Cost per Sqm		R 8 444.52
Building Cost per Person		R 98 941.67

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

## 2.1 Pavilion

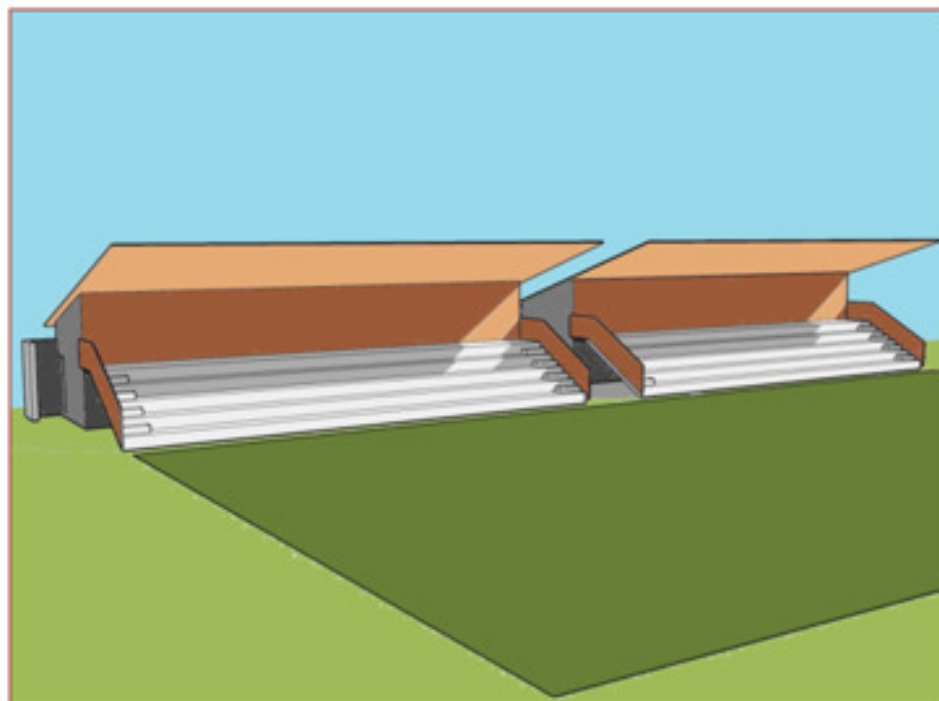


Figure 8: Pavilion

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility 80 Persons

#### SCC011 PAVILLION

Item No	Accommodation	Area	Rate	Cost	Type
SCC011-1	Pavilion A	90	R 7 000.00	R 630 000.00	Functional
SCC011-2	Pavilion B	90	R 7 000.00	R 630 000.00	Functional
SCC011-3	Players dressing room A	33	R 8 000.00	R 264 000.00	Support
SCC011-4	Players dressing room B	33	R 8 000.00	R 264 000.00	Support
SCC011-5	Girls toilets	21	R 11 000.00	R 231 000.00	Support
SCC011-6	Boys toilets	18	R 11 000.00	R 198 000.00	Support
SCC011-7	Kiosk	14	R 7 000.00	R 98 000.00	Support
SCC011-8	Office	11	R 6 500.00	R 71 500.00	Support

INTERNAL AREA	310 m <sup>2</sup>		
Functional	180 m <sup>2</sup>	3.00	m <sup>2</sup> per client
Support	130 m <sup>2</sup>	72.22%	of functional space
Core	0 m <sup>2</sup>	0.00%	of functional space
Structural	57 m <sup>2</sup>	18.39%	of internal space
TOTAL AREA	367 m <sup>2</sup>	6.12	m <sup>2</sup> per client
TOTAL COST			<b>R 2 386 500.00</b>
Building Cost per Sqm			<b>R 7 658.32</b>
Building Cost per Person			<b>R 32 775.00</b>

Footnote: \*These are costs as per 2009/2010 rates which are subject to change annually.\*

## 2.1 Medical



Figure 9: Medical facility

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility 54 Persons

#### SCC005 MEDICAL FACILITY

Item No	Accommodation	Area	Rate	Cost	Type
SCC005-1	Reception	13	R 6 500.00	R 84 500.00	Support
SCC005-2	Consulting Room	13	R 6 000.00	R 78 000.00	Functional
SCC005-3	Sick room	9	R 6 500.00	R 58 500.00	Functional
SCC005-4	Bathrooms	7	R 11 000.00	R 77 000.00	Support

INTERNAL AREA	42 m <sup>2</sup>		
Functional	22 m <sup>2</sup>	0.34	m <sup>2</sup> per client
Support	20 m <sup>2</sup>	90.91%	of functional space
Care	0 m <sup>2</sup>	0.00%	of functional space
Structural	11 m <sup>2</sup>	26.19%	of internal space
TOTAL AREA	53 m <sup>2</sup>	0.83	m <sup>2</sup> per client
TOTAL COST			R 298 000.00
Building Cost per Sqm			R 7 095.24
Building Cost per Person			R 4 656.25

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

## 2.1 Security



Figure 10: Security

### USD INFRASTRUCTURE PLAN

#### YOUTH CARE CENTRE

Number of Person in Facility    54    Persons

#### SECURE SECURITY

Item No	Accommodation	Area	Rate	Cost	Type
YCC010-1	Unsecure lobby	8	R 7 500.00	R 45 000.00	Functional
YCC010-2	Secure lobby	8	R 7 500.00	R 60 000.00	Functional
YCC010-3	Office	8	R 6 500.00	R 52 000.00	Support
YCC010-4	Toilet	2	R 11 000.00	R 22 000.00	Support
YCC010-5	Sleep	15	R 4 000.00	R 60 000.00	Core

INTERNAL AREA	39 m <sup>2</sup>		
Functional	14 m <sup>2</sup>	0.22	m <sup>2</sup> per FTE
Support	10 m <sup>2</sup>	71.43%	of functional space
Core	15 m <sup>2</sup>	107.14%	of functional space
Structural	5 m <sup>2</sup>	15.38%	of internal space
TOTAL AREA	45 m <sup>2</sup>	0.70	m <sup>2</sup> per FTE
TOTAL COST			R 239 000.00
Building Cost per Sqm			R 5 129.21
Building Cost per Person			R 3 754.38

## 2.1 Library



Figure 11: Library

### DSU INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility 80 Persons

#### SCC008 LIBRARY

Item No	Accommodation	Area	Rate	Cost	Type
SCC008-1	Office/workroom	15	R 7 000.00	R 105 000.00	Support
SCC008-2	Counter area	15	R 7 000.00	R 105 000.00	Support
SCC008-3	Library	16	R 9 000.00	R 144 000.00	Functional
SCC008-4	Reading	16	R 6 500.00	R 104 000.00	Functional
SCC008-5	Sleep	7	R 4 000.00	R 28 000.00	Core

INTERNAL AREA 89 m<sup>2</sup>

Functional 32 m<sup>2</sup> 0.53 m<sup>2</sup> per client

Support 30 m<sup>2</sup> 53.75% of functional space

Core 7 m<sup>2</sup> 21.88% of functional space

Structural 10 m<sup>2</sup> 14.49% of internal space

TOTAL AREA 79 m<sup>2</sup> 1.32 m<sup>2</sup> per client

TOTAL COST R 486 000.00

Building Cost per Sqm R 7 043.48

Building Cost per Person R 6 100.00

## 2.1 Social work services/ Outpatient Diversion Centre/Court



### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

Number of Person in Facility    **60**    Persons

#### SCC009 COURT

Item No	Accommodation	Area	Rate	Cost	Type
SCC009-1	Court room	35	R 8 500.00	R 297 500.00	Functional
SCC009-2	Judges room	12	R 6 500.00	R 78 000.00	Support
SCC009-3	Office	9	R 6 500.00	R 58 500.00	Support
SCC009-4	Lobby	14	R 7 000.00	R 98 000.00	Core
SCC009-5	Toilets	17	R 11 000.00	R 187 000.00	Support

INTERNAL AREA	<b>87 m<sup>2</sup></b>		
Functional	<b>23 m<sup>2</sup></b>	0.38	m <sup>2</sup> per client
Support	<b>47 m<sup>2</sup></b>	204.35%	of functional space
Core	<b>17 m<sup>2</sup></b>	73.91%	of functional space
Structural	<b>10 m<sup>2</sup></b>	21.84%	of internal space
TOTAL AREA	<b>106 m<sup>2</sup></b>	1.77	m <sup>2</sup> per client
TOTAL COST			<b>R 712 000.00</b>
Building Cost per Sqm			<b>R 6 264.37</b>
Building Cost per Person			<b>R 11 983.33</b>

Figure 12: Social Work service/Outpatient Diversion centre/court



## 2.1 Stores and ablutions

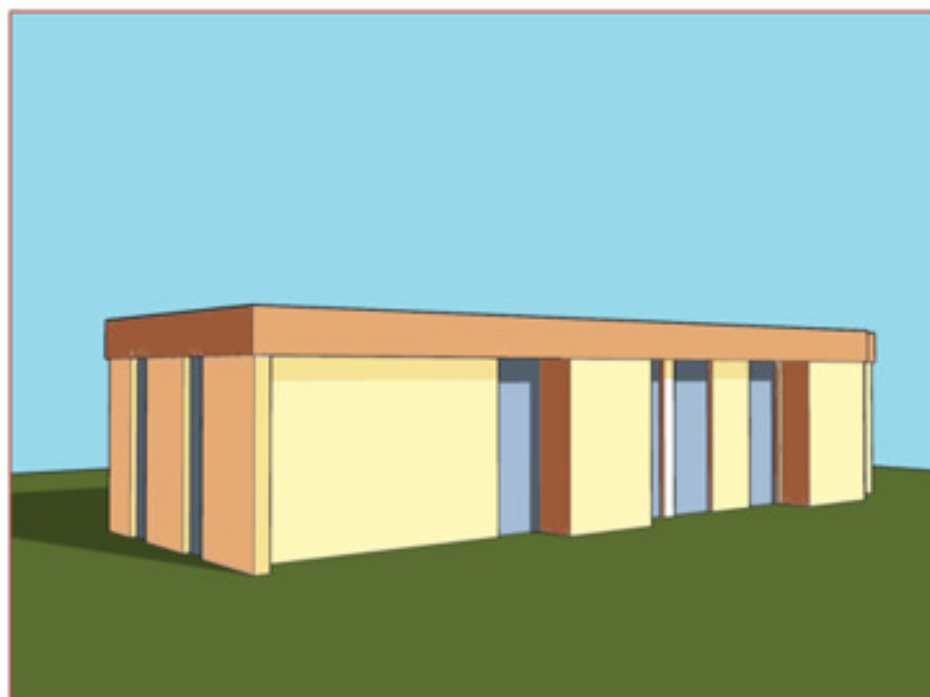


Figure 13: Cleaners

### USD INFRASTRUCTURE PLAN

#### SECURE CARE FACILITY

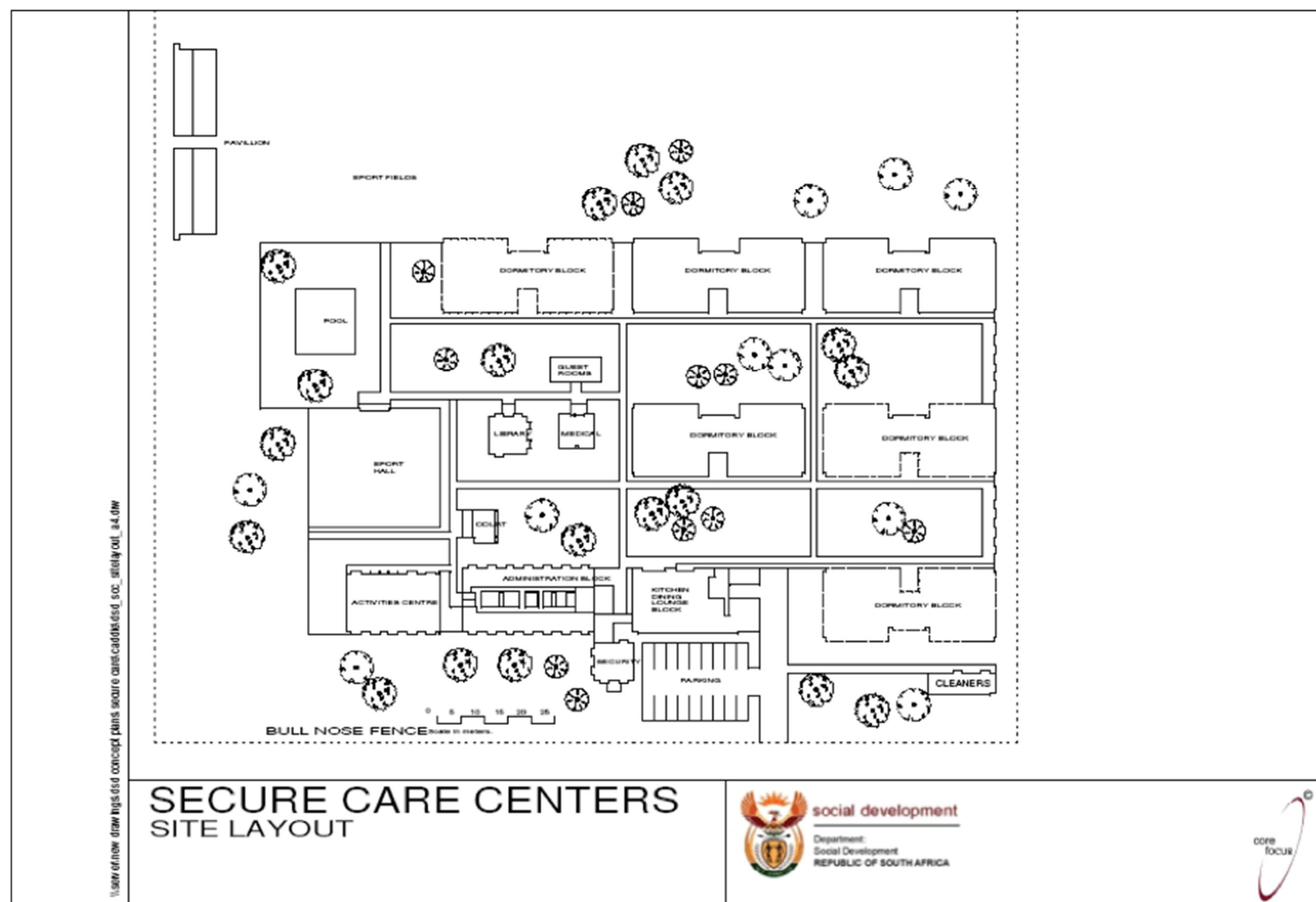
Number of Person in Facility 60 Persons

#### SCC007 STORES AND ABLUTIONS

Ref No	Accommodation	Area	Rate	Cost	Type
SCC002-1	Locker room	19	R 6 000.00	R 114 000.00	Functional
SCC002-2	Stores	11	R 3 500.00	R 38 500.00	Support
SCC002-3	Wash room	7	R 9 000.00	R 63 000.00	Support
SCC002-4	Staff rest room	16	R 6 000.00	R 96 000.00	Support

INTERNAL AREA	53 m <sup>2</sup>		
Functional	19 m <sup>2</sup>	0.32	m <sup>2</sup> per client
Support	38 m <sup>2</sup>	200.00%	of functional space
Care	0 m <sup>2</sup>	0.00%	of functional space
Structural	11 m <sup>2</sup>	20.75%	of internal space
TOTAL AREA	68 m <sup>2</sup>	1.13	m <sup>2</sup> per client
TOTAL COST			R 311 500.00
Building Cost per Sqn			R 5 577.36
Building Cost per Person			R 5 191.67

## 2 Facility



Aerial perspective

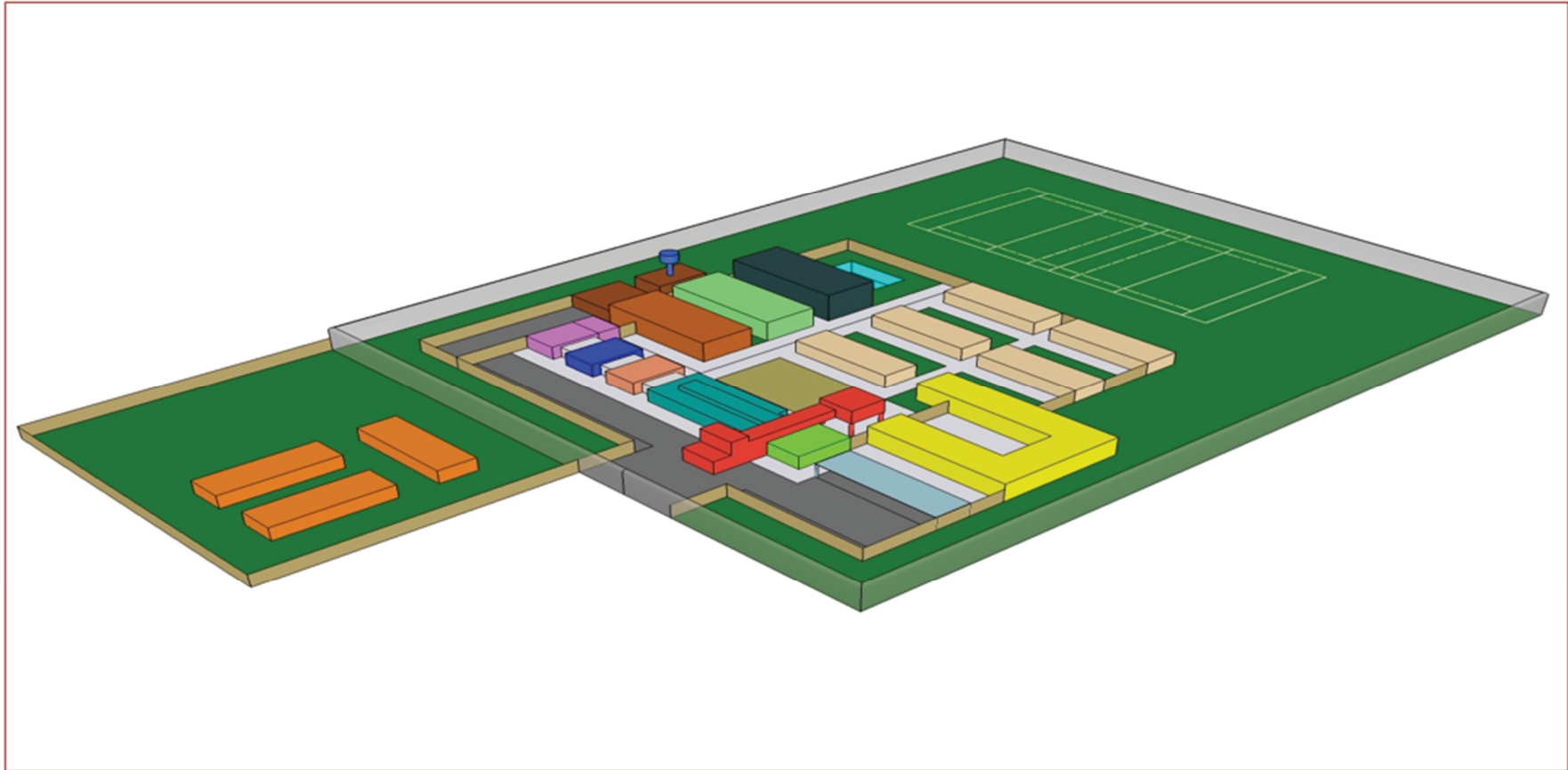


Figure 16: Bedroom Blocks

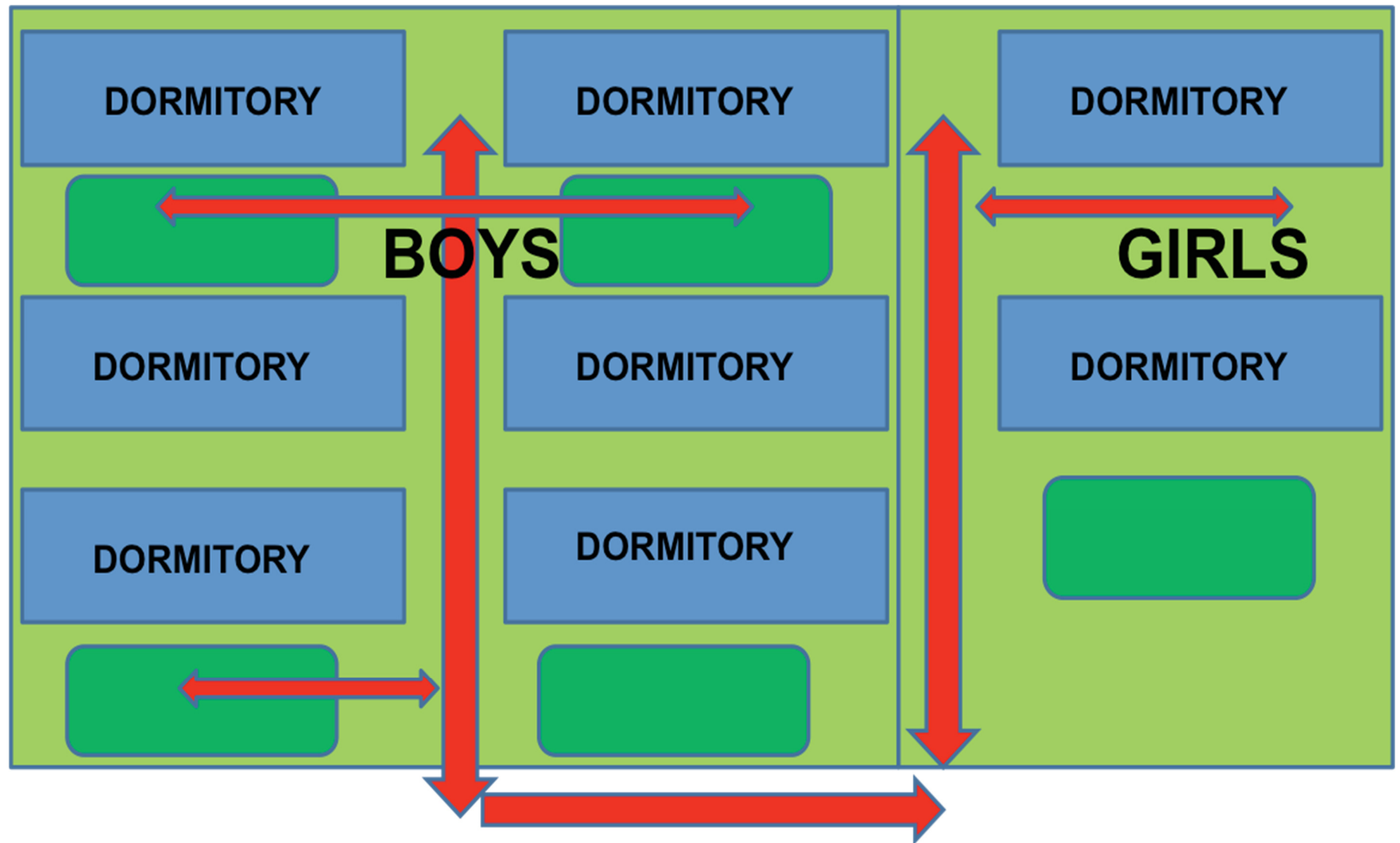


Figure 17: Administration layout

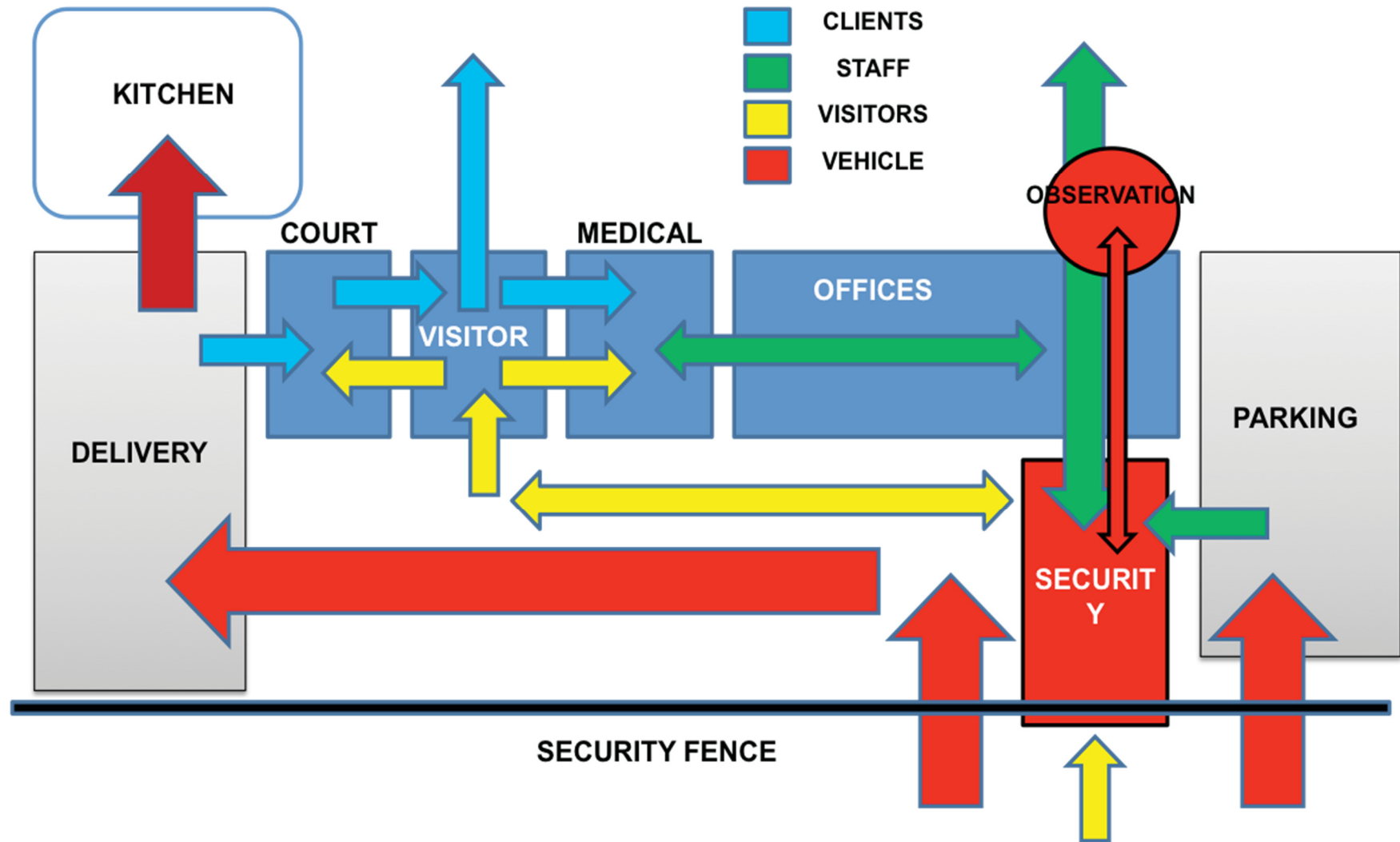


Table 2: Summary costs

DSD INFRASTRUCTURE PLAN  
SECURE CARE FACILITY  
Number of Person in Facility

60Persons TOTAL  
DEVELOPMENT

Ref No	Blocks	Area	Units	Rate	Cost
SCC001	SCC001 OFFICE BLOCK	483	1	R 6 539.91	R 3 158 774.65
SCC002	SCC002 DORMITORY BLOCK	562	3	R 7 680.00	R 12 948 480.00
SCC003	SCC003 SPORT CENTRE	703	1	R 8 967.52	R 6 304 168.43
SCC004	SCC004 LOUNGE DINING ROOM AND KITCHEN BLOCK	402	1	R 5 888.06	R 2 367 000.00
SCC005	SCC005 MEDICAL FACILITY	55	1	R 5 854.55	R 322 000.00
SCC006	SCC006 ACTIVITY CENTRE	263	1	R 6 209.13	R 1 633 000.00
SCC007	SCC007 STORES AND ABLUTIONS	64	1	R 4 867.19	R 311 500.00
SCC008	SCC008 LIBRARY	79	1	R 6 151.90	R 486 000.00
SCC009	SCC009 COURT	106	1	R 6 783.02	R 719 000.00
SCC010	SCC010 SECURITY	45	1	R 5 311.11	R 239 000.00
SCC011	SCC011 PAVILLION	363	1	R 6 574.38	R 2 386 500.00

INTERNAL AREA	3853		
Functional	2375	39.58	m2 per client
Support	957	40.29%	of functional space
Core	321	13.52%	of functional space
Structural	542	14.84%	of internal space
TOTAL AREA	4195	89.92	m2 per client
TOTAL	4195		R 27 686 500.00
Building Cost per Sqm			R 6 595.11
Building Cost per Person			R 461 108.33
Building Cost			R 27 686 500.00
Site works			R 2 213 320.00
Total development			R 29 879 820.00
Professional fees			R 5 975 984.00
Total Cost			R 35 855 784.00
Cost per person			R 597 598.40
say			R 600 000.00

## 4 Space and cost norms

Proposed space planning norms and standards for social development immovable assets are based on either:

- Norms as prescribed by the National Department of Public Works; or
- Space norms developed from model plans for social development facilities, which norms are to be benchmarked against existing facilities so that they may be finalised.

### 4.1 Offices

The following table is an extract of workspace norms as prescribed by the National Department of Public Works. The workspace norms apply to all office space used by the government including leased space. The norms have a minimum and maximum range for workspace areas.

4.1.1 Workspace area per function			
Applicable to: All office space used (includes leased space) by government			
Function	Spatial requirements	Norm	Notes
Administration	Open-plan. Some local storage.	Workspace area should be between 6-8m <sup>2</sup>	1. Standard hard wearing modular furniture should be used. 2. All workspaces should have a daylight factor of at least 10%. 3. Refer to definition of "open-plan" in glossary.
Technical & Management	Open-plan. Some layout space and or space for large equipment such as drawing boards.	Workspace area should be between 8-16m <sup>2</sup>	
Senior Management	Open-plan or cellular offices. Requirement for some privacy and space for small meetings.	Workspace area should be between 16-20m <sup>2</sup>	
Executive Management	Cellular offices. Requirement for privacy and space for small meetings.	Workspace area should be between 20-25m <sup>2</sup>	

Workspace norms must also be complemented by other supporting forms of spatial requirements for office accommodation. Additional requirements like meeting rooms, storage space, circulation, parking etc must also be planned for by the department. Below is a table that shows guides for additional space requirements in the workspace area.

4.1.2 Structural space per internal area			
Applicable to: All office space used (includes leased space) by government			
Structure	Example	Guide	Notes
Structure	External walls, internal walls, structural columns	Structural space should not exceed 10% of (workspace, workspace support, core space areas)	1. Building must be designed to enable a range of different office layouts, allowing change to be accommodated.

4.1.3 Support space per workspace area			
Applicable to: All office space used (includes leased space) by government			
Structure	Example	Guide	Notes
Workspace support	Meeting rooms, rest rooms, catering, storage, information management, tea rooms, crèches and parking	Support space is usually between 55% to 65% of workspace area	Executive management such as Ministers and Director Generals has additional spatial requirements in the form of additional storage and large meeting spaces.

4.1.4 Core space per workspace area			
Applicable to: All new buildings, either owned or leased by government			
Structure	Example	Guide	Notes
Organisation support	Circulation, technical support and facilities management	Core space is usually between 65% to 85% of workspace area	Centralized meeting areas: Should be easily accessible to both building users and visitors. They are likely to be near main entrance on ground floor.

4.1.5 Gross construction area per FTE	
Applicable to: New office buildings procured by government	
Measure	Norm
Gross construction divided by number of FTEs	Average gross construction area per FTE should not exceed 24m <sup>2</sup>

4.1.6 Workspace area per FTE	
Applicable to: All office space used (includes leased space) by government	
Measure	Norm
Workspace area divided by number of FTEs	Average workspace area per FTE should not exceed 12m <sup>2</sup>

Once departments have applied and calculated the workspace area norms, support space norms and the core space norms for their accommodation requirements, departments must test and measure these calculations against overall office space norm guides. These guides include:

The level of utilisation of accommodation is measured against Space Planning Norms and Standards as prescribed by the Minister of Public Works. The approach of the utilisation assessment is to first determine the required space in terms of the organisational structure as informed by the Space Planning Norms and Standards. This indicator is then measured against the actual space occupied by the organisation that is expressed as a percentage.

Step 1: Determine the overall space required, in terms of the organisation's structure, aligned with the Space Planning Norms and Standards as prescribed by the Minister of Public Works. The following process should be used to this effect:

Divide the organisational structure into the following functional areas:

- Executive management
- Senior management
- Technical/Management
- Administration

Step 2: Determine the amount of space currently occupied by the organisation. Building plans should be used to this effect.



Step 3: Divide the required space in terms of the Space Planning Norms and Standards into the space currently occupied and express it as a percentage. A percentage under 100% indicates that the organisation has too much

## 4.2 Secure Care Centre Components

Norms and standards may be developed from the model plans.

## 4.3 Space norms

	Structural space per internal area	Support space per function specific area	Core space per function specific area	Gross construction area per client	Function specific area per client
Office block	15%	43%	48%	32.20	14.87
Dormitory block	18%	36%	14%	28.10	15.80
Sport centre	6%	20%	0%	11.72	9.18
Kitchen	12%	102%	23%	6.28	2.50
Medical facility	26%	91%	0%	0.83	0.34
Activity centre	13%	11%	7%	4.38	3.30
Stores and ablutions	21%	200%	0%	1.13	0.32
Library	14%	94%	22%	1.32	0.53
Court	22%	204%	74%	1.77	0.38
Security	15%	71%	107%	0.70	0.22
Pavillion	18%	72%	0%	6.12	3.00

## 4.4 Cost norms

	Cost / m2	Size	Cost	No. Clients / users
Office block	R 6 272.73	483	R 2 346 000.00	15
Dormitory block	R 7 880.00	562	R 3 848 000.00	20
Sport centre	R 8 967.52	703	R 5 936 500.00	60
Kitchen	R 6 593.31	402	R 2 387 000.00	60
Medical facility	R 7 095.24	53	R 298 000.00	60
Activity centre	R 7 008.58	263	R 1 833 000.00	60
Stores and ablutions	R 5 877.36	68	R 311 500.00	45
Library	R 7 043.48	79	R 486 000.00	60
Court	R 8 284.37	106	R 719 000.00	60
Security	R 6 128.21	45	R 239 000.00	60
Pavillion	R 7 698.39	367	R 2 386 500.00	60

### Glossary of terms

**Alternative care:** placement or confinement of child outside the family network for some clear and agreed purpose.

**Behaviour management:** The professional process of enabling a child to gain inner control of themselves and behave with dignity is called behaviour management. Professional behaviour management does not include any form of punishment. The elements of “influence”, relationship, respect, support, guidance and behaviour management strategies combine to provide the developmental strength they need.

**Business plan:** A business plan is a document that summarizes the operational and financial objectives of an organisation and contains detailed plans and budgets showing how the objectives are to be realized.

**Blueprint:** A guide to develop and manage the secure care programme in South Africa.

**Care:** The safeguarding and promotion of the child's physical, social and emotional safety and development at all times.

**Care Plan:** A plan which has been developed based on a developmental assessment and which aims to provide life-long relationships within their family or appropriate alternative, and re-integration in the community within the shortest possible time-frame.

**Care programme:** The concept of “care” is quite frequently misunderstood to mean custodial care, i.e. feeding children, keeping them clean, and putting them to bed. As the very core of child and youth care work, it refers to the complex process of facilitating learning and improved function, e.g. while a young

person or group of young people are eating, dressing, going to school, doing their homework, going to bed, playing, socialising, learning, or doing their chores etc., they are emotionally, physically, and socially safe and they are enabled to achieve their developmental goals and objectives. This is essentially the same process that lies at the heart of competent parenting.

**Child:** A person under the age of 18 years.

**Child in conflict with the law:** Children suspected of committing a crime (arrested), awaiting trial and awaiting designation to a reform school.

**Child and youth care system:** the range of services providing alternative care, education and therapeutic development for children and youth as well as providing care services.

**Child and youth care centres:** facilities that provide alternative care to children in need of care in a therapeutic, developmental milieu with a focus on all the needs of the children in terms of their physical, spiritual, social, emotional and educational needs.

**Community-based programme:** A programme that allows a child to remain in the community whilst attending the programme.

**Continuity of care:** The continuum of care involves the various placement options for young people between the ages of 0 -18 years. These options range from the least restrictive (such as extended family or foster care) to slightly more restrictive (such as shelters and child and youth care residential centres), to the most restrictive (such as secure care).

**Disengagement:** Young people are provided with the appropriate rituals, programmes, and support to enable their effective transition from one level of the system to another, from one relationship to another, from one setting to another, from one group to another, and/or to enable their integration into their family and community.

**Developmental assessment:** may be broadly described as the process of identifying strengths and the developmental needs of the young person and family from a strengths perspective, planning with the young person and referring the young person to the appropriate programmes (which is always the least restrictive and most empowering for the specific young person's developmental and therapeutic needs) and resources within the boundaries of the legal requirements concerning that young person. Assessment should never be undertaken by fewer than 2 persons.

**Development programme:** Developmental programmes include the development of hard and soft skills that would assist the children to adjust to their different environments.

**Diversion:** diversion of a matter involving a child away from the formal court procedures in a criminal matter.

**Individual development plan:** The individual development plan indicates the types of services/programmes and specific interventions that the child should be exposed to, the individual development goals, the child's strengths, interests and wishes, the family strengths, the estimated length of participation in the programmes, anticipated follow-up services and documentation of input from the young person, family and others involved.

**Life space:** Child and youth care workers work in the life-space of children and youth. The term "life-space" has a similar meaning to the living environment, situation or context. There are many elements in young people's environments that impact their lives in one way or another. Every event, object or person within the home environment, child and youth care programme, school or community can affect a young person's daily living and constitutes (makes up) part of her/his "life-space".

**Operational plan:** An operational plan is a description of how the work will be done and the flow of work from input to the end results.

**Probation officer:** Person who is appointed by a minister, and has statutory

authority to give evidence regarding children and adults to the children's and other courts, to make recommendations regarding the sentence and/or treatment, to exercise supervision and control and to draw up measures to prevent crime.

**Restorative justice:** a conflict resolution model which focuses on healing and accountability rather than punishment, and which involves the participation of the community surrounding an incident (IMC) means an approach to justice that aims to involve the child offender, the victim, the families concerned and community members to collectively identify harms, needs and obligations through accepting responsibility, making restitution, taking measures to prevent a recurrence of the incident and promoting reconciliation.

**Secure care:** (as described in the Children's Act) A secure centre is a residential facility and/or programme of intervention that ensures the appropriate physical, behavioural and emotional containment of young people who are charged with crimes and who are awaiting trial or sentenced. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities.

**Strategic plan:** Strategic planning is a process of defining its direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.

**Therapeutic programme:** In the context of secure care programme a therapeutic programme focuses on the emotional and psychological needs of the client and is provided by a professional person with extensive training, using advanced knowledge, specialised strategies and techniques.

## 2. ACRONYMS

BP -Blueprint  
BPRIAM-Business processes, risk and immovable assets  
management CSO- Civil Society Organization  
CYCS -Child and Youth  
Care System CYCC -Child  
and Youth Care System  
DQA-Developmental Quality  
Assurance FGC -Family  
Group Conference  
IDP- Individual Development plan  
IMC-Inter-ministerial committee on young  
people at risk ISDM- Integrated Service  
Delivery Model  
JDL-Juveniles Deprived  
of Liberty NGO-  
Nongovernmental  
Organization SAPS-  
South African Police  
Service SCP-Social  
Crime Prevention  
TCYCS- Transformation of Child and Youth Care System

## 3 INTRODUCTION

The care and protection of children awaiting trial is the responsibility of the Department of Social Development. Whilst huge strides have been made since 2000, by the Department to provide this service to as many children as possible to prevent their detention in police cells for more than 48 hours, the actual provision of services is not in accordance with the ethos of service delivery, the principles and rights of children. It is against this backdrop that a Department of Social Development (Social Crime Prevention Directorate) identified a need to develop a blueprint for secure care Facilities in South Africa.

South Africa is implementing a Children's Act, 2005 and it is the opportune time to bring about the changes that need to be made to fulfil the intentions of this Act in the care and protection of children. The secure care programme is seen as one of the programmes that make up the Child and Youth care system of South Africa.

The Child and youth care system transformation programme was one of the first reform programmes initiated in 1995. Considerable effort and resources were utilised to develop TCYCS an inter-sect oral Policy that would guide practice in all residential facilities, as well as for children placed in alternative care. This policy was strengthened with the development of minimum norms and standards. The expectation and outcome of the implementation of this policy together with the minimum norms and standards was the delivery of improved quality care services to the children in residential facilities and those in alternative care. Secure care facilities were included in the Child and Youth Care System, and therefore were targeted as one of the programmes that had to transform according to this policy and implement minimum norms and standards for quality care.

During the first years of implementation, it appeared that a systematic approach to implementation was being pursued. The capacity to transform and implement the policy was built through training programmes in all the provinces. Additional support staff were trained and employed to improve the programme. Additional funding to build new facilities was sourced and priority was given to this programme by all the provincial departments. However, the process lost momentum and minimum monitoring and evaluation took place, with the result that the current situation at the provincial level shows an inconsistent picture with the intentions of the policy.

Whilst it was expected that all secure care facilities would be following the transformation agenda as outlined in the TCYCS Inter-sectoral Policy and implementing norms and standards to improve care to children, the care that children are receiving falls far short of the vision for secure care centres as outlined in the transformation agenda.

The blueprint is therefore an attempt to put forward a comprehensive model for secure care in South Africa. This blueprint contains all the elements that are needed in the development of a secure care programme.

- It outlines the concept of secure care in South Africa for all roles-players to have the same understanding of the secure care programme.
  - It identifies the origins of the programme and therefore outlines the legislative frameworks that give rise to the mandate of the Department to deliver such a service.
  - It outlines the importance of inter-sect oral collaboration
  - It recommends the design principles for the structure of a secure care facility
- It outlines the approach for the development of such a programme in terms of the development of such a service, the institutional framework to deliver on the service, the programme and its components that are necessary to ensure that a programme of such a nature can deliver a quality service to children awaiting trial.
  - It concludes with the norms and standards with practice guidelines against which service delivery can be standardized, measured and improved.
  - An implementation plan framework forms part of this document.

#### 4. APPROACH

In completing this exercise, a comprehensive data-gathering exercise was embarked upon.

A literature review was undertaken to obtain the current situation of secure care as a programme in South Africa. This literature review also studied and analysed best practices in seven countries, namely New Zealand, Holland, Brazil, Canada, British Columbia, Quebec and Prince Edward Island. It was expected that this literature review would yield lessons that could be replicated within the South African context. The next step in the project was to develop a situational analysis of current secure care programmes. To undertake this research, a set of data collection tools were developed. A proforma set of norms and standards were generated to give us a sense of what the challenges

were in terms of service delivery. As there are approximately 27 secure care facilities in the country, a criterion to guide the sampling process was developed by the National Department of Social Development, Directorate Social Crime Prevention to ensure that a range of programmes would be visited and audited. Eleven programmes straddling all the provinces were chosen as the sample.

A site visit was made to all the centres identified in the sample and these tools were used to guide the interviewing process as well as the collection of information. To have supporting information, photos of the different centres were also taken. From these site visits, a situational analysis of all the facilities was compiled and a national report collating all the information was developed.

From site visits, we ascertained that the norms and standards would not be sufficient to turn the programme around and thus developed as is concept document that outlined definition, terms and concepts most widely used, but meaning different things to different people, a model outline was developed as well as the national vision and mission for this programme. This concept document was developed to start the debate and dialogue about a host of issues on secure care generally and the model specification. This paper was debated with the national steering committee first, before being taken to the broader workshop for ratification. The workshop agreed on the vision, mission and guiding principles for the blueprint, recommended what the roles and responsibilities are of all the role players and suggested an organogram for secure care programmes. A second draft of the norms and standards were debated and amended for finalization.

The outcomes of all these workshops with the provincial coordinators, lessons learnt from site visits and a discussion with the Civil Society Organization have been used as a basis for the development of this blueprint. How children are detained in developing countries did not yield lessons for us, and therefore there was a need to look more inwardly at our situation and use these lessons as a basis for expanding on the philosophy of transformation which was initiated in 2000.



The Department through its Directorate is developing blueprints for all the residential facilities that the Department of Social Development is responsible for. They have thus made available the services of an architect, who after several discussions with the service provider, and using the specifications of the service provider, developed building specifications for a “model” secure care facility, together with state of the art infrastructure that will guarantee a child’s safety in such a facility.

#### 4.1 CURRENT SITUATION OF SECURE CARE IN SOUTH AFRICA

Crime in general in South Africa causes great concern. Of even greater concern though is that the number of children committing crimes, especially crimes categorized as serious crimes is on the increase. Some of the serious crimes committed by children included rape, murder and violent assault. In May 2008 according to the statistics released by the Department of Safety and Security more than 3000 children were in different places of detention in the country.

Since the crisis in 1995, the management of children in conflict with the law is the mandate of the Department of Social Development. The provinces have established many new facilities to accommodate children awaiting trial, as the Correctional Services Act stipulates that children and youth under the age of 18 years may not be kept in correctional service facilities. However, in some provinces the demand for the service is high. Provinces have managed this demand by placing children awaiting trial with children in need of care and protection at Places of Safety. Whilst this may not be the best option, children have received improved care and protection since.

Secure care facilities are designed for short term accommodation of children awaiting trial and therefore programmes designed should address the needs of children for the time spent in the facility and add value to their rehabilitation process. The TCYCS (2000) document highlights the importance of programmes that meet the needs of children as per the following quotation “secure care facilities may be defined as a residential facility and/or programme of intervention which ensures the appropriate physical, behavioural and emotional

containment of young people who are charged with crimes and who are awaiting trial or are sentenced. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities”.

From the visits conducted to the different secure care facilities in the provinces, it was clear that there were no standardized procedures for managing secure care facilities. It was also evident that the guidelines provided by the document on the Transformation of the Child and Youth Care System (1996) were not implemented as envisaged.

Most of the secure care facilities visited still viewed the provision of accommodation for the children awaiting trial as a priority and the primary function of the facility and completely underplaying the importance of programmes. The Children’s Act 35/2005 emphasises that a secure care facility should provide programmes for the children awaiting trial. These programmes must include:

- Therapeutic programmes
- Developmental programmes
- Care programmes
- Spiritual/religious programmes
- Cultural programmes
- Recreational programmes

Having observed the different models and programmes which largely did not represent or meet the needs of the children awaiting trial, the need for a blueprint was seen as urgent to ensure and facilitate standardization and transformation of services in secure care facilities. The purpose of the blueprint is to guide in developing and managing secure care for South Africa.

A summary of findings from the sample visits conducted to the different secure care facilities in the provinces is presented. However, to have a greater understanding of the current situation of secure care in South Africa, the background which outlines where the programme has come from is also presented.

## 4.2 BACKGROUND

The blueprint cannot be developed outside the understanding of what gave rise to the conceptualization of secure care facilities in South Africa. It is because of this situation outlined below that the country had to undergo legislative reform and the mandate for protecting and caring for children who are awaiting trial was initiated. This history is presented so that the same mistakes are not made by the current service providers, and to share the institutional memory for those that come after, add value to the programme based on what has been.

In the 1970s and 1980's the detention of children without trial was a major concern to non-governmental organisations, parents' committees and political activists in South Africa. Towards the end of the 1980s political detention of children drew to an end, but large numbers of children continued to be held in custody awaiting trial.

Running parallel to the issue of children in conflict with the law, the Care system for those children needing care and protection was also in need of urgent transformation. The residential child and youth care system had historically been inaccessible to the majority of children and young people in the country. By the early 1990s, a crisis-situation had developed within the system. The crisis was linked to the lack of adequate facilities for African children, poor salaries for child and youth care workers, the lack of adequately trained managers and staff in many facilities, the inadequate subsidization of non-government facilities, and the high ratio of children to staff.

In 1994 the Government of National Unity came into power, and one of its first actions was to draft legislation to prevent the holding of awaiting trial children in prisons and police cells. The Correctional Services Amendment Act no 17 of 1994 amended section 29 of the Correctional Services Act so that children under 14 awaiting trial could never be held for longer than 24 hours and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The legislation aimed to ensure that in the majority of cases young people would be released into the care of

their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety. Because the success of the legislation depended on the infrastructure of Places of Safety being available, careful planning, preparation and training were necessary. However, since there was very little inter-sectoral cooperation and planning in this field at the time, such preparation did not take place. On 8 May 1995, the legislation was promulgated with immediate effect. There were at the time 829 children in South African prisons awaiting trial, and approximately the same number in police cells. These children all had to be brought to court within 24 or 48 hours, and either released into the care of their parents or guardians or transferred to Places of Safety.

As children arrived in large numbers at the doors of the Places of Safety, the existing crisis deepened sharply. Staff was unable and in some cases unwilling to care for these children, and concerns were raised for the safety of other children already in Places of Safety for care and protection reasons.

Because Places of Safety are primarily designed for the temporary care and protection of children referred through the Children's Court, they were not able to make appropriate provision for secure care programmes, and many children were referred there by the magistrates' courts absconded shortly after having been left at Places of Safety. The government responded to this crisis by setting up the Inter-Ministerial Committee on Young People at Risk (IMC).

The IMC had undertaken substantial empirical research about residential child and youth care in the form of a situational analysis of residential care facilities and an investigation into Places of Safety, Schools of Industries and Reform Schools requested by the cabinet.

A situational analysis of state-owned and run residential facilities were undertaken by the IMC in 1995. This situational analysis yielded the following information:

- Whilst many of the children who had committed a crime were awaiting trial in correctional facilities, some of these children were placed in Places of Safety together with children who were

placed there through the Child Care Act.

- There was no system in place that ensured that children were placed in facilities in the provinces where they lived. This resulted in further disintegration of families as in most cases parents did not have the means to visit their children. Reintegration and reunification processes were non-existent. Children in residential facilities were being cared for by staff that was mostly not qualified in child and youth care, resulting in the quality of care being compromised.
- The ratio of staff to children was extremely poor. Professional staff such as social workers and psychologists were unevenly spread in residential facilities, with some facilities having no access to professional services.
- A host of Human Rights Abuses were identified as well, some of these are:
  - Inequality  
Disparities were found in the treatment of children and youth in residential facilities relating to budgetary allocation, the standard of care, methods of discipline, the extent of freedom, length of stay in a facility, contact with families and communities, access to appropriate education, developmental and treatment programmes, human resources.
  - Most of these disparities relate to the racial divisions of the past.
  - Lack of respect for Privacy and Human Dignity
  - Serious intrusions into the privacy and human dignity of children and youth were found concerning sanitary facilities, strip searches, and lack of privacy relating to phone calls and correspondence.

- Freedom and Security of person
- Breaches in this regard are related to the widespread use of isolation cells, corporal punishment, and punishment /reward systems.
- Assaults and abuse
- Many children in all categories of the residential facilities claimed to be victims of emotional, physical or sexual abuse. As well as assaults by members of staff, children are also often the victims of assault by other young people in the facilities, due to lack of adequate programming and supervision.
- Race, language, culture and religion.
- Language is also a problem, with therapeutic work by social workers and psychologists having sometimes to be done through an interpreter. There is a lack of cultural sensitivity, and there is generally little awareness of the need for freedom of religion.



The evaluation of programmes offered to young people yielded that there was a dearth of appropriate developmental and therapeutic programmes in Places of Safety, Schools of Industry and Reform Schools. Very few facilities have individual treatment or development plans for children, and in many facilities, children do not have access to a social worker or psychologist, with the roles of child and youth care staff being unduly limited.

The distance at which many children are placed away from home makes family preservation and reunification work very difficult. In addition, at some facilities, there are no social workers, and at others, the ratio of social workers to children renders reunification work impossible. Social Workers at the facilities also cited a lack of communication with social workers in the communities who are or should be rendering services to the families.

- Difficulties within the system  
Group discussions and consultative meetings at the national and provincial level indicated that in many of the provinces appropriate child-centred services to young people and families at risk are under-developed. The efforts of personnel attempting to offer an appropriate service are often negatively impacted upon in the following ways:
  - o The service system has been fragmented between and among Ministries, Departments and disciplines.
  - o The system has generally been based on a pathology-oriented perspective and has thus not successfully drawn on inherent strengths within children, families and communities
  - o The community plays little or no part in decision-making either before or after placement.

This background is an extract from a situational analysis completed in 1996, by the IMC. Secure Care facilities were not in existence then. It was this investigation and the crisis of children being kept in police cells and prisons together with adults that precipitated the origins of this programme. The situational analysis described above was conducted on residential facilities for children in general. However, the solutions to these problems were recommended in what is usually referred to as

the Transformation of the Child and Youth Care System in South Africa. As secure care facility was a fairly new programme, it was used to pilot a number of these recommendations. The expectation was that by 2005, all child and youth care services would have been transformed according to the policy framework as well as the minimum norms and standards for practice.

The general conditions and standard of care in the facilities visited fall short of standards set by the United Nations Instruments, the South African Constitution the Interim Policy, and the norms and standards. The situational analysis that was completed in February 2009, which is described below, does not describe a transformed service even though there have been approximately 13 years of implementation.

This background thus gives a perspective of the areas where change was imperative and non-negotiable. Whilst the Department of Social Development rose to the challenge to put corrective action into place, the following situational analysis can be used as a barometer to see how this process of change was managed. The gap between what was done and what still needs to be done is part of the rationale to develop the blueprint together with an implementation framework.

The following is an exposition of the findings: The findings are presented according to the themes in the research methodology.

#### 4.3 PROBLEM STATEMENT

Secure care facilities are intended for children in conflict with the law and are meant to add value to the rehabilitation programmes that are geared to prevent them from being involved in further criminal activities. The IMC policy document (1996) provided guidelines on the mission and vision for the child and youth care centres. From the site visits conducted, we deduced that there was very little standardization in terms of service delivery, no national strategy was driving implementation, neither was there

sufficient monitoring and evaluation being conducted on the status of these programmes by either of the two spheres of government that hold this concurrent function.

Furthermore, there was little evidence of programmes that contributed to the empowerment and improvement of the social functioning of children waiting for trial. Neither was there, evidence of an integrated approach to the programmes that were being offered. Parents of children who are supposed to participate in programmes to improve relationships when they are discharged to rejoin their families and communities were nonexistent. Therapeutic programmes, which are the backbone of a secure care programme as they are based on cognitive restructuring, were generally lacking. Skills development programs were not available in some of the centres. This resulted in children being idle and sitting in the sun, and not kept constructively occupied.

The lack of formal or dysfunctional educational programs is a problem. The fact that this programme is the responsibility of the Department of Education created a strained relationship between most centre managers and the educators/education department, as the centre managers found themselves impotent and unable to manage teachers who flaunted the law. Some facilities would have preferred not to have the education department's involvement in the centres but rather send the children to community schools.

From observation, during the visits, it was obvious that the draft policy for the transformation of the child and youth care system developed in 1996 by the IMC had not been implemented and as a result, the transformation process was lacking and not visible.

The relationship that should exist between the spheres of government (national and provincial) appeared to be strained and provinces perceived the national office as not being supportive of the secure care programme. However, the critical relationship that should exist between the provincial office and the centre was minimal. The words of a centre manager describe this well. "We are the stepchildren of the province

– no one visits us, no one cares for us, only when they are looking for statistics then we get a call".

The management of the programme is the responsibility of the Centre Manager. In most cases, there was no other management support to assist the manager with the operations. Insufficient allocations in terms of budgets compromised the care of children. Inadequate human resources were a source of concern in some facilities whilst in some facilities, the number of staff outweighed the number of children.

It must be pointed out that the situation described above was not the same in the outsourced services managed by a private service provider. There seemed to be a vast improvement in terms of quality of care, the capability of human resources to implement the programme and the management of the total programme as compared with state-run. Evidence of the minimum norms and standards and the transformation policy in service delivery was notable.

#### 4.3.1 Relationship with Provincial Office

The accountability and responsibility lines between the centre manager and the provincial structures were not the same in each province. The role of the provincial office is to advocate for budget and resources, interpret policy, provide guidance in terms of implementation, monitor and evaluate service delivery and mentor management to enable them to render effective service. Some secure care facilities reported directly to the province whilst other provinces reported to the regional and district offices. However, in most provinces, the secure care facilities had no working relationship with the province. In some instances, the provincial office had never visited or made contact with the facility and had no idea of the functioning of the facility. Most of the provinces were not providing these services and where there was an attempt to provide the service, it was not consistent because it was not the priority of the provincial office. The only connection between the provincial offices and the secure care facilities was via the monthly statistics sent to the provincial offices by the facilities. It was clear that there needs to be a strategy/clear role definition put in place to ensure that the

provincial offices support the secure care facilities and provide the supporting services as expected.

#### 4.3.2 Current Utilization of Facilities

There was great concern around the utilization of the facilities. Most of the facilities were underutilized up to, and over fifty percent. The other concern was that though the facilities were not fully utilized, the budget and other resources remained the same and though the number of children was less the service remained ineffective and the needs of children awaiting trial were not adequately met.

In 1996 the government made an undertaking that no under-aged children will be left in correctional facilities or police cells for longer than 48 hours with the result that the Department of Social Development was tasked with the responsibility of ensuring that children awaiting trial were accommodated in facilities that would cater for their needs as children. Provinces upgraded current facilities and others built new ones to fulfil the mandate of providing facilities that cater for children awaiting trial.

In some provinces, however, it was reported that some children are still kept in police cells because SAPS personnel were not prepared to drive long distances to where secure care facilities were. It was also noted that some children are fetched approximately three days before their court appearance and kept in police cells to await the appearance. The distance of the facility from the nearest court or police station was a big issue in some of the provinces. In some facilities, the facility was not used to its optimum because some of the rooms were in an inhabitable state due to a lack of cooperation from the Department of Public Works and lack of funds for renovations. All these factors impact the number of children in the facilities.

#### 4.3.3 Location of Facilities

Some of the facilities are located on the outskirts of town and far from the courts and local amenities like hospitals and towns. A few are located less than five kilometres from the nearest town/township and one was located within a township. There are many advantages and disadvantages with the present location of the facilities. One of the

advantages of having a facility within the community was the increase in the participation of the community in the facility. One disadvantage though was the management of contrabands that were easily filtered into the facility via openings and inappropriate fencing of the security fence as well as some of the community members bringing in unacceptable items to the facility. The disadvantage with the facilities that were far from the communities was, the stigma attached to the facility, the labelling of the children and the inaccessibility of the facility via public transport which impacted on, the visits to the facility by parents/relatives.

The location of the facility within communities increases the chances of community participation, accessibility to resources, possible reduction of stigmatization and the acceptance of children in conflict with the law as well as increasing the chances of feedback from the communities in terms of service provision.

#### 4.3.4 Management of the facilities

The structure of the management of the facilities differed from facility to facility. There was an obvious lack of a middle management tier in most of the facilities which impacted on the rendering of supervision to the lower levels of staff. There is no standardized organogram for the secure care facilities and as a result, most facilities developed their own structures according to resources at their disposal. The lack of the middle management tier has serious implications for the provision of leadership, effective management and supervision. Some of the implications related to lack of continued management in the event of the centre manager's absence.

The management of other professions, for example, nurses and educators, presented challenges as these professionals were not supervised by the centre manager and this presents a problem with their accountability and general responsibility. They (especially the educators) act as if they are not part of the centre and in their independence, ineffective services are rendered.

#### 4.3.5 Competencies of Management of a secure care programme

There are no guidelines in terms of the qualifications for management and as a result, the qualifications of managers varied from a child care qualification to a degree in social work or general degree. All managers expressed concern about the lack of training and development opportunities as well as ongoing in-service training. There is a need for standard criteria for management qualification because at the moment the different facilities have managers with different qualifications. Managers must have an understanding of the nature of the business, appropriate qualifications in management and leadership skills. In some facilities, there were management conflicts in terms of professionals being supervised by a manager with a grade 12 certificate and basic qualifications in child care. It will also be important for managers to receive ongoing in-service training.

There was no national guide in terms of the qualifications of managers in secure care facilities. This was viewed as a serious oversight in terms of the nature of the service and the calibre of a manager to run such a facility. The expectations are high in running a secure care facility and there are many challenges in managing this type of service therefore a certain type of leadership is required for effectiveness.

#### 4.3.6 Children and staff ratio

Most facilities were underutilised over a long period. The result was that in some instances, the staff ratio was 5:1 in favour of staff. However, the staff did not provide a different service with the small numbers but the status quo remained the same. What was striking was that regardless of the number of children in the facilities the resources remained the same which showed that there was no effective monitoring and efficient utilization of resources.

#### 4.3.7 Human Resource Management

Although there are national performance evaluation systems, most managers' performance was not evaluated over a long period. Managers of facilities did not have standardized procedures for managing and evaluating performance. This largely contributed to the

ineffectiveness of the service. Supervision was grossly lacking on all levels. Where there were service transgressions, no corrective action was taken and in instances where the action was taken there were unnecessary delays in the finalisation of the matters.

There is a national delay in the finalization of professionalizing the child and youth care workers. There is no career pathing for the staff as well as inadequate financial resources for continuous training and developing the skills of workers. Many of the child and youth care workers are demoralised and have a major attitude that does not bode well for the care of the children.

Some facilities did not have social workers in their staff complement for many years though there were social workers posts in the organogram. Where there were social workers, their roles were not very clear and there was dissonance between them and the child and youth care workers. This situation impacted service delivery. With the lack of criteria on the qualification of staff in secure care facilities, staff must be selected based on their skills and competencies.

#### 4.3.8 Infrastructure

The infrastructure has improved over the years in most of the facilities according to the reports that were received. However, the relationship between the provincial office and the facility plays an important role in advocating for improved financial resources for the upgrading of the facility. This is not happening as it should be. The newly built facilities were quite advanced in terms of the infrastructure whilst, sadly, those that were converted into secure care facilities were lagging, behind. In some instances, there were no communication networks for years and the facilities were struggling to communicate with the outside world because they could not send e-mails and the cell phones they had could perform the bare minimum tasks.

There is a great concern regarding the lack of cooperation from the Department of Public Works as well as the speed at which they undertake



projects within facilities especially as children in the facilities are usually very destructive. The result is that some facilities have broken windows, doors and ceilings, exposing children to injury as well as contributing to escapes from the facilities.

#### 4.3.9 Security

All the facilities have security personnel, some of which are outsourced and some in the staff structure of the facility. It was clear during the visits that there is no uniform briefing for the security. Security was found to be lax in most facilities. The most concerning fact was the lack of training of security personnel in terms of the type of child admitted to the facility.

All security was involved in the admission process of the child. However, some of the methods they used for searching the children were gross violations of the rights of the children's privacy and this was seen in a very serious light. It was also apparent that there was a need for security personnel to be trained in basic child care work to understand the nature of the work they were involved in regardless of whether they were private or in the staff structure of the facility.

#### 4.3.10 Programmes

Therapeutic programmes are provided by different professionals such as social workers, occupational therapists and psychologists. These programmes can be rendered to individuals and/or groups of children. These programmes mostly concentrate on cognitive restructuring, behaviour modification, self-awareness and positive self-concept. In some facilities, however, social workers did not implement their basic social work skills and intervention to assist the child. Neither was group work used as a method of intervention. Social workers in facilities must have the clinical capability as this capability is needed in such a specialized service as in, a secure care programme. These programmes were offered differently in the different facilities and lacking in most of the facilities. Some of the reasons were that there were no professionals to fill the posts. Social

work services, as well as probation officers assessments, were lacking in most of the facilities.

A few of the centres did not have other professional services including occupational therapists, psychologists and doctors. Developmental programmes include the development of hard and soft skills that would assist the children to adjust to their different environments. Some facilities had workshops to train the children on different skills including bricklaying, carpentry, computers, art, etc. Some facilities did not offer this to the children.

Care programmes are largely provided by the child and youth care workers and these may include skills to respect the space and property of others, self-care and care for immediate environment, homework supervision, rights and responsibilities towards chores and daily living responsibilities and respect for others. Different facilities offered different programmes and the effectiveness of these programmes depended on the dedication and calibre of staff in the facility. There are no guidelines for offering these programmes. Spiritual/religious programmes are usually provided by volunteers. There was no clear policy with regards to whether children are exposed to religions of their choice or they were all clubbed together for the convenience of child and youth care workers.

There seemed to be a differing understanding of what was meant by cultural programmes. In some facilities, this was defined by the type of menu they had or as open days to showcase their African artwork. There is a need to have the same understanding of cultural programmes. Recreational programmes are often used to keep the children occupied whilst developing their physical and mental capacities through play and recreation. As with other programmes, some facilities had no equipment for the children to play with. The only recreational equipment available in all the facilities were television sets. The viewing thereof differed from centre to centre. In some facilities, the children were left idle, especially at night, as there was no provision for in-door games or board games. The shortage of equipment was attributed to a lack of financial resources. The lack of

imagination in some instances was a problem because child and youth care workers could not use whatever they had for the children's recreation.

It is expected that all secure care programmes must render therapeutic and life skills orientated programmes to children in conflict with the law, regardless of the time they spend in the facility. It was disheartening to find that most facilities, regardless of the advent of the transformation of the child and youth care system, were not engaging the children in constructive programmes. Some facilities still only offered accommodation to children and no life skills or therapeutic programmes. There were a few facilities where professional therapeutic services were rendered as well as advanced life skills programmes. There was a distinctive difference in the behaviour of those children who were constructively engaged and those who were not involved in programmes. A programme of any nature is the most important life-changing intervention. Children awaiting trial create the most opportune time for interventions to take place, as they are a captive audience. However, this paradigm is not evident in many of the facilities.

There must be uniformity in the provision of services as these different programmes play an integral part in the rehabilitation process of the child awaiting trial.

The role of the probation officer in the secure care programme is not well understood, or there is a total disregard for this role. The reasons for this may be many. The management of a child awaiting trial is both the responsibility of a resident social worker and the probation officer that admits the child. This understanding suggests that there should be a strong relationship between the two social workers, one who assists the child in the centre, and the other who is the link between family and the child. This was not evident at all in the facilities that were visited. In many of the facilities children were being accepted without the assessment reports and that makes one wonder on what basis the child was admitted in the first place.

A few of the facilities did not have other professional services, such as occupational therapists, psychologists and doctors. This does comprise the quality of care.

#### 4.3.11 Community participation

Community participation is important in normalizing the situation of children in secure care facilities as well as creating awareness on the role the communities can play in preventing children from getting into criminal activities as well as offering them support when they eventually leave the facilities to be members of the community. In instances where the facilities were within communities, there was a fair amount of community participation. However, this was limited to church activities and playing soccer. There were no programmes designed to educate the communities about why the children were there and what roles they can play in prevention programmes. In situations where the facilities were situated far from communities, there was no community participation and there was also difficulty even for parents and relatives to access the facility due to transport problems and the distance to be travelled.

The problems outlined above are not dissimilar to those that were identified through the Transformation of the Child Care System process. Whilst many changes have been instituted, the need to continue this process systematically is paramount.

#### 4.3.12 Lack of inter-sectoral collaboration

The child and youth care system straddles many sectors including welfare, education, police, health, the prosecuting authority, justice and public works.

As children and families function as whole entities, their needs are not logically or best served through a fragmented approach.

To deliver an effective, integrated service to children and families, there must of necessity be a shared vision and strong inter-sectoral collaboration and support. Due to the blockages experienced within the system, it is clear that the vision for a transformed child

and youth care system is not shared and that there is limited inter-sectoral collaboration.

Following is a brief breakdown of the blockages caused by the various departments:

- Department of Police

When a child is arrested every effort must be made by the police, as soon as possible, to notify parents or guardians about the fact that the child has been arrested. Hereafter, the parents should be notified of the time, place and date at which the child will appear in court. The arresting officer should also consider the release of the child to the parents or guardians. A further responsibility of the police is to obtain confirmation of the age of the child when notifying parents of the arrest. Very often, parents are not notified of the arrest of the child and are then not available at court, resulting in the containment of children because they cannot be released into an appropriate person's care. Since the parents are not traced and notified, confirmation of age cannot be obtained and "over-aged" youth are referred to secure care facilities.

Where there are spatial challenges faced by the Police, it has been the experience of the secure care facilities that children who need to appear in court remain in police cells for extended periods, of time. This is an unacceptable practice as there are implications for the secure care facilities in the event, that something untoward happens to the child. The children have been placed in the care of the secure care facility and are without a "guardian" during this practice. Furthermore, a child may be exposed to circumstances that are not in the best interest of the child.

When a child (contained in a secure care facility) needs to be hospitalised or should attend a funeral within the community, a police-official should transport and guard the child. Efforts to contact the investigating officer are often futile and children are transported and "guarded" by child care workers. This causes an

additional burden on the centre, as fewer child care workers are then available within the centre for the care of children.

- Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development should assist the Department of Social Development by ensuring that probation officers have easy access to all children appearing in the courts, designating one court within a district to deal with all youth matters, and as far as is reasonably possible channelling of regional court cases involving children through one regional court. Adequate time should also be allowed for assessments to take place and if such assessments have not already been completed, notify the probation officer if a child is due to appear in court and has not been assessed.

Probation officers, however, do not have easy access to children and are not informed that children are appearing in court for the first time. This leads to the fact that children are not assessed and are referred to a secure care facility without an assessment report. Consequently, there is no probation officer appointed to monitor the child's case and act as a link between the child, the court and the secure care facility.

At the first appearance in court, consideration must be given to the completed assessment form and the recommendation of the probation officer regarding the release or suitable placement, including the availability of places in the recommended facility. Often, children are referred to a specific secure care facility even if a place is not available. This leads to overcrowding in facilities, whilst other facilities are not utilised to their full capacity.

- National Prosecuting Authority

After completion of the assessment, the probation officer must hand over the completed assessment form to the prosecutor. The prosecutor must familiarize him/herself with the contents of the

completed assessment form, together with the docket and decide whether or not to prosecute. If the matter is to be remanded for further investigation or trial, the issue of placement will need to be considered. The probation officer will inform the prosecutor as to the availability of places at the various facilities. If it appears likely that the child can be released into the care of the parent or guardian, but such persons are not present at the court, the matter should stand down, and the prosecutor must request the probation officer and investigating officer to make all reasonable efforts to ensure that the parents or guardians come to court. Due to the limited capacity of both the police and the Department of Social Development, efforts cannot be made on the same day to trace parents. These children must then consequently be contained.

- Department of Education

The Department of Education is responsible for the speedy designation to a reform school after a child has been sentenced in terms of section 290 of Criminal Procedure Act, no 51 of 1977 (until 2012 as per Children's Act 35 of 2008). Children often wait for long periods before a school is designated. This results in the fact that children are left in limbo as they do not proceed to their next placement option. Some of these children may even abscond from the secure care facility.

- Department of Health

Where the age of a child is uncertain, and there is reason to believe that he or she may be over the age of 18 years, the magistrate may estimate the age in terms of section 337 of the Criminal Procedure Act, 51 of 1977 and Child Justice Act, 75 of 2008. Information obtained by the probation officer during the assessment process will assist the court in this regard. The Child Justice Act makes a provision for the district surgeon or district medical officer to determine age, but this may be done if it is considered that it will be of value to the court in deciding of age. Due to the unavailability of district surgeons or district medical officers, children cannot be referred for age assessment.

Some children display psychological problems after their admission to a secure care facility and should be referred for observation or treatment in a psychological ward or hospital. Challenges are often experienced in referring children to the said service. These children must then remain in a secure care centre that is not geared to handle this behaviour. These children are also at risk of being abused or influenced by the other children in the centre.

- Department of Public works

The maintenance of secure care facilities is to be done by the Department of Public Works. Maintenance is not done as a matter of urgency and leads to secure care facilities being totally vandalised and even uninhabitable.



## 5 THE PROPOSED FUTURE

### 5.1 MANDATE OF THE NATIONAL DEPARTMENT

Welfare is a concurrent function of both national and provincial departments. However, there is a clear distinction between the two spheres in terms of the functions that they perform.

The national department is responsible to provide the framework for the identification, development and evaluation of programmes. The national department enables the provincial departments to deliver on their mandates by developing legislation that gives justification to programmes, policies that inform programme delivery, norms and standards for practice and inform the monitoring and evaluation for impact and the improvement of services.

To provide the concurrent functions, there must be institutional arrangements in place at both national and provincial levels that are responsible for specific programmes. The national Department under the Branch Welfare Services has a Chief Directorate responsible for Families and Social Crime Prevention, Substance Abuse and Victim Empowerment.

The mandate of the Chief Directorate is to “Develop, monitor and facilitate the implementation of policies, legislation and programmes to protect empower and support children, youth offenders and victims in the criminal justice system”. Within this Chief Directorate is a Directorate: Social Crime Prevention whose objective is to strengthen probation services, prevent social crime and integrate Child Justice Services.

The diagram on page 79 depicts the organogram of the Chief Directorate – Families, Social Crime Prevention, Substance Abuse and Victim Empowerment.

### 5.2 VISION

A secure care programme providing developmental and holistic intervention in an enabling, caring, safe and secure environment to ensure comprehensive and integrated services to children in conflict with the law.

### 5.3 MISSION

A secure care programme that provides an enabling, caring, safe and secure environment, and services that are integrated, holistic and developmental, by nature for children in conflict with the law by all stakeholders.

### 5.4 GUIDING PRINCIPLES AND VALUES

- Accountability: Everyone who intervenes with children/young people and their families should be held accountable for the delivery of an appropriate and quality service.
- African Renaissance: As South Africans and Africans, all services to children/ young people and their families should reflect an understanding of the African context in which they are based and should consciously support the African Renaissance.
- Age-appropriate: Every child should be addressed in a manner appropriate to his or her age and intellectual development and should be spoken to and be allowed to speak in his or her language of choice, through an interpreter, if necessary.
- Appropriateness: All services to children/young people and their families should be the most appropriate for the individual, the family and the community.
- Assessment: Assessment is based on a developmental framework with a major focus on strengths and includes information gathered from the child's daily living environment, community environment and family environment.
- The best interest of the child (section 7 of Children's Act, 38 of 2005)
- Care Plan: Each child has a Care Plan which has been developed based on a developmental assessment and which aims to provide life-long relationships within their family or appropriate alternative, and re-integration in the community.

- Child-centred: Positive developmental experiences support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the child's/young person's development over time.
- Community-Centred: Services should be contextualised within the community environment, and support and capacity building to communities should be provided through regular developmental assessment and programmes which strengthen the community's development over time.
- Confidentiality: Principle according to which particulars which has been obtained from children and/or families within the professional relationship will not be disclosed without their permission.
- Continuity of Care and Development: The changing social, emotional, physical, cognitive and cultural needs of the child/ young person and their family should be recognised and addressed throughout the intervention process. Links with continuing support networks and resources, when necessary, should be encouraged after disengagement from the system.
- Continuum of Care and Development: Children/young people at risk (and their families) should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programme/s appropriate to their individual developmental and therapeutic needs.
- Diversity: Every child should be treated in a manner that takes into account his or her cultural values and beliefs.
- Effectiveness and Efficiency: Services to children/young people and their families should be delivered most effectively and efficiently possible.
- Empowerment: The resourcefulness of each child/young person and their family should be promoted by providing opportunities to use and build their own capacity and support networks and to act on their own choices and sense of responsibility.
- Equality: Children must have equal access to available services and every effort should be made to ensure that children receive similar treatment.

- Family-Centred: Services should be contextualised within the family, the extended family and the community, and support and capacity building to families should be provided through regular developmental assessment and programmes which strengthen the family's development over time.
- Family Preservation: All services should prioritise the goal to have children/ young people remain within the family and/or community context wherever possible. When a child/young person is placed in alternative care, services should aim to retain and support communication and relationships between the person and their family (unless proven not to be in their best interests), and maximise the time which the person spends in the care of his/her family.
- Integration: Services to children/young people and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.
- Non-discriminatory: No young person should be refused admission to a centre because of their race, religion, sexual orientation, or cultural heritage and provision for an appropriate staff team who can understand and communicate with each young person should be made.
- Normalisation: Children/Young People and their families should be exposed to normative challenges, activities and opportunities, which promote participation and development.
- Participation: Children/young people and their families should be actively involved in all the stages of the intervention process.
- Permanency Planning: Every child/young person within the Continuum of Care and Development should be provided with the opportunity to build and maintain lifetime relationships within a family and/or community context within the shortest time possible.
- Restorative Justice: The approach to children/young people in trouble with the law should focus on restoring societal harmony and putting wrongs right rather than punishment. The child/young person should be held accountable for his or her actions and where possible make amends to the victim.
- Rights-based: The rights of children/young people as established in the South African Constitution and the various international conventions

ratified by South Africa, shall be protected.

- Strengths-based: Services on all levels of intervention should, as a matter of priority, identify and build on the strengths of the child and family.
- Transitory programme: Refers to residential care for children who are in trouble with the law and who are waiting for the finalisation of the statutory process. This includes young people awaiting trial, awaiting sentence, awaiting transfer, awaiting designation, awaiting placement on the Continuum of Care and awaiting placement with family or friends.

## 5.5 DEFINITION OF CONCEPTS

### 5.5.1 Child and Youth Care

In terms of the Children's Act 38, 2005 a child and youth care centre is a facility for the provision of residential care to more than six children outside the child's family environment. These centres must offer a therapeutic programme and it includes programmes designed for:

- The reception, care and development of children other than in their family environment;
- The reception, care and development of children on a shared basis with the parent or other person having parental responsibilities;
- The reception and temporary safe care of children pending their placement;
- Early childhood development;
- The reception and temporary safe care of children to protect them from abuse and neglect;
- The reception and temporary safe care of trafficked or commercially sexually exploited children;
- The reception and temporary safe care of children to observe and assess those children, providing counselling and other treatment to them, or assisting them to reintegrate with their families and the community;
- The reception, development and secure care of children awaiting trial, designation, or sentence and sentenced;
- The reception, development and secure care of children with behavioural, psychological and emotional difficulties;

- The reception, development and secure care of children in terms of an order under the Criminal Procedure Act

The Minister and the MEC's for social development must provide for the establishment of Child and Youth Care Centres which is properly resourced, coordinated and managed. In addition, the Minister must determine national norms and standards for these centres which must relate to:

- A residential care programme;
- Therapeutic programmes;
- Developmental programmes;
- Permanency plans for children;
- Individual development plans;
- Temporary safe care;
- Protection from abuse and neglect;
- Assessment of children;
- Family reunification and reintegration;
- Aftercare;
- Access to and provision of adequate health care;
- Access to schooling, education and early childhood development;
- Security measures; and
- Measures for the separation of children in secure care programmes from children in other programmes.

### 5.5.2 Secure Care

Secure care forms one of the programmes included under the broad term of a child and youth care centre and as such must comply with all the prescriptions as outlined for Child and Youth Care Centres in the Children's Act. The Act stipulates that a secure care centre must be established for:

- The reception, development and secure care of children awaiting trial or sentence;
- The reception, development and secure care of children with behavioural, psychological and emotional difficulties;
- The reception, development and secure care of children in terms of

- order- o under the Criminal Procedure Act, 1977 (Act no.51 Of 1977);
- o In terms of section 156(1)(i) placing the child in a child and youth care centre which provides a secure care programme; or
- o In terms of section 171 transferring a child in alternative care.
  - *The reception, development and secure care of children awaiting designation of a reform school or school of industry.*

An existing state-operated secure care facility established in terms of the Child Care Act must be regarded as having been established in terms of the Children's Act as a child and youth care centre providing residential care. Schools of industry and reform schools become the responsibility of the Department of Social Development within two years of the commencement of the Children's Amendment Act. All existing government secure care facilities, schools of industry and reform schools must be registered as child and youth care centres within two years of the commencement of the Children's Act.

The concept "SECURE CARE" was coined during the transformation process of the Child and youth care system. This term was used to distinguish those children who because of coming into conflict with the law would need a programme that would ensure that they take responsibility for their wrongdoing, that recidivism is prevented, as well as contain them, restrict their movements and ensure the safety of the community. The intention was to ensure that there is a "place" where these children are contained, as well as an "intervention" during their containment. Therefore with time, Secure care as a concept has been used interchangeable – to mean a facility and a programme. For the blueprint, it is necessary to differentiate the "place" from the programme as a number of the current challenges are paradigmatic in nature as well as differentiate between other residential programmes within the child and youth care system.

- Secure Care as a programme
- 

The programme of secure care is based on the understanding that some children in conflict with the law may need to be physically, emotionally and/or behaviourally contained. Just as the definition denotes there must be interventions that will assist the child to become aware of his behaviour, take responsibility for it and learn new behaviours that will help him/her to stay on the right side of the law. In addition, new life skills should be learned that would ensure that there is a better utilization of time and choice of friends and peers.

The decision to refer a child to secure care should be based on (a) the fact that the child cannot be diverted or cannot await trial at home, and (b) the fact that he or she has been appropriately assessed to be a threat to society and/or him/herself and/or other children. Only children who have turned 14 years old and have not yet reached 18 years old (at the time of arrest) should be detained in Secure Care.

Containment of children in secure care should be effective whilst maintaining respect for the child's well-being and dignity. Interventions and physical structures should be of such a nature that children or staff cannot be physically, socially or emotionally hurt.

- Secure care as a "place"

All secure care facilities (government and non-government) should be established and maintained according to national regulations, minimum standards, and practice guidelines, which are based on international instruments and internationally accepted child and youth care practices.

Secure care facilities should provide differentiated programmes or units according to ages and the degree of danger which the young person may pose to peers, staff and society in general. For example, a facility may have a high-security unit and a minimum-security unit, each offering a range of programmes. Choice of placement should be based on an assessment and not on arbitrary decisions related to the crime, or a reward/punishment system. Where a province has sufficient secure care facilities to choose from, each facility could provide a different programme.



Children who have been appropriately assessed to require secure care should not be accommodated in facilities or units which accommodate children in need of care and protection. Children in need of care and protection should be accommodated in a safety unit or facility. This differentiation accommodates the different programmes, staffing, training and security requirements. It is possible, that both groups of children could be housed at one facility provided the staffing and buildings provide for this in line with the 'differentiated programmes' approach set out above.

Secure care facilities require well-trained staff that has been specially selected for their positive attitudes and willingness to work with very troubled young people. The majority of child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma.

The secure care programme should also be accessible to children at risk as an intensive short term programme of intervention based on a developmental assessment by a multi-disciplinary team. This means that children can access the secure care programme, where appropriate and where applicable, as day programme, week programme, and short term programme to meet their developmental and therapeutic needs.

### 5.5.3 ISDM Levels of Service Delivery

The integrated model proposed is a multi-pronged approach aimed at addressing the social welfare and development needs of target groups in a holistic and integrated manner. This approach provides a basis upon which systems can be put in place to ensure that vulnerable people are assisted to access immediate short and long-term material support, including social security when necessary.

The developmental approach is, therefore, able to promote the meeting of emergency needs of vulnerable households, individuals and communities while assessing the cause and effect of their vulnerability, recognising their strengths, and developing appropriate strategies for sustainable socio-economic development.

To achieve the desired outcome, namely an improvement in social functioning, services are rendered at different levels. These levels are on a continuum, so while they may seem to follow a distinct hierarchy, a client may enter the system at any of the levels, and the levels may overlap in practice. The service provider and client must together determine the client's current social functioning and develop an intervention strategy that will enable the client to reach the optimum level of social functioning and be ready for reintegration into society.

The levels of intervention are as follows:

- Prevention

This is the most important aspect of social service delivery. Services delivered at this level is aimed at strengthening and building the capacity and self-reliance of the client. At this level, the client is functioning at an adequate level but there is a possibility of at-risk behaviour at a later stage.

this level is aimed at strengthening and building the capacity and self-reliance of the client. At this level, the client is functioning at an adequate level but there is a possibility of at-risk behaviour at a later stage.

- Early intervention (non-statutory)

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- Statutory intervention/residential/alternative care

At this level, an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level, a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g. foster care), or placed in a residential facility.

- Reintegration and Aftercare

The previous intervention is aimed at providing alternative care which should wherever possible be a temporary measure, followed by reconstruction/ aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning.

In terms of the secure care programme, the focus of services is on levels 3 and 4.

At level 3, the child has been removed from his/her normal place of abode by the court and placed in secure care. This level applies to services rendered to children awaiting trial and children referred to a diversion programme with a residential element. This level of service delivery is aimed at providing care which should wherever possible be a temporary measure, followed by reconstruction/aftercare service to enable the child to return to the family or community as quickly as possible. Services delivered at level 4 are aimed at reintegration and support services to enhance self-reliance and optimal social functioning. This level applies to services rendered to children sentenced to Child Care facilities. The model espouses holistic and integrated delivery of services to the target group. Children awaiting trial must therefore be seen in the context of their families and the communities that they come from. Children will ultimately be reunified or reintegrated into the family and the community, therefore those significant others must be drawn into the management programme of the child concerned. The recidivism rate is extremely high as most children are not supported after release from the programme.

This programme also lends itself to offering interventions on levels 1 and 2. These interventions should be made available to all families of children who are awaiting trial. This could be made a condition of the probation officer report and could form part of the order for a parental or permanency plan as outlined in the Children's Act.

#### 5.5.4 Development Assessment

Developmental assessment is firstly a methodology of assessment that moves away from the pathology-based model to strengths-based,

developmental approach with the focus on the developmental and therapeutic needs of the child as well as his/her strengths. It is secondly, the underpinning philosophy for all who engage and work with children in the child and youth care system as to understand the child in his/her current context. The goal of developmental assessment is to determine the least restrictive, most empowering environment and programme suitable to the child and/or family development needs at any given moment, and/or during the next steps of development, and/or in the long term.

For children awaiting trial in a child and youth care centre, assessment has the following objectives:

- To understand the child, as well as the immediate and medium-term developmental issues.
- To take appropriate actions and/or provide and facilitate appropriate programme resources.
- To make an effective recommendation and/or decision concerning the least restrictive, most empowering option for the child in terms of the sentence, diversion, placement and programme resource.
- To establish a Care Plan, if the child is sentenced and/or placed in care.

Assessment of children sentenced to a child and youth care centre focuses on the child in terms of their daily and long term development. Assessment has the following objectives:

- To understand the child, as well as the immediate and medium-term developmental issues and to take appropriate actions and/or provide and facilitate appropriate programme resources based on an IDP.
- To effectively implement and regularly evaluate the Care Plan and IDP's to achieve reunification and/or reintegration into the community in the shortest time possible.
- To make regular recommendations and/or decisions concerning the least restrictive, most empowering option for the child in terms of transfer and programme resources.

## Child friendly

Child-friendly means that the rights of children are upheld in all spheres of service delivery. In the context of a residential service, the rights are interpreted to mean, but not limited to, the following:

Every child has the right-

- To a name and a nationality from birth – Children must be recognised by their names on their birth certificates and should be referred by this name and not by surnames and/or numbers.
  - To family care or parental care, or to appropriate alternative care when removed from the family environment – Whilst secure care is a form of alternative care, children must be treated humanely and receive the same level of care as would any “normal” child.
  - To basic nutrition, shelter, basic health care services, education and social services
- Children in a secure care programme must receive the same level of care services as would any “normal” child. In addition, the secure care programme must offer, at a minimum, medical, educational, developmental and therapeutic programmes on site.
- To be protected from maltreatment, neglect, abuse or degradation – Every child has inherent dignity and the right to have their dignity respected and protected. The staff at the secure care programme is custodians that must protect children from further abuse, neglect, maltreatment and degradation. Any person found guilty of violating this right must be managed by the appropriate disciplinary processes.
  - Not to be required or permitted to perform work or provide services that are inappropriate for a person of that child's age or place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development – Chores outlined in the Child Labour Action Plan are permissible.
  - Not to be detained except as a measure of last resort and has the right

to be kept separately from detained persons over the age of 18 years and treated in a manner and kept in conditions that take account of the child's age

– Children in a secure care programme, are contained as a matter of last resort and should be exposed to appropriate child care, safety and

guidance whilst being contained. The least restrictive behaviour management methods must be applied.

- To have a legal practitioner assigned to the child by the state and at state expense – The secure care programme has the responsibility to ensure that every child has access to the services of a legal practitioner.
- A child's best interests are of paramount importance in every matter concerning the child.

In addition to the rights, the principles that underpin the care and protection of children must be upheld.

## 5.6 SECURE CARE MODEL WITH OPTIONS FOR SOUTH AFRICA

The literature review conducted for this exercise did not yield a distinctive model for children awaiting trial, both on an international and national level. Internationally, both the terms and the processes used across systems are not consistent, making appropriate comparisons difficult. In some countries, secure care is referred to as locked facilities for youth who were at risk of harming themselves and others, rather than to custodial care for young offenders. Various terms are used to refer to secure care such as youth justice residences, juvenile justice residences, youth custody centres, youth detention facilities, youth rehabilitation centres, and youth detention centres. It is clear that the prevailing philosophy, in a particular country, regarding crime informs the construction of these facilities. Internationally, the custodial care of children awaiting trial is equated to South African correctional facilities.

Nationally, the child and youth care system transformation programme was one of the first reform programmes initiated in 1995. Considerable effort and resources were utilised to develop an inter-sectoral Policy, 2000 that would guide practice in all residential facilities, as well as for children placed in alternative care. This policy was strengthened with the development of minimum norms and standards. The implementation of this policy together with the minimum norms and standards was expected to improve and standardise quality care services to the children in residential facilities and to those in alternative care. Secure care facilities were included in the Child and Youth Care System, and therefore were targeted as one of the programmes that had to transform according to this policy and implement minimum norms and standards for quality care.

From the visits conducted to the different secure care facilities in the provinces, it was clear that there were no standardized procedures for managing secure care facilities. It was also evident that the guidelines provided by the document on the Transformation of the Child and Youth Care System (1996) were not implemented as envisaged.

In the development of this blueprint we originally defined many models, but in retrospect having many models within a blueprint defeats the objective of a blueprint. Therefore only one model exists for the secure care programme in

South Africa. This model can be expanded with the addition of two options, i.e. services to sentenced children and diversion.

### Secure care model

Following is a description of the model for the secure care programme in South Africa. The model comprises a core and option. The application of the core model is static in its entirety and the options that are recommended must be informed by the need of the province. This model has its basis in the transformation of the CYCS as we believe there are many core elements that are still applicable today as they were in 2000.

The approach to the development of the model is drawn from many practices of which legislative reform, organisational development, human resource management, transformation practices, social work programmes and child and youth care services are but a few that undergird this model. The core comprises of the following components:

1. Legislative framework
2. Inter-sectoral collaboration
3. Service Development
4. Organisational development
5. Resources
6. Organisational enablers
7. Services to beneficiaries
8. Ethos of services
9. Transversal areas

Each of these components will be discussed in detail to inform conceptualisation and to guide practice.



## 1. Legislative framework

In 1994 the Government of National Unity came into power, and one of its first actions was to draft legislation to prevent the holding of awaiting trial children in prisons and police cells. The Correctional Services Amendment Act, No 17 of 1994, amended section 29 of the Correctional Services Act so that children under 14 awaiting trial could never be held for longer than 24 hours, and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The legislation aimed to ensure that in the majority of cases young people would be released into the care of their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety.

Because the success of the legislation depended on the infrastructure of Places of Safety being available, careful planning, preparation and training were necessary. However, since there was very little inter-sectoral co-operation and planning in this field at the time, such preparation did not take place. On 8 May 1995, the legislation was promulgated with immediate effect. There were at the time 829 children in South African prisons awaiting trial, and approximately the same number in police cells. These children all had to be brought to court within 24 or 48 hours, and either released into the care of their parents or guardians or transferred to Places of Safety.

As children arrived in large numbers at the doors of the Places of Safety, the existing crisis deepened sharply. Staff was unable and in some cases unwilling to care for these children, and concerns were raised for the safety of other children already in Places of Safety for care and protection reasons.

Because Places of Safety are primarily designed for the temporary care and protection of children referred through the Children's Court, they were not able to make appropriate provision for secure care programmes, and many children were referred there by the magistrates' courts absconded shortly after having been left at Places of Safety. For children awaiting trial to be comprehensively and successfully serviced Government needed to review, align and develop practices and legislate in some cases. These were informed by both international and national legislation, protocols and agreements.

All services to children must be rights-based and as South Africa is a signatory and therefore reports on these obligations, it is critical for these to form part of the legislative framework to inform practice. The following are the most appropriate for children awaiting trial:

We are aware that others are not mentioned below, but they have been taken into cognisance in the development of this blueprint where applicable.

### 1.1 International obligations

In recognizing the fundamental importance of the need to ensure that children globally are entitled to care, assistance and protection, South Africa has ratified and signed various international agreements, protocols, declarations and conventions.

- United Nations Convention on the Rights of the Child

This Declaration aims to establish that a child because of his physical and mental immaturity needs special safeguards and care, including appropriate legal protection, before as well as after birth. These rights are also applicable to children awaiting trial.

- United Nations Guidelines for the Prevention of Juvenile Delinquency

The Riyadh Guidelines set out the roles of the Government with regards to the following sections:

- General prevention
- Socialisation processes- Within Families, Education, Community, Mass media
- Social policy
- Legislation and juvenile justice administration
- Research, policy development and co-ordination
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice

The Standard Minimum Rules provide a set of basic principles to promote the use of non-custodial measures, as well as minimum safeguards for persons subject to alternatives to imprisonment. The Rules are intended to promote greater community involvement in the management of criminal justice, specifically in the treatment of offenders, as well as to promote among offenders a sense of responsibility towards society.

When implementing the Rules, the State shall endeavour to ensure a proper balance between the rights of individual offenders, the rights of victims, and the concern of society for public safety and crime prevention.

The State shall develop non-custodial measures within their legal systems to provide other options, thus reducing the use of imprisonment, and to rationalize criminal justice policies, taking into account the observance of human rights, the requirements of social justice and the rehabilitation needs of the offender.

- United Nations Rules for Juveniles Deprived of their Liberty (JDL Rules)

The JDL Rules aims to establish minimum standards accepted by the United Nations for the protection of juveniles deprived of their liberty. The standards are set in sections, i.e.:

- Records
- Admission, registration, movement and transfer
- Classification and placement
- Physical environment and accommodation
- Education, vocational training and work
- Recreation
- Medical care
- Notification of illness, injury and death
- Limitations of physical restraint and the use of force
- Disciplinary procedures
- Inspection and complaints
- Return to community
- Personnel

## 1.2 National Legislation

- The Constitution of South Africa Act 108 of 1996

The Constitution clearly states in section 28(1) that every child has the right to not be detained except as a measure of last resort, kept separately from detained persons over the age of 18 years, and treated in a manner and kept in conditions that take account of the child's age.

- The Children's Act No 38 of 2005 as amended and the draft regulations

It should be noted that the Act speaks to secure care facilities for youth only to a limited extent, such facilities being included under the rubric of child and youth care centres.

This Act defines Child and Youth Care Centres as a facility for the provision of residential care to more than six children outside the child's family environment. Centres must offer a therapeutic programme for the residential care of children, which includes programmes for the reception, development and secure care of children awaiting trial or sentencing. School of Industries and Reform Schools are also considered to be forms of Child and Youth Care Centres.

The regulations relating to the Children's Act list general norms and standards about child and youth care centres. No specific mention is made of the secure care programme.

- Criminal Procedures Act No 51 of 1977

This Act describes the judicial procedures to be followed regarding criminal incidents. Very little mention is made regarding young offenders. In Section 71, it is stated that 'a Juvenile [a person under 18] may be placed in a place of safety or under supervision in lieu of release on bail or detention in custody. In Section 74 it is mentioned that a parent or guardian of an accused under eighteen years may attend proceedings.

The Act, therefore, does not provide guidance, regarding secure care facilities.

- Child Justice Act No 75 of 2008

The Justice Act is inspired by restorative justice goals and aims to divert young people in conflict with the law from formal criminal proceedings. The focus is also on the rehabilitation and reintegration of children who have come into conflict with the law.

The Act notes that when considering placement, police officers must consider the least restrictive setting. In deciding on placement in a secure centre, the child's age and maturity, the seriousness of the offence and the degree to which a centre can reasonably ensure

appropriate security as well as the risk that the child poses to him/herself and/or others must be considered. The child must also be assessed by a probation officer before a preliminary enquiry. As part of such an assessment, diversionary options must be considered.

Children who have come into conflict with the law would thus be referred to a secure care centre either to await trial or to serve their sentence, assuming that diversionary options, as well as sentencing to a correctional facility, have been precluded. A sentence to a secure centre may not be any longer than 5 years or the child's 21st

birthday, whichever occurs first. After the sentence, the head of the security centre is required to submit a report to the court as to the extent to which sentencing objectives were met.

- Probation Services Act as amended (No. 116 of 1991)

According to the Probation Services Act, 1991 (Act 116 of 1991), probation officers have the task of screening, selecting and assessing persons awaiting trial. Probation officers are also required to prepare and present pre-sentence reports and undertake the supervision of sentenced offenders. In addition, probation officers and social workers are supposed to meet the needs of victims of crime.

The Act was amended to insert certain definitions and amend others, to make further provision for programmes aimed at the prevention and combating of crime, to extend the powers and duties of probation officers, to provide for the mandatory assessment of arrested children and to provide for the establishment of reception, assessment and referral services and centres.

- Correctional Services Act

The Correctional Services Amendment Act no 17 of 1994 amended section 29 of the Correctional Services Act so that

children under 14 awaiting trial could never be held for longer than 24 hours, and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The legislation aimed to ensure that in the majority of cases young people would be released into the care of their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety.

### 1.3 National Policy Directives

- White Paper for Social Welfare,

The White Paper deals with key substantive issues in the restructuring of social welfare services, programmes and social security.

The following principles and guidelines pertaining, to youth justice:

- The best interests of children and juveniles must be paramount in all actions.
- Children and juveniles are always in some way connected to their family or support network, community or culture. These ties will be strengthened, and the capacity of such families and communities to provide support and care will be promoted.
- Every opportunity should be taken to ensure that children and juveniles coming into conflict with the law have access to all available services to avoid recidivism. This is vital and in the long run, will lower the overall crime rate.
- Diversion from the legal system should be the preferred way of dealing with child offenders, and effective programmes should be developed.

The White Paper undertook to:

- Prevention targeted at children and juveniles.
- Develop an integrative programme of social upliftment that

will be introduced in vulnerable communities.

- In the provision of statutory services, the communication, co-ordination and cooperation between all role players will be promoted at a national, provincial, regional and local level, including that between the Departments of Welfare, Justice and Correctional Services, the South African Police Services (SAPS), NGOs, CBOs, community members and parents.

- In line with the Beijing Rules and the Probation Services Act, 1991 (Act 116 of 1991), a dynamic child and juvenile offender prevention and care policy will be developed. The primary intention of this policy will be to keep the child and juvenile offenders out of the criminal justice system for as long as possible.

- A management protocol, and mechanisms involving a multidisciplinary team, parents, volunteers and community members, will be developed to deal with children in the pre-trial phase, for example, review panels operating on a 24-hour basis, the National Child Line, and community-based supervision programmes.

- A uniform strategy and procedures for the assessment of the needs of child and youth offenders will be developed and the most appropriate treatment options considered. The least restrictive and most empowering management option will be chosen. Children will be kept in custody only if it is necessary for the protection of society.

- Child and youth offenders and their families will receive counselling and should have access to legal aid if necessary. This will be at the discretion of the courts and should be means-tested. Detained children and juveniles will at all times and under all circumstances be separated from adults.

- A central register of children and juveniles awaiting trial and/or sentenced children and juveniles will be kept by provincial welfare departments in co-operation with the Department of Safety and Security. Children and juveniles kept in secure and open facilities (including schools of industry and reform schools) will be the responsibility of specially trained personnel. Special support programmes presented within the

therapeutic community model will be available.

- Programmes for offenders will be monitored, evaluated and adapted. Programmes of this nature will be piloted on a small, localised scale before being implemented nationally.

- Legislation and proper management protocols will be developed as a matter of urgency between the Departments of Justice and Welfare and other stakeholders.

- Where possible, children and juveniles will be diverted from the criminal justice system, in keeping with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules).

- Working arrangements regarding the development and rendering of diversionary services will be entered into with welfare and other organisations.

- The Department of Welfare will support the tabling of enabling legislation in order to make diversion an officially authorised option in all magisterial districts.

- Children and juveniles will only be held in custody as a last resort. Wherever possible they should be released into the care of their parents or guardians to await trial in their own homes. Support will be given to families. This will require inter-departmental co-operation.

- An adequate number of trained staff for existing places of safety and the development of other community-based placements will continue to be a priority. Secure places of safety are needed. There will be better linkages between places of safety, schools of industry and reform schools and more collaboration with the Department of Education in the management of these institutions.

- The possibility of smaller places of safety for children and youth, with the emphasis on a family-type of environment and individual attention, will also be explored. Temporary foster placements for child offenders are another option that will also be explored with the participation of communities.

- There should be greater involvement of communities in the supervision of sentenced children and juveniles through the development of special programmes for this purpose.

- The Integrated Service Delivery Model

This document, distributed by the Department of Social Development in 2005/6, aims to operationalise the White Paper on Developmental Social Welfare and attempts to reassert the developmental values and principles for service delivery.

With regards to secure care, the ISDM does note that a significant problem has been the 'large numbers of children who have to await trial in prison because of inadequate numbers of probation workers and lack of infrastructure such as places of safety and secure care facilities in communities'; the 'poorly developed protection services'; 'the loss of skilled personnel due to poor salaries and working conditions, and funding challenges. The lack of resources and infrastructure must be considered when developing norms and standards, as the latter must be workable in a situation where resources are tight.

The document identifies various levels of intervention, these being prevention, early intervention (non-statutory), statutory intervention/residential/alternative care, and reconstruction and aftercare. In this categorisation, residential care describes the placement of a client in a residential facility, this encompassing secure care. In a further classification, services are described as either promotion, prevention, protection, rehabilitation, continuing care and mental health and addiction services. Residential facilities are considered as part of rehabilitation or continuing care services. Further, children and youth are named as primary target groups alongside families, women and older people.

- *Interim Protocol for the Management of Children awaiting Trial (2002)*

*This document is a collaboration between four Departments, namely the Department of Justice and Constitutional Development, the Department of*



*Social Development, the Department of Safety and Security and the Department of Correctional Services. The purpose of the document is to clearly, identify the roles and responsibilities of each department in the management of children awaiting trial from the point of arrest to sentence.*

- Interim Policy Recommendations, November 1996.

In this policy document, the committee focussed its work on residential care, secure care being a subsection of this. It identified a range of challenges within residential care that needed to be addressed. Out of this review, very clear recommendations were made, suggesting that a transformed child and youth care system should be developed and implemented.

The IMC took the radical step of recommending that human and financial resources be prioritised, at least in the short term, towards prevention and early intervention services and programmes with the intent of keeping as many children as possible out of care. Indeed, they recommend that residential care be focussed on 'those children who are orphaned and/or abandoned and who cannot be absorbed into communities, those who have serious emotional and/or behavioural problems and cannot be best served within their families or in foster care, and those who are seriously disabled and who cannot be best served in their families and foster care'. Residential care facilities are thus urged to not only provide care to their residents but to ensure that there is a prevention and early intervention component to their service delivery.

Secure care and youth correctional services are identified as being the most restrictive in terms of a continuum of alternative care for children and youth. The IMC identified secure care as being extremely specialised and suggested that differentiated programmes (based on age and the 'degree of danger the young person poses to peers, staff and society in general) were required including short term assessment and containment programmes, therapeutic

programming as a sentencing option, and work therapy programmes. The IMC also stated that young people in conflict with the law should 'wherever possible be kept in their families and communities. Only where the young person 'cannot be diverted or cannot await trial at home and has been 'appropriately assessed' should s/he be detained in secure care. The IMC does specify that this should be for 14 to 18-year-olds. Further, 'international instruments and internationally accepted child and youth care practice' should guide the norms and standards in such facilities.

The IMC further make references to a restorative justice approach in the place of punishment. It is important to note that the IMC understands youth justice as straddling both welfare and justice. However, the 'treatment' component of welfare and the 'punishment' component of justice are to be replaced with 'restorative justice concepts which centre on conflict resolution and the involvement of young people, families and communities in decision-making processes. The intention thus is to develop in youth a capacity to 'respect themselves and to play a meaningful role in society. A restorative justice programme would ensure that most youth coming into conflict with the law are dealt with in the community and not placed in secure centres or youth correctional facilities. Community-based sentencing might, for example, engage youth in diversion programmes. 'Imprisonment of people under 18 should be used as a measure of last resort. The IMC recommends that 'young people awaiting trial should only be held in secure care when a multidisciplinary assessment finds that this is the most appropriate option. The cases of young people in custody should be given absolute priority within the criminal justice system'.

The document asserts that in the case of secure care facilities, funding is expected to come entirely from the state.

The IMC suggests that an integrated inter-sectoral system of information that tracks the children within the system be established for child and youth care centres. This is a requirement that extends beyond secure care facilities but would impact them in terms of

the extent and frequency of information that would need to be collected.

- The Transformation of the South African Child and Youth Care System: An Intersectoral Policy. Final Draft, May 2000

This document does not differ substantially from the earlier draft discussed above. In describing how residential care programmes should be 'multidimensional', it suggests family preservation, early intervention, educational bridging, drop-in shelter, five-day care, weekend treatment and community-family care as programming examples. Secure care facilities should also offer differentiated programmes, such as high or minimum security. It is recommended that reform schools be restructured as secure care facilities. This draft also notes that child and youth care workers, social workers and probation officers should form part of the staff team at schools serving youth in residential care.

### Minimum Standards for the South African Child and Youth Care System

This document describes various minimum standards for a transformed child and youth care system. These standards are discussed under the following standards statements:

- Engagement/Admission
- Safety
- Rights of Young people
- Complaints
- Reportable incidents or actions
- Physical Environment
- Emergency and Safety Practices
- Transitional Planning
- Privacy and confidentiality
- Access to legal counsel, court and court appearance

- Emotional and Social Care
- Health Care
- Behaviour management
- Developmental milieu and climate
- Care Plan
- Individual Development Plan (IDP)
- Reviews (of IDP and Care Plan)
- Development opportunities and programmes
- Therapeutic Programmes
- Education
- Disengagement
- Minimum Norms and Standards for Diversion

This document divides norms and standards for diversion into three sections.

The first, Organizational Infrastructure and Systems include the following topics:

- legal structure
- management (which includes governance, a business plan, financial systems and financial management, record-keeping, profit, code of conduct, working agreement, recruitment procedures, disciplinary procedures, performance appraisal procedure, grievance procedure, psychological debriefing and/or supervision, programme environment, material resources and safety procedures, overnight and away from home care, drugs and controlled substances, protection of children's rights, promotional material, equipment and premises.

The second section, is Programme Facilitators Skills, including

- Generic knowledge and skills for all facilitators
- Additional knowledge and skills (wilderness or adventure therapy programmes; family group conferences, victim-offender mediation and any other restorative processes; counselling and therapeutic programmes; sex offenders' programmes; and

substance abuse/misuses programmes)

- Additional competencies for the hosting/implementing organisation
- Service level agreements

The third section has to do with Programme Standards, including

- Programme Outcomes (post-arrest assessment before referral)
- Diversion Programme Design and Delivery
- Restorative Justice Process
- Sex offender programmes

In each of these areas, indicators are provided of the standard, allowing an organization to identify if and the extent to which the standard is being met.

## 2. Inter-sectoral Collaboration

The secure care programme by its very nature demands an inter-sectoral approach. Many departments must be involved in the statutory process otherwise the care of children is compromised. The role of the departments who have a critical role to play are outlined briefly: (The complete roles and responsibilities is outlined in paragraph 4.8)

- Department of Police: The arrest and containment of the child before appearing in court is a function of South African Police. SAPS must also accompany the child to court and hand over the child to the secure care programme.
- Department of Social Development: The Department of Social Development, in the form of a Probation officer, must assess the child and develop an assessment report for the Courts to make an informed decision about the placement of the child. The care of the child whilst awaiting trial falls within the mandate of the Department of Social Development to care for and protect children.
- National Prosecuting Authority: The NPA decides as to

whether to prosecute or divert.

- Department of Justice and Constitutional Development: The Department of Justice and Constitutional Development makes out the order to await trial in a secure care programme. It is expected that, during this process, the child is assisted to access legal aid, which is also a function of this department.
- Department of Education: The Act also makes provision for the child to have access to education whilst awaiting trial. Therefore whilst the child is in a secure care programme, there is a need for the Department of Education to provide the education of the child.
- Department of Labour: Many of the children awaiting trial, at the time of their arrest were no longer attending formal school. Therefore the Department of Labour also has a role to play in the vocational training programmes.

This programme will not be effective if these departments do not work collaboratively with one another. If one of these functions is not performed, the child will either languish in a police cell, the parent will not be informed of the whereabouts of the child, or the case of the child will continue over very long periods.

The Department of Social Development must sign Memorandums of Understanding with the Departments of Education, Police and Health to ensure the effective care and protection of children.

The one-stop Justice Centre is an ideal model that favours inter-sectoral collaboration, as the management of the child is one smooth process. The purpose is to streamline the process from the arrest of a child to the formal court proceedings in a “child-friendly” manner and to uphold the rights of the child. The outcome of this service for parents is that they have easier access to all the role players and also are aware of where their children will be placed whilst awaiting trial. Negotiations need to continue between the Department of Justice and



Constitutional Development and the Department of Social Development to pursue the integration of the programmes.

### 3. Service development

The provision of secure care facilities and programmes lies in the domain of the State. Historically, services of this nature have been built by and remain assets of the State. However, the design of secure care facilities has been haphazard with each province designing and building according to their frame of reference. This practice has been for all residential facilities within the country.

To standardise the construction of residential facilities the Department of Social Development has made the design of all residential facilities a function of the national department. This is to ensure that there is standardisation in terms of design principles, building specifications, infrastructure and optimal manner to manage children. In addition, these design principles were informed by an approach as to how to best manage the movement of children within the centre. See Appendix 1 for the movement of children.

This is a positive approach as it allows for planning in terms of the size of the site needed for the construction of secure care facilities, budgeting as the cost of constructing a centre will be available, as well as all infrastructure costs.

This means that for future services that need to be constructed, each province can access the basic design of the secure care facility from the national department.

The capacity may vary dependent on the need of the province. Provision should be made for a minimum of 60 beds and a maximum of 120 beds.

The design of a secure care programme must support the rights of children, the principles of care and protection of children and

service delivery. The following design principles have been developed to inform the erection of secure care facilities:

- Uniformity in design
  - o Branding for the DSD sector
  - o Green buildings principle
  - o Business processes to inform ergonomics and designs
  - o Accessibility for people with disabilities
  - o Form follows function
- Adherence to standard building requirements
  - o Environmental and impact assessment
  - o Building regulations
  - o Occupational health and safety specifications
  - o Municipal regulations
  - o Space and cost norms
- Non-institutionalised setting
  - o Warm, friendly and welcoming
  - o Modern design: fit for purpose
  - o Strive towards an environment with open spaces, colour, gardening and green recreational areas
  - o Security standards without the “prison bars” emphasise rehabilitation rather than punishment
- Adherence to norms and standards
  - o Child friendly

The core model must have the following elements. These are discussed briefly below:

- Living quarters - Living quarters should be safe, clean and functional and in a good state of repair. Rooms should be inward-facing and open onto an entertainment area. Five children should be accommodated per room. Provision should also be made for a single room that may be utilised for children with special needs.
- Offices within living quarters – Provision should be made for office space for a social worker and child and youth care worker.
- Ablution facilities – Rooms should have en-suite

bathrooms.

- Recreation area within the living quarters - This area may be used as a lounge/

TV room, group work facility or venue to complete homework.

- Outdoor multipurpose quad – The quad may be utilised for the playing of games or meetings with all the children.
- Indoor multipurpose recreation facility (hall) -There are adequate and appropriate indoor facilities in the centre for treatment activities, relaxation, recreation and exercise.
- Gymnasium.
- Out-door recreation facility – The outdoor facilities should provide for standardised soccer, cricket, rugby, volleyball, softball, hockey fields as well as for an obstacle course.
- Pool - The swimming pool should be fenced off and the area locked and the pool covered when not in use. Ablution blocks should be provided around the area.
- Dining room - The dining area should provide for a serving area as well as adequate seating arrangements.
- Medical facilities – The medical facility should consist of an admission room, medication room, examination room, sickbay and isolation room.
- Visiting area – The visiting area must be private and comfortable.
- Accommodation for families - The center has facilities to house families, travelling from far, when they visit their children.
- Administration block – Provision should be made of adequate office space for personnel.
- Library and resource centre.
- School – The school should provide for classrooms, adequately equipped workshop facilities and a computer training centre.

- Kitchen – A separate delivery entrance to the kitchen should be provided. Change rooms with lockers for kitchen staff, ablution facilities and an office for the supervisor should be available.
- Laundry – Office space should be provided for the supervisor's office and change rooms.
- Storerooms.
- Garages.
- Vehicle vault – A secure area should be provided for the delivery of children.

All residential care facilities should structurally make provision for children with disabilities.

The facility must be located within communities and no further than 100km or 1-hour travelling time from the court and/or SAPS. A radius of 1 km, but not exceeding 5 km, should be maintained from the residential area. No other service, other than those to children in conflict with the law, should be provided from the same premises. The facility should be on a transport route for easy access.

The centre should have certain basic infrastructure and equipment in order to function successfully.

- Independent living equipment.
- Emergency equipment – Fire extinguishers and first-aid kits.
- Living quarters - Each child has his/her own sturdily constructed bed and locker/cupboard.
- Ablution facilities - 2 showers, 1 basin and 2 toilets for boys; 1 bath, 1 shower, 2 basins and 2 toilets for girls; 1 Bath, shower and toilet for disabled children.
- Recreation area within the living quarters – Lounge furniture and tables.
- Kitchen – The following should be provided: 4-plate industrial stoves with ovens, warmers, deep fryers, microwave oven, hydro boils, boilers, dishwasher, water coolers, food processors, extractor fans, cold room with shelves and storing pellets, walk-in fridge/freezer, pantry, cupboards, dry store, chemical store, storeroom for kitchen utensils and crockery, bain-marie with inserts, serving bowls, trays and serving trolleys.  
There must be compliance with Health, Safety, and Hygiene standards  
e.g. fire extinguishers and first aid kits, fly screens, mounted hand wash system, sterilising containers, etc.
- Dining room - There should be enough crockery and cutlery for every child and extra eating utensils should be available upon need. Crockery & cutlery should be made from

melamine. Stainless steel frame tables and chairs covered with fibreglass should be mounted to the floor.

- Laundry - The laundry should be fully equipped with industrial washing machines, tumble dryers and shelves. Space should be provided for lockers, ablution facilities and a small storeroom for chemicals and detergents.
- Administration office – The complex should be equipped with IT and telephone infrastructure and a dedicated server room.

The following infrastructure should be provided: Computers, printers, fax machines, a commercial-grade photocopier, cellular telephones, laptop with 3G connection and data projector per facility.

- Indoor facilities – Children have access to pool tables and board games.
- Hall - The hall must have a capacity to accommodate 200 individuals. It should be equipped with a stage, a stage curtain, a fitted sound system and fitted chairs.
- Out-door recreational facilities - Children have access to soccer-, rugby-, netball- and basketballs, baseball balls and bats and cricket sets.
- Pool - Life jackets should be provided to children who cannot swim.
- Medical facilities – Fully equipped admission room, lockable cupboard for medication, fridge, sterilisation equipment, fully equipped dressing room, emergency equipment and beds.
- Client waiting area – Comfortable tables and chairs.
- School – fully equipped workshop facilities.
- Computer training room – Equipped with computers, desks and chairs.
- Library and resource centre – Recreational and educational reading material should be provided.

#### 4. Organisational Development

The secure care programme in our proposed core model must be conceptualised as an organisation. An organisation is a

systematic arrangement of people brought together to accomplish some specific purpose.

There are three common characteristics that all organisations share. Every organisation has a purpose and is made up of people who are grouped-together in some way. The purpose of an organisation is usually expressed in terms of a goal or a set of goals. Secondly, no goal can be achieved without people making decisions to establish the purpose and performing a variety of activities to make a goal reality. Thirdly, all organisations develop a systematic structure that defines and limits the behaviour of their members. Developing structure may include, creating rules and regulations, giving some members supervisory control over other members, forming work teams and writing job descriptions so that the organisational members know what they are supposed to do.

The term organisation, therefore, refers to an entity that has a distinct purpose, has people or members and has a systematic structure. To understand the blueprint holistically the secure care programme, because of its residential nature and the services that it provides, can be referred to an organisation or an entity within the provincial government. It fits all the characteristics of the definition of an organisation, and for it to be effective, it must be managed as such.

This approach does not mean that it will not need the support of the provincial department. There is a symbiotic relationship that must be strengthened and maintained at all costs.

Thus for the secure care programme to be efficient, it must define its purpose, have capable groups of people to deliver on this purpose and ensure that there is an appropriate structure in place to define accountability and responsibility.

#### 4.1 Strategy, vision and mission

For an organisation to achieve its goals (purpose), there is a need to have a strategy in place to guide the people on what needs to be

achieved. This is usually referred to as the strategic management process and involves strategic planning, implementation and evaluation. To develop the strategy, organisational members must identify current mission objectives and strategies. The mission statement is usually the purpose of the organisation and answers the question of “what business are we in”. The secure care programme must undertake a strategic management process exercise periodically as there must be a constant improvement in the services that are rendered to the target group. This process will inform the relevancy of the programme, its impact and what changes need to be made to improve services.

The blueprint should serve as a basis for the strategy for the secure care programme nationally, and provinces will customise this strategy to meet their own needs.

The important point is that all organisations must go through these processes to make them more effective.

#### Delivery mechanisms

The secure care programme cannot be delivered by either tier of government. The Constitution has made welfare a concurrent function of both national and provincial tiers of government. Secondly, the constitution also makes provision for intersectoral collaboration. The secure care programme by its very nature requires the concurrent application of roles and responsibilities of both the national and provincial departments of social development.

This programme is strengthened by other departments playing their collaborative role. This is reiterated in the Children’s Act 38.2005 (as amended).

The roles and responsibilities of the National Department of Social Development are spelt out in the White Paper for Social Welfare. The national Department of Social Development will be

responsible for the following functions. For ease of reference, these are outlined below:

- Co-ordination: To harmonise central functions with those of other national departments, provincial governments and other national role players.
- National policy and planning: To determine and review policy and to conduct integrated welfare and development planning which will be implemented inter- provincially, inter-sectorally and in collaboration with the RDP.
- Norms and standards for social services and development programmes, social security and facilities: To determine and regularly review basic guidelines for norms and standards.
- Legislation: To review existing national welfare legislation, formulate comprehensive legislation, and promote the synchronisation of the provinces' statutory measures.
- Marketing: To promote awareness of social welfare issues at all levels within relevant sectors; to promote co-operation and involvement, and to consult with provinces.
- Social welfare governance structures: To develop and maintain appropriate consultative bodies; to represent the national department on other national structures; to establish inter-sectoral consultative structures; and to co-operate with, and facilitate where necessary, the development of provincial consultative structures in partnership with all role players.
- Human resource development: To undertake human resource management, planning and development; to set guidelines for professional standards and accreditation systems for all personnel; to facilitate the representation of personnel in appropriate industrial relations structures.
- National programmes: To design, finance, implement, evaluate and manage specific national programmes.
- Social welfare financing: To develop uniform financial management systems, plans and financing criteria for social service organisations, social development programmes, social security

and a national fund-raising policy; to establish taxation policies for welfare organisations; to administer national relief funds, and to mobilise additional development sponsorship.

- National information system: To develop, maintain and coordinate a national welfare information system to undergird welfare planning; and to initiate and undertake operational research.
- Capacity and institution building: To facilitate capacity and institution building in all tiers of Government.
- Parliamentary liaison: To facilitate the parliamentary process.
- International liaison: To undertake international liaison.

The abovementioned responsibilities should remain as is unless a special agreement has been reached between a province and the national body. By virtue, of the concurrent nature of the roles and responsibilities, the relationship is symbiotic, as one cannot deliver the service without the other. Whilst the roles and

responsibilities are generally understood, the relationship between the province and its structures in the secure care programme is not clearly defined. The White Paper for Social Welfare defines the role of Provincial departments as follows:

- Provincial policy and planning: To formulate, coordinate, maintain and review provincial policy and planning in consultation with all stakeholders.
- Legislation: To review, formulate and administer social welfare legislation within the framework of the national policy.
- Social welfare services: To plan, implement, co-ordinate and monitor the delivery of developmental welfare services; to implement and monitor programmes under national norms and standards; and to develop and render specific services.
- Social welfare governance structures: To initiate and facilitate the development and maintenance of social welfare governance structures.
- Funding: To negotiate for provincial funding and to maintain



financial management systems; to administer disaster and relief funds; to regulate fundraising at the provincial level; to finance social welfare programmes provided by organisations under national policy, and to formulate and review the criteria for such funding.

- Information and research: To undertake, promote and co-ordinate appropriate operational research and to maintain a welfare information system in collaboration with all role players.
- Human resource development: To manage and plan a human resource development programme.
- Marketing: To promote awareness of welfare matters.
- Parliamentary liaison: To facilitate the provincial parliamentary process.
- Interprovincial relations: To promote interprovincial relations and to develop and maintain inter-sectoral and interprovincial working agreements.

These provincial functions will be implemented through a head office. In addition, regional, local and district formations and facilities may be established according to provincial needs.

In short, the National departments enable service delivery by providing the legislation, policies and strategies, norms and standards, and practice guidelines. In addition, they coordinate all the programmes implemented at a provincial level. Provinces on the other hand must formulate provincial policy and administer social welfare legislation. Furthermore, Provinces must plan, implement, coordinate and monitor the delivery of services, implement and monitor programmes under national norms and standards and develop and render specific services.

The relationship that exists between the national and provincial tiers of government must be replicated between the province and the secure care programme. The secure care programme is borne out of a legislative mandate that provinces have to deliver on. Therefore the development, maintenance, monitoring and evaluation of the programme must inform the relationship.

The proposed relationship structure is attached as Annexure 1.

It is a well-known fact that most of the provinces cannot implement the programme and have brought in a service provider to deliver the programme. Our understanding is that the service is provided for Government and therefore the service provider must abide by the same rules, regulations, policies, norms and standards and practise guidelines as prescribed for the programme that is being run by the State. Furthermore, a standardised service level agreement must guide the out-sourcing process.

The provision of secure care facilities and programmes lies in the domain of the State.

#### 4.2 Organisational structure

Due to the concurrent nature of this programme, there is a need for a structure at a national level that will be solely responsible for the oversight of all these types of programmes nationally. The directorate- Social crime prevention is mandated to perform this function. This structure should be replicated on a provincial level as the implementing arm. These structures demand that there should be a direct relationship between the directorate at the national and provincial level. Provinces have to account to the national department, as well as their principles at a provincial level, on the success and failure of their programmes. The responsibility of the National Department is thus to coalesce all provincial programmes into a national perspective.

The provincial departments have decentralised service providers to provide greater access to beneficiaries of the service. The principle of accessibility is in line with the 10-point plan of the previous minister. However, decentralisation comes with its own challenges. The decentralisation model of each of the provinces must inform the relationship between programmes in the community and accountability structures.

### 4.3 Organogram

The strategy for secure care programmes informs the structure to deliver services.

The following diagram illustrates the type of structures that need to be in place in every organisation.

There is a need for managers and operatives. Managers are individuals who direct the work of others, whilst operatives are people who work directly on a job and have no responsibility for overseeing the work of others.

The staff establishment should consist of management-, middle management-, supervisory- and operational personnel.

The following posts are a minimum:

1. Management posts
2. Professional posts
3. Semi-professional posts
4. Operational posts
5. Supporting posts
6. Sessional posts
7. Contractual posts

A proforma organogram is attached

as Appendix 2. The posts will be

discussed in more detail in point 5.1.

### 5. Resources

For organisations to achieve their purpose sufficient resources must be in place, these include human, financial and all other resources that will enable an operative or manager to deliver on his or her responsibility. Infrastructure, furniture, equipment and vehicles are also defined as resources. In addition to the resources, there are organisational enablers such as administrative systems, processes

and procedures that must be in place to ensure an efficient and effective service.

#### 5.1 Human resources

The secure care programme is made up of therapeutic, developmental, recreational, spiritual/religious, cultural and caring components. Therefore, the programme informs the type of staff that must be on the staff establishment. A proforma staff establishment (organogram) has been developed to guide provinces when they develop new services and to assist with the restructuring of current staff establishments for secure care programmes.

- The staff establishment of a secure care centre should be according

- to a proforma organogram and provide for the following posts:

- Management posts
- Professional posts - types & registration
- Semi-professional posts
- Operational posts
- Supporting posts
- Sessional posts
- Contractual posts

The organogram should provide for the following personnel:

- Centre manager
- Centre manager secretary
- Social workers
- Substance abuse specialist
- Nursing personnel
- Child & youth care workers
- An occupational therapist or assistant occupational therapists – could be sessional
- Finance personnel
- Administrative personnel
- Maintenance personnel
- Cleaning personnel

A medical doctor and psychologist can be employed on a sessional basis. Security personnel may be appointed on a contractual basis.

## 5.2 Qualifications of personnel

- Centre manager - The manager must be a registered professional from an appropriate discipline, must have specialized knowledge of child and youth care, have proven leadership abilities, be able to demonstrate management and administration skills and have knowledge and experience of the secure care programme.

- Social workers - Social workers must have the necessary qualification, must be registered with the SACSSP and knowledge and experience in the context of

residential care and the design of programmes for residential care.

- Nursing personnel – This category of personnel should include at least two registered nursing sisters of which one should have a qualification in



psychiatry.

- Child & youth care workers - Child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma.
- An occupational therapist or assistant occupational therapist - The occupational therapist should have an appropriate qualification and be registered to an appropriate council.
- Psychologist –The psychologist should have an appropriate qualification and be registered to an appropriate council.
- Educators -The educators should have an appropriate qualification, be employed in terms of the Public Service Act and be registered with their professional body

It is essential that all personnel, inclusive of sessional and contracted personnel, be trained in the basic qualification in secure care.

All personnel in the child and youth care system and supportive components should have access to appropriate and effective formal training, in-service training and developmental supervision. Supervision must be of a high standard, based on a developmental approach and accessible to everyone.

All staff working in a residential care centre, including senior personnel who manage the centre, should be held accountable to a child and youth care ethical code of conduct.

### 5.3 Financial resources

The budget must be informed by the strategic plan of the programme. A programmatic approach must be introduced into budgeting. The nature of this programme, especially if prevention and early intervention programmes be introduced, demands that the budget makes provision for out-reach programmes and other externalities, e.g. transport for parents to visit and overnight stay of parents. This approach will allow for all programmes to be allocated. Managers can also be held accountable for their

programme budget. This means that a holistic approach must be taken when developing this budget.

### 5.4 Infrastructure

This issue was discussed under point 2.

### 5.5 Furniture and equipment

This issue was discussed under point 2.

## 6. Organisational enablers

Organisational enablers are resources that make it possible to complete tasks, activities and processes. The nature of this programme demands that the following policies and procedures are in place:

### 6.1 .Organisational policies and procedures

- Registration of centre.
- Safety procedures, i.e. emergency plan, evacuation plan, first-aid and pool safety.
- Health and safety, i.e. pest control, refuse disposal
- Supply chain management.
- Procedure manual for the laundry system.
- There is a documented procedure manual in place for administration processes.
- There is a documented procedure manual in place for human resource management.
- There is a documented procedure manual in place for the management of official vehicles.
- There is a documented HR policy and procedure manuals in place.

### 6.2 .Child-specific policies and procedures

- Procedural guidelines on admission criteria and procedure.

- Procedural guidelines on individual, confidential files.
- Procedural guidelines on behaviour management.
- Procedural guidelines on reportable incidents.
- Procedural guidelines on temporary seclusion and physical restraint.
- Procedural guidelines on the release of children from the facility.
- Procedural guidelines on the re-admission of children to the facility. (Return from appearance in court proceedings and return after absconding.) Supply chain management to be executed in accordance, with provincial policy.
- There is a documented policy and procedure in place relating to the health care of children.
- There is a documented policy and procedure in place relating to the transport of children.
- Procedural guidelines on compulsory registers, i.e. admission register, allocation register, behaviour management register, incident book and reportable incidents.
- Standardised forms for uniform service delivery, i.e. assessment form, process notes, care plan, IDP and progress reports.

## 7 Services to beneficiaries

Immigrant children and unaccompanied foreign minors must be awarded the same rights, and be exposed to the same programmes as any other child.

Regardless of the length of stay or the reason for admission, each child should have a developmentally appropriate plan and programme of care, education and therapeutic development and should participate in and review this plan.

All children admitted to a secure care centre must be developmentally assessed by a probation officer before admission. It is the responsibility of the multi-disciplinary team at the centre to build on this assessment and develop a care plan and individual development plan. Assessment within the centre is

focussed on the child in terms of their daily and long term development. Family preservation principles and family/ community reunification and integration are central. It is thus critical that assessment (and the subsequent individual developmental/therapeutic programme) includes the child, family and community in a meaningful partnership. The social worker should regularly and frequently seek the views of the child, his/her parents and the probation officer on the content and implementation of the IDP and take the views of the child into account in initiating and making changes to the plan.

All services and programmes, whether individually or in a group, should be based on the developmental assessment, care plan and individual development plan. The following programmes should be provided for:

- Therapeutic programmes - Programmes must be rehabilitative, improve social functioning and be restorative by nature. These programmes must be rendered by the social worker, psychologist and occupational therapist using individual and/or group sessions.

Development programmes - Children have access to an educational or vocational programme that is suitable to their capacity, circumstances and developmental needs. Education for children under the age of 16 years is mandatory and plays a critical role in the lives of children. It should thus be seen as core component in an effective child and youth care system. Schooling should be holistic and not entirely focused upon academic development. Schools should have adequate human and material resources to ensure that children who experience emotional and/or behavioural difficulties are not victimised or marginalised. The education system and residential care centres should, in collaboration, make appropriate provisions for children who might require informal schooling, bridging programmes, literacy and vocational

training. The relationship between the Departments of Social Development and Education should be formalised. The roles and responsibilities of each department should be clearly outlined in a Memorandum of Understanding.

- Recreational programmes – Structured in-door and out-door programmes. These programmes must be rendered by the child and youth care worker using individual and/or group sessions.
- Spiritual/religious programmes - Children practice their right to observe and preserve their religious heritage. These programmes are rendered by volunteers.
- Cultural programmes - Children practice their right to observe and preserve their cultural heritage. These programmes must be rendered by the child and youth care worker using individual and/or group sessions.
- Care programmes - Developmental life skills and life space programmes. These programmes must be rendered by the child and youth care worker using individual and/or group sessions.

## 8 Ethos of services

The starting point for the care of children in conflict with the law is that they should wherever possible be kept in their families and communities. This applies throughout the pre-trial, trial and sentencing phases.

As a result of the South African Constitution and the ratification of various international conventions, South African children who are detained in a residential care centre have special protections and rights.

In line with international and local developments in child and youth care work and social work, the key to child and youth care is to move away from a medical model which focuses on weaknesses, categorising, labelling, helping and curing towards a

developmental and ecological perspective which focuses on reframing problems as strengths, on competency building, and residential environments which empower children, families and communities.

The model described in this policy is a corporatist model which blends aspects of the Welfare and Justice models. The due process and prosecution orientated Justice Model is replaced or supplemented by an approach that places value on alternative programmes for children. These programmes prefer to keep them out of the formal justice system whilst at the same time assuring that they are held accountable for their behaviour. The “treatment” of the old Welfare model, and the “punishment” of the justice model, is replaced by restorative justice concepts which centre on conflict resolution and the involvement of children, families and communities in the decision-making process. The outcomes focus on the retraining of children to respect themselves and others and to play a meaningful role in society. Elements that underpin the model:

- Developmental approach - A developmental approach or model in the context of the child and youth care system refers to:
- Focusing on strengths rather than pathology
- Building competency rather than attempting to cure
- Encouragement of trial-and-error learning
- Always take the context into consideration
- Understanding and responding appropriately to developmental tasks and needs
- Working with the total person, not the so-called “pathology” or problem.
- A strong belief (reflected in practice) of the potential within each child and family (regardless of the reason for referral). Work is aimed at maximising potential rather than minimising the problem.
- An emphasis on most of the “treatment” taking place in the daily living environment of the child. A multi-disciplinary team (not a hierarchy) approach in which the

child and family are recognised as full members of the team.

- Ecological approach (child in the family) – The ecological approach refers to the practice of understanding and viewing each person within the context of, and connected to, their family and community.

- Restoring and Rehabilitative, by nature - The approach to children in trouble with the law should focus on restoring societal harmony and putting wrongs right rather than punishment. The child should be held accountable for his or her actions and where possible makes amends to the victim.

Programmes must be therapeutic, by nature - No residential care facility should merely offer custodial care to children. Any child, who needs only custodial care, would be inappropriately and unjustifiably placed within a residential care centre. Programmes and activities to promote and maintain healthy development should be ensured.

- Programmes must restore dignity - Containment of children in secure care should be effective whilst maintaining respect for the young person's well-being and dignity. Interventions should be of such a nature that children cannot be physically, socially or emotionally hurt.

- Community participation must be encouraged – Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, early intervention, weekend treatment, community-family care, etc.

- Multi-disciplinary approach to programmes - A multi-disciplinary approach is strongly recommended, with no particular discipline in a dominant position, but recognises that in different settings a particular discipline may play the primary role or may lead the multi-disciplinary process.

- Aftercare and follow up (where appropriate).

- Secure care facilities require well-trained staff that has been specially selected for their positive attitudes and willingness to work with children. All personnel must have a basic qualification in child care as a minimum to enter.

- Continuous development - All personnel in the child and youth care system, and supportive components, should have access to appropriate and effective in-service training and developmental supervision.

## 9 Transversal areas

Quality assurance programmes should be implemented within a developmental perspective and by an independent and objective team comprising both NGO and government personnel.

### 5.6.1 Option 1: Services to sentenced children (Reform school)

All of the elements of the secure care core model remain the same, with the following differentiators:

- Care should be taken that the total capacity of the centre, inclusive of the secure care programme and the programme for sentenced children does not exceed 120 children. E.g. 20 girls for secure care; 60 boys for secure care; 40 boys/girls in the reform school.

- In a 60-bed facility, only 1/3 (20 beds) should be utilised for the reform school programme.

- Sleeping quarters for sentenced children must be kept separate from children awaiting trial.

- Sleeping quarters for sentenced children are to be closed down during the holiday season when children visit their families.

### 5.6.2 Option 2: Diversion programme

This option includes both day and residential diversion programmes.

Children can be ordered under the Child Justice Act to be subjected to a diversion programme. Diversion programmes are divided into two levels, where level 2 applies to diversion inclusive of a residential element. Where a diversion option from level 2 is selected in respect of a child who is under the age of 14 years, the order may not exceed 24 months in duration, and if the child is 14 years or older, the order may, not exceed 48 months in duration.

In the event, that this option is implemented, all of the elements of the secure care core model remain the same, with the following differentiators:

- This programme is short term, over a fixed period.
- The programme could have a residential element or maybe a day programme.
- This programme may be presented outside of formal working hours, e.g. weekends and after hours.
- Programmes have to be structured according to set steps and must be an outcome based.
- Strict monitoring and evaluation systems need to be developed for the monitoring of the child's progress, including his or her compliance with the conditions of a diversion order.
- This programme must include an element that seeks to ensure that the child understands the impact of his or her behaviour on others, including the victim of the offence, and may include compensation or restitution.
- Children who cannot afford transport to attend the selected diversion programme should, as far as is reasonably possible, be provided with the means to do so.

## 5.7 HIGH-LEVEL NORMS AND STANDARDS

The high-level norms will be described in accordance with the following core components:

1. Legislative framework
2. Service Development
3. Organisational development
4. Resources
5. Organisational enablers
6. Services to beneficiaries
7. Ethos of services
8. Transversal areas

### 5.7.1 Legislative framework

- Compliance with legislation and policy

All residential care programmes for children should be registered with the appropriate authorities.

### 5.7.2 Service development

- Infrastructure

The infrastructure of a residential facility must be of a child-friendly nature as well as meet the elements of safety, functionality, durability and aesthetically pleasing.

- Security

Security services should create a safe environment in which children are protected from physical harm, or threat of harm, from self and others in a non-intrusive manner.

- Out-sourcing

Out-sourcing of services within secure care should be practised with the understanding that provinces retain accountability and responsibility for service provision to children in conflict with the law.



- Maintenance

The building, infrastructure and all household equipment should be maintained and kept in good working order. The landscape and gardens must be cared for, neat and aesthetically pleasing at all times.

### 5.7.3 Organisational Development

- Assessment of the Environment

This refers to any assessment of the Social Environment to identify the need for the establishment of additional secure care facilities. The statistics of children committing crimes should also be used as an indicator when assessing the environment. Provinces should determine the size and location of the secure care programme based on these statistics.

- Occupational Health Issues

The facility must comply with all occupational health legislation in the pursuance of their functions, and ensure the safety of the children.

- Community Participation

Secure care facilities should become centres where children, youth and families from the surrounding communities can access a variety of programmes and resources on a daily, weekly, or ad hoc basis.

### 5.7.4 Resources

- Human Resources

At every level, there will be appropriately trained personnel who will provide an integrated, innovative, effective, ethical and child-friendly service within a developmental culture/climate. Personnel will be committed to and model a developmental approach and they will value diversity of theory, strategies and programmes. There will be sufficient personnel at all levels; they will value and practice an inter-sectoral and team approach and because they value human resources they will give a high priority to continuous formal and informal professional and self-development.

- Professional services

Services to children must be holistic and comprehensive, and inter-sectoral collaboration must be pursued in the upholding of the children's right to education and health services and any other service that a child may need, whilst being contained.

- Management and Leadership

The programme must be managed according to business principles. The leadership of the programme must be from a team perspective but steeped in a strong management discipline.

- Stock

The centre must have adequate and appropriate stock to meet at least the basic needs of children. Children must be given sufficient food, clothing and other essentials to meet their daily living needs.

### 5.7.5 Organisational enablers

- Administration and management systems

All policies and procedures must be documented and made available to all staff members.

- Information management

For the system to be able to respond to changing needs, the state must ensure that statistics are gathered on all aspects of the system. Through analysis of such data, the system can “learn” and adapt.

#### 5.7.6 Services to beneficiaries

- Caring environment

The environment and resources at a secure care centre should be of such a nature that it provides in the basic care of children.

- Transitional Planning

All services to children must be planned, and each stage of the process of planning must add value to the development of the child. An appropriate developmental assessment must be conducted as the key to decision making, programme referral and individual planning around the young person and his/her future.

- Programmes

Secure care facilities must offer programmes that can and do meet the full range of developmental needs appropriate to the age, gender, disability and developmental phase of the young person, including emotional, physical, spiritual, intellectual, and social needs.

Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, prevention, early intervention, educational bridging, drop-in shelter, 5-day care, weekend treatment, community-family care, etc.

#### 5.7.7 Ethos of services

##### Children’s rights

The programme must be rights-based and at all times, all children must be made aware of their rights and responsibilities within the programme, in a manner and form which takes into account their age, capacity and linguistic heritage.

#### 5.7.8 Transversal areas

- Monitoring and Evaluation

All programmes and activities must be monitored effectively and are essential for measuring the success of service provision. This will assist service providers at all levels to manage their programmes and activities better by providing timely feedback on whether or not services provided respond to the needs of clients, and whether they are consistent with the overall realisation of the objectives of the facility. The feedback provided can be used to improve current operations and to provide the basis for future strategic planning.

## 5.8 VALUE ADDING PROCESSES

Children in conflict with the law go through a variety of processes before their admission to secure care centres. These different processes are also handled by various service providers. Following is a description of the entire process as well as an indication of the responsible service provider.

### 5.8.1 The Child Justice Process

In the South African criminal justice system, young people who are arrested on charges go from this contact with the system into a chain of events leading to a conviction. The process can be explained as follows:

- Children suspected of committing an offence

The first opportunity for intervention comes when the child first comes into contact with the police. Where police official has reason to believe that a child suspected of having committed an offence is under the age of 10 years, he or she may not arrest the child, and must immediately hand the child over to his or her parents or an appropriate adult or a guardian, or if it is not in the best interests of the child to a suitable child and youth care centre. The probation officer must immediately be notified.

If the child is suspected of committing a schedule 1 offence, the matter can be referred to the prosecutor who will decide whether diversion is appropriate. If the child is suspected of committing a schedule 2 or 3 offence, the child should attend a preliminary inquiry. The methods of securing the attendance of a child at a preliminary inquiry are:

1. A written notice.
2. A summons.
3. Arrest.

The child must appear for the first time at a preliminary inquiry within 48 hours after

arrest.

- Custody during the first 24 or 48 hours

The general principle regarding custody in the period following arrest is that wherever possible the child should be released into the care of his or her parent or guardian and be allowed to return home.

When considering the release or detention of a child who has been arrested, preference must be given to releasing the child before his/her first appearance at a preliminary inquiry. A police official must, where appropriate, release a child on written notice into the care of a parent, an appropriate adult or guardian.

A police official who releases a child from detention and places the child in the care of a parent or an appropriate adult or guardian, must, at the time of the release of the child, hand to the child and to the person into whose care the child is released, a written notice to appear at a preliminary inquiry.

- Assessment

Every child who is alleged to have committed an offence must be assessed by a probation officer unless an assessment has been dispensed with. Developmental Assessment is a fundamental component of the early intervention phase.

The probation officer must complete an assessment report with recommendations on the following issues:

1. The possible referral of the matter to a children's court.
2. The appropriateness of diversion, including a particular diversion service provider and a particular diversion option.
3. The possible release of the child into the care of a parent, an appropriate adult or guardian or on his or her own recognisance.
4. If it is likely that the child could be detained after the first appearance at the preliminary inquiry, the placement of the child in a specified child and youth care centre or prison.



5. In the case of a child under the age of 10 years, establish what measures need to be taken.
  6. The possible criminal capacity of the child if the child is 10 years or older but under the age of 14 years, as well as measures to be taken to prove criminal capacity.
  7. Whether a further and more detailed assessment of the child is required to consider the circumstances.
- An estimation of the age of the child if this is uncertain.

### Preliminary Inquiry

If during a preliminary inquiry or proceedings before a child justice court, the age of a child at the time of the commission of the alleged offence is uncertain, the presiding officer must determine the age of the child.

A preliminary inquiry is an informal pre-trial procedure that is inquisitorial by nature and may be held in a court or any other suitable place. The objectives of a preliminary inquiry are to:

1. Consider the assessment report of the probation officer.
2. Establish whether the matter can be diverted before plea.
3. Identify a suitable diversion option, where applicable.
4. Establish whether the matter should be referred to a children's court.
5. Ensure that all available information relevant to the child, his or her circumstances and the offence are considered to decide on diversion and placement of the child.
6. Ensure that the views of all persons present are considered before a decision is taken.
7. Encourage the participation of the child and his or her parent, an appropriate adult or a guardian in decisions concerning the child.
8. Determine the release or placement of a child.

A preliminary inquiry must be held in respect of every child who is alleged to have committed an offence, except where the matter has been diverted by a prosecutor, the child is under the age of 10 years or the matter has been withdrawn. The preliminary inquiry must be held within 48 hours of arrest if a child is arrested and remains in detention.

The preliminary inquiry is a multi-disciplinary process. The decisions should not be taken by one person alone. Besides the police representative, prosecutor, probation officer, the young person and his or her parent or guardian, lay or community participation is recommended. Where possible the victim should be consulted in keeping with the principles of restorative justice. All decisions should be monitored to ensure consistency, accountability and effectiveness.

#### • Diversion

In line with the UN Convention on the Rights of the Child, the Beijing Rules and other international instruments, young people should be diverted from the criminal justice system into programmes where this is appropriate. All cases should be considered for diversion. Diversion is the channelling of prima facie cases away from the criminal justice system on certain conditions. These conditions are usually the participation in particular programmes and/or reparation where possible.

At present diversion, services are rendered by NGO's and Departments of Social Development in the provinces.

Currently, the decision to allow for diversion is made by the public prosecutor or inquiry magistrate.

When making a diversion order, the magistrate, inquiry magistrate or child justice court must identify a probation officer or other suitable person to monitor the child's compliance with the diversion order.

- Children's Court inquiry

The Children's Court should be central to the issue of Youth Justice. At assessment, it will become clear if a child requires care and protection, and such children should be referred to the Children's Court.

- Custody whilst awaiting trial

There are circumstances where the release of a child is not immediately possible or not possible at all. When it becomes clear that the child has no parent or guardian or that such parent or guardian is unable or unwilling to take custody of the child, and this situation is unlikely to change, a decision will have to be taken regarding the most appropriate place for him or her to be held during the awaiting trial period. Taking into account the age of the child, his or her particular needs and the seriousness of the alleged offence, a decision must be taken regarding whether secure care is necessary. Consideration must also be given to the ability of the family to visit the young person during the awaiting trial period.

The decision to hold a young person in custody, even in a secure care facility must be regularly reviewed by the presiding officer of the case, as circumstances may change. A presiding officer may also order the detention of a child in a prison, if:

1. A bail application has been postponed or refused or bail has been granted but one or more conditions have not been complied with.
2. The child is 14 years or older.
3. The child is accused of having committed an offence referred to in Schedule
4. The detention is necessary for the interests of the administration of justice or the safety or protection of the public or the child or another child in detention.
5. There is a likelihood that the child if convicted, could be sentenced to imprisonment.

Where a child has been or is to be detained and placed in a child and youth care centre or prison, the presiding officer at a preliminary inquiry or child justice court must at every subsequent appearance of the child determine whether or not the detention remains necessary and appropriate.

- Custody in a Secure Care facility

It is the responsibility of the secure care facility to provide daily care and supervision to children ordered into their custody.

Upon arrival at the specific secure care centre, the child will be designated to his/her living quarters by a social worker or child and youth care worker. The social worker and care worker must assist the child in adjusting to the new environment. The child will also be issued with the relevant clothing and toiletries.

The child will be expected to attend an orientation programme. The orientation programme provides the following information:

1. Who their case manager is and information on access to the case manager.
2. Information regarding the centre's expectations.
3. Information regarding the centre rules, their rights, their responsibilities and resources available. (4 Rs)
4. Information on routines of the centre.
5. Information regarding their present placement and the plan for their immediate future.

Children in need of health care, mental health care and occupational therapy will be assessed by the relevant professional and receive the appropriate therapy.

The social worker must ensure that there is continuity of services and must conduct a developmental assessment, as part of the multi-disciplinary team, and develop a care plan and individual development plan. Individual and group therapy, by the social worker, child and youth

care worker, psychologist, occupational therapist and nursing staff is based on these plans. The plans must be reviewed regularly. It is of utmost importance that there is an ongoing interface between the residential care facility and the probation officer. The probation officer must remain in contact with the child, his/her family and the secure care centre. The probation officer, therefore, forms part of the multi-disciplinary team and should attend the reviews of the care plan.

The children will also be exposed to educational-, recreational-, sport-, religious- and cultural programmes.

- Trial in Child Justice Court

Any child whose matter has been referred to the child justice court must appear before a court with the requisite jurisdiction. A child justice court must apply the relevant provisions of the Criminal Procedure Act relating to plea and trial of accused persons.

- Sentencing

A child justice court imposing a sentence must request a pre-sentence report prepared by a probation officer before the imposition of sentence.

The following sentencing options can be imposed:

1. Community-based sentences - A community-based sentence is a sentence that allows a child to remain in the community.
2. Restorative Justice Sentences – A child justice court that convicts a child of an offence may refer the matter to a family group conference, for victim-offender mediation, or to any other restorative justice process which is under the definition of restorative justice.
3. Fine or alternatives to fine.

4. Sentences involving correctional supervision.
5. Sentence of compulsory residence in child and youth care centre – This sentence may be imposed for a period not exceeding five years or for a period that may not exceed the date on which the child turns 21 years of age.
6. Sentence of imprisonment.
7. Postponement or suspension of the passing of sentence.

- Sentenced to a Child and Youth Care Centre

It is the responsibility of the secure care centre to provide daily care and supervision to children ordered into their custody.

Upon arrival at the specific secure care centre, the child will be designated to his/her living quarters by a social worker or child and youth care worker. The social worker and care worker must assist the child in adjusting to the new environment. The child will also be issued with the relevant clothing and toiletries.

The child will be expected to attend an orientation programme. The orientation programme provides the following information:

1. Who their case manager is and information on access to the case manager.
2. Information regarding the centre's expectations.
3. Information regarding the centre rules, their rights, their responsibilities and resources available. (4 Rs)
4. Information on routines of the centre.
5. Information regarding their present placement and the plan for their immediate future.

Children in need of health care, mental health care and occupational therapy will be assessed by the relevant professional and receive the appropriate therapy.

The social worker must ensure that there is continuity of services and must conduct a developmental assessment, as part of the multi-disciplinary team, and develop a care plan and individual development plan. Individual and group therapy, by the social worker, child and youth care worker, psychologist, occupational therapist and nursing staff, is based on these plans. The plans must be reviewed regularly.

It is of utmost importance that there is an ongoing interface between the residential care facility and the external social worker. The social worker must remain in contact with the child, his/her family and the centre. The role of the external social worker is to render reconstruction services to the family to ensure that the family is ready to receive the child back into their care.

The children will also be exposed to educational-, recreational-, sport-, religious- and cultural programmes.

The process map is attached as Annexure 3.

#### 5.8.2 Specific roles and responsibilities of service providers

##### 1. Investigating officer

- Inform child of his/her rights
- Transport the child to the police station where he/she.
- Formally charge child
- Inform Parent about child's arrest immediately and ask for proof of age.
- Inform the probation officer.
- If the child appears to have been injured take the child for medical attention immediately.
- If the child has no proof of age, the child has to be taken to the district surgeon for assessment.

##### 2. Probation officer

- Conduct assessment of child at court and draft report

- Locate appropriate placement for the child
- Present report to the court
- Forward the assessment report to the Centre (before the admission of the child).
- Attend review of the Individual Development Plan.

##### 2. Social worker (Centre)

- Admission of a child to the Centre to assist the child in adjusting to the new environment.
- Orientation of the child in terms of (within 24 hours of admission)
  - o Orientation regarding the centre
  - o Centre rules
  - o Their rights and responsibilities
  - o Resources available
  - o Plan for their immediate future
- Initial assessment
  - o Explain the role of the Social Worker to the Child
  - o Determine the child's background
- Inform the family about the child's whereabouts if possible allows the child to talk to the parent/guardian.
- Compile and IDP with other relevant role players
  - o Convene an MDT session.
  - o Determine the relevant program to be followed.
  - o Implementation and monitoring of the program (progress and Process notes).
  - o Individual counselling
  - o As per request and circumstances.
  - o Keep process, progress note and case review report
- Facilitate group work
  - o Plan and facilitate group work sessions such as Life Skills, Anger Management etc.
- Facilitate Family Group Conferences
  - o Plan and facilitate FGC
- Outreach Programs/Awareness Program

- Attend forum meetings
- Link/refer the child to other resources such as Legal Aid.
- Home visit/Cell visit
- After Care services
- Pre and Post court counselling
- Court appearances as guardian or character witness.
- Participate in unit meeting
- Capacity building
- Administrative duties
- Send a progress report to the Probation officer with recommendations.
- Disengagement - Children are provided with sufficient information regarding their immediate future, their next placement, or the next step in their Care Plan.

### 3. Child care workers

- Reception and admission of a child to the dormitory to assist the child in adjusting to the new environment.
  - o Verification of documents: J7, Body receipts, Assessment report, Birth Certificates etc
  - o Attend to immediate needs. E.g. food, bath, clothing.
  - o Room allocation.
  - o Observation and logging.
  - o Record admission in occurrence book and registers.
  - o Make telephonic contact with the child's family. ( Inform them about child's admission)
    - Orientation of the child to the centre.
      - o Explain what to expect- how the centre is run.
    - Assessment and IDP
      - o Attend the review of the IDP and Care Plan.
      - o 4-6 weeks after admission Care worker to compile a report on his/her observation and present this to the MD team.
    - Observation and logging (Child must be allocated to a specific care worker)
      - o Continuous observation and logging.

- o Supervision of and daily care of children.
- o Ensure that the child is safe at all times.
- o Supervision and monitoring the behaviour, movement, and participation of a child in programs.
- o Escort Child to external services.e.g. hospital, Psychologists etc
- o Allocate clothing and toiletries regularly.
- o Organize Family visits and contacts.
- o Coordinate disengagement activities. E.g. Farewell parties.
- o Individual interviews with children under their IDP.
- o Group sessions with children with similar needs under their IDP.
- o Coordinate recreational (sport, art, play) programmes with children.
- o Monitoring and reporting on damages, loss and all reportable incidents. E.g. Sodomy.
- o The Control Care worker (Chief Care Worker) must refer some cases to the Social Worker.
- Provide basic counselling to a child.
- Preparation for the court appearance. ( Emotionally, Physically, Prepare food, prepare clothes etc)
- Provide daily care of children.
- Disengagement

### 4. Doctor

- Medical assessment of all children within 24 hours of admission.
- Treatment of children if needed.
- Attend the review of the IDP and Care Plan.

5. Psychologist
  - Psychological assessment of child within 72 hours if needed.
  - Attend the review of the IDP and Care Plan.
6. Occupational therapist
  - Assessment of children presenting with developmental blockages.
  - Individual therapy for children if needed.
  - Attend the review of the IDP and Care Plan.
7. Educators
  - Provide education including vocational training to all children.
  - Attend the review of the IDP and Care Plan.

## 5.9 Out-sourcing

The management of secure care programmes has traditionally been one of the functions that have been performed by the state only. However, since the crisis in this service (1994), this service has been out-sourced.

An out-sourcing strategy should be developed with a plan to guide the process of outsourcing and retrieval after an agreed-upon period-of-time.

The outsourcing strategy will provide, guidance in terms of:

- the period for which a provincial department can outsource the service;
- the type of capacity and systems needed to take over the management of a provincial secure care programme;
- The period needed to build this capacity; and
- The process for retrieval of the programme from the service provider.

Out-sourcing is an acceptable practice in the public service. Out-sourcing is sub-contracting a service to a third party to deliver the service. The decision to, out-source is often made in the interest of lowering cost or making better use of time and energy, or lack of special knowledge and expertise within the organisation, and obtaining operational efficiency.

The intention of out-sourcing is not to permanently relinquish this function. Outsourcing has to be time-bound and should not be seen as a permanent option for the delivery of a service.

Within this context, more and more secure care programmes are currently being outsourced. Whilst the rationale for out-sourcing the secure care programme is understood, the critical dimension of retrieval is not being considered by the provincial departments. There is a pervasive misunderstanding that once a service is out-sourced it should remain out-sourced.

In addition to this paradigm, no two provinces have the same approach to out-sourcing services within secure care. This results in an outsourced programme having many anomalies and very little synergy. The blueprint addresses these anomalies with outsourced services within secure care in provinces.

## 6 IMPLEMENTATION OF BLUEPRINT

### 6.1 IMPLEMENTATION FRAMEWORK

The key deliverables of this blueprint are contained in the implementation framework. The framework includes high-level strategies based on the priorities that have been identified in the development of the blueprint.



Priority Area 1-Costing of the Blueprint  
 Priority Area 2-Communicate the Blueprint  
 Priority Area 3-A Strategy for the Blueprint  
 Priority Area 4-Organisational Development  
 Priority Area 5-Capacity building for the Blueprint  
 Priority Area 6-Transformation of Reform School  
 Priority Area 7-Outsourcing

These priorities need to be consulted on, accepted and refined. Once these strategies have been accepted, then the national plan can be developed. However, this programme is part of the Children's Act 38/2005 and therefore must be aligned with the end-result statements outlined in the Monitoring and Evaluation System that has been developed for the specific purpose of Evaluating the Act.

Once this is done, the provinces can develop their own provincial specific implementation plans.

However, whilst the same programmes take place at a provincial level, there is no clear person responsible for this programme. There are coordinators for probation services, and as we have found out, are not responsible for coordinating the service at secure care facilities. This will have to be managed to ensure the implementation of the blueprint.

Three critical issues that are key to the monitoring and evaluation process are that the activities are the responsibility of groups and role-players. Therefore responsibility and accountability are identified before implementation can take place. The activities then become the responsibility of the accountable person. The strategies and activities must form part of the individual's operational plan, therefore it is their responsibility to identify these activities. This does allow one to measure the value realisation of the project at any point in time. And lastly having a deliverable identified will allow the department to track the activities by the milestones and targets.

The Programme Manager must be appointed by the Department to oversee the implementation of the blueprint. She/he must develop a

business case to be used for the measurement of value versus the blueprint versus the time frame. She/He will also be responsible for the coordination and integration of all role-players.

Project Managers are then appointed by their Principals in conjunction with the Programme Manager after consultation with the key owners of the processes.

Each province must identify the position that will take the responsibility to manage the implementation of the blueprint. They will be responsible for the implementation of their designated programmes in line with the project plan. They must be supported by their team members centres.

The Programme Manager together with the designated project managers will form the project team. Each of the project team members will be responsible for a deliverable or a set of deliverables.

The deliverable must be incorporated into the individual performance plans and consolidated into the annual performance plan of the Department.

Reporting to the project team will take place monthly and the Annual Performance plan, every quarter.

The coordinator will repeat the process at a provincial level and implement the project at that level following the same process outlined.

As this project was guided by the forum for Secure Care facilities, it is suggested that it become the steering committee and the reports be made to this committee.

## 7. MONITORING AND EVALUATION

To monitor and evaluate the blueprint, a project management methodology is suggested. Project management is defined as “a complex effort to achieve a specific objective within a schedule and budget that typically cuts across organisational lines, is unique and is not normally repetitive”. (Cleland and King 1983)

Project management allows one to plan, organise, control and lead activities so that the project is completed successfully despite the difficulties and risks. Furthermore, the discipline allows one to foresee and predict as many of the changes and problems in a project as possible. The blueprint needs such a discipline that allows one to track continuously. With the advent of technology, the tracking of projects and therefore the management of complex problems is made much easier. A project plan to monitor the implementation of the blueprint will be developed as part of the finalization of this project.

## 8. CONCLUSION

The blueprint attempts to provide an important tool that can be utilised to guide the implementation of a comprehensive model for secure care in South Africa. There has been a major improvement in the care and protection of children awaiting trial, and large amounts of resources have been made available for this purpose. The Department of Social Development and its provincial counterparts have made the service more accessible to many more children.

Huge strides have been made since 2000, in transforming the service, but as a Country, many areas still need improvement. The accommodation in, most cases cannot be faulted, the care in terms of meeting basic needs has improved. However, the actual provision of services is not in accordance with the ethos of service delivery, the principles and rights of children.

Furthermore, the programme is currently not effective and efficient and geared towards the developmental needs of children awaiting trial.

The blueprint should be seen as the second phase of the transformation process. It clearly defines the concept of secure care in South Africa for all role-players to have the same understanding, as well as translate the mandate of the Department in terms of international instruments, legislation and policy in a coherent manner. It outlines the fundamentals that need to be in place when a secure care programme is planned. The blueprint goes as far as putting down the dimensions for both the buildings and the site necessary for the building of such a programme. It also puts forward the norms and standards that will monitor and evaluate service delivery much easier. It is therefore important to use this document as the basis for the further transformation, standardisation and improvement of services to children contained in secure care centres.

The challenge however lies in the implementation and will of the leadership to make the programme a success.

## 9. APPENDICES

9.1. APPENDIX 1: Movement of Children within the Centre

9.2. APPENDIX 2: Proposed organisational structure

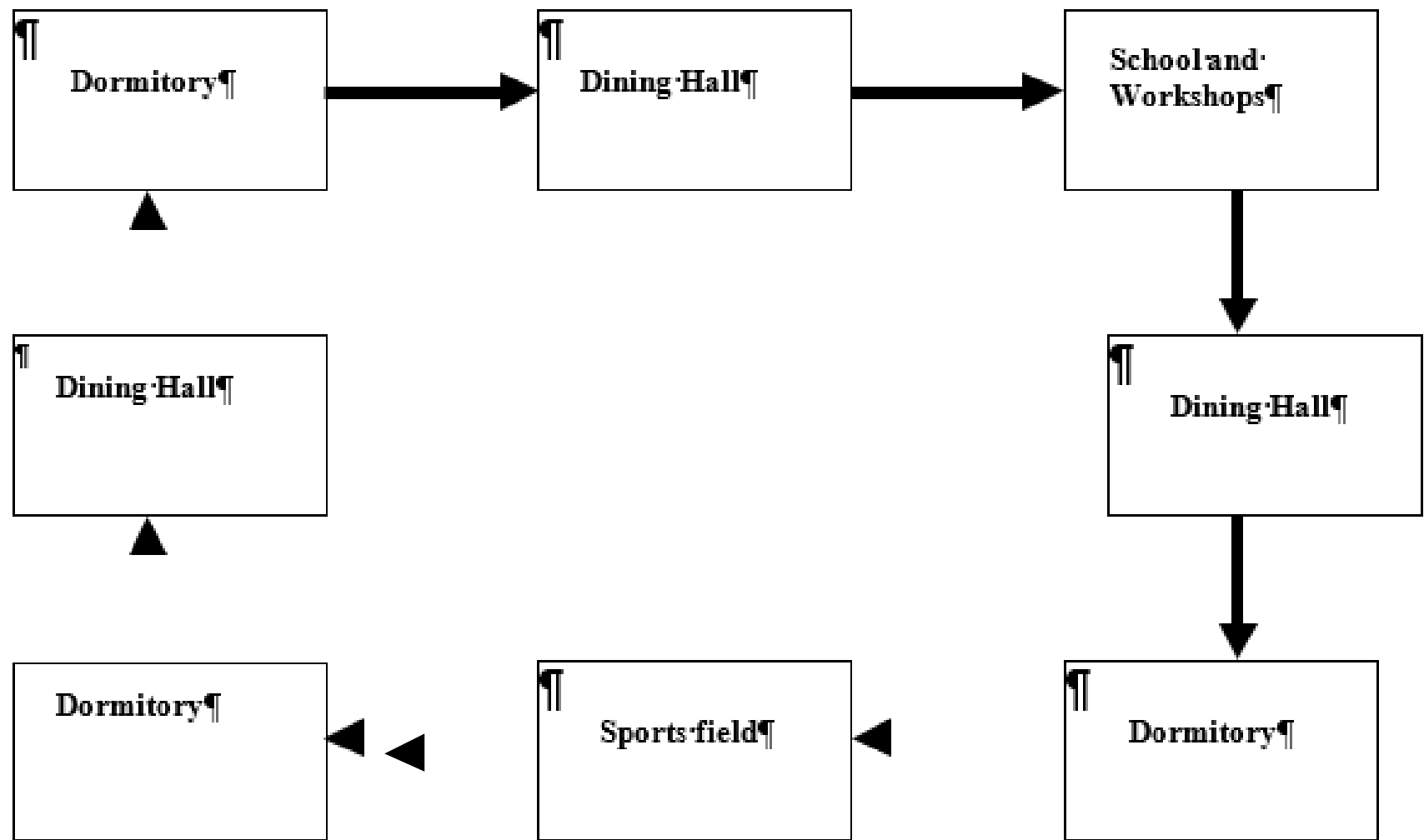
9.3. APPENDIX 3: Proforma organogram

9.4. APPENDIX 4: Child Justice Process map

9.5. APPENDIX 5: National Office Chief Directorate Organogram

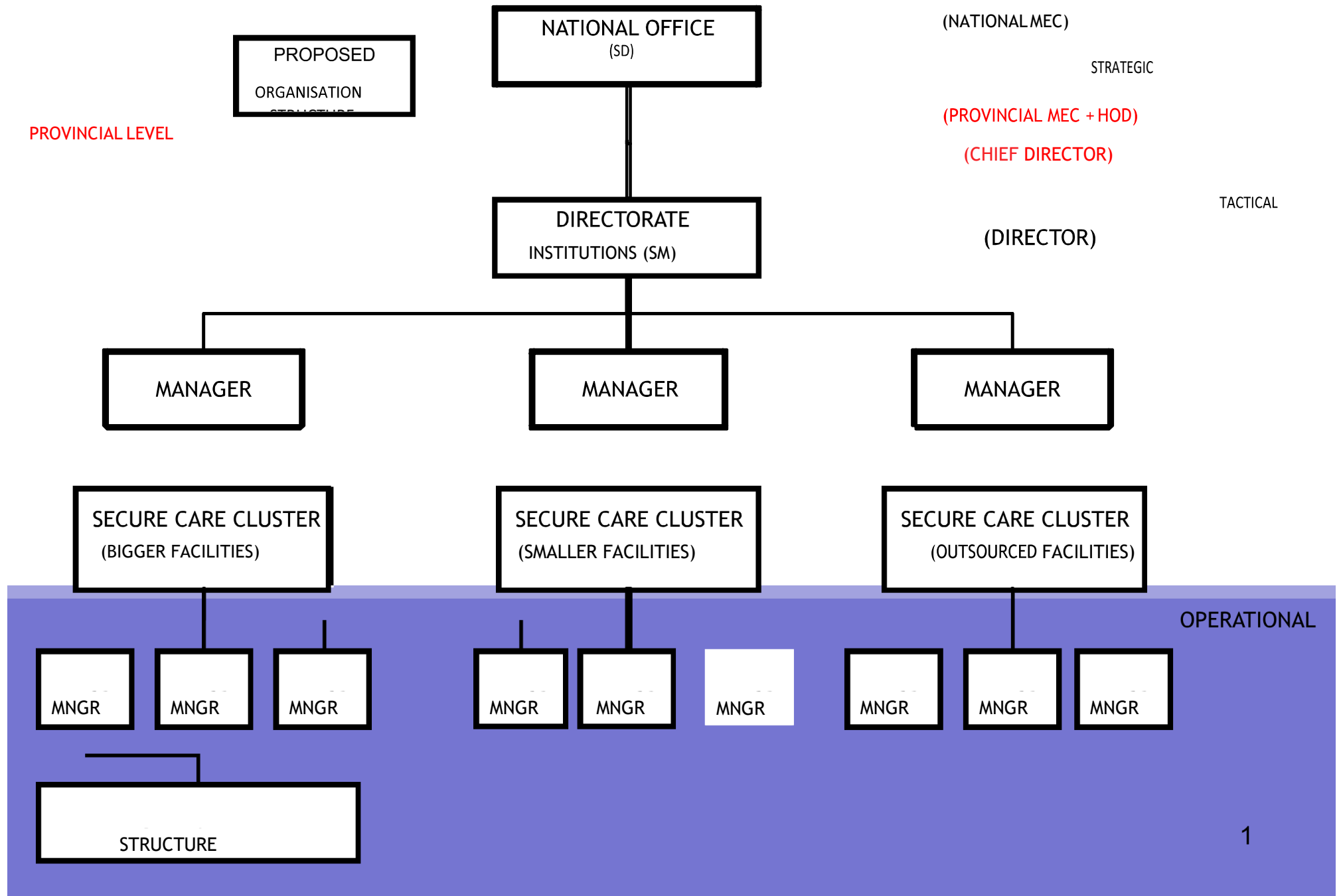


APPENDIX 1: Movement of Children within the Centre

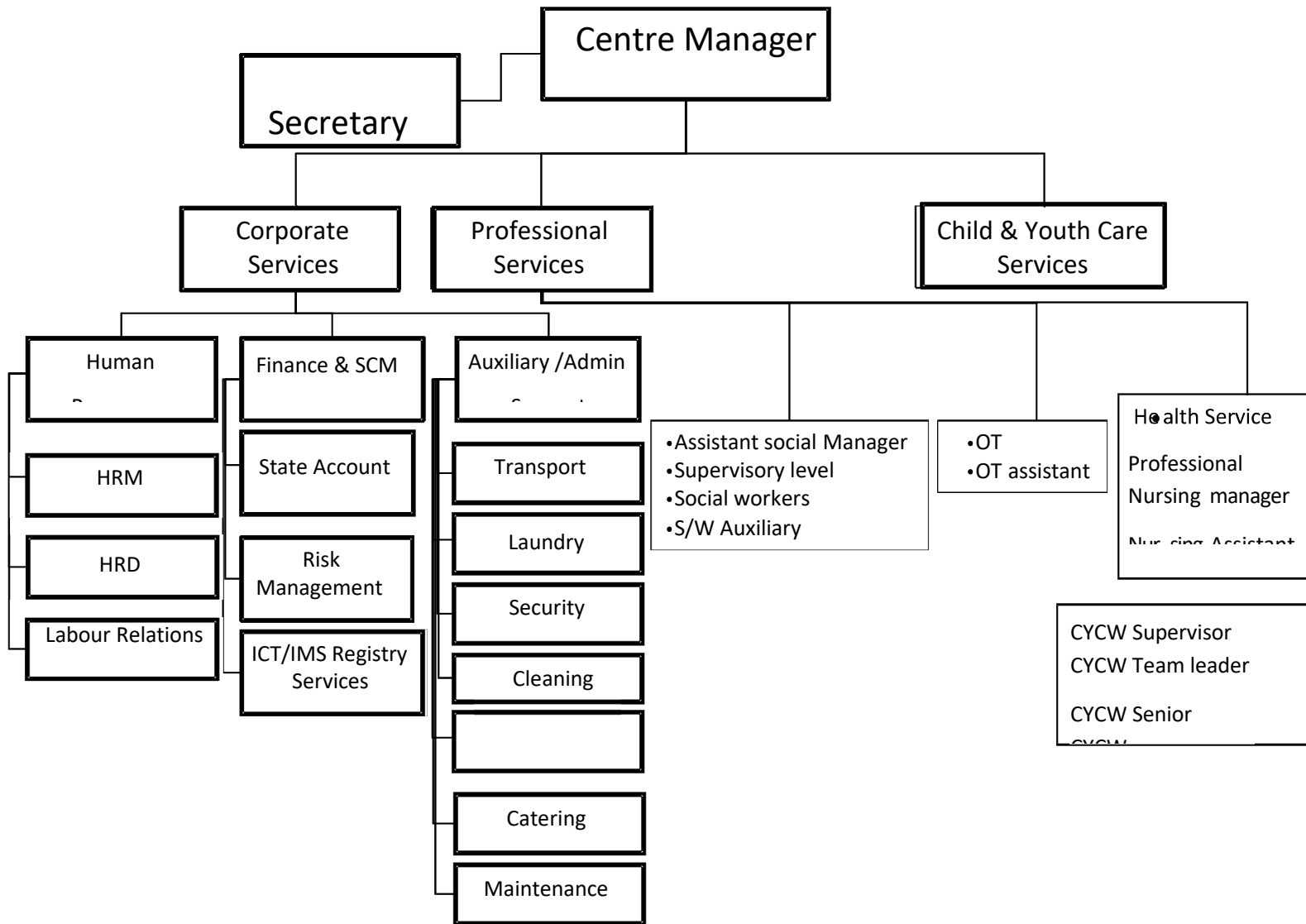


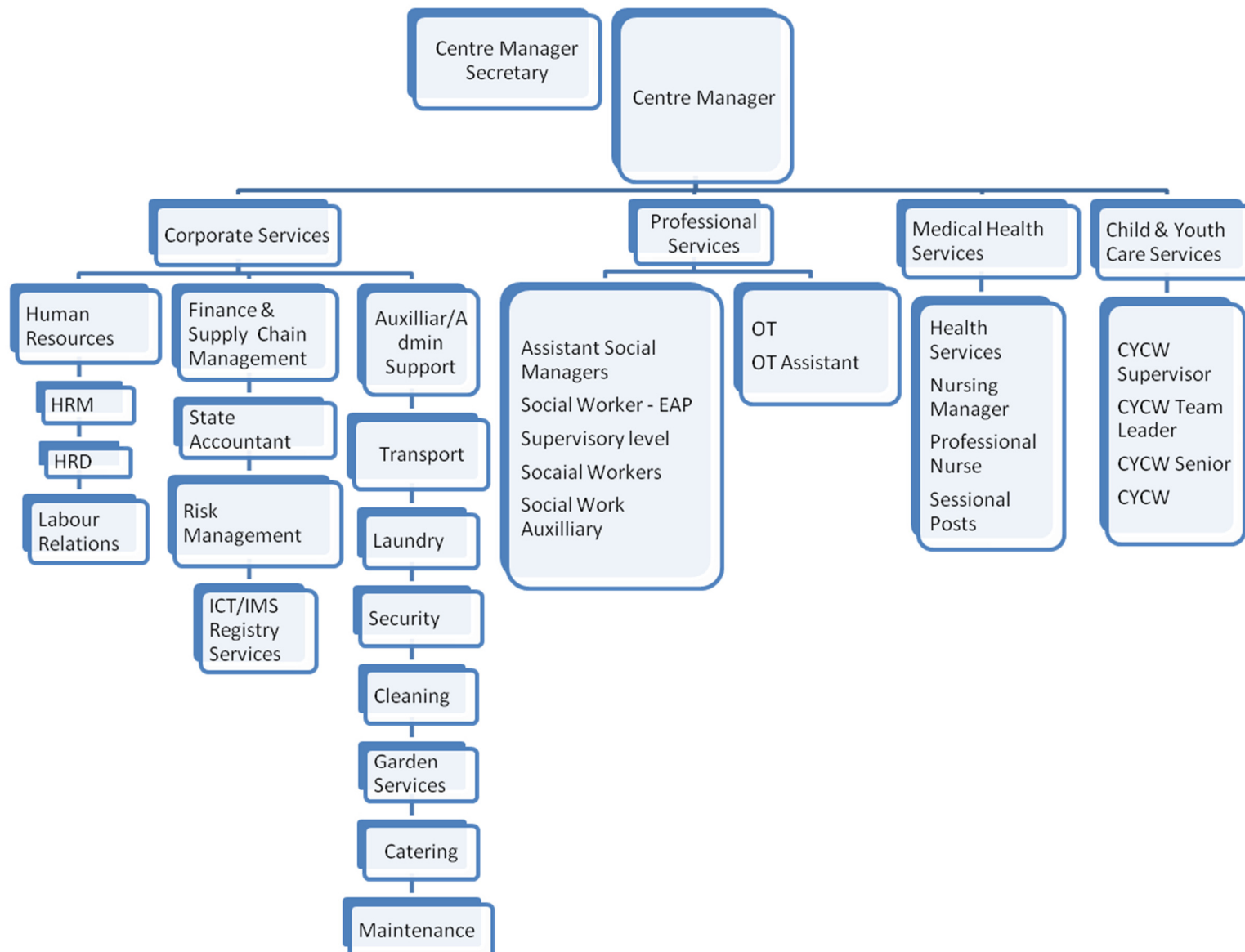


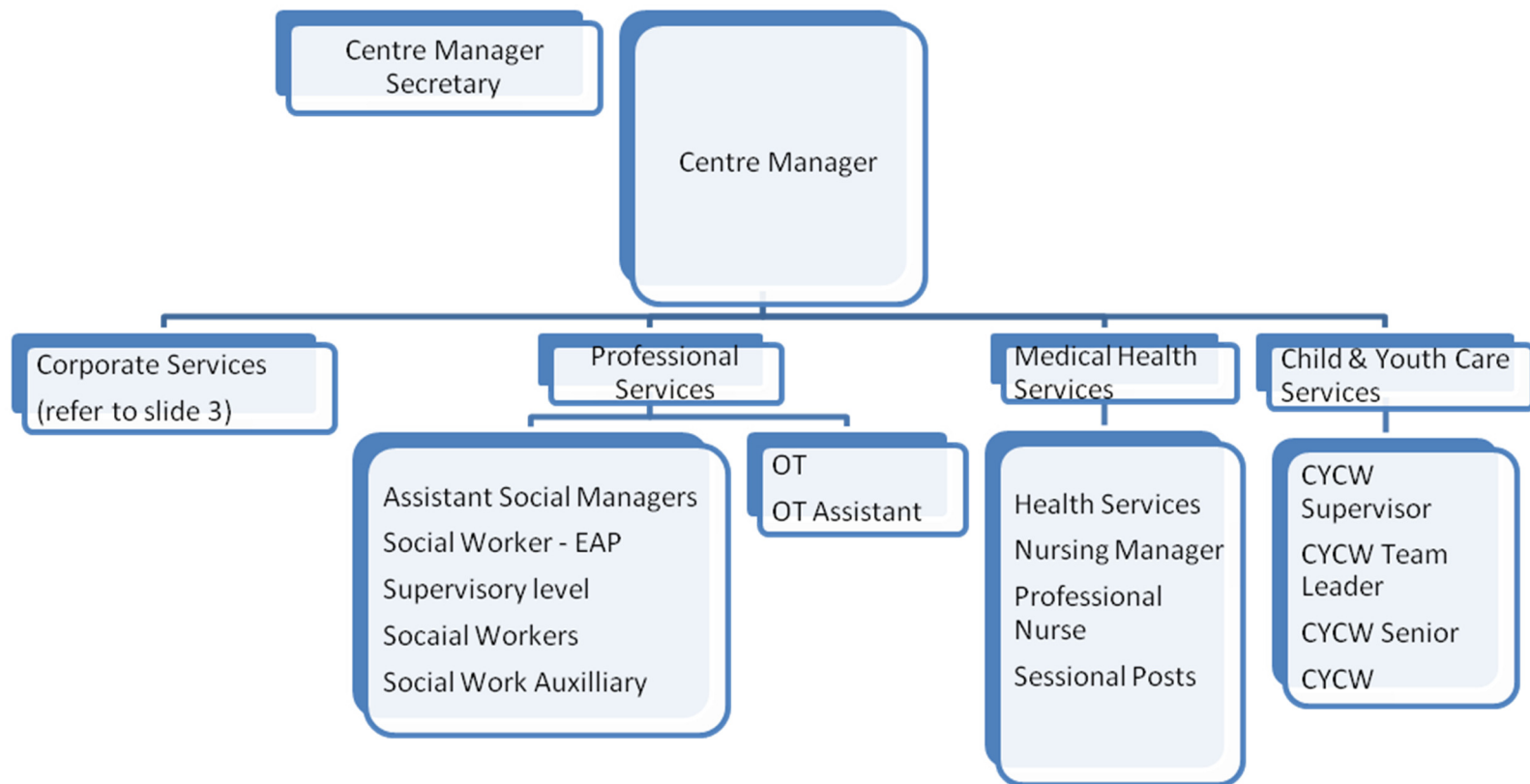
## APPENDIX 2: Proposed organisational structure

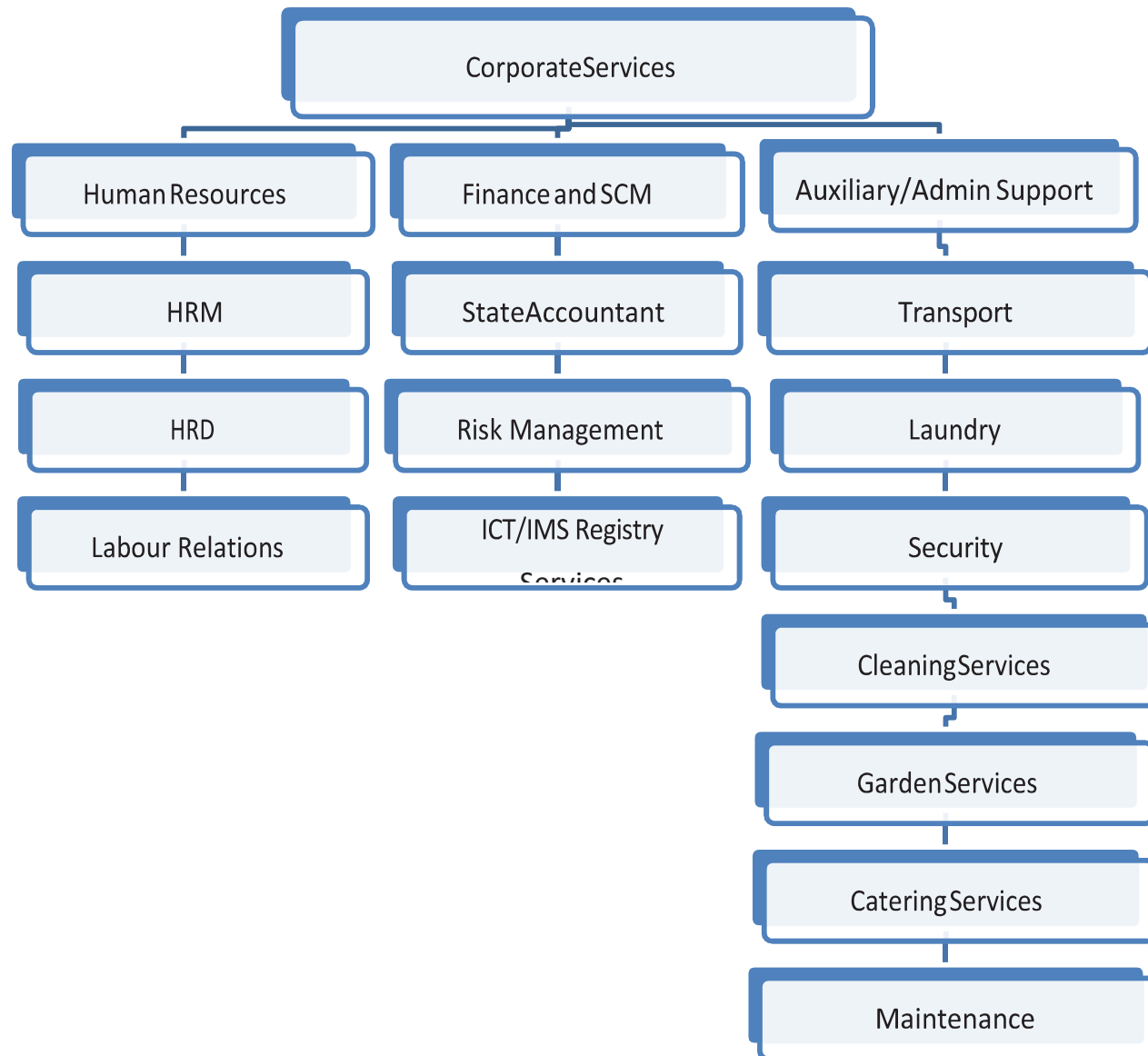


## APPENDIX 3: Proforma organogram

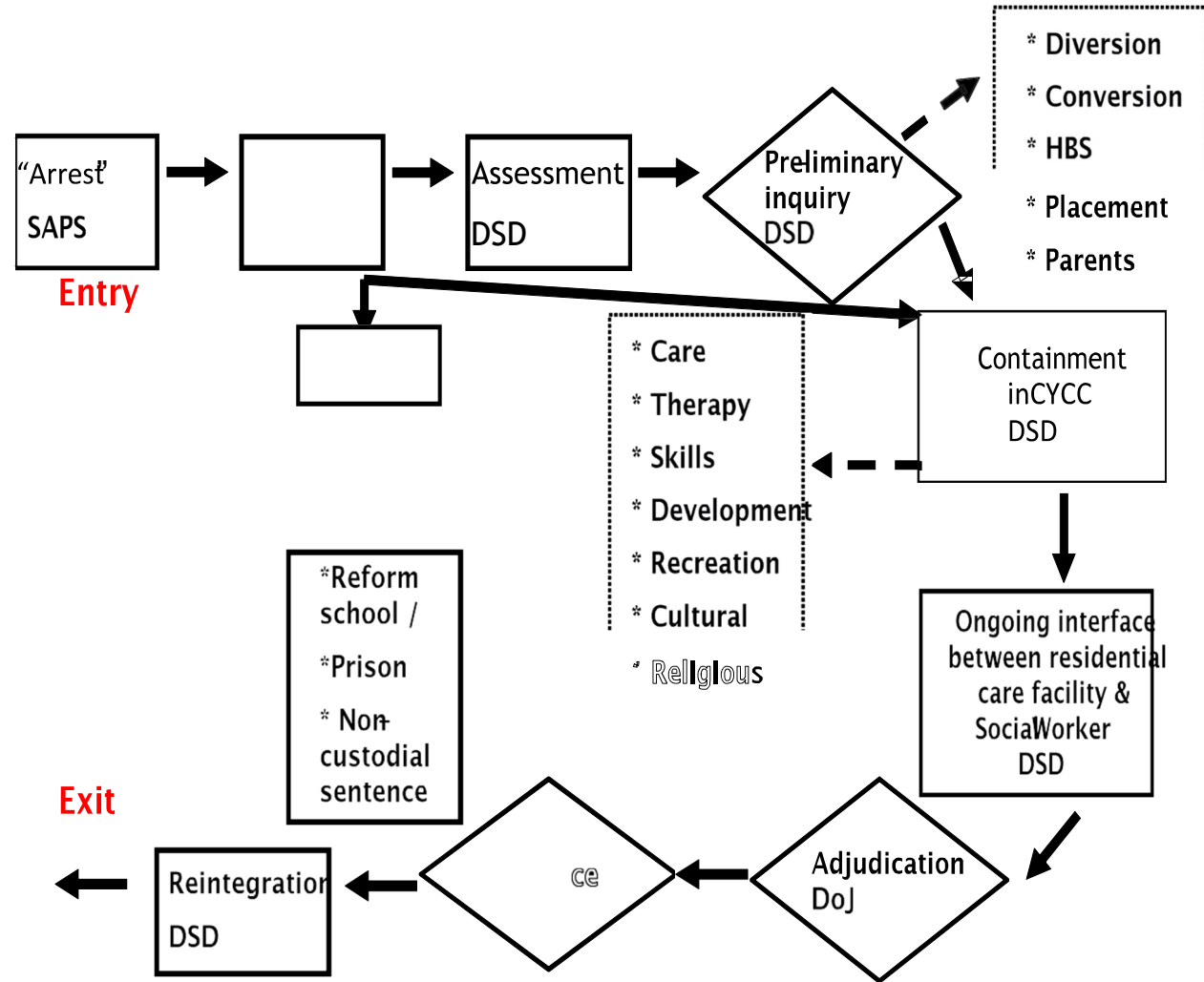






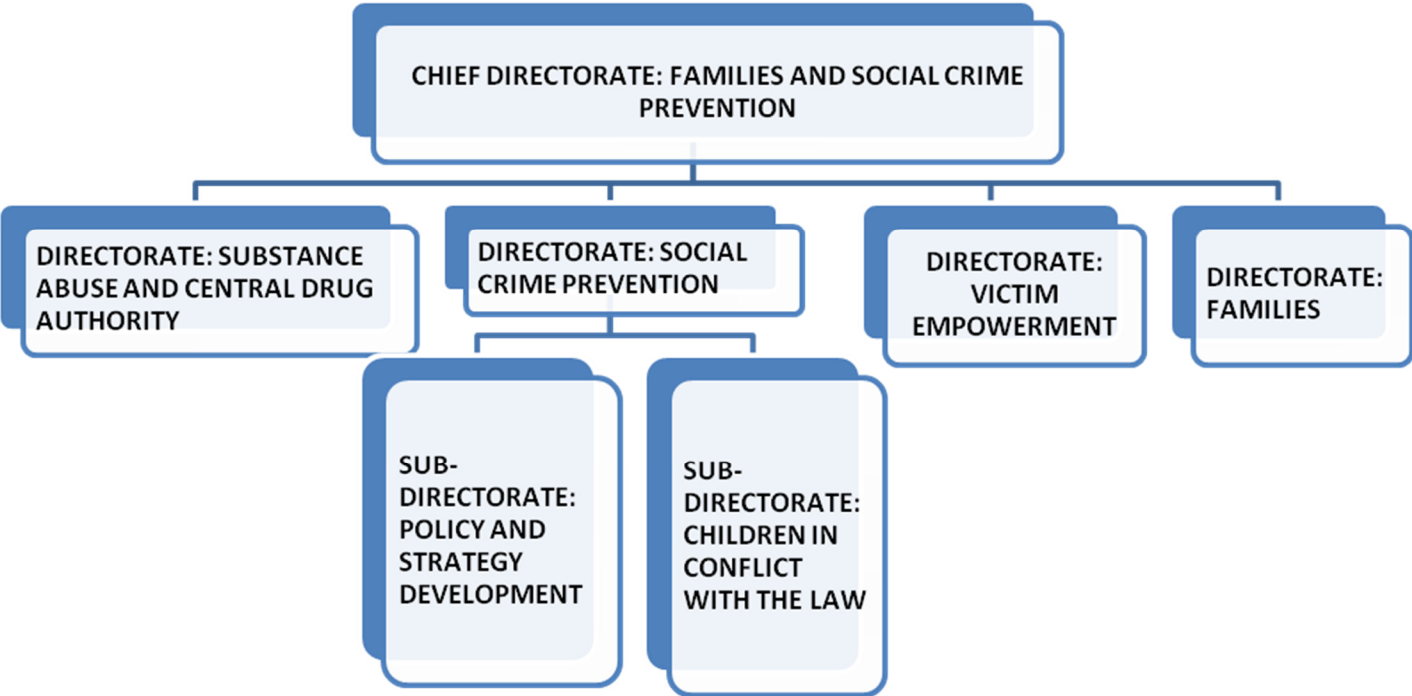


## APPENDIX 4: Child Justice Process map





APPENDIX 5: National Office Chief Directorate Organogram



## PART THREE Minimum norms and standards with practise guidelines for Child and Youth Care Facilities/Secure care

The norms and standards for practice, as identified in the Norms and Standards for Developmental Social Welfare Services, are considered to be relevant unless otherwise stated.

### Legislative framework

#### 1. Compliance with legislation and policy

All residential care programmers for children should be registered with the appropriate authorities.

#### Norms and standards

Ref No	Norms	Reference	Standards
1.1	All secure care programmes should comply with applicable legislation.	Children's Act (No 38 of 2005)	All secure care programmes should be registered under section 197 of the Children's Act (No 38 of 2005) as amended.
1.2	The facility must comply with the prescribed policy (Blueprint).	Informed by practice and consultation at workshops	<ul style="list-style-type: none"><li>• The facility must comply with the elements of the Blueprint.</li><li>• The facility must comply with the Norms and Standards as determined by the National Department of Social Development.</li></ul>
1.3	The facility must comply with the Health and Safety Act.	Informed by practice and consultation at workshops	<p>All the areas identified by the Health and Safety Act are in place, i.e.</p> <ul style="list-style-type: none"><li>• Emergency plans</li><li>• Fire-exits</li><li>• Availability of fire extinguishers and hoses</li><li>• Appointment of Health and Safety officers</li><li>• Availability of first-aid kits</li><li>• Personnel are trained in first-aid</li><li>• Universal precautions are upheld</li><li>• Pool safety</li><li>• Pest control</li><li>• Refuse disposal</li></ul>
1.4	All secure care facilities must comply with design principles.	Informed by practice and consultation at workshops	All secure care centres are built according to the specifications.
1.5	The service provided at secure care centres must be aligned to the Disability Policy.	Constitutional Imperative Disability White Paper	The Centre is equipped to manage disabled children and staff.

## Practice guidelines

Ref No	Norms	Reference	Standards
1.1	All secure care programmes should comply with applicable legislation.	<ul style="list-style-type: none"> <li>Develop prescribed registration format and the system for registration.</li> <li>Ensure that the provinces register the secure care programmes.</li> <li>The register to reflect the profile of the centres and the programmes available.</li> <li>Maintain the database for registered secure care programmes.</li> <li>Annually update the database for registered secure care programmes.</li> </ul>	<ul style="list-style-type: none"> <li>Application for registration or renewal of registration in terms of section 196(4) must be completed on Form 48.</li> <li>An application should be lodged with the Provincial Head of Social Development in terms of section 199.</li> <li>Follow up progress on the application every 6 months with the provincial office.</li> <li>The registration certificate must be displayed within the centre.</li> <li>Any change in the circumstance of a secure care facility (e.g. change in capacity) must be reported to the provincial office of Social Development and the registration certificate amended.</li> </ul>
1.2	The facility must comply with the prescribed policy (Blueprint).	<ul style="list-style-type: none"> <li>Prescribe policy (Blueprint)</li> <li>Develop a system to ensure compliance with the norms and standards.</li> <li>Develop a strategic plan and implementation plan according to priority areas and timeframes.</li> <li>Communicate the policy to provinces.</li> <li>Monitoring and evaluation of the implementation of the policy.</li> <li>Develop a costing model for secure care facility.</li> <li>Provide support to each province during the implementation process.</li> </ul>	<ul style="list-style-type: none"> <li>Every secure care facility must determine whether they are in line with the Blueprint.</li> <li>Develop a plan of action to ensure alignment to Blueprint.</li> <li>Every secure care centre must determine whether they are in line with the Norms and Standards.</li> <li>Develop a strategy to ensure alignment with the norms and standards.</li> <li>Develop a plan of action to ensure alignment to norms and standards.</li> </ul>
1.3	The facility must comply with the Health and Safety Act.	<ul style="list-style-type: none"> <li>Identify applicable sections for a secure care facility in the Health and Safety Act.</li> <li>Prescribe the minimum Health and Safety compliance for secure care centres.</li> </ul>	<ul style="list-style-type: none"> <li>Every secure care facility must determine whether they are in line with the minimum Health and Safety prescriptions.</li> <li>Develop a plan of action to ensure alignment to the Health and Safety Act.</li> </ul>

1.4	All secure care facilities must comply with design principles.	<ul style="list-style-type: none"> <li>• Design principles must be prescribed by the strategic planning directorate of the national department of social development.</li> <li>• The National Department of Social Development must make available a set of blueprints to all provincial HOD's.</li> <li>• Monitoring and evaluation of the building of the centre.</li> <li>• Communicate design principles to provincial departments.</li> <li>• Develop a costing framework to build secure care centres in line with the design principles.</li> <li>• Provide support to each province during the building of the facility.</li> </ul>	<ul style="list-style-type: none"> <li>• All secure care facilities must be built according to the design principles as determined by the National Department of Social Development.</li> <li>• The HOD must ensure that all provincial directorates responsible for a Child and Youth Care programme familiarize themselves with the content of the Blueprint.</li> <li>• The provincial directorates must customize the Blueprint and develop their own practice guidelines.</li> <li>• Every secure care facility must determine whether they are in line with the Blueprint.</li> <li>• Develop a plan of action to ensure alignment to Blueprint.</li> </ul>
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Ref No	Norms	Reference	Standards
1.5	The service provided at a secure care facility must be aligned with the Disability Policy.	<ul style="list-style-type: none"> <li>Prescribe all elements for compliance with the disability policy.</li> <li>Monitor the implementation of the prescribed elements.</li> <li>Develop a recognition system for compliance to the disability policy in conjunction with the Directorate: Disability.</li> </ul>	<ul style="list-style-type: none"> <li>Every secure care facility must determine, together with the provincial directorate of disability, whether they are in line with the prescriptions of the Disability Policy.</li> <li>Develop a plan of action to ensure alignment with the Disability Policy.</li> <li>Provincial Disability Directorate must monitor progress.</li> </ul>

## Service development

### 2. Infrastructure

The infrastructure of a residential facility must be of a child-friendly nature as well as meet the elements of safety, functionality, durability and aesthetically pleasing.

#### Norms and standards

Ref No	Norms	Reference	Standards
2.1	The service provided at secure care facilities must be aligned to infrastructure prescriptions. (Blueprint)	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>All secure care centres are built according to the specifications.</li> </ul>
2.2	The centre should provide for independent living equipment.	Informed by practice and consultation at workshops	The programme must be accessible to able, as well as disabled persons.
2.3	The facility should provide emergency equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>There must be an emergency exit in all living areas.</li> <li>Evacuation plan well displayed</li> <li>Fire exits are clearly-marked and are visible.</li> <li>Sufficient fire extinguishers and fire hoses are available within all buildings, as well as the outside premises, and are regularly serviced.</li> <li>The infrastructure should provide for a heating system and backup systems.</li> <li>The infrastructure should provide for an emergency generator that is functional and serviced regularly.</li> <li>The generator should supply electricity to designated areas i.e. sickbay (critical medical equip), dormitories (lights), kitchen, admin offices and control room.</li> <li>The infrastructure should provide for emergency water supply either through a reservoir, tank or borehole.</li> </ul>

Ref No	Norms	Reference	Standards
2.4	The environment and milieu in the living quarters should be of such a nature that children and staff are safe and comfortable.	Inter-sectoral Policy on the Transformation of the South African Child and Youth Care System	<ul style="list-style-type: none"> <li>• Each child must have his/her own demarcated personal space within the living quarters.</li> <li>• Each child has his/her own sturdily constructed bed</li> <li>• The beds should be made of steel and, bolted to the floor.</li> <li>• Mattresses must be at least 15cm thick, must be covered in fire-proof material and be made from high-density foam.</li> <li>• Steel bedside lockers must be provided.</li> <li>• Washing lines must be provided outside living quarters for personal laundry.</li> <li>• The lounge/TV room must provide comfortable seating arrangements for 22 children for group activities.</li> <li>• The lounge/TV room must provide desks and chairs for 22 children to complete their homework.</li> <li>• Tinted, break-resistant glass should be installed in all windows.</li> <li>• As far as possible furniture and finishes must be fixed and immovable.</li> </ul>

2.5	The resources in the kitchen and dining room should ensure the safe and hygienic preparation of food.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The floors should be functional, non-slippery and comply with environmental health standards.</li> <li>• The kitchen must provide for: <ul style="list-style-type: none"> <li>o 4-plate industrial stove with oven and extractor</li> <li>o Deep fryers</li> <li>o Microwave ovens</li> <li>o 1x Hydro boils</li> <li>o Boilers</li> <li>o dishwasher</li> <li>o Water coolers</li> <li>o industrial food processors</li> <li>o Bain-maries with inserts</li> <li>o children serving trays</li> <li>o industrial serving trays</li> <li>o Serving trolleys</li> <li>o Fridges</li> <li>o Freezers</li> </ul> </li> <li>• The walk-in cold room is equipped with shelves and storing-pellets.</li> <li>• The pantry and dry store should be equipped with cupboards and shelves.</li> <li>• Following environmental health standards, the following equipment must be provided: <ul style="list-style-type: none"> <li>o Fire extinguishers</li> <li>o First aid kits</li> <li>o Flyscreens</li> <li>o Mounted hand basins with soap dispenser</li> <li>o Paper hand towels or dryers</li> <li>o Purple light</li> </ul> </li> </ul>
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Ref No	Norms	Reference	Standards
2.5			<ul style="list-style-type: none"> <li>• The walk-in cold room is equipped with shelves and storing-pellets.</li> <li>• The pantry and dry store should be equipped with cupboards and shelves.</li> <li>• Following environmental health standards, the following equipment must be provided: <ul style="list-style-type: none"> <li>o Fire extinguishers</li> <li>o First aid kits</li> <li>o Flyscreens</li> <li>o Mounted hand basins with soap dispenser</li> <li>o Paper hand towels or dryers</li> <li>o Purple light</li> </ul> </li> <li>• The supervisor's office should be equipped with a desk, chairs and cupboards.</li> <li>• The staff change rooms must be provided with lockers, showers and toilets.</li> <li>• The following eating utensils must be supplied: <ul style="list-style-type: none"> <li>o Plates</li> <li>o Cups</li> <li>o Side plates</li> <li>o Soup/cereal bowls</li> <li>o Cutlery – spoon, knife, fork and teaspoon for each child</li> </ul> </li> <li>• 25% extra eating utensils should be available upon need.</li> <li>• Crockery should be made from melamine.</li> <li>• The tables in the dining room should be a stainless steel frame, covered with fibreglass and mounted to the floor.</li> <li>• The chairs in the dining room should be stainless steel frames covered with fibreglass and mounted to the floor.</li> <li>• The dining room should have either curtains or blinds.</li> <li>• A demarcated area for refuse disposal.</li> </ul>
2.6	Adequate laundry facilities.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The laundry should be fully equipped with: <ul style="list-style-type: none"> <li>o Industrial washing machines</li> <li>o Tumble dryers</li> <li>o Shelves</li> <li>o Sorting tables</li> <li>o Ironing tables</li> </ul> </li> <li>• The supervisor's office should be provided with a desk, chairs and cupboards.</li> <li>• The staff change rooms must be provided with lockers, showers and toilets.</li> <li>• The storeroom should provide shelves for chemicals and detergents.</li> </ul>



Ref No	Norms	Reference	Standards
2.7	The environment and resources at the administration block should be of such a nature that personnel are empowered to perform their tasks effectively.	Inter-sectoral policy on the transformation of the SA child and youth care system (May 2000)	<ul style="list-style-type: none"> <li>• The facility should be equipped with IT and telephone infrastructure.</li> <li>• At least one independent telephone line and 1 switchboard facility.</li> <li>• The following furniture and equipment should be available in every office: <ul style="list-style-type: none"> <li>o A desk</li> <li>o Chairs</li> <li>o Cupboards</li> <li>o Computers and printers with access to the Internet.</li> <li>o Curtains or blinds.</li> </ul> </li> <li>• The following equipment must be available: <ul style="list-style-type: none"> <li>o Fax machine</li> <li>o At least 1 commercial grade photocopier for bulk photocopies</li> <li>o Each centre should have 1 laptop with a 3G connection</li> <li>o 1 data projector per facility</li> </ul> </li> <li>• Access to cellular telephones to senior management.</li> <li>• Curtains or blinds in every office</li> </ul>
2.8	The environment and resources for the occupational therapist should be of such a nature that he/she is empowered to perform their tasks effectively.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• Tables and chairs should be provided for therapy rooms.</li> <li>• OT equipment should be provided for OT.</li> </ul>

2.9	The facility has an adequate supply of recreational equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The following equipment must be available for leisure activities: <ul style="list-style-type: none"> <li>o Board games</li> <li>o Pool tables</li> </ul> </li> <li>• Children have access to the following equipment for exercise: <ul style="list-style-type: none"> <li>o Boxing facility</li> <li>o Punching bag</li> <li>o Weights</li> <li>o Treadmill</li> <li>o Exercise bicycle</li> <li>o Scale</li> <li>o Table tennis</li> </ul> </li> <li>• The flooring of the in-door recreational facilities must be marked for games, e.g. Basketball court.</li> <li>• Children have access to the following equipment for recreational purposes: <ul style="list-style-type: none"> <li>o Soccer-, rugby-, netball- and basketballs</li> <li>o Baseball balls and bats</li> <li>o Cricket sets</li> </ul> </li> <li>• All children must have swimming capabilities.</li> <li>• Life jackets should be provided to children who cannot swim.</li> <li>• Adhere to municipal by-laws with regards to pool safety.</li> </ul>
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Ref No	Norms	Reference	Standards
2.10	Adequate medical equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The examination room must be fully equipped with functioning medical and emergency equipment and an examination table.</li> <li>The following furniture and equipment should be available in the examination room: <ul style="list-style-type: none"> <li>A desk</li> <li>Chairs</li> <li>Cupboards</li> <li>Computer and printer with access to the Internet.</li> </ul> </li> <li>A lockable medication room must be provided, equipped with the necessary equipment, inclusive of a fridge and serialization equipment.</li> <li>The sickbay must be equipped with adequate beds.</li> <li>The isolation room must be equipped with adequate beds.</li> </ul>
2.11	Comfortable visiting areas.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The visiting areas should be equipped with comfortable chairs and tables.</li> <li>Curtains or blinds in every office.</li> </ul>
2.12	Comfortable accommodation for families	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The rooms should be equipped with beds, chairs and cupboards.</li> <li>Bright curtains should be provided.</li> </ul>
2.13	Library and resource centre.	Informed by practice and consultation at workshops	The library and resource centre should be equipped with shelves.
2.14	Appropriate educational and skills development facilities.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The classrooms must be equipped with adequate desks and chairs.</li> <li>Workshop facilities must be fully equipped.</li> <li>Extractor fans in all workshops</li> <li>Tables, chairs and computers must be provided to accommodate 20 children in the computer training room.</li> </ul>
2.15	Official transport.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>At least 2 official vehicles must be provided per 50 children.</li> <li>At least one minibus must be available.</li> <li>At least one bakkie must be available per centre.</li> <li>Buses should be rented when needed.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
2.1	The service provided at secure care facilities must be aligned to the prescriptions of the infrastructure (Blueprint).	<ul style="list-style-type: none"> <li>Define and prescribe the minimum requirements for the infrastructure.</li> <li>Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>Develop a plan of action to ensure alignment.</li> <li>Cost the refurbishment to the facility.</li> <li>Align budget to include the cost of refurbishing.</li> </ul>
2.2	The facility should provide independent living equipment.		Refer to 1.5
2.3	Library and resource centre.	<ul style="list-style-type: none"> <li>Define and prescribe the minimum requirements for emergency equipment.</li> <li>Communicate the minimum requirements for the emergency equipment to provincial departments.</li> <li>Monitor the implementation of the prescribed requirements for emergency equipment.</li> </ul>	<ul style="list-style-type: none"> <li>An evacuation plan is practised regularly with the children and staff.</li> <li>Every secure care facility must undertake an audit to determine whether the infrastructure provides for emergency water supply.</li> <li>There must be consistency in the water flow.</li> </ul>
2.4	The environment and milieu in the living quarters should be of such a nature that children and staff are safe and comfortable.	<ul style="list-style-type: none"> <li>Define and prescribe the environment and the milieu in the living quarters.</li> <li>Communicate the prescribed environment and milieu in the living quarters to provincial departments.</li> <li>Monitor the implementation of the</li> </ul>	<ul style="list-style-type: none"> <li>Each child must have his/her own demarcated personal space within the living quarters.</li> <li>Each child has his/her own sturdily constructed bed</li> <li>The beds should be made of steel and, bolted to the floor.</li> </ul>
2.5	The resources in the kitchen and dining room should ensure the safe and hygienic preparation of food.	<ul style="list-style-type: none"> <li>Define and prescribe the resources available at the facilities.</li> <li>Communicate the prescribed resources to provincial departments.</li> <li>Monitor the implementation of the prescribed resources</li> <li>Meet the requirements of the Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>Each facility should determine the number of appliances in terms of their own requirements and according to the number of children, the facility will accommodate.</li> <li>Crockery and cutlery should be counted after every meal.</li> <li>Bright curtains or colourful blinds</li> </ul>

2.6	Adequate laundry facilities.	<ul style="list-style-type: none"> <li>• Define and prescribe the resources available in the laundry.</li> <li>• Communicate the prescribed resources to provincial departments.</li> <li>• Monitor the implementation of the prescribed resources</li> </ul>	Each facility should determine the number of appliances in terms of their own requirements and according to the number of children, the facility will accommodate.
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Ref No	Norm	National guidelines	Provincial guidelines
2.7	The environment and resources at the administration block should be of such a nature that personnel are empowered to perform their tasks effectively.	<ul style="list-style-type: none"> <li>• Define and prescribe the resources available in the administration block.</li> <li>• Communicate the prescribed resources to provincial departments.</li> <li>• Monitor the implementation of the prescribed resources</li> </ul>	<ul style="list-style-type: none"> <li>• One independent telephone line for the centre manager.</li> <li>• Bright curtains should be provided.</li> </ul>
2.8	The environment and resources for the occupational therapist should be of such a nature that he/she is empowered to perform their tasks effectively.	<ul style="list-style-type: none"> <li>• Define and prescribe the resources available to the occupational therapist.</li> <li>• Communicate the prescribed resources to provincial departments.</li> <li>• Monitor the implementation of the</li> </ul>	<p>Resources required for OT service:</p> <ul style="list-style-type: none"> <li>• Educational charts</li> <li>• Reading books</li> <li>• Pegboards</li> <li>• Threading beads</li> <li>• Musical Instruments</li> <li>• Finger fun, Artwork (Pencil crayons, waxes, colouring books, glue, play dough), hula -hoops, building blocks, Straws, Trampoline, puzzles.</li> </ul>
2.9	The centre has an adequate supply of recreational equipment.	<ul style="list-style-type: none"> <li>• Define and prescribe the resources available for recreational purposes.</li> <li>• Communicate the prescribed resources to provincial departments.</li> <li>• Monitor the implementation of the prescribed resources</li> </ul>	<ul style="list-style-type: none"> <li>• A structured sports programme must be developed.</li> <li>• Access to the in-door facilities must be structured according to groups.</li> <li>• Exercise equipment may only be used under supervision.</li> <li>• Each child must be orientated in terms of the use of the equipment.</li> <li>• Swimming capabilities for each child must be assessed.</li> <li>• Swimming lessons must be provided.</li> <li>• A pool can only be used under supervision</li> <li>• Swimming must form part of the structured recreational programme.</li> </ul>
2.10	Adequate medical equipment.	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>• Develop a plan of action to ensure alignment.</li> <li>• Cost the refurbishment to the facility.</li> <li>• Align budget to include the cost of refurbishing.</li> </ul>
2.11	Comfortable visiting areas.	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>• Develop a plan of action to ensure alignment.</li> <li>• Cost the refurbishment to the facility.</li> <li>• Align budget to include the cost of refurbishing.</li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
2.12	Comfortable accommodation for families	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>• Develop a plan of action to ensure alignment.</li> <li>• Cost the refurbishment to the facility.</li> <li>• Align budget to include the cost of refurbishing.</li> </ul>
2.13	Library and resource centre.	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>• Develop a plan of action to ensure alignment.</li> <li>• Cost the refurbishment to the facility.</li> <li>• Align budget to include the cost of refurbishing.</li> </ul>
2.14	Appropriate educational and skills development facilities.	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	

prescriptions of the infrastructure.



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2.15	Official transport.	<ul style="list-style-type: none"> <li>• Define and prescribe the minimum requirements for the infrastructure.</li> <li>• Communicate the minimum requirements for the infrastructure to provincial departments.</li> <li>• Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure.</li> <li>• Develop a plan of action to ensure alignment.</li> <li>• Cost the refurbishment to the facility.</li> <li>• Align budget to include the cost of refurbishing.</li> </ul>

### 3. Security

Security services should create a safe environment in which children are protected from physical harm, or threat of harm, from self and others in a non-intrusive manner.

#### Norms and standards

Ref No	Norms	Reference	Standards
3.1	A safe and secure environment for the containment of children in conflict with the law.	Costing of the children's strategic plan and framework	<ul style="list-style-type: none"> <li>• All facilities must have two "walls". One is the perimeter wall and one contains the centre.</li> <li>• CCTV installed inside the centre, and on the outside at strategic places.</li> <li>• Accessed to the facility using a centralised access point.</li> <li>• The central access point must have metal detectors and parcel scanners.</li> <li>• The following security measures are in place to prevent children from absconding/escaping from the programme: <ul style="list-style-type: none"> <li>o Walled or fenced in.</li> <li>o Security gates.</li> <li>o Burglar bars</li> <li>o CCTV cameras</li> </ul> </li> </ul>
3.2	A safe and secure environment is maintained in and around the facility.	Minimum norms and standards for inpatient treatment centres.	<ul style="list-style-type: none"> <li>• Secure perimeter control measures are in place.</li> <li>• A central point to access living quarters.</li> <li>• Amenities such as the living quarters, dining room, outdoor recreational facilities and educational block are closed off from each other and are only accessible through a separate access point for control and security.</li> <li>• Children, visitors and staff must be informed of searching practices and consent to them.</li> </ul>
3.3	The centre has mechanisms and procedures to regulate and monitor any searching of the children for weapons or substances in a rights-sensitive manner.	Minimum norms and standards for inpatient treatment centres.	<ul style="list-style-type: none"> <li>• The bodily integrity of children and their visitors may not be violated by routine or unauthorized bodily searches.</li> <li>• Bodily searches on children may only be conducted by a personnel member of their own gender.</li> <li>• All searching of private belongings and parcels may only occur in the presence of the child.</li> <li>• All illegal substances and weapons should be immediately confiscated and disposed of under relevant legislation.</li> <li>• The centre is declared as a dangerous weapon and drug-free environment.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
3.1	A safe and secure environment for the containment of children in conflict with the law.	<ul style="list-style-type: none"> <li>Define and prescribe a safe and secure environment.</li> <li>Communicate the prescribed requirements to the provincial departments.</li> <li>Monitor the implementation of the prescribed requirements.</li> </ul>	<ul style="list-style-type: none"> <li>See prescriptions from the national department.</li> <li>Conduct an audit to ensure a safe and secure environment, which is in line with the design principles.</li> <li>Develop a plan of action to ensure a safe and secure environment, which is in line with the design principles.</li> <li>Cost the plan of action.</li> <li>Align the budget to include the refurbishment to the facility.</li> <li>The central access point must have metal detectors and parcel scanners are manned by a security official.</li> <li>CCTV to be monitored by security staff 24/7.</li> <li>Security personnel are stationed at the central access points of the facility for access control and</li> <li>Video surveillance</li> <li>Children must be managed according to the flow of their daily routine. (See pg 105 of the Blueprint for the flow diagram.)</li> </ul>
3.2	A safe and secure environment is maintained in and around the facility.	See norm on “out-sourcing”.	<ul style="list-style-type: none"> <li>Appointment of competent security personnel</li> <li>Security personnel must be orientated in all security measures</li> <li>Security personnel must be orientated in the maintenance of control measures</li> <li>If security is contracted out, security stipulations as prescribed by the norms and standards must form part of the contract</li> </ul>
3.3	The facility has mechanisms and procedures to regulate and monitor any searching of the children for weapons or substances in a rights-sensitive manner.	<ul style="list-style-type: none"> <li>Define and prescribe the mechanisms to regulate and monitor searches.</li> <li>Communicate the prescribed mechanisms to regulate and monitor searches resources to provincial departments.</li> <li>Monitor the implementation of the prescribed mechanisms to regulate and monitor searches.</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with prescribed mechanisms to regulate and monitor searches.</li> <li>Bodily searches must be conducted in the presence of two adult personnel – one person conducting the searches and the other to observe that the rights are upheld.</li> <li>Searches may only be conducted by professional or accredited personnel.</li> </ul>

#### 4. Out-sourcing

Out-sourcing of services within secure care should be practiced with the understanding that provinces retain accountability and responsibility for service provision to children in conflict with the law.

##### Norms and standards

Ref No	Norms	Reference	Standards
4.1	Out-sourcing of part of services within secure care, or complete services within secure care, is an acceptable practice in Government.	<ul style="list-style-type: none"> <li>• Department of Social</li> <li>• Development Policy on Financial Award to Service providers</li> </ul>	<ul style="list-style-type: none"> <li>• A tender process according to supply chain management policy.</li> <li>• A timeframe of not more than 5 years with a maximum period of 8 years before the province retrieves the service.</li> <li>• The building of capacity to manage the service must take place within 5 years of out-sourcing the service.</li> <li>• Standardised service level agreements.</li> <li>• The cost must be according to the costing model.</li> <li>• Centre manager to manage a contract.</li> </ul>

##### Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
4.1	Out-sourcing of part of services within secure care, or complete services within secure care, is an acceptable practice in Government.	<ul style="list-style-type: none"> <li>• Develop strategy and criteria for out-sourcing services within the secure care programme.</li> <li>• Align criteria with the costing model.</li> <li>• Develop a proforma service level agreement.</li> <li>• Communicate strategy, criteria and agreement format to provinces.</li> <li>• Monitor implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply strategy and criteria for out-sourcing services within the secure care programme.</li> <li>• The costing model must inform the out-sourcing.</li> <li>• Apply prescribed service level agreement.</li> </ul>

## 5. Maintenance

The building, infrastructure and all household equipment should be maintained and kept in good working order. The landscape and gardens must be cared for, neat and aesthetically pleasing at all times.

### Norms and standards

Ref No	Norms	Reference	Standards
5.1	Well maintained centre grounds.	Blueprint	Regular maintenance of lawns and gardens.
5.2	Well maintained buildings.	Blueprint	Buildings should be regularly painted.
5.3	Household maintenance must be the responsibility of the centre.	Blueprint	Broken furniture, windows, ablution facilities, doors, fencing and burglar bars etc. should be tended to immediately.

### Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
5.1	Well maintained centre grounds.	Monitor implementation	Appointment of a dedicated gardener or garden service.
5.2	Well maintained buildings.	Monitor implementation	Develop working agreement and –relationship with the Department of Public Works.
5.3	Household maintenance must be the responsibility of the centre.	Monitor implementation	Appointment of dedicated maintenance personnel or service provider from the community.

## 6. Organisational Development

### 6.1 Assessment of the Environment

This refers to any assessment of the Social Environment to identify the need for the establishment of additional secure care centres.

### Norms and standards

Ref No	Norms	Reference	Standards
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6.1	Determine the need for the establishment of a secure care programme.	Norms and Standards: Developmental Social Welfare Services	<ul style="list-style-type: none"> <li>• Research should be conducted to estimate the demand for a secure care facility.</li> <li>• A feasibility study must be conducted.</li> <li>• Research results must inform the development of policies and guidelines.</li> </ul>
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## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
6.1	Determine the need for the establishment of a secure care programme.	<ul style="list-style-type: none"> <li>Undertake environmental scan to determine trends in crime at least once a year.</li> <li>Communicate the outcome to provinces.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake research study to determine need.</li> <li>Undertake feasibility study to determine need.</li> <li>Plan for the establishment of the new programme.</li> </ul>

## 7. Occupational Health Issues

The facility must comply with all occupational health legislation in the pursuance of their functions, and ensure the safety of the children.

### Norms and standards

Ref No	Norms	Reference	Standards
7.1	All reasonable provisions are made to ensure that children and personnel are safe from the risk of fire, accidents, and other hazards.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>All equipment, infrastructure and buildings should be safe for the children. (type of light fittings, doors, windows, mirrors)</li> <li>Emergency plans are documented, up-to-date and regularly tested.</li> <li>Fire exits are clearly-marked and are visible.</li> <li>Sufficient fire extinguishers and fire hoses are available within all buildings, as well as the outside premises, and are regularly serviced.</li> <li>Management of keys (should not be harmful to children)</li> <li>Emergency release buttons for doors</li> <li>Sufficient health and safety officers should be appointed.</li> <li>Sufficient and appropriately resourced first-aid kits should be available.</li> </ul>
7.2	All reasonable provisions are made to ensure that children are safe when making use of the pool.	Informed by practice and consultation at workshops	<p>The pool may only be used under the supervision of a personnel member who can swim.</p> <ul style="list-style-type: none"> <li>A trained lifeguard should be on duty when children are swimming.</li> <li>Pools should be covered with safety nets when it is not in use.</li> <li>Life jackets should be provided to children who cannot swim.</li> <li>The pool should be securely fenced off from the other recreational facilities.</li> <li>Children, who cannot swim, must be taught how to swim.</li> </ul>

Ref No	Norms	Reference	Standards
7.3	All reasonable provisions are made to ensure that personnel are safe.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Personnel should be provided with panic buttons for use in emergencies.</li> <li>Sufficient personnel should be trained in restraint measures.</li> <li>All personnel, working shifts, should be trained in self defence as they leave their homes and the centre at dangerous times.</li> </ul>
7.4	All reasonable provisions are made to ensure that the whole facility is safe.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Access into the centre must be controlled.</li> <li>See points 18 and 3.3</li> <li>The generator house must be locked and secured.</li> <li>Generators to be tested and recorded once a week (offload and on load)</li> <li>All DB Boards must be locked</li> </ul>
7.5	The facility should have access to refuse disposal services or other adequate means of disposal of refuse generated at the facility.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Where possible refuse should be disposed of according to the municipality regulations</li> <li>Waste disposal methods should be safe and covered.</li> <li>Waste should be kept out of reach of children.</li> <li>Waste disposal areas should be disinfected regularly.</li> <li>Pest control service must be rendered regularly.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
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7.1	All reasonable provisions are made to ensure that children and personnel are safe from the risk of fire, accidents, and other hazards.	<ul style="list-style-type: none"> <li>• Develop policy framework for emergency procedures</li> <li>• Communicate the policy to the provincial departments.</li> <li>• Monitor the implementation of the policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Customise national policy for emergency procedures.</li> <li>• An evacuation plan must be developed.</li> <li>• Evacuation plan well displayed at all exits and control points.</li> <li>• An emergency drill is practised regularly with the children and staff.</li> <li>• Sufficient health and safety officers must be appointed</li> <li>• Staff and children must be trained in universal precautions.</li> <li>• Health and safety officers must be trained to manage emergency situations.</li> <li>• All staff must be trained in dealing with emergencies.</li> <li>• All personnel must be trained in first aid.</li> <li>• Emergency numbers must be clearly displayed.</li> <li>• The numbers of personnel on standby must be clearly displayed.</li> <li>• Inform the manager on duty of any emergency.</li> <li>• The centre manager, together with the provincial counterpart, must inform the parents of the injury or death of a child. (also see point 13.5 – reporting of incidents)</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
7.2	The safety of children must be guaranteed when making use of the pool.	<ul style="list-style-type: none"> <li>Develop policy framework for safety measures.</li> <li>Communicate the policy to the provincial departments.</li> <li>Monitor the implementation of the policy.</li> </ul>	<p>supervision of a personnel member who can swim.</p> <ul style="list-style-type: none"> <li>A trained lifeguard should be on duty when children are swimming.</li> <li>Pools should be covered with safety nets when it is not in use.</li> <li>Life jackets should be provided to children who cannot swim.</li> <li>The pool should be securely fenced off from the other recreational facilities.</li> <li>Children, who cannot swim, must be taught how to swim.</li> </ul>
7.3	The safety of personnel is assured.	<ul style="list-style-type: none"> <li>Develop policy framework for safety measures.</li> <li>Communicate the policy to the provincial departments.</li> <li>Monitor the implementation of the policy.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel should be provided with panic buttons for use in emergencies.</li> <li>Sufficient personnel should be trained in restraint measures.</li> <li>All personnel, working shifts, should be trained in self defense as they leave their homes and the centre at dangerous times.</li> </ul>
7.4	All reasonable provisions are made to ensure that the whole facility is safe.		<ul style="list-style-type: none"> <li>Access into the centre must be controlled.</li> <li>See points 18 and 3.3</li> <li>The generator house must be locked and secured.</li> <li>Generators to be tested and recorded once a week (offload and on load)</li> <li>All DB Boards must be locked</li> </ul>
7.5	Management of refuse disposal methods must be safe and contained.	<ul style="list-style-type: none"> <li>Develop a policy framework for the management of refuse disposal methods.</li> <li>Communicate the policy to the provincial departments.</li> <li>Monitor the implementation of the policy.</li> </ul>	<ul style="list-style-type: none"> <li>Where possible refuse should be disposed of according to the municipality regulations</li> <li>Waste disposal methods should be safe and covered.</li> <li>Waste should be kept out of reach of children.</li> <li>Waste disposal areas should be disinfected regularly.</li> <li>Waste should be disposed of in a demarcated area.</li> <li>Pest control service must be rendered regularly.</li> </ul>

## 8. Community Participation

Secure care centres should become centres where children, youth and families from the surrounding communities can access a variety of programmes and resources on a daily, weekly, or ad hoc basis.

### Norms and standards

Ref No	Norms	Reference	Standards
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8.1	Communities have the right to participate in the affairs of the centre.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> <li>• A governance structure is a requirement for secure care centres in terms of section 208(2)(a) of the Act.</li> <li>• Children, youth and families from the surrounding communities have access to the facility.</li> <li>• Children, youth and families from the surrounding communities</li> </ul>
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## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
8.1	Communities have the right to participate in the affairs of the centre.	<ul style="list-style-type: none"> <li>The fair and equitable process for the appointment of board members must be prescribed.</li> <li>The terms of reference (composition, structure, functions) for the management board must be developed and prescribed.</li> <li>The terms of reference (composition, structure, functions) children's forum must be developed and prescribed.</li> <li>Communicate the terms of reference for the children's forum to the provincial departments.</li> <li>Monitor implementation of the terms of reference for the children's forum.</li> <li>A proforma founding document/ constitution for governance bodies must be developed.</li> </ul>	<ul style="list-style-type: none"> <li>The members of the management board must be appointed according to the process as prescribed by the national department.</li> <li>Only the MEC or a delegated officer may appoint board members.</li> <li>The management board must be representative of all stakeholders, including the community.</li> <li>The Management Board must be constituted according to the constitution or founding document</li> <li>A Children's Forum must be established as a sub-structure of the Management Board.</li> <li>A representative of this sub-structure must be appointed on the management board.</li> <li>Provide regular reports to the management board.</li> <li>Provide regular statistics to the management board.</li> <li>The manager of the child and youth care centre, the social worker and a nominated child and youth care worker, have ex officio status on the governance structure.</li> </ul>

## 9. Resources

### 9.1 Human Resources

At every level, there will be appropriately trained personnel who will provide an integrated, innovative, effective, ethical and child-friendly service within a developmental culture/ climate. Personnel will be committed to and model a developmental approach and they will value diversity of theory, strategies and programmes. There will be sufficient personnel at all levels; they will value and practice an inter-sectoral and team approach and because they value human resources they will give a high priority to continuous formal and informal professional and self-development.

## Norms and standards

Ref No	Norms	Reference	Standards
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9.1	The management of the secure care programme must be according to an entity approach.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The programme is completely self-sufficient in terms of staffing, budget and decision making.</li> </ul>
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Ref No	Norms	Reference	Standards
9.2	The staff establishment must be according to the proforma organogram.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The staff establishment should consist of professional, semi-professional and support staff.</li> <li>• The staff establishment should provide for a dedicated centre manager.</li> <li>• The staff establishment should provide middle management staff for every unit.</li> <li>• The staff establishment should provide for a centre manager secretary.</li> <li>• The staff establishment should provide for finance personnel. <ul style="list-style-type: none"> <li>o 1 senior admin officer (L8)</li> <li>o 1 assistant (L6)</li> <li>o 3 procurement clerks</li> </ul> </li> <li>• The staff establishment should provide for administrative personnel. <ul style="list-style-type: none"> <li>o 1 receptionist</li> <li>o 1 registry clerk</li> <li>o 3 laundry aids</li> <li>o 1 driver/admin</li> <li>o 1 general factotum</li> <li>o 1 admission officer</li> <li>o 1 Finance officer</li> <li>o 1 human resources officer</li> <li>o 1 transport officer</li> <li>o 1 procurement officer</li> </ul> </li> <li>• The staff establishment should provide for social workers.</li> <li>• The staff establishment should provide for nursing personnel (24/7).</li> <li>• The staff establishment should provide for child &amp; Youth Care Workers.</li> <li>• The staff establishment should provide for a child and youth care worker specializing in sport. (sports manager)</li> <li>• The staff establishment should provide for maintenance staff.</li> <li>• The staff establishment should provide for contracted cleaning staff.</li> <li>• The staff establishment should provide for a sessional medical doctor.</li> <li>• The staff establishment should provide for a sessional psychologist.</li> <li>• The staff establishment should provide for contracted security staff.</li> </ul>
9.3	The staff management ratio must be in line with the proforma organogram.	Regulations under the Children's Act	<ul style="list-style-type: none"> <li>• Documented policy and procedures supervision.</li> <li>• 1 supervisor (L9/10) per 6 social workers.</li> <li>• Child and youth care workers must be supervised by a trained senior child and youth care worker.</li> </ul>



9.4	The case management ratio must be according to the generic norms and standards as contained in the TCYCS.	TCYCS	<ul style="list-style-type: none"> <li>• 1 social worker per 30 children</li> <li>• 1 child care worker to 8 children for day shift.</li> <li>• 1 child care worker to 20 children for night shift</li> <li>• One psychologist per 60 children.</li> </ul>
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Ref No	Norms	Reference	Standards
9.5	Persons are not permitted to work with children.	Children's Amendment Act 2007.	<ul style="list-style-type: none"> <li>Persons posing a risk to the safety of children should not be permitted to work in secure care centres.</li> <li>Persons convicted of murder, attempted murder, rape, indecent assault or assault with the intent to do grievous bodily harm is unfit to work with children.</li> <li>No person whose name appears in Part B of the Child Protection</li> </ul>
9.6	Staff must be managed according to management practices.	National Norms and Minimum Standards for Home and Community Based Care (HCBC) and Support Programme	<ul style="list-style-type: none"> <li>A comprehensive human resource management policy. <ul style="list-style-type: none"> <li>A procedure for recruitment, selection, engagement and disengagement of personnel is in place.</li> <li>Written documentation that outlines recruitment, job descriptions, code of conduct and exit strategies for all personnel must be in place.</li> <li>All personnel have written job descriptions and signed contracts that are regularly reviewed by management.</li> <li>A comprehensive orientation programme is in place.</li> <li>A comprehensive induction programme is in place.</li> <li>Lines of accountability and responsibilities are documented and clear.</li> <li>Documented disciplinary policy.</li> <li>Documented policy and procedures in place for rules, code of conduct and ethics.</li> <li>There is documented policy and procedures in place for staff grievances.</li> <li>Documented policy for conditions of services.</li> </ul> </li> </ul>
9.7	Competent staff is appointed in all occupational categories.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Staff have correct qualifications for their job function.</li> </ul>
9.8	A human resource development programme based on the provincial human resource strategy.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> <li>The facility has appropriately qualified, skilled and supervised staff to deliver the best possible service.</li> <li>Staff is empowered to deliver services ethically.</li> <li>The centre has a documented, up-to-date training and capacity building strategy/policy and plans for all personnel.</li> <li>A performance management system applies to all staff.</li> </ul>
9.9	The emotional, mental health and crisis-related needs of staff are recognized.	<ul style="list-style-type: none"> <li>Draft Bereavement Policy of DSD</li> <li>Policy on the Management of sexual harassment for NDSD,</li> <li>Employee Health and Wellness Policy of DSD.</li> </ul>	A documented policy for the EAP.
9.10	A Secure care programme is a 24/7 service.	Informed by practice and consultation at workshops	Declaration as an essential service.

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
9.1	The management of the secure care programme must be according to an entity approach.	<ul style="list-style-type: none"> <li>• Approve and prescribe a proforma organogram.</li> <li>• Develop a costing model to inform provincial budgets for secure care.</li> <li>• Approve and prescribe the human resource strategy for secure care programmes.</li> <li>• Communicate the proforma organogram and costing model to the provinces.</li> <li>• Monitor the implementation of the proforma organogram and costing model.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the proforma organogram.</li> <li>• Implement the costing model.</li> <li>• Implement the human resource strategy.</li> </ul>
9.2	The staff establishment must be according to the proforma organogram.	<ul style="list-style-type: none"> <li>• Approve and prescribe a proforma organogram.</li> <li>• Communicate organogram to the provinces.</li> <li>• Monitor the implementation of the organogram.</li> </ul>	<ul style="list-style-type: none"> <li>• The staff establishment must consist of professional, semi-professional and support staff.</li> <li>• The staff establishment must provide for a dedicated centre manager.</li> <li>• The staff establishment must provide for middle management staff for every unit.</li> <li>• The staff establishment must provide for a center manager secretary.</li> <li>• The staff establishment must provide for finance personnel. <ul style="list-style-type: none"> <li>o 1 senior admin officer (L8)</li> <li>o 1 assistant (L6)</li> <li>o 3 procurement clerks</li> </ul> </li> <li>• The staff establishment must provide for administrative personnel. <ul style="list-style-type: none"> <li>o 1 receptionist</li> <li>o 1 registry clerk</li> <li>o 3 laundry aids</li> <li>o 1 driver/admin</li> <li>o 1 general factotum</li> <li>o 1 admission officer</li> <li>o 1 Finance officer</li> <li>o 1 human resources officer</li> <li>o 1 transport officer</li> <li>o 1 procurement officer</li> </ul> </li> <li>• The staff establishment must provide for social workers.</li> <li>• The staff establishment must provide for nursing personnel on a shift basis.</li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
9.2 continued			<ul style="list-style-type: none"> <li>• The staff establishment must provide for child &amp; Youth Care Workers.</li> <li>• The staff establishment must provide for a child and youth care worker specializing in sport. (sports manager)</li> <li>• The staff establishment must provide for maintenance staff.</li> <li>• The staff establishment must provide for contracted cleaning staff.</li> <li>• The staff establishment must provide for a sessional medical doctor.</li> <li>• The staff establishment must provide for a sessional psychologist.</li> <li>• The staff establishment must provide for contracted security staff.</li> </ul>
9.3	The staff management ratio must be in line with the proforma organogram.	<ul style="list-style-type: none"> <li>• Prescribe the norms and standards for staff management ratio. <ul style="list-style-type: none"> <li>o 1 supervisor (L9/10) per 6 social workers.</li> <li>o 1 control care worker to 6 senior children and youth care workers.</li> <li>o 1 senior care worker to 6 Child and youth care workers.</li> <li>o Must be supervised by a trained senior child and youth care worker.</li> </ul> </li> <li>• Communicate the staff management ratio to the provinces.</li> <li>• Monitor the implementation of the staff management ratio.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the prescribed norms and standards for the staff management ratio.</li> <li>• Documented policy and procedures for supervision</li> </ul>
9.4	The case management ratio must be according to the generic norms and standards as contained in the TCYCS.	<ul style="list-style-type: none"> <li>• Prescribe the norms and standards for staff management ratio. <ul style="list-style-type: none"> <li>o 1 supervisor (L9/10) per 6 social workers.</li> <li>o 1 control care worker to 6 senior children and youth care workers.</li> <li>o 1 senior care worker to 6 Child and youth care workers.</li> <li>o Must be supervised by a trained senior child and youth care worker.</li> </ul> </li> <li>• Communicate the staff management ratio to the provinces.</li> <li>• Monitor the implementation of the staff management ratio.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the prescribed norms and standards for the case management</li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
9.5	Persons are not permitted to work with children.	<ul style="list-style-type: none"> <li>• Define persons not permissible to work with children according to the Children's Act</li> <li>• Develop a policy to define the screening process of all staff that is linked to the Child Protection Register and any other applicable registers.</li> </ul>	<ul style="list-style-type: none"> <li>• Persons posing a risk to the safety of children should not be permitted to work in secure care centres.</li> <li>• Persons convicted of murder, attempted murder, rape, indecent assault or assault with the intent to do grievous bodily harm is unfit to work with children.</li> <li>• No person whose name appears in Part B of the Child Protection register may work with children.</li> <li>• Particulars of any person found unsuitable to work with children must be completed on a form substantially corresponding with Form 26.</li> <li>• Notification of finding any person unsuitable to work with children must be completed on a form substantially corresponding with Form 27.</li> </ul>

9.6	Staff must be managed according to management practices.	<ul style="list-style-type: none"> <li>• Develop a human resource management plan for secure care programmes.</li> <li>• Communicate the human resource management plan</li> <li>• Monitor the implementation of the human resource management plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a provincial performance management system.</li> <li>• Develop a human resource plan based on the proforma organogram.</li> <li>• Develop a recruitment and selection plan.</li> <li>• In addition to any requirements contained in any other law relating to the appointment of personnel, the following requirements must be adhered to: <ul style="list-style-type: none"> <li>o The position must be advertised in at least one national newspaper</li> <li>o the names and curricula vitae submitted must be screened by the interviewing panel that will interview the candidate</li> <li>o The shortlist of candidates must be subjected to thorough reference checking.</li> </ul> </li> <li>• The interviewing panel must be appointed by the management board and must include: <ul style="list-style-type: none"> <li>o at least two members of the board of management</li> <li>o at least one member who qualifies as a child and youth care</li> <li>o A community representative from the community where the child and youth care centre is situated.</li> </ul> </li> <li>• Individual records of personnel are kept safe providing detailed information such as signed engagement contracts, role description, training and development plan, curriculum vitae, copy of identity document, performance management and up-to-date work plans.</li> <li>• The performance of all staff is appropriately managed.</li> <li>• There is documented policy and procedures in place for work performance appraisal.</li> <li>• There is documented policy and procedures in place for corrective action to be taken if performance goals are not met.</li> <li>• There is documented policy and procedures in place for promotions.</li> <li>• Career pathing for personnel on all levels (horizontally &amp; vertically)</li> <li>• Conduct a performance appraisal.</li> <li>• Implement corrective measures if performance goals are not met.</li> <li>• Develop a compensation structure.</li> <li>• Staff to utilise appropriate mechanisms, e.g. labour, drop-inn boxes etc to voice dissatisfaction and grievances</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
9.7	Competent staff is appointed in all occupational categories.	Regulations under the Children's Act	<ul style="list-style-type: none"> <li>The manager must have specialized knowledge of child and youth care.</li> <li>The manager must have knowledge and experience of the secure care programme</li> <li>Social workers must have the necessary qualification.</li> <li>Social workers must be registered with the SACSSP.</li> <li>Social workers must have knowledge and experience in the context of residential care and the design of programmes for residential care.</li> <li>2 Nursing sisters, one of them to qualify psychiatry</li> <li>Child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma.</li> <li>Statutory registered child and youth care workers are required to have undergone accredited training.</li> <li>Child and youth care workers must be registered with the SACSSP.</li> </ul>
9.8	A human resource development programme based on the provincial human resource strategy.	<ul style="list-style-type: none"> <li>Develop a human resource development plan for secure care programmes.</li> <li>Communicate the human resource development plan.</li> <li>Monitor the implementation of the human resource development plan.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a training and capacity building framework and plan.</li> <li>There is documented policy and procedures in place for external and internal training.</li> <li>All support personnel are required to undergo basic training to understand the context of residential care.</li> <li>The centre has a documented, up-to-date staff development programme.</li> <li>Develop a comprehensive orientation programme.</li> <li>Develop a comprehensive induction programme.</li> </ul>
9.9	The emotional, mental health and crisis-related needs of staff are recognized.	Refer to HR strategy.	<ul style="list-style-type: none"> <li>Employees are provided with "Employee Assistance Programmes".</li> <li>All referrals to the programme must be treated confidentially and privately.</li> <li>Employees are kept informed about the program and how to access its services.</li> <li>Managers and supervisors are provided with education on matters related to the program and informed of their responsibility to refer employees with work performance and personal problems.</li> <li>Employees involved in critical incidents because of the nature of their work must be provided with a stress debriefing session as soon as possible after such an incident.</li> <li>Employees must be referred to external services if the need exists.</li> <li>Regular team-building and support groups to discuss problems and issues related to staff members' work.</li> </ul>
9.10	A Secure care programme is a 24/7 service.	Declaration as an essential service.	<ul style="list-style-type: none"> <li>Define the essential posts.</li> <li>Follow labour relations procedures concerning essential services.</li> </ul>

## 10. Professional services

Services to children must be holistic and comprehensive, and inter-sectoral collaboration must be pursued in the upholding of the children's right to education and health services and any other service that a child may need, whilst being contained.

### Norms and standards

Ref No	Norms	Reference	Standards
10.1	Each child is unconditionally provided with appropriate and relevant health care.	Minimum Standards for the South African Child and Youth Care System.	<ul style="list-style-type: none"> <li>• A registered nurse is available on a full-time basis to tend to the day-to-day illnesses and injuries.</li> <li>• Medication can only be administered by a registered nurse or under the supervision of a registered nurse in line with health policy.</li> <li>• Storage, control, accountability, inspection and documentation of medicines must be done according to statutory and professional requirements.</li> <li>• Medical attention, provided by a medical doctor, must be obtained for children showing signs of serious illness or injury. A medical doctor must be consulted within 72 hours if needed.</li> <li>• The centre always has access to emergency medical health care services.</li> <li>• The centre has access to ambulance services in emergencies.</li> <li>• The centre has access to a psychologist for mental health care practitioners on a sessional basis.</li> <li>• The centre has access to emergency mental health care.</li> <li>• The centre has access to a dentist for dental health care.</li> <li>• Disposal of medical waste in line with health policy.</li> </ul>
10.2	Each child is unconditionally provided with appropriate and relevant education.	Minimum Standards for the South African Child and Youth Care System	<ul style="list-style-type: none"> <li>• Children receive an education suitable to their capacity, circumstances, and developmental need and are given assistance to make effective use of the education provided.</li> <li>• The education programme must consist of formal schooling, accredited vocational training and life skills programmes.</li> <li>• Children in educational programmes must be supervised at all times.</li> <li>• Educators should be available during school holidays for the holiday and other programmes</li> </ul>

### Practice guidelines



Ref No	Norm	National guidelines	Provincial guidelines
10.1	Each child is unconditionally provided with appropriate and relevant health care.	<ul style="list-style-type: none"> <li>Prescribe the type and level of health service within the secure care programme.</li> <li>MOU must be developed with the national Department of Health to provide health care services to children in secure care programmes.</li> </ul>	<ul style="list-style-type: none"> <li>MOU must be developed with the local and provincial hospital to fast track the treatment of children.</li> <li>After identifying children who are ill, the illness or problem should be reported to a supervisor, centre manager for treatment purposes.</li> <li>Inform the parent, caregiver or family as soon as possible.</li> <li>The child should be removed from other children to a safe space or room designated to care of ill children.</li> <li>All children assessed to have an infectious disease should be immediately isolated from other children and referred to the nearest public health care centre for further assessment and treatment.</li> <li>If a child is already on some prescribed medication, that child should receive medication as prescribed.</li> <li>In cases of emergency, the child should be taken to the nearest health facility for treatment and appropriate referrals.</li> </ul>
10.2	Each child is unconditionally provided with appropriate and relevant education.	<ul style="list-style-type: none"> <li>MOU must be developed concerning the ratio of teachers to students, the availability of remedial teachers and the curriculum</li> <li>MOU must be developed concerning the ratio of vocational instructors to students and the curriculum for ABET and skills development.</li> </ul>	<ul style="list-style-type: none"> <li>Provide infrastructure to run the programme.</li> <li>Absorb the education programme into the holistic programme provided at the centre.</li> </ul>

## 11. Management and Leadership

The programme must be managed according to business principles. The leadership of the programme must be from a team perspective but steeped in a strong management discipline.

### Norms and standards

Ref No	Norms	Reference	Standards
11.1	Relationship between national, province and programme.	Informed by practice and consultation at workshops	An interface mechanism between national and province and between province and centre.
11.2	Management and leadership within the centre must be augmented by input and support from the provincial/regional office.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Structured monthly Management meetings between the centre and the provincial office</li> <li>Attendance at diverse forums (e.g. child justice-, case flow management meeting)</li> </ul>

Ref No	Norms	Reference	Standards
11.3	Strategic management and planning processes to guide service delivery, development, growth and measure performance.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Strategic management plan aligned to provincial 5-year plan.</li> <li>The plan aligned to the MTEF cycle and prescriptions.</li> </ul>
11.4	Leadership is provided to enhance service delivery.	Informed by practice and consultation at workshops	Management is trained and empowered to improve service delivery within their respective units.
11.5	All resources are appropriately organized and managed.	Informed by practice and consultation at workshops	Management of HR resources, financial resources, asset management, administrative resources and organisational development forms part of the centre manager's performance contract.
11.6	All social service interventions must be subjected to supervision for support, education and administration.	Informed by practice and consultation at workshops	Supervision should take place at least once per month for 60 minutes.
11.7	Competencies for management	Regulations under the Children's Act	<p>The manager must have proven leadership abilities.</p> <p>The manager must have proven financial skills</p> <p>The manager must be able to demonstrate management and administration skills.</p>
11.8	Management system	Children's Act	<ul style="list-style-type: none"> <li>The prescribed responsibilities in the Children's Act inform the manager's job description.</li> <li>The prescribed responsibilities in the Children's Act inform the board's management responsibilities.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
11.1	Relationship between national, province and programme.	<ul style="list-style-type: none"> <li>Define the terms of reference for the relationship between national and province.</li> </ul>	<ul style="list-style-type: none"> <li>Define the terms of reference for the relationship between province and programme.</li> </ul>
11.2	Management and leadership within the centre must be augmented by input and support from the provincial/regional office.	<ul style="list-style-type: none"> <li>Prescribe the relationship between the national and provincial department.</li> <li>Prescribe the relationship framework between the provincial department and the programme.</li> </ul>	<ul style="list-style-type: none"> <li>The inter-face relationship structure as outlined in the BluePrint must be adhered to.</li> <li>Roles responsibilities and expectations must be clearly identified.</li> <li>Terms of reference and structure to be outlined</li> <li>This arrangement must be documented, and a copy forwarded to the National Department of Social Development-Directorate SCP</li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
11.3	Strategic management and planning processes to guide service delivery, development, growth and measure performance.		<ul style="list-style-type: none"> <li>Each facility must undergo an annual planning process.</li> <li>The budget for the programme and operations must be aligned to the strategy.</li> <li>Each unit head must develop their business plan with a budget annually.</li> <li>The unit business plans must inform the facility business plan, which in turn must inform the strategy, which should, in turn, inform the strategy of the Provincial Directorate.</li> <li>Develop a centre specific strategic plan.</li> <li>The plan should be aligned with the district/provincial plan.</li> <li>Develop an annual centre specific business plan.</li> <li>Unit operational Plans to inform business plans</li> <li>Quarterly report to evaluate progress.</li> <li>Annual evaluation</li> </ul>
11.4	Leadership is provided to enhance service delivery.	Management and Leadership specific training programme must be developed nationally.	<ul style="list-style-type: none"> <li>Conduct a skills audit.</li> <li>Develop a human resource development plan for management.</li> <li>Centre Managers must within a specific period-of-time after appointment undergo this leadership training.</li> <li>All managers must sign a performance contract with clear outcomes for the period.</li> <li>Centre Managers must have a career path developed for them.</li> <li>Management must cascade the training down to the next line of management to full their role of empowerment, coaching and mentoring.</li> </ul>
11.5	All resources are appropriately organized and managed.		<ul style="list-style-type: none"> <li>The job description of the centre manager must include the management of HR resources, financial resources, asset management, administrative resources and organisational development</li> </ul>
11.6	All social service interventions must be subjected to supervision for support, education and administration.	Develop a framework for the Manger's practice guideline.	<ul style="list-style-type: none"> <li>The centre manager must develop a Manger's practice guideline.</li> <li>The centre manager must oversee supervision of staff takes place.</li> </ul>
11.7	Competencies for management		<ul style="list-style-type: none"> <li>A centre manager must be trained in generic management practices.</li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
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11.8	Management system		<ul style="list-style-type: none"> <li>• The manager of the centre has specific responsibilities: <ul style="list-style-type: none"> <li>o The manager of a child and youth care centre is responsible for all day to day decisions in the child and youth care centre.</li> <li>o The manager must make major decisions in consultation with a management team made up of senior staff members from various disciplines.</li> <li>o The management team and the management board must strive for a cooperative relationship characterised by openness and trust.</li> <li>o The management team and the management board must strive for a cooperative relationship characterised by openness and trust.</li> </ul> </li> <li>• The management board of the centre has specific responsibilities: <ul style="list-style-type: none"> <li>o They must review major policy decisions being made by management but may not interfere with the day to day running of the child and youth care centre.</li> <li>o If the board is of the view that the management has made or plans to make a major decision that might be harmful to a child or all the children in the centre, it may call upon the manager to explain the rationale for such decision and may provide advice.</li> <li>o If after explanation of a decision and after further efforts to resolve the issues internally, the board remains unsatisfied, the board may forward in writing its concern, together with the manager's explanation, and an account of efforts made to resolve the issues internally, to the provincial head of social development, or the registration holder.</li> </ul> </li> </ul>
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## 12. Stock

Adequate and appropriate stock to meet at least the basic needs of children.

Children must be given sufficient food, clothing and other essentials to meet their daily living needs.

### Norms and standards

Ref No	Norms	Reference	Standards
12.1	Adequate provisions for the needs of children must be made in terms of linen, toiletries, personal hygiene, clothing and food	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• At all times children must be supplied with linen, toiletries, personal hygiene, clothing and food to meet their needs.</li> <li>• Control mechanism for the issuing of all stock.</li> </ul>
12.2	Adequate provisions must be made for maintaining the centre cleanly and hygienically.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The centre must be clean and hygienic at all times.</li> <li>• Control mechanism for the issuing of all stock.</li> </ul>

Ref No	Norms	Reference	Standards
12.3	Provisions must be made for adequate medical supplies as prescribed.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• Medical supplies as prescribed.</li> <li>• Control mechanism for the issuing of all stock.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
12.1	Adequate provisions for the needs of children must be made in terms of linen, personal hygiene, clothing, food	<ul style="list-style-type: none"> <li>• Prescribe minimum provisions.</li> <li>• Communicate minimum provisions.</li> <li>• Monitor the implementation of minimum provisions.</li> </ul>	<ul style="list-style-type: none"> <li>• Every child should receive one set of linen upon admission.</li> <li>• The following linen should be supplied in summer: <ul style="list-style-type: none"> <li>o 2 summer sheets</li> <li>o 1 pillow</li> <li>o 1 pillowcase</li> <li>o 1 blanket/duvet</li> </ul> </li> <li>• The following linen should be supplied in winter (depending on climate where the centre is located): <ul style="list-style-type: none"> <li>o 2 winter sheets</li> <li>o 1 pillow</li> <li>o 1 pillowcase</li> <li>o 2 blankets or 1 duvet and 1 blanket.</li> </ul> </li> <li>• The linen should be changed weekly.</li> <li>• The linen should be changed every time the child goes to court.</li> <li>• One towel and one face cloth should be supplied to every child.</li> <li>• Children are allowed to keep their facecloth and not return it to the centre upon release</li> <li>• The towel should be changed weekly or be changed every time the child goes to court.</li> <li>• All children should have access to shampoo and conditioner/moisturizer.</li> <li>• All children must be issued with an appropriate comb/brush upon admission. <ul style="list-style-type: none"> <li>o Boys should have access to an appropriate hair clipper.</li> <li>o Equipment must be appropriately sterilized after every child.</li> </ul> </li> <li>• Boys should have access to safe shaving equipment. <ul style="list-style-type: none"> <li>o Children must not be allowed to share a razor blade!</li> </ul> </li> <li>• Girls should have access to a hairdryer and hair care products.</li> <li>• Toiletries should be supplied to every child upon admission. <ul style="list-style-type: none"> <li>o 1 bar of bath soap</li> <li>o 1 toothbrush</li> <li>o Toothpaste</li> </ul> </li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
12.1			<ul style="list-style-type: none"> <li>o Roll on and facial cream</li> <li>o Aqueous Cream/body lotion (consider sensitivity)</li> <li>o Toilet paper</li> <li>o Girls must be supplied with adequate sanitary towels.</li> <li>• Boys should be supplied with the following clothing upon admission in summer: <ul style="list-style-type: none"> <li>o 2 boxer shorts/briefs</li> <li>o 2 pairs of socks</li> <li>o 1 set of summer pyjamas</li> <li>o 2 T-shirts</li> <li>o 2 Jeans</li> <li>o 1 set of school uniform</li> <li>o Tracksuit</li> <li>o Jersey</li> <li>o Sandals.</li> <li>o Closed, comfortable shoes</li> </ul> </li> <li>• Boys should be supplied with the following additional clothing upon admission in winter: <ul style="list-style-type: none"> <li>o 1 set of winter pyjamas</li> <li>o Beanie</li> <li>o Jacket</li> <li>o Tekkies</li> <li>o Jersey</li> </ul> </li> <li>• Girls should be supplied with the following clothing upon admission in summer: <ul style="list-style-type: none"> <li>o 3 panties</li> <li>o 3 brassieres</li> <li>o 2 pairs of socks</li> <li>o 2 shirts</li> <li>o 2 T-shirt</li> <li>o 2 Jeans</li> <li>o 1 set of school uniform</li> <li>o Tracksuit</li> <li>o Jersey</li> <li>o 1 set of summer pyjamas</li> <li>o Sandals</li> <li>o Closed shoes</li> <li>o Cycling shorts</li> </ul> </li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
12.1			<ul style="list-style-type: none"> <li>Girls should be supplied with the following additional clothing in winter:               <ul style="list-style-type: none"> <li>Jacket</li> <li>Beanie</li> <li>Sandals</li> <li>1 set of winter pyjamas</li> <li>Socks</li> <li>Jersey</li> </ul> </li> <li>Sufficient dry foods to prepare food for 3 weeks.</li> <li>Sufficient perishable food to prepare food for a week.</li> <li>All children must have access to washing powder/soap for personal laundry.</li> </ul>
12.2	Adequate provisions must be made for maintaining the centre cleanly and hygienically.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Cleaning detergents must be available</li> <li>The following detergents must be available in the laundry:               <ul style="list-style-type: none"> <li>Washing powder</li> <li>Fabric softener</li> <li>Stain remover</li> </ul> </li> </ul>
12.3	Provisions must be made for adequate medical supplies as prescribed.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>All medication must be secured in a lockable cabinet as prescribed per schedules.</li> </ul>

## Organisational enablers

### 13. Administration and management systems

All policies and procedures must be documented and made available to all staff members.

#### Norms and standards

Ref No	Norms	Reference	Standards
13.1	Children are admitted to the centre under statutory provisions and the relevant documentation to authorize placement.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> <li>A legal detention order, body receipt and assessment report are the statutory documents that allow placement of a child at an SCC.</li> <li>A medical certificate, birth certificate, identity document or affidavit providing information about the child's age must be furnished upon admission of the child</li> </ul>

13.2	Children are admitted under the procedural guidelines of the centre.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• An admissions register reflecting all the important essential information is kept at the registry.</li> <li>• An allocation register with the necessary information is maintained at registry</li> </ul>
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Ref No	Norms	Reference	Standards
13.3	Service delivery activities are recorded and documented to ensure regular monitoring, evaluation and quality of care.	<ul style="list-style-type: none"> <li>• Draft regulations under the Children's Act.</li> <li>• Diversion Norms &amp; Standards</li> <li>• ISDM for ratios</li> </ul>	<ul style="list-style-type: none"> <li>• Every child has his/her own permanent file in which all <ul style="list-style-type: none"> <li>o social work interventions</li> <li>o life space/child care interventions</li> <li>o health-related interventions</li> <li>o psychological interventions</li> <li>o occupational therapy</li> <li>o Educational interventions are recorded.</li> </ul> </li> <li>• Each file must contain: <ul style="list-style-type: none"> <li>o Assessment</li> <li>o Intervention plan</li> <li>o Progress reports</li> <li>o Evaluation</li> </ul> </li> <li>• A centralized location at each SCC</li> <li>• An access system to the filing system.</li> <li>• The current file must be kept for 5 years and then destroyed.</li> <li>• Every group must have a permanent file to record all group processes.</li> <li>• Ensure regular monitoring, evaluation and quality of care.</li> <li>• All confidential records (personnel, financial and client) are held in a secure place (preferably lock-up steel cabinets or a safe) accessible only to relevant staff and protected from fire.</li> <li>• Closed files are located in a strong room/lockable steel filing cabinet.</li> <li>• The case manager is the social worker.</li> <li>• Information is managed by the social worker who has access to the entire file.</li> <li>• Other members of the multi-disciplinary team have access to their own work in the main file through the clerk.</li> <li>• All role players who have access to the child's private file must sign a confidentiality pact with the institution.</li> </ul>



13.4	The behaviour of all children is recorded and documented to ensure regular monitoring, evaluation and quality of care.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Incident Book records the behaviour of children.</li> <li>An Incident Book is kept by child care workers.</li> <li>Critical behavioural incidents and disciplinary actions are documented in a Behaviour Management Register.</li> <li>Transgressions of the rules are reported by the professional and/or care staff to the management team at daily meetings.</li> </ul>
13.5	Critical and reportable incidents are documented under relevant legislation and policy.	Children's Amendment Act, 41 of 2007  Costing of the children's strategic plan and framework	Critical and reportable incidents are recorded and reported by the centre manager to the parent or guardian of the child, the police official and the provincial head of the Department of Social Development and the social worker dealing with the matter.

Ref No	Norms	Reference	Standards
13.6	Children must receive proper health care services.	Costing of the children's strategic plan and framework	Policy and procedure for the health care of children.
13.7	The release of children from the centre is documented.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>A register detailing the movement of children back to court and released from the centre is maintained.</li> <li>The care plan and IDP of children transferred to other residential programmes (e.g. reform schools) being transferred to the next placement.</li> <li>A progress report is submitted to the probation officer and court after completion of the diversion programme.</li> </ul>
13.8	The movement of children is managed and facilitated.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>The movement of persons over the age of 18 years is facilitated and managed.</li> <li>The movement of children with cases pending longer than six months is facilitated.</li> <li>The following forums (Case Flow Management and PCJF) will monitor the process</li> <li>The movement of children awaiting designation of a reform school is facilitated.</li> </ul>
13.9	Standardised forms are implemented to ensure quality and uniform service delivery.	Informed by practice and consultation at workshops	<p>The following standardized forms are implemented:</p> <ul style="list-style-type: none"> <li>Assessment form</li> <li>Process note</li> <li>Care plan</li> <li>IDP</li> <li>Progress report</li> </ul>

13.10	Standardised registers are implemented to ensure quality and uniform service delivery.	Informed by practice and consultation at workshops	The following standardized registers are implemented: <ul style="list-style-type: none"> <li>• Admission register</li> <li>• Allocation register</li> <li>• Behaviour management register</li> <li>• Incident book</li> <li>• Reportable incidents</li> <li>• Release register</li> </ul>
13.11	Supply chain management to be executed under provincial policy.	Informed by practice and consultation at workshops	The provincial policy must inform supply chain management processes.
13.12	Children have a right to their own clothes which are clean and in an acceptable condition.	Informed by practice and consultation at workshops	A documented procedure manual is in place for the laundry system.
13.13	Administrative system inclusive of all policies and procedures, in line with provincial policy.	Informed by practice and consultation at workshops	There is a documented procedure manual in place for administration processes.
13.14	Provincial transport policy to inform the use of official vehicles.	Transport policy	There is a documented procedure manual in place for the use of vehicles aligned with the provincial policy.

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
13.1	Children are admitted to the centre under statutory provisions and the relevant documentation to authorize placement.	Develop admission policy.	<ul style="list-style-type: none"> <li>• Customise admission policy and formats.</li> </ul>

13.2	Children are admitted under the procedural guidelines of the centre.	Develop admission procedures and formats.	<ul style="list-style-type: none"> <li>• Customise admission procedures.</li> <li>• A court order (J7) must accompany the child to the centre.</li> <li>• A body receipt (from SAPS) must accompany the child to the centre.</li> <li>• The assessment report from the probation officer must be faxed to the centre before the child is brought to the centre.</li> <li>• A medical certificate must be furnished upon admission of the child.</li> <li>• If a medical certificate is not furnished, the centre should arrange for an examination as soon as possible.</li> <li>• Children must be photographed upon admission for identification purposes.</li> <li>• An Admission Registers (manual or electronic) is kept at the administrative office.</li> <li>• The Admission register should reflect the following details: <ul style="list-style-type: none"> <li>o Identifying particulars of the child;</li> <li>o The offence charged with;</li> <li>o The next court appearance; and</li> <li>o The identifying particulars of parents/guardians</li> </ul> </li> <li>• An Allocation register is kept at the administrative office.</li> <li>• The Allocation Register should reflect the following details: <ul style="list-style-type: none"> <li>o The name of the child;</li> <li>o The room number to which the child is allocated; and</li> <li>o The name of the social worker managing the case.</li> </ul> </li> </ul>
13.3	Service delivery activities are recorded and documented to ensure regular monitoring, evaluation and quality of care.	<ul style="list-style-type: none"> <li>• Develop a policy on the recording of all interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Customise the policy to ensure: <ul style="list-style-type: none"> <li>o Individual case management.</li> <li>o Health management (medical and psychological).</li> <li>o Group work.</li> <li>o Developmental programmes (OT).</li> <li>o Care programme (child care workers)</li> </ul> </li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
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13.4	<p>The behaviour of all children is recorded and documented to ensure regular monitoring, evaluation and quality of care.</p>	<ul style="list-style-type: none"> <li>• Develop a policy directive to define non-acceptable and critical behaviour.</li> <li>• Develop a policy directive for behaviour management. The following behaviour management actions are prohibited: <ul style="list-style-type: none"> <li>o Group punishment.</li> <li>o Threats of removal, or removal from the programme.</li> <li>o Humiliation or ridicule.</li> <li>o Physical punishment.</li> <li>o Deprivation of basic rights and needs.</li> <li>o Denial of contact with family or significant others.</li> <li>o Isolation.</li> <li>o Restraint.</li> <li>o Assignment of inappropriate or excessive work.</li> <li>o Verbal, emotional or physical harm.</li> <li>o Punishment by another child.</li> <li>o Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict adherence to all other minimum standards.</li> <li>o Restraint can only be administered by trained personnel. This action must be documented.</li> </ul> </li> <li>• Develop a policy directive for the use of seclusion and restraint, inclusive of: <ul style="list-style-type: none"> <li>o Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict conditions.</li> <li>o Restraint can only be administered by trained personnel. This action must be documented.</li> <li>o A child may be isolated from other children, only if he or she cannot be managed and is deemed to be a danger to himself or herself or others, for a very limited period of no longer than two hours, to provide support and give him or her time to regain control and dignity.</li> <li>o Any child isolated from other children must be under the constant observation of a social worker or child and youth care worker or psychologist and must be provided with physical care, emotional support and counselling which assists in re-integration into the group as soon as possible.</li> <li>o No child may be isolated or locked up as a form of discipline or punishment.</li> <li>o The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Develop policy and procedure for the handling of : <ul style="list-style-type: none"> <li>o Incident Book.</li> <li>o Behaviour management register</li> </ul> </li> <li>• The Incident Book must be handed over from shift to shift.</li> <li>• The Incident Book should be kept by the Senior Child and Youth Care Worker.</li> <li>• Develop policy and procedure for the handling of the Behaviour Management Register.</li> <li>• The management team has Behaviour Management meetings daily.</li> <li>• The Behaviour Management Register must reflect the following: <ul style="list-style-type: none"> <li>o Name of the child</li> <li>o Details of behaviour</li> <li>o Corrective measure meted out</li> </ul> </li> <li>• A register must be maintained that records details and reasons for and period of a child's isolation, together with a report on the support and counselling provided and the response of the child during the period of isolation.</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
13.5	Critical and reportable incidents are documented under relevant legislation and policy.	<ul style="list-style-type: none"> <li>• Develop a policy directive to define critical and reportable incidents.</li> <li>• Reportable incidents include the following: <ul style="list-style-type: none"> <li>o Removal or attempted removal of a child by unauthorized persons.</li> <li>o Any situation in which restraint, isolation or prohibited behaviour management measures are used.</li> <li>o Allegations of physical, emotional, sexual or verbal abuse.</li> <li>o Absence of a child from the centre without permission.</li> <li>o Intervention by security personnel or the SAPS.</li> <li>o The death or injury of a child.</li> <li>o Criminal charges/conviction of any person involved with the centre.</li> <li>o Any substance abuse by personnel while on duty.</li> </ul> </li> </ul>	Develop the process to implement the policy directive.
13.6	Children must receive proper health care services.	<ul style="list-style-type: none"> <li>• Define the level of health care services that must be provided.</li> <li>• Cost these services.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, implement and budget for the services as prescribed.</li> <li>• The following procedures should be in place: <ul style="list-style-type: none"> <li>o Admission criteria for identifying ill children.</li> <li>o Safekeeping of all medication at the centre.</li> <li>o Procedures for dealing with children who are ill.</li> <li>o Guidelines for preventing the spread of diseases at the centre.</li> <li>o Referrals to provincial hospitals.</li> <li>o MOU with the provincial hospital.</li> </ul> </li> </ul>
13.7	The release of children from the centre is documented.		The procedure is developed for the release of children from the programme.
13.8	Re-admission of children who absconded from the centre occurs in line with current and relevant legislation.	Develop frameworks for the procedure for the re-admission of children to the programme.	Customise and implement the framework.
13.9	Standardised forms are implemented to ensure quality and uniform service delivery.	Develop frameworks for standardized forms	Customise and implement the framework.
13.10	Standardised registers are implemented to ensure quality and uniform service delivery.	Develop frameworks for standardized registers	Customise and implement the framework.

13.11	Supply chain management to be executed under provincial policy.		<ul style="list-style-type: none"> <li>• Customise provincial policy and procedure for supply chain management.</li> <li>• Maintain the inventory system.</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
13.12	Children have a right to their own clothes which are clean and in an acceptable condition.		Refer to care programme.
13.13	Administrative system inclusive of all policies and procedures, in line with provincial policy.		Refer to care programme. <ul style="list-style-type: none"> <li>• Customise provincial policy and procedure for administration processes, inclusive of:               <ul style="list-style-type: none"> <li>o Management of the photo copier.</li> <li>o Management of E-mail.</li> <li>o Management of cell phones</li> <li>o Management of use of stationary</li> <li>o Management of use of the telephone by staff.</li> <li>o Management of use of the telephone by children.</li> </ul> </li> </ul>
13.14	Provincial transport policy to inform the use of official vehicles.	<ul style="list-style-type: none"> <li>• Develop a framework for the transportation of children, inclusive of:               <ul style="list-style-type: none"> <li>o Strict safety measures should be in place when children are transported, ensuring that all transport operators are registered, suitably trained and qualified and possesses a valid drivers' license and permits as prescribed by the National transport legislation, policies and regulations.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Customise the national framework.</li> <li>• All vehicles transporting children should be safe, in good condition and adhere to the requirements as periodically published by the Minister of Transport.</li> </ul>

#### 14. Information Management

For the system to be able to respond to changing needs, the state must ensure that statistics are gathered on all aspects of the system. Through analysis of such data, the system can “learn” and adapt.

#### Norms and standards

Ref No	Norms	Reference	Standards
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14.1	Information management system for services to children.	Operational norms and standards for child care and protection	<ul style="list-style-type: none"> <li>• A Management Information System (MIS) for services to children that is integrated with the MIS for Social Welfare Services.</li> <li>• Information management system at national, provincial and centre level.</li> </ul>
14.2	Information flow between national, province, programme and other departments. National and Provincial Secure care (IAS and CYCA) and Probation Services Management systems must be established and maintained by DSD.	Operational norms and standards for child care and protection	<ul style="list-style-type: none"> <li>• Information management system at national, provincial and centre level.</li> </ul>

Ref No	Norms	Reference	Standards
14.3	Collection and collation of statistics for decision-making.	Norms and Standards for in-patient treatment	<ul style="list-style-type: none"> <li>• Information management system at provincial and centre level.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
14.1	Information management system for services to children.	<ul style="list-style-type: none"> <li>• Define and develop an MIS for services to children with the following minimum functionality: <ul style="list-style-type: none"> <li>o Database of all relevant legislation, policies, regulations, guidelines and norms &amp; standards.</li> <li>o National register of programmes for children.</li> <li>o Database of all service providers to children.</li> <li>o Database of all registered institutions providing partial and alternative care.</li> <li>o Confidential database of offenders.</li> </ul> </li> <li>• Maintenance of the IMS</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the system as prescribed.</li> <li>• Develop procedures for the collecting and collating of information.</li> <li>• Maintenance of the MIS.</li> </ul>

14.2	Information flow between national, province, programme and other departments. National and Provincial Secure care (IAS and CYCA) and Probation Services Management systems must be established and maintained by DSD.	<ul style="list-style-type: none"> <li>• National to develop an MOU and protocols with all stakeholders.</li> <li>• DSD to install and maintain the system.</li> <li>• It must be functional and monitored.</li> <li>• The user should be well informed on the program and the necessary training to be provided.</li> <li>• Have a backup system that is continuously updated for emergency purposes.</li> <li>• Central data control system.</li> </ul>	<ul style="list-style-type: none"> <li>• All stakeholders must be linked to the system.</li> <li>• DSD to install and maintain the system.</li> <li>• It must be functional, monitored and the user should be well informed on the program and necessary training to be provided.</li> <li>• Have a backup system that is continuously updated for emergency purposes.</li> <li>• Central data control system.</li> <li>• Confidentiality of information should always be a priority.</li> <li>• Staff members forwarding the information should be identified and should become part of the job profile.</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
14.3	Collection and collation of statistics for decision-making.	<ul style="list-style-type: none"> <li>• Define a system for the collection and collation of statistics, inclusive of but not limited to: <ul style="list-style-type: none"> <li>o Number of admissions per gender</li> <li>o Crime categories</li> <li>o Number of released children per gender</li> <li>o Many assessments done.</li> <li>o Number of children sentenced</li> <li>o Children awaiting designation.</li> <li>o Critical incidents. <ul style="list-style-type: none"> <li>• Serious injury</li> <li>• Abuse</li> <li>• Dearth</li> </ul> </li> <li>o Length of stay</li> <li>o Many children awaiting trial for longer than six months.</li> <li>o Abscondments.</li> <li>o Children over the age of 18 years.</li> <li>o Profile of children.</li> <li>o Profile of offences committed.</li> <li>o Foreign national children (unaccompanied and accompanied)</li> </ul> </li> </ul>	

## 15. Services to beneficiaries

### 15.1 Caring environment



The environment and resources at a secure care centre should be of such a nature that it provides in the basic care of children.

## Norms and standards

Ref No	Norms	Reference	Standards
15.1	A child, who is contained, has a right to the same quality of care as other children.	Regulations of the Children's Act	The basic needs of children must be met, according to the prescriptions.

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
15.1	A child, who is contained, has a right to the same quality of care as other children.		<ul style="list-style-type: none"> <li>• The basic needs of children must be met:</li> <li>• Shelter – see infrastructure</li> <li>• Food <ul style="list-style-type: none"> <li>o Develop a balanced menu plan.</li> <li>o Menu and portion size planned by a dietician</li> <li>o Children should receive 3 meals and 2 snacks per day.</li> <li>o Cultural and religious beliefs must be taken into consideration</li> </ul> </li> <li>• Water – see infrastructure</li> <li>• Sanitation – see infrastructure</li> <li>• Clothing – see stock</li> <li>• The Department of Public Works and the maintenance personnel should ensure that the premises inside and outside should be safe, free from harmful objects, clean and well maintained.</li> <li>• Cleaning personnel should ensure children are accommodated in a clean environment.</li> <li>• Children are assisted with practical access to legal counsel.</li> <li>• Children are provided with a private space to consult with their legal counsel.</li> </ul>

## 16. Transitional Planning

All services to children must be planned, and each stage of the process of planning must add value to the development of the child. An appropriate developmental assessment must be conducted as the key to decision making, programme referral and individual planning around the young person and his/her future.

#### Norms and standards

Ref No	Norms	Reference	Standards
16.1	Every child has the right to have his/her dignity respected and protected.	Minimum Standards for the South African Child and Youth Care System	<ul style="list-style-type: none"> <li>Children are received in a manner and into a climate that is caring and safe, and which minimizes trauma and maximizes developmental opportunity during the admission process.</li> <li>The age, gender, sexual orientation and any form of disabilities should be considered upon admission.</li> </ul>
16.2	Children must be exposed to professionalism at all times.	Informed by practice and consultation at workshops	Every engagement with the child must be conducted professionally.

Ref No	Norms	Reference	Standards
16.3	A child is assisted to adjust to the programme in the least obtrusive and traumatic manner.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Children are received by a social worker or experienced child care worker.</li> <li>Children are orientated to the resources, routines and rules of the programme.</li> <li>Special provision to be made for the reception of children with disabilities or special needs.</li> </ul>

16.4	A child has the right to continuity of care within the centre.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The social worker must interview the child within 24 hours of admission.</li> <li>• The social worker must also ascertain a record of services that the child has received.</li> <li>• The developmental assessment must be conducted within two weeks of admission.</li> <li>• Developmental assessment must be conducted by at least two multi-disciplinary team members.</li> <li>• Children and their families/significant others must participate in the assessment process.</li> <li>• The medical assessment must be conducted within 24 hours of admission or immediately if there is a need.</li> <li>• Each child must be assessed by a child and youth care worker.</li> <li>• Children showing signs of psychological problems must be assessed by a psychologist within 72 hours.</li> <li>• The care plan is developed within 6 weeks after admission.</li> <li>• The care plan must be explained to the parents/significant others and a copy provided to them.</li> <li>• Review of the care plan every 3 months.</li> <li>• IDP drafted by a team from the developmental assessment within 3 weeks of the care plan.</li> <li>• Review of the IDP every 3 months.</li> <li>• The child's intervention plan must be in accordance with the developmental assessment, care plan and IDP.</li> <li>• The Care Plan should accompany the child which will allow for a continuation</li> </ul>
16.5	A child has the right to continuity of care after release from the centre.	Minimum Standards of the Child and Youth Care System	<ul style="list-style-type: none"> <li>• Children are provided with sufficient information regarding their immediate future, their next placement, or the next step in their Care Plan.</li> <li>• Children are linked with resources after release from the centre.</li> <li>• The social worker must make the first appointment with the external professional before the child is released.</li> </ul>
16.6	The movement of children is managed and facilitated.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• The movement of persons over the age of 18 years is facilitated and managed.</li> <li>• The movement of children with cases pending longer than six months is facilitated.</li> <li>• The following forums (Case Flow Management and Provincial Child Justice Forum) will monitor the process.</li> <li>• The movement of children awaiting the redesignation of a reform school is facilitated.</li> </ul>
16.7	Re-admission of children who absconded from the centre occurs in line with current and relevant legislation.	Informed by practice and consultation at workshops	Maintain a register for children who abscond.

Ref No	Norm	National guidelines	Provincial guidelines
16.1	Every child has the right to have his/her dignity respected and protected.		<ul style="list-style-type: none"> <li>• The social worker or senior child care worker must be available for the admission of children to the programme.</li> <li>• The child should be escorted to his/her room.</li> <li>• Children are engaged by the social worker/child care worker within two to three hours after arrival.</li> <li>• The social worker and care worker must assist the child in adjusting to the new environment in terms of their different roles.</li> </ul>
16.2	Children must be exposed to professionalism at all times.		Every engagement with the child must be conducted professionally.
16.3	A child is assisted to adjust to the programme in the least obtrusive and traumatic manner.		<ul style="list-style-type: none"> <li>• An appropriate orientation programme is provided to all children.</li> <li>• Children are introduced to the personnel.</li> <li>• Children are informed about who their case manager is and give information on access to the case manager.</li> <li>• Children are provided with information regarding the centre's expectations.</li> <li>• Children receive information regarding the centre rules, their rights, their responsibilities and resources available, including search practices of property and the self.</li> <li>• Children receive information on the routines of the centre.</li> </ul>

16.4	A child has the right to continuity of care.		<ul style="list-style-type: none"> <li>• The social worker must ensure that there is continuity of care for the children and that they understand the link between the previous circumstances, the present placement and the future-plan.</li> <li>• Children are given information regarding their present placement and the plan for their immediate future.</li> <li>• The child is developmentally assessed following the prescribed assessment format.</li> <li>• Each child must be assessed by a child and youth care worker.</li> <li>• The medical assessment must be conducted following the prescribed format.</li> <li>• A psychological assessment must be conducted following the prescribed format.</li> <li>• A care plan is developed following the prescribed format.</li> <li>• The IDP is developed following the prescribed format.</li> <li>• Review IDP following the prescribed format.</li> <li>• Discuss IDP with relevant parties.</li> <li>• The IDP should include: <ul style="list-style-type: none"> <li>o Health needs and health promotion</li> <li>o Care needs include safeguarding and promoting the welfare</li> <li>o Education needs and attainment targets</li> <li>o Cultural, religious, language and racial needs and how they will be met</li> <li>o Leisure needs</li> <li>o Contact arrangements with family, friends and significant others.</li> </ul> </li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
16.5	A child has the right to continuity of care after release from the centre.		<ul style="list-style-type: none"> <li>• Prepare the child for their next placement or release.</li> <li>• Refer the case, in writing, to an external social worker for aftercare services.</li> </ul>
16.6	The movement of children is managed and facilitated.		<ul style="list-style-type: none"> <li>• The movement of persons over the age of 18 years is facilitated and managed.</li> <li>• The movement of pregnant girls to a more appropriate residential facility is facilitated and managed.</li> <li>• The movement of children with cases pending longer than six months is facilitated.</li> <li>• The movement of children awaiting the designation of a reform school is facilitated.</li> </ul>
16.7	The movement of children is managed and facilitated.	Develop frameworks for a procedure for the movement of children not appropriately placed in the programme.	Customise and implement the framework.

## 17. Programmes

Secure care centres must offer programmes that can and do meet the full range of developmental needs appropriate to the age, gender, disability and developmental phase of the child, including emotional, physical, spiritual, intellectual, and social needs.

Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, prevention, early intervention, educational bridging, drop-in shelter, 5-day care, weekend treatment, community-family care, etc. AFTERCARE- DIVERSION

## Norms and standards

Ref No	Norms	Reference	Standards
17.1	Children have the right to have their basic needs met. (Care programmes)	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>Structured daily programmes are designed, documented and implemented.</li> <li>The daily programs must be clearly displayed.</li> <li>The daily programme must be structured in such a way that it takes into consideration the movement of children.</li> </ul>
17.2	Children have a right to participate in structured counselling and therapy	Regulations of the Children's Act.	<ul style="list-style-type: none"> <li>Children participate in a structured therapeutic programme as indicated in their IDP, or as required daily, or in a particular crisis.</li> <li>Individual and group programmes are designed in a modular format (one module builds on the next) to meet the needs of children.</li> <li>Programmes must be designed to allow new members into the group at any given stage</li> <li>Structured programmes are designed, documented and implemented.</li> <li>Children have an individual/group programme.</li> <li>Children have access to an occupational therapy programme that is suitable to their developmental needs.</li> </ul>

Ref No	Norms	Reference	Standards
17.3	Children have the right to participate in development programmes.	Children's Act	<ul style="list-style-type: none"> <li>Structured programmes are designed, documented and implemented.</li> <li>Children have access to an educational, vocational and life skills programme that is suitable to their capacity, circumstances and developmental needs.</li> <li>Children have access to an entrepreneurial programme that is suitable to their capacity, circumstances and developmental needs.</li> <li>Children have access to an occupational therapy programme that is suitable to their developmental needs.</li> <li>Children have access to a health care programme that is suitable to their capacity, circumstances and developmental needs.</li> </ul>

17.4	Children have the right to a recreational programme.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• Structured programmes are designed, documented and implemented.</li> <li>• Children have access to sports facilities and are allowed to participate in sports activities.</li> <li>• In-door and out-door programmes must be supervised.</li> <li>• In-door and out-door programmes must form part of the therapeutic milieu (e.g. team games to teach teamwork)</li> <li>• Participation is voluntary.</li> </ul>
17.5	Children have the right to spirituality/religious programmes in line with their beliefs.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• Each child must be allowed to participate in the religious activities of his or her choice.</li> <li>• Participation is voluntary.</li> </ul>
17.6	Children experience an environment in which their cultural beliefs are respected and nurtured.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> <li>• Cultural programmes are part of the daily programme.</li> <li>• Each child must be allowed to participate in cultural activities.</li> <li>• Participation is voluntary.</li> </ul>
17.7	Children have the right to diversion programmes, if so ordered.	Regulations of the Children's Act	<ul style="list-style-type: none"> <li>• Structured programmes are designed, documented and implemented.</li> <li>• Holistic diversion programmes involve parents, caregivers and children.</li> <li>• Diversion programme to promote the participation of children in decision-making.</li> <li>• All children must have access to diversion programmes if so ordered.</li> </ul>
17.8	Children, youth and families from the surrounding communities can access a variety of programmes and resources at the centre. (Outreach and prevention programmes)	Regulations of the Children's Act.	<ul style="list-style-type: none"> <li>• Planned awareness and prevention programmes are designed, documented and implemented at regular intervals with communities.</li> </ul>
17.9	Programmes may be developed in-house or may be purchased from other service providers.	Children's Act	<ul style="list-style-type: none"> <li>• Programmes must be according to design principles as outlined by the national department of social development.</li> <li>• Provision must be made for the purchasing of programmes for subsidization to take place.</li> </ul>

## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
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17.1	Children have the right to have their basic needs met. (Care programmes)	<ul style="list-style-type: none"> <li>• The structured daily programmes must be prescribed and include: <ul style="list-style-type: none"> <li>o Personal hygiene, e.g. brush teeth, shower/bath, dress properly, cleaning of rooms</li> <li>o School programme, e.g. motivate them to attend, supervise and ensure they're dressed properly, ensure they take responsibility for learning material</li> <li>o Homework, e.g. supervise and assist with homework</li> <li>o Socialisation, e.g. play together, encourage to participate, encourage to stick to the rules of the games, to listen to each other</li> <li>o Management of space, e.g. make their beds, pick up their clothes</li> <li>o Quiet time</li> <li>o A dining hall, e.g. use of cutlery, portion control, etiquette, wash hands, pray</li> <li>o Bedtime, e.g. tidy rooms, shower and dress correctly, prepare for next day, wash their socks/underwear, emotional support, life space interviews, listen to them</li> </ul> </li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	Implementation of the prescribed programmes.
17.2	Children have a right to participate in structured counselling and therapy	<ul style="list-style-type: none"> <li>• The following programmes must be developed and prescribed: <ul style="list-style-type: none"> <li>o Substance abuse programme</li> <li>o Anger management programme</li> <li>o Court preparation (pre &amp; post)</li> <li>o Counselling</li> <li>o Behaviour management programme</li> <li>o Leadership development programme</li> <li>o HIV/AIDS programme</li> <li>o Family reunification programme</li> <li>o Moral regeneration programme</li> </ul> </li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual counselling must be based on the developmental assessment of the child and provide psycho-social care and support to the child.</li> <li>• Implementation of the prescribed programmes.</li> </ul>



17.3	Children have the right to participate in development programmes.	<ul style="list-style-type: none"> <li>• The following programmes must be developed and prescribed: <ul style="list-style-type: none"> <li>o Computer skills, Carpentry, Welding, Catering, Plumbing, Sewing, Career guidance, Job readiness</li> <li>o Mentorship programme</li> <li>o Life skills programme</li> <li>o Moral education</li> <li>o Observe all medical/health calendar events</li> <li>o Personal hygiene</li> <li>o Sex &amp; sexuality</li> <li>o HIV/AIDS, STI/STD</li> <li>o Substance abuse prevention &amp; treatment,</li> </ul> </li> <li>• Healthy living &amp; maintaining a healthy lifestyle</li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	Implementation of the prescribed programmes.
17.4	Children have the right to a recreational programme.	<ul style="list-style-type: none"> <li>• The following programmes must be developed and prescribed: <ul style="list-style-type: none"> <li>o Different sporting codes</li> <li>o Obstacle course</li> </ul> </li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	Implementation of the prescribed programmes.
17.5	Children have the right to spirituality/religious programmes in line with their beliefs.	<ul style="list-style-type: none"> <li>• The following programmes must be developed and prescribed: <ul style="list-style-type: none"> <li>o Spiritual readings</li> <li>o Hymns/praises</li> <li>o Prayer, worship and/or rituals</li> <li>o Life testimonies</li> <li>o Meditation</li> <li>o Celebrate all special days (Diwali, Eid, Christmas)</li> <li>o The programmes must be communicated to the provinces.</li> </ul> </li> <li>• Implementation must be monitored.</li> </ul>	Implementation of the prescribed programmes.
17.6	Children experience an environment in which their cultural beliefs are respected and nurtured.	<ul style="list-style-type: none"> <li>• The following programmes must be developed and prescribed: <ul style="list-style-type: none"> <li>o Indigenous games</li> <li>o Traditional dance &amp; music</li> <li>o Modern dance</li> <li>o Poetry</li> <li>o Story-telling</li> <li>o Crafts</li> <li>o Heritage celebrations</li> </ul> </li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	Implementation of the prescribed programmes.

Ref No	Norm	National guidelines	Provincial guidelines
17.7	Children have the right to diversion programmes if so ordered.	<ul style="list-style-type: none"> <li>• Diversion programmes must be developed to include a restorative justice element that aims at healing relationships, including the relationship with the victim, and also include an element that seeks to ensure that the child understands the impact of his or her behaviour on others, including the victim of the offence, and may include compensation or restitution.</li> <li>• The programmes must be developed and prescribed.</li> <li>• A system for monitoring the child's progress, and compliance with the conditions of a diversion order must be developed and prescribed.</li> <li>• A framework for a report d to court in terms of the child's compliance with the conditions of a diversion order must be developed and prescribed.</li> <li>• The programmes, monitoring system and report framework must be communicated to the provinces.</li> <li>• Implementation of the programmes, monitoring system and report the framework must be monitored.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the prescribed programmes.</li> <li>• The selection of a diversion programme must be based on an assessment of the particular needs of the child, which covers: <ul style="list-style-type: none"> <li>o Details on risk factors associated with offending that are present in the child's life, such as social relationships, (including family and peer relationships), education, (including school grade), attendance and performance, history of antisocial behaviour, substance abuse, medical/psychiatric history, the child's developmental areas that the programme is designed to address strength assessment.</li> </ul> </li> <li>• A system for monitoring the child's progress, including his or her compliance with the conditions of a diversion order, must be developed.</li> <li>• After completion of the programme, a report must be submitted to the court in terms of the child's compliance with the conditions of a diversion order.</li> <li>• Children who cannot afford transport to attend selected diversion programme must, as far as is reasonably possible, be provided with the means to do so</li> </ul>
17.8	Children, youth and families from the surrounding communities can access a variety of programmes and resources at the centre. (Outreach and prevention programmes)	<ul style="list-style-type: none"> <li>• The programmes must be developed and prescribed.</li> <li>• The programmes must be communicated to the provinces.</li> <li>• Implementation must be monitored.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the prescribed programmes.</li> <li>• Programmes must be aimed at addressing community risk factors including abuse, violence, substance abuse and crime.</li> <li>• Programmes must provide education and awareness on children's rights and responsibilities</li> <li>• Programmes must promote advocacy for the rights of children as well as for the needs of the most vulnerable children and families</li> <li>• Programmes must provide information on early identification of risk factors in children and families</li> <li>• Programmes must promote opportunities for community dialogue on matters about children.</li> <li>• Programmes must provide information on community risk factors and available resources to address them.</li> </ul>
17.9	Programmes may be developed in-house or may be purchased from other service providers.	<ul style="list-style-type: none"> <li>• Design and develop programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Customise programmes according to need.</li> </ul>

## Ethos of services

### 18. Children's Rights

The programme must be rights-based and at all times, all children must be made aware of their rights and responsibilities within the programme, in a manner and form which takes into account their age, capacity and linguistic heritage.

#### Norms and standards

Ref No	Norms	Reference	Standards
18.1	Children in conflict with the law (whether immigrant child, refugee child, and unaccompanied foreign children) are entitled to the same rights as any other child.	Regulations of the Children's Act.	<ul style="list-style-type: none"><li>• A child must be detained only as a measure of last resort.</li><li>• A child must be detained for the shortest appropriate period-of-time.</li><li>• The rights and responsibilities of children must be displayed in the centre.</li></ul>
18.2	Children are appropriately sanctioned by management when transgressing.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"><li>• List of acceptable sanctions.</li></ul>
18.3	A child's right to human dignity must be upheld.	Constitution	<ul style="list-style-type: none"><li>• All practices that violate a child's rights are non-negotiable.</li></ul>
18.4	Children have the right to participate in decisions and matters affecting them.	TCYCS	<ul style="list-style-type: none"><li>• Mechanisms in place for all children to participate.</li></ul>
18.5	Children have a right to maintain contact with their families.	TCYCS	<ul style="list-style-type: none"><li>• Access to family, guardian or caregiver.</li></ul>

#### Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
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18.1	Children in conflict with the law whether immigrant children, unaccompanied foreign children are entitled to the same rights as any other child.	<ul style="list-style-type: none"> <li>• The Blueprint gives expression as to how children's rights are upheld within a secure care setting.</li> <li>• Child Protection norms and standards to inform the management of immigrant children and unaccompanied foreign minors.</li> </ul>	<ul style="list-style-type: none"> <li>• Do a comparative analysis against the Blueprint.</li> <li>• Develop a plan of action to improve adherence to all rights.</li> <li>• The rules, routine, rights and responsibilities of children must be visibly displayed and discussed.</li> <li>• The personal information of children is treated respectfully and confidentially.</li> <li>• Whenever possible, children should give informed consent for any personal information to be communicated to others.</li> <li>• No audio tapes, photographs, videotape/films may be recorded/taken which can positively identify children.</li> <li>• Children are provided with their own personal space within the living quarters.</li> <li>• Children are given privacy when using the ablution facilities.</li> <li>• Children have the right to privacy during discussions with families or significant others. Privacy can be denied when it can be shown not to be in the best interest of the child.</li> <li>• Children have the right to send and receive mail that is not read by others. When mail has to be read by a personnel member, the child has the right to be present.</li> <li>• Cupboards and other containers are not searched without the child being present and without justifiable cause.</li> <li>• Children may not be exposed to undue influence regarding their sexual orientation.</li> <li>• Significant events in the child's life, as well as rites of passage associated with their cultural or religious heritage, are acknowledged.</li> <li>• Catering should provide for cultural and religious heritage.</li> <li>• Each child must be allowed to participate in the religious activities of his or her choice.</li> <li>• Provision must be made for an interpreter well versed in sign language or any other language.</li> <li>• Children and families are informed of visitation days. Contact can be denied when it can be shown not to be in the best interest of the child.</li> <li>• Transport from a specified point (e.g. station) is provided to visitors when the centre is situated far from transport routes.</li> <li>• Accommodation is provided to visitors travelling from far.</li> <li>• Children and families are informed of how and when telephonic contact is allowed.</li> <li>• Application to court for leave of absence for children who need to attend to matters in the community, e.g. terminally ill immediate family, funerals, etc.</li> <li>• Children are encouraged to demonstrate positive behaviour by: <ul style="list-style-type: none"> <li>o Ensuring that there is adequate information and communication on centre routines, rules, expectations and responsibilities, which facilitates understanding and cooperation.</li> <li>o Assisting to meet behavioural expectations through skill development and therapeutic support.</li> <li>o Staff modelling (demonstration) of expected behaviours and attitudes in their interactions with children.</li> <li>o Ensuring awareness of the consequences of their behaviour in the centre and their communities/homes.</li> </ul> </li> <li>• Providing opportunities to demonstrate and practise positive behaviours.</li> </ul>
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Ref No	Norm	National guidelines	Provincial guidelines
18.2	Children are appropriately sanctioned by management when transgressing.	<ul style="list-style-type: none"> <li>The Blueprint gives expression as to how children's rights are upheld within a secure care setting.</li> <li>Child Protection norms and standards to inform the management of immigrant children and unaccompanied foreign minors.</li> </ul>	<p>The following behaviour management actions are prohibited:</p> <ul style="list-style-type: none"> <li>Group punishment.</li> <li>Threats of removal, or removal from the programme.</li> <li>Humiliation or ridicule.</li> <li>Physical punishment.</li> <li>Deprivation of basic rights and needs.</li> <li>Denial of contact with family or significant others.</li> <li>Isolation.</li> <li>Restraint.</li> <li>Assignment of inappropriate or excessive work.</li> <li>Verbal, emotional or physical harm.</li> <li>Punishment by another child.</li> <li>Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict adherence to all other minimum standards.</li> <li>Restraint can only be administered by trained personnel. This action must be documented.</li> <li>A child may be isolated from other children, only if he or she cannot be managed and is deemed to be a danger to himself or herself or others, for a very limited period of no longer than two hours, to provide support and give him or her time to regain control and dignity.</li> <li>Any child isolated from other children must be under the social worker or child and youth care worker or psychologist and must be provided with physical care, emotional support and counselling which assists in re-integration into the group as soon as possible.</li> <li>No child may be isolated or locked up as a form of discipline or punishment.</li> <li>The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room.</li> <li>A register must be maintained that details the reasons for and period of a child's isolation, together with a report on the support and counselling provided and the response of the child during the period of isolation.</li> <li>Children are informed about policy and procedure regarding reportable incidents or actions and are provided with information and knowledge which ensure that they can use these procedures effectively when needed.</li> <li>Reportable incidents include the following: <ul style="list-style-type: none"> <li>Removal or attempted removal of a child by unauthorized persons.</li> <li>Any situation in which restraint, isolation or prohibited behaviour management measures are used.</li> <li>Allegations of physical, emotional, sexual or verbal abuse.</li> <li>Absence of a child from the centre without permission.</li> <li>Intervention by security personnel or the SAPS.</li> <li>The death or injury of a child must be reported on a form corresponding with Form 39.</li> <li>Criminal charges/conviction of any person involved with the centre.</li> <li>Any substance abuse by personnel while on duty.</li> </ul> </li> </ul>

Ref No	Norm	National guidelines	Provincial guidelines
18.3	A child's right to human dignity must be upheld.		<ul style="list-style-type: none"> <li>Children must be informed of searching practices and consent to them as part of the orientation programme.</li> <li>All searching of the children's private belongings and parcels may only occur in the presence of the child.</li> <li>All illegal substances and weapons should be immediately confiscated and disposed of appropriately.</li> <li>The bodily integrity of children may not be violated by routine or unauthorized bodily searches.</li> <li>Bodily searches on children may only be conducted by a personnel member of their own gender.</li> </ul>
18.4	Children have the right to participate in decisions and matters affecting them.		<ul style="list-style-type: none"> <li>A children's forum must be established that allows for meaningful participation of children in the operation of the centre.</li> <li>A Children's Forum is formed, consisting of a representative number of children within the programme.</li> <li>The proceedings of this Forum are documented.</li> <li>The minutes of the proceedings are being provided to the head of the centre.</li> <li>Appropriate action is taken to address concerns raised.</li> <li>Feedback regarding action taken is given to the Forum.</li> <li>Children must be provided with a description of the relevant complaints procedure that is age and language appropriate.</li> <li>Complaints must be dealt with seriously, timely and fairly.</li> </ul>
18.5	Children have a right to maintain contact with their families.	Develop, in conjunction with the Family Directorate, a policy for family preservation within the secure care programme.	<ul style="list-style-type: none"> <li>Implement national policy.</li> <li>Ensure access to families, guardians or caregivers through: <ul style="list-style-type: none"> <li>o Phone calls</li> <li>o Visiting times</li> <li>o Open days</li> </ul> </li> </ul>

## 19. Transversal areas

### 19.1 Monitoring and Evaluation

All programmes and activities must be monitored effectively and is essential for measuring the success of service provision. This will assist service providers at all levels to manage their programmes and activities better by providing timely feedback on whether or not services provided respond to the needs of clients, and whether they are consistent with the overall realisation of the objectives of the Centre. The feedback provided can be used to improve current operations and to provide the basis for future strategic planning.

#### Norms and standards

Ref No	Norms	Reference	Standards
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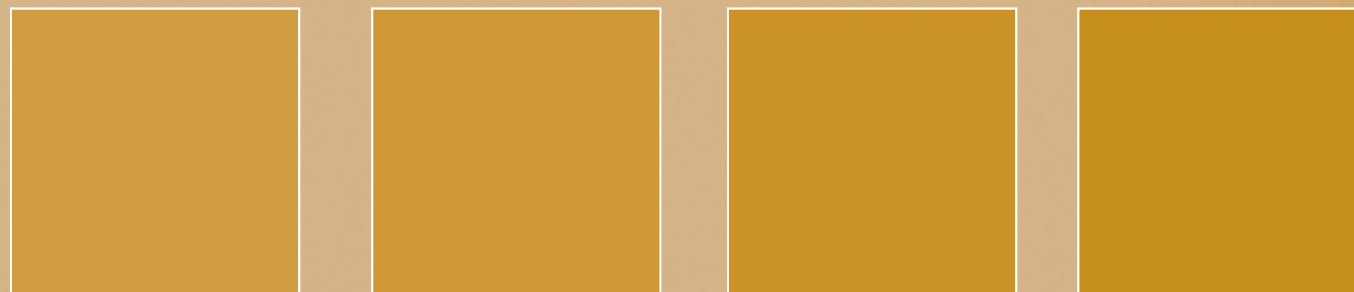
19.1	Policy and delivery adherence.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> <li>• Every centre must be subjected to a quality assurance programme.</li> <li>• The centre must undergo a developmental quality assurance process within 4 years of registration.</li> <li>• The DQA process is confidential.</li> <li>• The adherence to national norms and standards.</li> </ul>
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## Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
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19.1	Policy and delivery adherence.	Develop and monitor an evaluation system with indicators.	<ul style="list-style-type: none"> <li>• Implement the monitoring and evaluation system (DQA).</li> <li>• An internal assessment is undertaken by the management and staff members of the centre.</li> <li>• A team, consisting of members from the government and non-government sector, should conduct an external and independent developmental quality assurance of the centre.</li> <li>• A report and organizational development plan must be established between the teams by agreement.</li> <li>• A mentor must be appointed to oversee the implementation of the plan by the management of the centre.</li> <li>• The progress in implementing the organizational development plan should be reviewed within one year of the developmental quality assurance.</li> <li>• The developmental quality assurance process must be periodically repeated at intervals of 2-3 years.</li> <li>• The information gained about the organisation, the staff and/or the service recipients in the course of the DQA, is confidential. Only those who have a professional reason to have the information should be given it.</li> <li>• The assessment must be completed within 1 month of the developmental quality assurance.</li> <li>• The team which will do the particular DQA should be given the internal DQA to study at least 2 weeks before the DQA assessment.</li> <li>• In an extreme case where one person does the DQA, the person should consult with at least two other professionals before doing the ODP.</li> <li>• The DQA involves an assessment of whether rights are appropriately protected and whether the organisation is complying with and implementing the RSA Constitution and the relevant international instruments supported by South Africa. Where serious violations are discovered, these should be reported in writing by the DQA team to the appropriate authorities within 48 hours of the on-site assessment.</li> <li>• The report must be presented to the management and personnel within 21 days of the developmental quality assurance.</li> <li>• The mentor must be appointed within 10 days of the plan being presented to the management and personnel.</li> <li>• The review is carried out by one person (preferably the mentor), not a team.</li> <li>• The DQA Review results in an "updated" report and ODP which is then monitored until the next full DQA assessment.</li> <li>• The monitoring and evaluation of a provincial programme lie with the provincial office.</li> </ul>
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# APPENDIX 14

## ALTERNATIVE CARE SUPERVISION SERVICES



## ALTERNATIVE CARE SUPERVISION SERVICES

I/We \_\_\_\_\_ hereby declare (tick where applicable)

That the contents of the report were discussed with me/us.

That I am/we are aware of the fact that I am/we are entitled to participate in proceedings of the review of the child(ren) concerned.

That I am/we are aware that the extension of the order for a further period is recommended.

That I am/we are aware that a transfer is recommended.

That I am/we are aware that a discharge is recommended.

I am/we are satisfied/not satisfied with the recommendation of the social worker.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Foster mother: \_\_\_\_\_

Foster father: \_\_\_\_\_

Manager of a cluster foster care scheme:  
\_\_\_\_\_

Manager of the child and youth care centre:  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ (social worker) hereby declare that the contents of the report dated \_\_\_\_\_ were discussed with Mr/Mrs \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_



# **APPENDIX 15**

## **REVIEWED ACCREDITATION GUIDELINES FOR ADOPTION SERVICE PROVIDERS**



## **REVIEWED ACCREDITATION GUIDELINES FOR ADOPTION SERVICE PROVIDERS**

**REVIEWED: FEBRUARY 2019**

### **1. INTRODUCTION**

The accreditation of service providers in the adoption field is one of the crucial elements in the care and protection of children. Therefore, it must be rendered by competent and experienced adoption service providers.

Adoption is a field that requires experience in child care and protection services; therefore adoption services have to be rendered by adoption social workers in terms of section 250 of the Children's Amendment Act 18 of 2016, which defines adoption social workers as social workers in private practice, social workers in the employ of the Department of Social Development, and social workers in the employ of an accredited child protection organisation. According to section 251 of the Act, the Director-General may prescribe the process to accredit a social worker in private practice as an adoption social worker and a designated child protection organisation to provide adoption services. Section 259 of the Act stipulates that the South African Central Authority on Intercountry Adoption may accredit a designated child protection organisation to provide inter-country adoption services.

### **2. BACKGROUND**

Adoption services are regulated by the Children's Act and Social Service Professions Act 110 of 1978 which requires that adoption service providers must be registered with the South African Council for Social Service Professions (SACSSP), referred to as the Council, as adoption social workers. The South African Association for Social Workers in Private Practice (SAASWIPP) was previously mandated by the Council to accredit adoption of social workers in private practice, which changed with the implementation of the Children's Act (Act No. 38 of 2005). The Department of Social Development is now mandated with the responsibility of accrediting both the social workers in private practice and designated child protection organisations to provide adoption services.

The Children's Act does not make provision for adoption social workers in private practice to provide inter-country adoption services.

### **3. LEGAL FRAMEWORK**

Accreditation of adoption service providers complies with the following National and International legislation:

#### **3.1. National Legislation**

- The Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996)
- Children's Act, 2005 (Act No. 38 of 2005)
- Domestic Violence Act, 1993 (Act No. 133 of 1993)
- Criminal Procedure Act, 1951 (Act No. 77 of 1951)
- Social Service Professions Act, 1978 (Act No. 110 of 1978)
- Birth and Death Registration Act, 1997 (Act No. 67 of 1997)
- Sexual Offences and Related Matters Act, 2007 (Act No. 32 of 2007)
- Prevention and Combating of Trafficking in Persons Act, 2013 (Act No. 7 of 2013)
- Film and Publication Act, 1996 (Act No. 65 of 1996)
- Nonprofit Organisation Act, 1997 (Act No. 71 of 1997)
- Promotion of Access to Information Act 2, 2000 (Act 2 of 2000)
- Protection of Personal Information Act, 2013

#### **3.2. International Legislation**

- United Nations Convention on the Rights of the Child (1989)
- Hague Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption (1993)
- African Charter of the Rights of the Child (1990)
- Hague Convention on Civil Aspects of International Child Abduction (1996)
- United Nations Protocol to Prevent Trafficking in Persons (2000)

### **4. PURPOSE OF ACCREDITATION**

The purpose of accreditation is to ensure that adoption services are rendered by competent adoption service providers under the Children's Act and the Hague Convention on the Protection of Children and Cooperation in respect of Inter-country Adoption of 23 May 1993, (hereinafter referred to as "The Hague Convention").

## 5. THE NEED FOR ACCREDITATION

The Department of Social Development (DSD) is committed to overseeing the provision of adoption services that guarantee respect for the rights of the child as enshrined in the Constitution of the Republic of South Africa and international legislation. To achieve this commitment, the Department has to accredit designated child protection organisations and social workers in private practice who meet the accreditation requirements to provide national and intercountry adoption services.

## 6. OBJECTIVES OF ACCREDITATION

The objectives of accreditation of social workers in private practice and child protection organisations are to:

- Ensure the credibility of adoption social workers in private practice and child protection organisations rendering adoption services;
- Safeguard and protect children that are to be placed in adoption;
- Prevent illegal and improper/unethical practices in adoption services;
- Ensure that the adoption social workers in private practice and designated child protection organisations meet the accreditation criteria for rendering adoption services;
- Ensure that there is the monitoring of adoption services rendered by accredited child protection organisations and adoption social workers in private practice, and
- Ensure compliance to the ethical standards, under the social work ethics and norms of the SACSSP; quality services, principles and requirements of the Children's Act and the Hague Convention on Inter-country Adoption.

## 7. DEFINITIONS AND ABBREVIATION

- **Accreditation:**

The process of granting recognition to adoption social workers in private practice and designated Child Protection Organisations based on the specified criteria, to partner with the Department of Social Development in providing adoption services under section 251 and section 259 of the Act.

- **Adoption services:**

- i. Therapeutic counselling, including preparation of the biological parent/s or guardian/s of the child; where applicable, taking into account the child's age, maturity and stage of development; and the prospective adoptive parent/s;
- ii. Assessment of a child by an adoption social worker in terms of section 230(2) of the Children's Act;
- iii. Recruitment of prospective adoptive parents; assessment of the prospective adoptive parent/s by an adoption social worker in terms of section 231(2);

- iv. Gathering of information for proposed adoptions as contemplated in section 237;
- v. Preparation of reports on the proposed adoption as contemplated in section 239(1) (b);
- vi. Provision of aftercare services to biological parent/s, adoptive families and adopted children;
- vii. Promotion of adoption services through community awareness campaigns and recruitment of prospective adoptive parent/s;
- viii. Origin inquiries and tracing of the parties involved in the adoption

- **Adoption social worker:**

As defined in the Children's Act 38 Of 2005:

(a) A social worker in private practice who-

- i. is accredited in terms of section 251 of the Act to provide adoption services; and
- ii. is registered with the SACSSP in terms of the Social Service Professions Act (Act No. 110 of 1978);
- iii. Registered as an adoption specialist with SACSSP

**(b)** a social worker in the employ of a designated child protection organisation (CPO) which is accredited in terms of section 251 and 259 of the Act to provide adoption services; or

**(c)** a social worker in the employ of the Department of Social Development.

- **Adoption unit:**

An adoption unit means a group of three or more adoption social workers in private practice who form a unit for support concerning provision of adoption services.

- **Central Authority:**

Concerning a Convention country, Central Authority means a person or office designated by such convention country under article 6 of the Hague Convention on Intercountry Adoption.

Concerning the Republic of South Africa, it means the Director-General.

- **CPO:**

Child Protection Organisation;

- **Department:**

Concerning the guidelines, it refers to the Department of Social Development (DSD).



- **Designated Social Worker:**

Any social worker that works for the Department of Social Development, a municipality or a designated child protection organisation.

- **Intercountry adoption:**

Refers to a legal process whereby a child habitually resident in one State (the State of origin) is placed legally and permanently in adoption with a parent (other than the biological mother or father) habitually resident in another State (the receiving State).

- **National adoption:**

Adoption of a child by a person residing within the same country where the child is resident.

- **Practice:**

To render any service within the scope of a social welfare profession.

- **Practitioner:**

Any person recognized to render service within the social development realm.

- **Social Worker:**

A person registered as a social worker or deemed registered as a social worker in terms of the Social Service Professions Act, 1978 (Act No.110 of 1978).

- **SACSSP:**

South African Council for Social Service Professions,  
Referred to as the Council.

## **8. PERSONS TO BE ACCREDITED TO PROVIDE ADOPTION SERVICES**

Accreditation of adoption service providers ensures that quality standards of delivery are kept in service rendered.

The following persons may be accredited to provide adoption services:

### **National Adoption**

- Adoption social workers in private practice
- Designated child protection organisations

## Intercountry Adoption

- Designated child protection organisations

### 9. ROLES AND RESPONSIBILITIES OF ADOPTION SERVICE PROVIDERS

The roles and responsibilities of adoption service providers for national and inter-country adoption are as follows:

- Determine the allowable adoption of a child and or eligibility of prospective adoptive parents;
- Facilitate adoption process;
- Provide the necessary information and therapeutic counselling to biological parents or guardian and the child, if applicable, before consenting to the adoption of a child;
- Conduct a background study on a child and or a home study on prospective adoptive parents;
- Obtain a section 239 recommendation letter;
- Compile reports and make recommendations to Children's Court;
- Ensure that all adoptions are in the best interest of the child;
- Promote adoption services and recruit prospective adoptive parents nationally;
- Ensure proper matching and placement of a child with prospective adoptive parents both nationally and internationally;
- Register unmatched adoptable children and prospective adoptive parents on the Register on Adoptable Children and Prospective Adoptive Parents (RACAP);
- Ensure that the subsidiarity principle is adhered to, i.e. national adoption of a child is considered before availing the child for intercountry adoption;
- Network with other adoption service providers and relevant stakeholders for matching purposes;
- Establish working agreements with accredited organisations in foreign countries (intercountry adoption);
- Discuss with the contracting country adoption agency and make all the necessary arrangements for the adoption e.g. arrange for a court date before the prospective adoptive parents are in the Republic of South Africa (intercountry adoption);
- Guide the prospective adoptive parents through the Court process and ensure that the correct documents are obtained and finalised;
- Support prospective adoptive parents once in the Republic of South Africa and closely monitor bonding of the child with the new parents before and after adoption (minimum period of three weeks);
- Monitor the progress of the child once in a foreign country by ensuring that post-adoption reports are received as stipulated in the working agreements (intercountry adoption);
- Ensure continuous development and training of staff ;
- Inform DSD in writing in case of inevitable termination of services and a plan regarding pending cases;

- Ensure that after-care services are rendered to biological parents and adoptive families. It should apply in both national and intercountry adoption;
- Monitor the post-adoption agreement, where applicable;
- Provide services about origin enquiries by adoptees and biological parents.

## **10. ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL DEVELOPMENT IN TERMS OF PROCESSING OF APPLICATIONS FOR ACCREDITATION**

Sections 251 and 259 of the Children's Act state that the Director-General may accredit the social worker in private practice and a child protection organisation to render adoption services. The Department of Social Development, both National and Provincial should be involved in the accreditation process.

The National Department of Social Development develops policies and the Provincial Department of Social Development implements those policies. The implementation of the policies involves, among others, engaging with the service providers. Those engagements enable the Department to understand its strengths, weaknesses, credibility, etc. The aforementioned assists in the Department's determination on whether the CPO may be designated in terms of section 107 of the Act or not designated. The same information known by the province about a CPO is critical in giving insight on whether the applicant for accreditation may be approved or not approved.

The Provincial DSD is also responsible for the issuance of section 239 recommendation letters. This process enables them to interact with the adoption service providers when ensuring compliance with the legislation. Due to the aforementioned exercise, the Provincial DSD have insight on the adoption service providers that are relevant in determining whether an applicant may or may not be considered for accreditation.

The accreditation process which determines the credibility of the applicant by the submission of the required documents without any substantiated information on the applicant gives a limited reflection on the applicant. That process tends to negate the outcome of the required calibre of adoption service providers.

## **11. DURATION OF ACCREDITATION**

The accreditation period will be divided into two:

- Conditional accreditation will be for two years,
- Full accreditation will be for five years.

Accreditation for the CPOs will be in line with their designation period. E.g. if an application for accreditation is done when the CPO is in its second year of designation, counting for the accreditation period will start from year two as per the designation at the time. The aim is to align the duration of the periods.

The application period for renewal of accreditation and new applicants will be opened for twelve months, starting from six months prior expiry date.

## **12. APPLICATION AND APPROVAL PROCESS**

### **12.1. PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT**

Applications for accreditation will be submitted to the provincial office.

#### **A. Applications**

- Receipt and assessment of applications;
- Have systems for recommendation process (e.g. utilization of canalization officers/adoption panels, designation system or determination for funding system);
- Submit applications with a recommendation to the National Department of Social Development;
- Two representatives from the province to present the applications to the panel at the National Department of Social Development;
- Inform the applicants about the outcome of their applications.

#### **B. Review of the rejected applications**

Applications not approved for accreditation may be reviewed on request by an applicant fourteen (14) days after receipt of the letter. The process will be as follows:

- Request for review should be sent to the provincial DSD office;
- The relevant review structures will reassess the application and recommend;
- The reviewed application will be submitted to National DSD;
- One or two officials from the provincial DSD (not involved in the initial assessment) will present the reviewed application to the review panel at National DSD;
- Inform the applicant about the outcome of the reviewed application.

#### **C. Application for renewal of accreditation**

The adoption service providers should submit their applications six months before the expiry date of the accreditation. The process for the renewal of accreditation will be similar to point A. A request for the review of rejected application renewal will follow the same process as point B.

## 12.2. National Department of Social Development

The National Department of Social Development is responsible for accrediting the applicants to render adoption services as stated in sections 251 and 259 of the Children's Act.

The National office will establish a panel that will provide an outcome of applications for accreditation.

The panel will consist of not more than six members from the following Directorates:

- Adoptions and International Social Services,
- Legal Services,
- Service Standard,
- Legislation.

There will be a panel for initial applications and a different panel for review applications, in the case of the rejected ones.

### A. Applications

- Applications with recommendations from the provinces will be received by National DSD.
- Two representatives from the Provincial DSD to present applications to the panel.
- The panel should give an outcome of approval or rejection of the application.

#### **The National DSD will:**

- Issue accreditation letters and certificates,
- Send the accreditation letters to the respective provinces.
- Keep records of all the accredited adoption service providers,
- Circulate an updated list of accredited adoption service providers to all the DSD provincial offices as well as relevant stakeholders.

### B. Review of rejected applications

- Review applications with recommendations are received from the province,
- One or two officials from the province present the review applications to the review panel,
- The review panel gives the outcome of the review.

#### **National DSD will:**

- Provide the outcome of the review given to the province,
- Keep records of reviewed applications.

### C. Application for renewal

The process for the renewal of accreditation will be similar to point A. A request for the review of rejected application renewal will follow the same process as point B.

### **13. ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL DEVELOPMENT IN TERMS OF NATIONAL ADOPTION**

National adoption services will be rendered by accredited CPOs and adoption social workers in private practice.

The following are the roles and responsibilities of DSD for national adoption:

- Monitor and evaluate all adoption programmes and activities of service providers (Provincial and National);
- Accredite and review adoption service providers periodically (National);
- Monitor the implementation of norms and standards, practice guidelines, policy framework and strategy on adoption (Provincial and National);
- Training of adoption social workers in private practice and designated child protection organisations social workers on adoption procedures and policies (Provincial and National);
- Ensure that details of unmatched adoptable children and prospective adoptive parents that are put on the Register on Adoptable Children and Prospective Adoptive Parents (RACAP);
- Provide assistance, guidance and support to CPOs and adoption social workers experiencing challenges regarding implementation of the Children's Act (Provincial and National).

### **14. ROLES AND RESPONSIBILITY OF THE DEPARTMENT OF SOCIAL DEVELOPMENT IN TERMS OF INTERCOUNTRY ADOPTION**

Intercountry adoption services will be rendered by accredited CPOs and not adoption social workers in private practice.

The following are the roles and responsibilities of DSD for intercountry adoption:

- Enter into working agreements with foreign countries (National);
- Keep cordial relations with foreign partner countries (National);
- Regulate and monitor intercountry adoptions (National);
- Ensure compliance of accredited child protection organisations to national and international legislation (Provincial and National);
- Accredite and review adoption service providers periodically (National);
- Monitor and evaluate adoption programmes and activities of service providers (Provincial and National);
- Monitor the implementation of norms and standards, practice guidelines, policy framework and strategy on adoption, to ensure adherence (Provincial and National);
- Training of adoption social workers in designated child protection organisations on adoption procedures and policies (National and Provincial);
- Ensure that Child protection organisations comply with all the requirements for national adoption before consideration for inter-country adoption ((Provincial and National);

- Ensure compliance of child protection organisations to the subsidiarity principle (Provincial and National);
- Provide assistance, guidance and support to CPOs and adoption social workers experiencing challenges regarding implementation of the Children's Act (Provincial and National).

## **15. CRITERIA FOR ACCREDITATION OF SERVICE PROVIDERS**

### **15.1. Designated child protection organisations seeking accreditation to provide national and Intercountry adoption services must:**

- Be designated as a child protection organisation in terms of Section 107 of the Children's Act;
- Must be registered as a legal entity and pursue only non-profit-making objectives;
- Have sound financial standing to enable them to render adoption services;
- Comply with the prescribed adoption fee structure;
- Have a clearly-delineated organisational structure/organogram and resources to provide adoption services;
- Have a written policy and working procedures regulating the adoption work of the organisation;
- Submit the organisational business plan and a detailed description of the adoption programme;
- Have systems in place for the storage of pending and finalized adoption cases, including archiving;
- Have experience in providing child care and protection services, including adoption;
- Be staffed by social workers experienced in child care and protection services, including adoption and registered under the South African Social Service Professions Act, to undertake adoption services;
- Not outsource adoption services to practising adoption social workers in private practice when the CPO is accredited;
- Provide supervision/consultation and ongoing training of adoption social workers within the organisation;
- Have a board of management of the organisation to monitor the services of the organisation;
- Have a good track record in providing child care and protection services including adoption;
- Not have any member of the board, management or staff with a criminal record or conviction for offences against children. Child Protection Register and Sexual Offences Register clearance must be obtained;
- Not have any member of the board, management or staff with criminal record or conviction for financial offences. Police clearance must be obtained;
- Declare any known pending criminal cases and convictions against any member attached to the organisation;

- Adhere to all the requirements of the Children's Act, practice guidelines, norms and standards for adoption as well as the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry (where applicable), in providing national and intercountry adoption services;
- Have mechanisms in place to handle complaints arising from clients and the general public;
- Submit all documents required for accreditation application;
- Submit adoption annual report and a compliance letter from NPO to the DSD annually once accredited;
- Submit one application as an organization rendering child care and protection services as per the designation by the province.

## **15.2. Adoption social workers in private practice seeking accreditation to provide national adoption services must:**

- Be registered with the South African Council for Social Service Profession as a social worker;
- Have at least three (3) years experience in adoption work;
- A practicing adoption social worker in private practice should not be in the employ of a child protection organisation accredited to render adoption services;
- Work within an adoption unit of three or more adoption social workers; letters from the members of the adoption unit, as well as the head of the unit, confirming that the social worker is in that unit must be submitted. If there are any changes within the unit, the department must be informed within one month of such changes;
- Each unit member must submit an individual application for accreditation;
- An adoption unit must appoint the head of the unit from:
  - (i) Within the unit; or
  - (iii) A social worker in the employ of an accredited child protection organisation providing adoption services.
- Have resources to provide adoption services; such as premises for the operation of the practice, computers, telephone, filing cabinet, etc;
- Have a written policy and working procedures regulating the work of the adoption unit;
- Have mechanisms in place for the storage of pending and finalized adoption cases, as well as archiving;
- Have a good track record in providing adoption services, submit 3 references of which one must be from the previous employer, which must be signed by former management or supervisor;
- Applicants should not have any criminal record for offences against children. The applicant must submit the Child Protection Register Part B and Sex Offenders Register clearance letters;



- Not have any criminal record of conviction on financial offences. Police clearance must be submitted;
- Applicant must declare that they do not have criminal cases pending or convictions against them;
- Applicants must declare if they have been reported to the Council for any unethical conduct
- Adhere to all the requirements of the Children's Act, practice guidelines, norms and standards for adoption, and have a mechanism in place to handle complaints arising from adoption service provided by the unit;
- Submit the application documents together with all the required documents on the application for accreditation;
- Submit adoption annual report to DSD annually once accredited;
- Submit curriculum vitae and a detailed description of the unit's adoption programme
- Meet any other requirements deemed necessary by the DSD;
- Social workers working towards accreditation may only undertake adoption work under the supervision of an accredited child protection organisation and not in the practice of a social worker in private practice.

## **16. ADOPTION UNITS FOR ADOPTION SOCIAL WORKERS IN PRIVATE PRACTICE**

The adoption unit should consist of at least three members or more. All the members of the adoption unit should be of the province in which they are based. Every adoption unit should have a head of the unit, whose role will include:

- Being the contact person of the unit;
- Assisting in issues affecting the members of the unit, such as queries from the Department, presiding officer of a children's court, on a member of the unit;
- Informing the team members about meetings, workshops, training, etc. that would be taking place in their province;
- Providing support to unit members;
- Ensuring that babies are not placed directly with the prospective adoptive parents when not yet adoptable;
- Guarding against manipulation of sections in the Children's Act, e.g. section 235;
- Ensuring that therapeutic services are rendered to the triad (biological parents, child (where applicable) and prospective adoptive parents);
- Ensuring that the unit holds meetings regularly;
- Ensuring that the unit has a policy on disciplinary.

## **17. SUPERVISORS FOR ADOPTION SOCIAL WORKERS IN PRIVATE PRACTICE**

The adoption social workers in private practice will identify adoption social workers that will be supervisors. The consultants will submit the names to National DSD. National DSD will verify their experience and good repute with the South African Council for Social Service Professions.

The purpose of having supervisors is to improve the quality of adoption reports that are submitted to the canalization officers, adoption panels and the children's courts by the adoption social workers in private practice.

The role of the supervisors will include proofreading adoption reports compiled by adoption social workers in private practice. Adoption reports will not be co-signed by the supervisors, but the compiler of the adoption report will state the details of the supervisor who proofread their report. They will also support the adoption social workers who would be struggling with the writing of adoption reports.

## **18. MONITORING AND EVALUATION**

National DSD may be part of the monitoring and evaluation of adoption service providers. Monitoring and evaluation will be an ongoing process, which may apply at any stage of the adoption process, including when intervention is required by the Provincial DSD, as well as during the request for Art 17 in cases of intercountry adoption.

Negative findings should have corrective measures as opposed to punitive measures. However, repetitive actions of malpractice or unethical conduct might lead to punitive measures, which might include suspension or termination of accreditation to provide adoption services.

The monitoring and evaluation of adoption service providers might include on-site visits at the adoption service provider's work premises; and or request the submission of required information or documentation in case of allegations made against the adoption service provider, to assess compliance to all the requirements of the children's legislation with regards to adoption and the accreditation criteria.

The DSD may not suspend, cancel or terminate the accreditation of a service provider unless it has:

- (a) Notified the service provider in writing and stated reasons for such decision by giving the outcome based on the monitoring and evaluation and the description of the alleged breach of any of the requirements, subject to conditions under which accreditation was granted
- (b) Afforded the service provider the opportunity to:
  - (i) Respond to the outcome of the monitoring and evaluation, and allegations in writing; and,
  - (ii) Remedy the non-compliance as per DSD recommendations and agreed upon developmental plan.

The DSD may also suspend accreditation with immediate effect for a period not exceeding ninety (90) days, based on the serious nature of allegations of malpractice, such as trafficking in children for sale, pending implementation of the monitoring and evaluation process.

The accredited adoption service provider intending to terminate rendering adoption services should inform DSD in writing, three months before the actual date of termination.

The DSD may develop a system to receive feedback from the service users through random sampling from its database. That process will enable the DSD to also evaluate itself to ensure its effectiveness in service delivery.

## ANNEXURES

### A. APPLICATION CHECKLIST

#### Annexure A. Designated Child Protection Organisations

Proof of registration as a legal entity and compliance letter from NPO	
Proof of designation by the province	
Written policy and working procedures regarding adoption	
Declaration of any known pending criminal cases against members of the organization	
Clearance from the Child Protection Register administered by the Department of Social Development and from the Sexual Offences Register administered by the Department of Justice and Correctional Services.	
<p>Comprehensive organisation's Business plan which should include:</p> <ul style="list-style-type: none"><li>• A detailed adoption programme (national and intercountry adoption, where applicable)</li><li>• Experience in child care and protection services, including adoption work<ul style="list-style-type: none"><li>• Total staff complement/ organogram, with special focus on adoption social workers and supervisors.</li><li>• Proof of social workers by submitting proof of registration with Council.</li><li>• Accessibility and migration of services, especially adoption services to marginalised and poor communities.</li><li>• Awareness and recruitment programme for prospective adoptive parents</li><li>• Networking with other adoption service providers and relevant stakeholders<ul style="list-style-type: none"><li>• Monitoring and evaluation mechanisms and tools for adoption activities.</li><li>• Mechanisms or plans in place, in case of termination of adoption services</li><li>• Storage for existing and closed files</li></ul></li></ul></li></ul>	

## Annexure B. Adoption social workers in private practice

### Reference number (renewal applications only):

Proof registration with SACSSP	
Adoption unit and confirmation letters from unit members	
Confirmation letter from the unit consultant	
Written policy and working procedures regarding adoption services	
A policy of the adoption unit	
Policy on disciplinary of the unit	
Curriculum vitae	
Adoption service plan covering the following: <ul style="list-style-type: none"> <li>Detailed adoption programme of the unit</li> <li>Experience in adoption work <ul style="list-style-type: none"> <li>Accessibility and migration of services, especially adoption services to marginalised and poor communities</li> <li>Awareness programme on adoption services</li> <li>Networking with other adoption service providers and relevant stakeholders</li> <li>Monitoring and evaluation mechanisms and tools for adoption activities</li> <li>Mechanisms or plans in place, in case of termination of adoption services</li> <li>Storage for existing and closed files</li> </ul> </li> </ul>	
Adoption unit headed by a consultant working for a CPO: <ul style="list-style-type: none"> <li>Agreement between the unit members and the CPO</li> </ul>	
Certified copy of Identity document	
Certified proof of qualifications	
Proof of experience from 3 references	
Clearance letter from the Child Protection Register Part B administered by the Department of Social Development and from the Sexual Offences Register administered by the Department of Justice and Correctional Services	
Affidavit on any pending criminal cases against the applicant	

Affidavit on any report on malpractice reported to the Council	
Proof of office premises for the operation of the practice	

## DECLARATION

I \_\_\_\_\_ (Print full name of applicant) declare that I give permission to the Department of Social Development representatives to monitor and evaluate all adoption activities of the abovementioned private adoption practice.

The abovementioned also undertakes:

- To act on the Department of Social Development's recommendation and submit an action plan to remedy any gaps identified (if required),
- To adhere to the Department of Social Development's recommendations. Failure to comply may result in consideration of suspension, cancellation or termination of accreditation by the DSD.

Full names:

Signature:

Date:

Place:

## Annexure C

<p style="text-align: center;"><b>APPLICATION/RENEWAL FORM FOR ACCREDITATION OF DESIGNATED CHILD PROTECTION ORGANISATION</b> <b>(In terms of Section 251 &amp; 259 of the Children's Act 38 of 2005)</b></p>
--

**Please complete all the entries in this application form.**

**The application form must be signed by the Management of the organization.**

### **IDENTIFYING DETAILS DESIGNATED CHILD PROTECTION ORGANISATION**

**Reference number (Renewal applications only):**

Date of application			
Name of organisation Affiliation to any organisation (If yes, please give the name of the organisation)			
Proof of NPO Registration	Attach Annexure A, Tick if Attached		
NPO Registration Number			
Organisation Physical Address			
Organisation Postal Address			
Organisation Telephone Number(s)	Code		No
	Code		No
Organisation Fax Number(s)	Code		No
	Code		No
Email Address			
Website Address (if any)			
	Title		Names

Province										
Geographical areas of operation as per designation										
<b>Main Contact Persons</b>										
First Names										
Surname										
Title										
Telephone/Mobile Number										
Position in the Organisation										
Fax Number										
Email Address										
<b>Additional Contact Person</b>										
First Names										
Surname										
Title										
Telephone/Mobile Number										
Position in the Organisation										
Fax Number										
Email Address										
Nature of Organisation	Emerging		Established							
Years of Existence										
Accreditation required (National adoption; or both national and Intercountry adoption)										
Type of Business Premises	Owned		Leased		Shared					
Business Premises are Located in	Residential Area			Business / Industrial Area						
If business premises are owned, please provide a certified copy of proof of ownership	Attach Annexure B			Tick this box when attached						
If business Premises are Leased or Shared, please provide a certified copy of the appropriate agreement	Attach Annexure C			Tick this box when attached						



## DECLARATION

I \_\_\_\_\_ (Print full name of Director/Manager) declare that  
\_\_\_\_\_ (name of organisation) gives permission to the  
Department of Social Development representatives to monitor and evaluate all adoption activities of the  
abovementioned organisation.

The abovementioned organisation also undertakes:

- To act on the Department of Social Development's recommendation and submit an action plan to remedy any gaps identified (if required),
- To adhere to the Department of Social Development's recommendations. Failure to comply may result in consideration of suspension, cancellation or termination of accreditation by the DSD.

Full Names:

Capacity (Board Chairperson):

Signature:

Date:

Place:

Full Names:

Capacity (Director of the organisation):

Signature:

Date:

Place

Full Names:

Capacity (Adoption Programme Manager):

Signature:

Date:

Place

FOR DSD OFFICE USE ONLY										
Name of Organisation										
Accreditation Reference Number										
Received By										
Date Received	2	0			-			-		
Evaluated By										
Date Evaluated	2	0			-			-		
Comments										

**APPLICATION/RENEWAL FORM FOR ACCREDITATION OF  
ADOPTION SOCIAL WORKER IN PRIVATE PRACTICE  
(In terms of Section 251 of the Children's Act 38 of 2005)**

**Please complete all the entries in this application form.**

**The application form must be originally signed by the applicant and two witnesses (one of whom should be the consultant).**

**Please submit the original application form with certified copies of required documents as per the checklist.**

**APPLICANT'S DETAILS**

Reference number (renewal applicants)			
Date of application			
Name of Social Worker			
Identity Number			
Gender			
Race			
Proof of registration with SACSSP	Attach Annexure A, Tick if Attached		
Name of Practice			
Physical Address of practice			
Postal Address of practice			
Province			
Areas of operation			
Telephone Number (Business)	Code		No
Telephone Number (Home)	Code		No

Mobile Number										
Fax Number	Code		No							
Email Address										
Speciality (e.g. adoption, mediation, etc)										
Years of Experience (elaborate)										
Type of Business Premises	Owned		Leased		Shared					
Business Premises are Located in	Residential Area				Business / Industrial Area					

Signature of applicant

Date:

Place

Signature

(Consultant)

Date:

Place

Signature

(Witness)

Date:

Place

FOR DSD OFFICE USE ONLY										
Name of the Social Worker										
Reference Number										
Received By										
Date Received	2	0			-			-		
Evaluated By										
Date Evaluated	2	0			-			-		
Comments										



# **APPENDIX 16**

## **MONITORING & EVALUATION TOOL FORM: MANAGEMENT OF THE ADOPTION SERVICES IN TERMS OF THE CHILDREN'S ACT**



## MONITORING & EVALUATION TOOL FORM: MANAGEMENT OF THE ADOPTION SERVICES IN TERMS OF THE CHILDREN'S ACT

(The purpose of this form is to monitor, investigate, verify and scrutinise the adoption services in terms of the Children's Act No. 38 of 2005) (Adoption social worker in private practice)

### PART A: DETAILS OF THE TEAM AND THE ADOPTION SOCIAL WORKER IN PRIVATE PRACTICE

<p><b>For office use</b></p> <p><b>Details of the monitoring team</b></p> <p>Team leader:</p> <p>Name &amp; surname of the team leader:</p> <p>Date of audit:</p> <p>Signature:</p> <p>Name and surname of the team member :</p> <p>Date of monitoring:</p> <p>Signature:</p> <p>Name and surname of the team member :</p> <p>Date of monitoring:</p> <p>Signature:</p>
<p><b>Details of the social worker in private practice</b></p> <p>Name of the social worker:</p> <p>Address:</p> <p>Telephone number:</p> <p>Fax Number:</p> <p>E-mail address:</p>
<p><b>Details of the consultant/supervisor</b></p> <p>Name and surname:</p> <p>Address:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Names of the team members:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**PART B: ADMINISTRATION**

1= Poor

2= Average

3= Good

Function	Rating (tick)			Recommendation
	1	2	3	
1. Filing system				
2. File archiving system				
3. Case management and case flow management system (Processes from reception, to intake, assessment, referral, intervention and termination)				
4. Documentation:				
4.1 Policy and working procedure:				
4.2 Caseload management (register and management of records)				
4.3 Audited Financial Statement				
4.4 Adoption annual report				
4.5 Accreditation letter or certificate				

**PART C: SUPPORT FOR CASE MANAGEMENT**

Function	Rating (tick)			Recommendation
	1	2	3	
5. Records on consultations/supervisions held				
6. Records on information sharing sessions held.				
7. Record on training/meetings attended				
8. Availability of administrative staff.				
9. Availability of resources:				
9.1 Computer				
9.2. Telephone/cell phone				
9.3. E-mail				
9.4 Internet				
9.5 Office				
9.6 Office furniture				
9.7 Access to information (books, journals, etc.)				
9.8 Stationery				



## PART E: POLICIES RELEVANT TO STATUTORY CASE MANAGEMENT

Function	Rating (tick)			Recommendation
	1	2	3	
13. Availability of statutory documents, including Acts, policies, guidelines, protocols, Guide to Good Practice (Hague), etc.				
14. Disciplinary policy of the adoption unit.				

## PART F: CASE MANAGEMENT & RECORDING

Function	Rating (tick)			Recommendation
	1	2	3	
<b>15 Record-keeping</b>				
15.1 Intake form available and fully completed.				
15.2 Process notes.				
15.3 Supervision reports.				
15.4 Progress reports (only if the file has been opened for more than 12 months)				
15.5 Closing report (only if the file is closed)				
15.6 Filing: documents organised and filed properly.				
15.7 Documentation: relevant life documents available(copies of ID, birth certificates, death certificates, marriage certificates)				
15.8 Official statutory documentation:				
a. Minutes of court proceedings				
b. Court order/s				
c. Extension order/s				
d. Child Study report				
e. Home study report				
f. Report/s for the movement of the child				
g. Comprehensive report (finalisation of adoption)				
h. Fees charged (fee schedule)				
i. Affidavits (if applicable)				
j. Proof of child on RACAP (if applicable)				
k. Section 239 letter of recommendation				
l. CPR clearance letter				



Function	Rating (tick)			Recommendation
	1	2	3	
<b>16 Statistics</b>				
16.1 The case manager's diary updated				
16.2 Case manager's monthly or annual stats.				
16.3 Compliance with legislation				

## PART G: INTERVENTIONS

Function	Rating (tick)			Recommendation
	1	2	3	
<b>1. PROCEDURAL INTERVENTION</b> (adherence to correct procedures and processes)				
1.1 Intake process followed				
1.2 Initial assessment of the child and family are done				
1.3 Consultation:				
1.3.1 Office interviews				
1.3.2 Home visits				
1.3.3 Other forms of contact (telephone, e-mail, SMS, etc.)				
1.4 Pre-statutory services (including information gathering, family preservation services, report writing, requests for services from other professionals etc.)				
1.5 Court preparation (for the child and family where applicable)				
1.6 Attendance of court proceedings				
1.7 Placement of the child (Oversee and monitor placement)				
<b>2. THERAPEUTIC INTERVENTION</b>				
2.1 Holistic assessment of the child				
2.2 Individual development plan (IDP) (Care and permanency plan)				
2.3 Individual therapy and counselling (child, birth parents and extended family)				
2.4 How many birth mothers kept their babies after counselling				
2.5 Do you provide counselling after birth parents gave consent?				

Function	Rating (tick)			Recommendation
	1	2	3	
2.6 Multi-disciplinary team discussions/meetings				
2.7 Case conference (case discussions with the Social Work discipline to determine accepted adoption of the child & matching with prospective adoptive parents)				
2.8 Family reunification (how many children were reunified with family)				
2.9 Termination of cases(Summary or report)				
2.10 Aftercare (only for cases where services were terminated)				
Remarks and recommendations				



# **APPENDIX 17**

## **TERMS OF REFERENCE FOR PANEL TO ASSESS APPLICATIONS FOR ADOPTION**

## TERMS OF REFERENCE FOR PANEL TO ASSESS APPLICATIONS FOR ADOPTION

ITEM	REMARKS
1. Processes preceding the adoption panel meeting.	<p>The adoption panel must consider an adoption application within 14 days of submission of the application.</p> <p>The adoption application must be accompanied by the following as contemplated in section 239 of the Act:</p> <ul style="list-style-type: none"> <li>(i) The original birth certificate or identity document of the child.</li> <li>(ii) A certified copy of the identity document of each applicant.</li> <li>(iii) Where (i) and (ii) are not available, a sworn statement by an adoption social worker.</li> <li>(iv) In the case of a foster child, the written statement of the foster parent(s) is contained in <b>Form 41</b>.</li> <li>(v) Where the applicant(s) wish to receive the child into his/her/their care, a report from an adoption social worker that the applicant(s) is/are a potentially suitable prospective adoptive parent(s).</li> <li>(vi) A report, by an adoption social worker, containing: <ul style="list-style-type: none"> <li>• information on whether the child is adoptable as contemplated in section 230 (3);</li> <li>• information on whether the adoption is in the best interest of the child; and</li> <li>• medical information relating to the child.</li> </ul> <p>Due to the permanent nature of adoption, the report should be comprehensive and cover all details of the adoptable child, the child's parent(s), caregiver(s) or guardian(s) and the prospective adoptive parent(s).</p> </li> <li>(vii) An assessment of the prospective adoptive parent(s) on</li> </ul>

	<p>whether they are fit and proper, capable and willing to undertake, exercise and maintain parental responsibilities and rights.</p> <p>(viii) A letter confirming that the details of the adoptive parent(s) are not in Part B of the national Child Protection register or the Sexual Offenders Register and, for inter-country applications, a police clearance certificate.</p> <p>(ix) Where applicable, proof that the details of the adoptable child have been placed on the Register for Prospective Adoptive Parents and Adoptable Children.</p> <p>(x) In case of an application for inter-country adoption, proof that the child's details have been placed on the RACAP for the prescribed period.</p>
2. Purpose of the panel.	<p>The purpose of the adoption panel is:</p> <ul style="list-style-type: none"> <li>• To consider adoption applications. The use of a panel is more advantageous than an individual assessment of the application due to the diversity of ideas, experiences and expertise possessed by different panel members;</li> <li>• To share ideas, experiences and advice on adoption matters;</li> <li>• To provide expert advice to adoption social workers who present cases for application for adoption;</li> <li>• To advise the HoD or the person to whom the function of issuing the adoption recommendation letter has been delegated on each presented case; and</li> <li>• To ensure that all adoption applications and reports are proficient and comply with all the criteria stated in section 239 before the application and report are being presented in court.</li> </ul>
3. Powers of the panel members.	<p>The panel members have the power to make recommendations to the person authorised to issue recommendation letters and to provide expert advice to adoption social workers.</p>
4. Constitution of the adoption panel.	<p>Depending on the demand for the services of the adoption panel, the geographical factors, expenses, etc., the constitution of the panel may be at the district or the provincial level.</p>

The Chairperson and the secretary are permanent members of the adoption panel. The function of the chairperson is:

- To facilitate and control the proceedings of the adoption panel meetings;
- To provide feedback and panel recommendations to the person authorised by the HoD to issue adoption recommendation letters; and
- To ensure that adoption recommendation letters are issued within seven days after the adoption application has been presented at the adoption panel meeting.

It is advisable for the person responsible for issuing adoption recommendation letters to chair the adoption panel meetings. This would facilitate the immediate issuing of recommendation letters if the application is approved by the panel and reduce bureaucracy and red tape.

The function of the secretary is to facilitate all administrative matters and processes, before, during and after the adoption panel meetings. These functions may include, among other things:

- Checking that the application complies with the prescribed criteria;
- Preparing and sending an annual plan for adoption panel meetings;
- Sending out reminders to adoption panel members;
- Recording the proceedings of adoption panel meetings; and
- Sending out minutes of the meetings a week after the meeting.

Deputies may be nominated to facilitate the functioning of the panel in the absence of permanent members.

	<p>In addition to the permanent members, the panel may constitute of the following:</p> <ul style="list-style-type: none"> <li>• Interested adoption social workers;</li> <li>• Adoption social workers presenting cases on an application for adoption; and</li> <li>• The provincial/district coordinator for child protection or adoption services.</li> </ul>
5. Frequency of meetings.	The frequency of meetings will be determined by the need and demand.
6. Dispute resolution mechanisms (among panel members)	<p>The chairperson is responsible for facilitating meetings effectively and applying dispute resolution techniques in instances where conflict arises. In the event of a dispute, the aggrieved party must lay a complaint or forward an appeal in writing to the next level of authority.</p>
6.1. The appeal of the adoption panel decision.	<p>Depending on the jurisdiction of the panel, appeals should be addressed starting at the lowest local level and moving through the levels. Complaints or appeals may be directed to the Regional Director/Manager responsible for services to children, then the Provincial Director/Manager responsible for services to children, thereafter, the Provincial Head of Social Development. The Director for Adoptions or the Central Authority at the national level should only be consulted as a matter of last resort and after all, efforts to resolve the dispute have been exhausted.</p>
7. Proceedings of the adoption panel meetings	<ul style="list-style-type: none"> <li>• The proceedings of the meetings must be guided by an agenda that must be sent to the members before the meeting.</li> <li>• Proceedings must be recorded and minutes be provided to members a week after the meeting.</li> <li>• Proceedings must be directed and facilitated by a chairperson.</li> <li>• A register of members attending the meeting must be kept for each meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>Where applicable, video or teleconferencing may be explored for adoption social workers who are unable to attend panel meetings.</li> </ul>
8. Attendance of panel meetings.	Participants must attend the meetings at their own cost unless prior arrangements have been made or an agreement has been reached with the programme manager, chairperson or whoever is responsible for finance and budget.
9. Issuing of the adoption recommendation letter.	<p>The adoption recommendation letter must be signed by the provincial HOD or the person delegated by the HOD in terms of section 311 of the Children's Act.</p> <p>The secretary must forward relevant documents and a copy of the signed recommendation letter to the canalisation officer in the district where the child resides.</p>





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# APPENDIX 18

## QUALITY ASSURANCE REPORT



## QUALITY ASSURANCE REPORT

### 1. Name of the Child and Youth Care Centre/DCPO/DSD Service Point

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### 2. Physical address

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### Name and contact details of the Centre/Organisation Manager

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Date of the Quality Assurance process

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### Independent team members

Name and Surname	Organisation	Responsibility of team members
		Team leader
		Auditing case files
		Interviewing staff
		Interviewing management

		Interviewing clients (children and parents)
		Finances
		Administration (registers, programmes)

**INTRODUCTION & PURPOSE**

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**BACKGROUND**

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**VISION**

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**MISSION**

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## OUTLINE OF EACH DAY

## Day 1

## Day 2

## Day 3

## Day 4

**ASSESSMENT OF THE PRACTICE PRINCIPLES** (short-summary of each principle strengths and development area).

**i.e. Accountability:** (administration issues, care and protection of children, staff, management issues, programmes & plans for children).

[illegible]

## ASSESSMENT OF THE NATIONAL NORMS AND STANDARDS (short-summary of compliance).

**i.e. Residential care** (reception, care and development, accommodation in terms of safety, health, maintenance and risks) (Not applicable for DCPO and DSD Service Points).

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## CONCLUSION

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## RECOMMENDATIONS

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Name of Team Leader \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HOD: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# APPENDIX 19

## FORMAT FOR A NARRATIVE EVALUATION REPORT

### Format for a Narrative Evaluation Report

1. Executive summary
2. Introduction
3. Purpose, objectives, and indicators
4. Evaluation context
5. Project context
6. Methodology
7. Review of project outputs and impacts
8. Findings and recommendations

	Item	Requirement
1.	<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>• Overview of the report</li> <li>• About 1 page</li> </ul>
2.	<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Explain why and when the Evaluation was done</li> <li>• Brief description of the project/ programme</li> <li>• Link to the DSD Strategic Plan, government's Plan of Action and the Objectives that apply</li> <li>• Mention government priorities that apply</li> </ul>
3.	<b>Purpose, Outcomes, and Indicators</b>	<ul style="list-style-type: none"> <li>• List Evaluation:               <ul style="list-style-type: none"> <li>○ Purpose</li> <li>○ Outcomes</li> <li>○ Indicators</li> </ul> </li> </ul>
4.	<b>Evaluation Context</b>	<ul style="list-style-type: none"> <li>• Carryover key issues discovered during regular project monitoring</li> <li>• Explain how issues uncovered during regular monitoring were dealt with</li> <li>• Describe any related issues, constraints or factors that affected the Evaluation</li> </ul>
5.	<b>Project Context</b>	<ul style="list-style-type: none"> <li>• List:</li> </ul>

		<ul style="list-style-type: none"> <li>○ Outputs</li> <li>○ Impact</li> <li>• Describe any related issues, constraints or factors that affected the project</li> <li>• Review external assumptions for the project (if applicable)</li> </ul>
6.	<b>Methodology</b>	<ul style="list-style-type: none"> <li>• Describe methods used to gather, store, and analyse data</li> <li>• Explain the participatory and consultative process followed during the M&amp;E procedure</li> </ul>
7.	<b>Review of Project Outputs and Impact</b>	<ul style="list-style-type: none"> <li>• Present the data – using graphing and/ or trend analysis tools. You may choose to include qualitative data in the form of participant responses, analysed and grouped into categories</li> <li>• Based on data analysis, assess the outputs and impacts achieved so far, regarding the performance questions and indicators</li> <li>• Note whether the desired outputs and impacts have been achieved or not</li> <li>• If not, explain why not</li> <li>• Mention the link between the implementation of existing policies, principles, and practices (if relevant)</li> <li>• Discuss how policies, principles and practices could be improved, or new ones developed</li> </ul>
8.	<b>Findings and Recommendations</b>	<ul style="list-style-type: none"> <li>• Discuss the findings of the Evaluation</li> <li>• Detail recommendations for the project and/or for future projects (based on the review above)</li> <li>• Ensure that recommendations are clearly articulated and precise</li> </ul>

Adapted from: Department Water Affairs and Forestry. 2005. *Project Monitoring and Evaluation*. (pp.29-30)





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# **APPENDIX 20**

## **QUALITY ASSURANCE FRAMEWORK FOR SOCIAL WELFARE SERVICES (V5)**



## QUALITY ASSURANCE FRAMEWORK FOR SOCIAL WELFARE SERVICES (V5)

19 October 2012

### 1. BACKGROUND

#### 1.1. INTRODUCTION

In line with the Constitution, the national government has the responsibility for the management of the country's affairs and shares responsibility with provinces for the provision of basic social welfare services. The White Paper for Social Welfare (1997), states that Government has a responsibility to determine and regularly review guidelines for the promotion and management of quality social welfare services.

The development and implementation of service standards is a critical requirement for the transformation and improvement of service delivery by public institutions. This is provided for in the White Paper on the Transformation of Public Service (1995), which outlines service standards as one of the eight principles underpinning the transformation process.

From 2009 until 2012, the Department of Social Development (DSD) developed a quality assurance framework (QAF) for social welfare services in line with the implementation of the Integrated Social Delivery Model (ISDM). The DSD has since reviewed how social welfare services are delivered, which resulted in the reviewed framework for social welfare services (FSWS).

The FSWS seeks to facilitate and/or guide the implementation of a comprehensive, integrated, rights-based, well-resourced, and quality social welfare service delivery system. The FSWS highlights the definition of quality assurance as a set of activities that are carried out to set standards and involves a process of verifying or determining whether products or services meet or exceed customer expectations. This is done through continuous monitoring and improvement including taking mitigating actions so that the services provided are effective and as safe as possible.

The Department of Social Development has made significant strides in empowering beneficiaries by developing the QAF, based on the developmental approach and geared towards customer satisfaction. The FSWS necessitated the development of clearly defined norms and standards to deliver social welfare services, associated with measurable indicators for the monitoring and evaluation of service delivery and therefore also the review of the QAF.

The purpose of the QAF is to:

- Provide a consistent system and clear standards for evaluating effectiveness;
- Prioritise and facilitate continuous improvements within social welfare services; and
- Support organisational learning.

The scope of the QAF includes:

- The approach to quality assurance by providing an overview on quality assurance; the approach of government and the DSD to quality assurance and the social welfare context in which the QAF will be implemented.
- The SWS quality assurance strategy with an emphasis on the quality assurance statement. It identifies a quality assurance model for implementation of the QAF within a quality assurance culture.
- The implementation of the quality assurance process in a cycle highlighting the important elements of service quality requirements; relevant data collection; and effective analysis that will ensure maintenance and improvement of service quality.
- Finally, the document focuses on the implementation of the QAF.

The QAF applies to:

- Internal stakeholders including:
  - Department of Social Development officials at the national offices.
  - Department of Social Development officials at provincial offices.
  - Department of Social Development officials at district and local offices; as well as residential facilities.
- External stakeholders:
  - Social welfare services managers and practitioners at government departments and non-governmental organizations as partners in social welfare service delivery.
  - Beneficiaries of social welfare services.
  - Public representatives.
  - Oversight and monitoring structures.
  - Researchers.
  - Aid and other development agencies.

## 1.2. OVERVIEW ON QUALITY ASSURANCE

Quality refers to the level of excellence attained, or the value of a service. Quality includes the level of perceived value reported by a stakeholder who benefits from a process or its outcome. The overall quality is derived from different aspects related to services which may impact on overall quality. These may include aspects such as accessibility, consistency, staff competence and timeliness.

Every organization needs to have some quality management system in place to ensure quality in processes and outputs as well as in institutional arrangements. Organisations can select from existing quality management approaches, systems, models and frameworks or may develop their own systems based on elements from them while making further adaptations according to their specific circumstances. Others may be involved in a comprehensive range of quality initiatives and activities, but lack an overarching framework to organize, contextualise and integrate the various quality tools.

Total quality management (TQM) is both a philosophy and a set of guiding principles. It is also a strategic, integrated management system and forms the foundation of a learning organisation. All members in such an organisation are involved in an effort aimed at continuous as well as innovative improvement in performance at every level. The focus of TQM is to increase the extent to which the expectations of customers and other stakeholders are met.

Within the TQM philosophy, work is viewed as a process executed as the purpose of the organisation as a system. Processes transform inputs into the required outputs through the application of human resources, equipment, facilities and documentation.

TQM places great emphasis on a customer-first orientation, in very much the same manner as is emphasised through the Batho Pele principles. (A Sotho translation for 'people first', an initiative to get public servants to be service orientated, to strive for excellence in service delivery and to commit to continuous service delivery improvement. It is a simple and transparent mechanism, which allows citizens to hold public servants accountable for the level of services they deliver.)

Top management is the leader and champion of TQM through commitment and example. Achieving quality results is however not their responsibility alone, but that of every member within the organisation. The member responsible for the execution of a process knows best how to improve the process. This knowledge should be respected and utilised. A participative management style with an integrated process team organisation is advocated.

The theoretical foundations and methods of total quality management (TQM) are applicable in both

manufacturing and services. Both types of organisations have used the framework, vision and techniques of total quality management, most literature addresses its application in manufacturing.

The unique nature of service organisations required an adaptation to the concept of TQM and the concept of total quality service (TQS) was developed. The focus for service organisations is customer/beneficiary satisfaction which requires analysis of service delivery processes. TQS is described as TQM applied in service organizations, however, TQM does not measure customer satisfaction directly.

TQM concepts are relevant though in developing a visionary leadership structure and organizational culture, which are very important for quality service. TQS involve issues surrounding service delivery, as well as the increased number of variables involved in such delivery.

TQS addresses elements of the organisation required for delivering high-quality services to consumers. It proposes that quality-focused organizational culture, a strategically inclined leadership team, and a fully committed employee population, support the achievement and preservation of a TQS environment. The TQS model is based on three constructs, namely: leadership involvement, organizational culture, and committed employees.

Service excellence has two dimensions: the objective dimension which is about compliance with all applicable regulations, as defined by all regulatory documents (i.e. legislation, policies, as well as norms and standards); and the subjective dimension which is about the perceived value of services (and these services are again defined and guided by the regulatory documents).

It is more difficult to measure the quality of service outputs than measuring the quality of a product because services are abstract rather than concrete, momentary rather than permanent, and psychological rather than physical. Services differ from manufacturing goods on many dimensions: service intangibility, a simultaneity of production, delivery and consumption, perishability, variability of expectations of customers, and the participatory role of the customers in the service delivery.

Systematic quality management typically takes the form of a quality assurance framework. Several issues underscore the need to systematically adopt quality management measures sooner rather than later and translate them into a formalized quality assurance framework.

Although quality assurance (QA) systems traditionally focused on monitoring compliance with an objective set of standards, it was soon realised that for measurement of quality to be meaningful, users of the services also need to be involved. Quality assurance systems need to attempt to gather and assess a range of quality information, engaging a broad range of internal and external partners in the quality improvement process.

Quality assurance (QA) is defined as a formal set of activities that reviews and affects the quality of service provided. These activities provide both internal and external parties with the confidence that the organization will consistently meet the requirements for quality. QA provides activities that permit the organization to determine if service is being delivered to the specifications of the customer by identifying gaps and providing a means for improvement and maintaining excellence.

The objective would be, to have in place an overarching framework that would provide context for quality concerns, activities and initiatives, and explain the relationships between the various quality procedures and tools. Such an organizing framework has proved to be very useful in providing a single place to record and reference the full range of current quality concepts, policies and practices, and is forward-looking because it takes into account future actions and activities.

The main benefits of having a quality assurance framework in place are:

- It provides a systematic mechanism for facilitating the ongoing identification of quality problems and possible actions for their resolution. At the same time, it serves to stimulate and maximize the interaction among staff throughout the organization;
- It gives greater transparency to the processes by which quality is assured and reinforces the image of the organisation;
- It provides a basis for creating and maintaining a quality culture within the organization and contains reference material that can be helpful for training;
- It supports quality improvements and their maintenance over time;
- It is a mechanism for the exchange of ideas on quality management with other national and international organizations.

The QAF is underpinned by a series of major principles, identified in the Monmouthshire County Council's Quality Assurance Framework for Social Service, including, but not limited to the following:

- "Service users are best placed to determine what constitutes a quality outcome;
- Quality can always be improved;
- Everyone has a role to play in improving quality;
- All staff must be flexible in meeting service user's changing needs and choices;

- Quality outcomes and improvements are most likely when there are skilled, enthusiastic and resourceful staff;
- QA should be planned into all new services to ensure it is right the first time;
- Comprehensive policies and procedures should be in place so staff can see what they have to do to meet standards; and
- QA will draw together messages from a wide-evidence base to provide an overview of quality making it easier to take away messages and act on them.”

Perhaps the most important benefit of a QAF as indicated in the ‘Framework for Quality Assurance in Ontario Child Welfare Agencies’ is promoting service effectiveness by the provision of tools that describe, develop and maintain quality service through:

- “Organizational motivation;
- Performance measurement;
- Programme evaluation;
- Solicitation of stakeholder feedback; and
- On-going development and implementation of the organization vision/mission.”

During the process of establishing a QA environment, accountability is increased, which drives individuals to render quality service. Organizations tend to become more efficient in service delivery and service providers are exposed to reduced risk. With improved information about how service is being provided, in other words, what works, whether standards are met, where the gaps are, the organization can carefully tailor service delivery to meet its goals for excellence.

### **1.3. THE SOUTH AFRICAN GOVERNMENT AND DEPARTMENT OF SOCIAL DEVELOPMENT QUALITY MANAGEMENT SYSTEM**

The South African welfare system aims at raising the quality of life of all people especially the disadvantaged, those who are vulnerable and those who have special needs, through the equitable distribution of resources and services. The White Paper for Social Welfare Services mandates quality strategies for excellence and the provision of quality services, to promote sustainable improvements in the well-being of individuals, families and communities. The Department is seeking to align its planning with the new planning framework led by The Presidency by moving away from an output-based approach to outcomes relevant to social development. This approach will allow the assessment of qualitative differences resulting from social development policies, legislation and programmes. The real impact of government service delivery will also promote an integrated and closer working relationship between the Department, its social sector partners, other government departments, civil society, and business.

South Africa’s Batho Pele initiative aims are to enhance the quality and accessibility of government

services by improving efficiency and accountability. Batho Pele principles are aligned to quality management principles. In summary, regularly consulting with customers prove the shift towards customer focus. The principle of setting service standards, confirms a process approach and management by facts. The strife for increased access to services will demand dedicated systems and processes. The need for provisioning more and better information about services and maintaining higher levels of courtesy is in alignment with customer focus systems and process approaches, involvement and empowerment. The principle to increase openness and transparency about services reflects that quality should be leadership driven. Remedy failures and mistakes and to give the best possible value for money confirm the quality principle to continuous improvement, systems and process approaches.

The role of the Office of the President is to oversee and coordinate the work of government and the state as the leading institution on interstate relations. It has a responsibility to ensure that government achieves all its objectives and meets its targets within an electoral term. The Presidency proposes a comprehensive and systematic new approach to outcomes monitoring and evaluation. To enhance the monitoring, all Ministers and Departments are assessed in terms of their contribution towards the twelve Presidential outcomes as described in the Guide to the Outcomes Approach:

- Improved quality of basic education.
- Long and healthy life for all South Africans.
- All people in South Africa are, and feel, safe.
- Decent employment through inclusive growth.
- A skilled and capable workforce to support an inclusive growth path.
- An efficient, competitive and responsive economic infrastructure network.
- Vibrant, equitable, sustainable rural communities with food security for all.
- Sustainable human settlements and improved quality of household life.
- A responsive, accountable, effective and efficient local government system.
- Environmental assets and natural resources that are well protected and continually enhanced.
- A better Africa and a better world as a result of our contributions to global relations.
- An efficient and development-oriented public service and an empowered, fair and inclusive citizenship.



This new and challenging approach has major implications for how the Department does its business and how monitoring and evaluation should be undertaken. The Minister of Social Development signs a performance contract with the President in which she commits herself to the delivery of certain results, contributing to specific outcomes, even though she does not lead their delivery. The Director General's performance agreement and those of members of the senior management service link directly with the minister's performance contract. This means that the department must prioritise programmes that will lead to the delivery of the results listed on the minister's performance contract. Therefore, the Monitoring and Evaluation Chief Directorate will prioritise those programmes, in addition to the sustained agenda (additional priorities), from a monitoring and evaluation perspective.

The Medium Term Strategic Framework (MTSF) remains the overarching conceptual framework, developed by the centre of government that seeks to identify the development challenges that the public sector has to confront in future. It serves to guide planning and budgeting across all three spheres of government and informs the core elements of the budgetary submissions that the Department of Social Development should make. The Medium Term Expenditure Framework (MTEF) depicts the rolling cycle of planning and performance measurement to inform delivery targets. The MTSF and MTEF form the underlying foundation of the DSD's strategic and financial planning as well as its monitoring and evaluation.

The two frameworks used by the DSD to guide its approach to monitoring and evaluation are:

- the Policy Framework for the Government-Wide Monitoring and Evaluation system (GWM & E); and
- the National Treasury's Framework for Managing Programme Performance Information (NTFMPPI);

The GWM & E provides general guidance, describing how all public entities, including the Department of Social Development, should approach monitoring and evaluation.

The NTFMPPI is more specific on what should be reported and how, in terms of the main criteria, used by the Auditor General. These would include:

- Assessing compliance with reporting requirements (Existence (accessibility), timeliness, consistency);
- Usefulness (measurable/interpretability, relevance, methodological soundness, consistency); and
- Reliability (validity, evidence/integrity, accuracy, completeness).

The DSD M&E framework policy document aims to clarify stakeholders' roles and to prevent duplication and fragmentation and calls on all service providers to ensure that services are integrated, coordinated and managed to maximise their benefits for society. The model emphasises monitoring and evaluation and mentions three M&E products that should be produced by any agency or organisation providing services on behalf of the DSD:

- Reports to the Department;
- Client satisfaction surveys; and
- Quality assurance reports.

Monitoring is described in the M&E framework as a continuing managerial function that aims to provide managers, decision-makers and main stakeholders with regular feedback and early indications of progress or lack thereof in the achievement of intended results and the attainment of goals and objectives. Monitoring involves collecting and analysing data on implementation processes, strategies and results, and recommending corrective measures.

Evaluation, according to the M&E framework, is defined as a time-bound and periodic exercise that systematically and objectively assesses the relevance, performance, challenges and successes of programmes and projects. It is a vehicle for extracting cross-cutting lessons from operating unit experiences and/or determining the need for modifications to strategic results frameworks.

In summary, no pertinent quality management system has been adopted within the SA government to manage the quality of statistical products and processes. However, eight dimensions of data quality have been adopted by Statistics South Africa, as general best practice. They would include:

- Relevance (the degree to which statistics meet current and potential users' needs);
- Accuracy (the extent to which the performance information provided is sufficiently accurate to allow it to be considered reliable);
- Timeliness (whether the key time frames prescribed for the release of performance Information are met);
- Accessibility (provision of performance information which is readily available);
- Interpretability (the validity of the performance information, specifically the quality of the evidence provided to substantiate the performance reported);
- Comparability and coherence (the quality of the performance measures contained in strategic and performance plans and reflecting on their ability to provide a meaningful measure of the intended result to be achieved through the activities undertaken);

- Methodological soundness (the extent to which the performance information has been consistently measured in the same way and using the same standards in each instance); and
- Integrity (the extent to which required information is provided, without gaps or incomplete elements).

#### 1.4. THE SOUTH AFRICAN SOCIAL WELFARE CONTEXT

The social welfare sector, based on the difficulties and constraints inherent of the limitations imposed by the past and focus on social security, found it difficult to establish itself and evolve to the extent required to deliver the quality and quantity of service it is capable of.

The mission of the national developmental social welfare strategy as described in the White Paper for Social Welfare 1997, is *“To serve and build a self-reliant nation in partnership with all stakeholders through an integrated social welfare system which maximizes its existing potential, and which is equitably sustainable, accessible, people-centred and developmental.”*

A decade later the ISDM aimed to provide “clarity on the nature, scope and level of services in the developmental services sector” amidst debates to clarify the concept of developmental social welfare services. Five years after the establishment of the independent agency for Social Security, the social welfare sector had the opportunity through the norms and standards project of the Department of Social Development to reflect on its services, processes, enablers, and key performance areas in an attempt to improve social welfare service delivery.

Baseline studies on the policy and legislative framework have been developed to serve as the foundation for the review of the FSWS and the development of generic norms and standards for social welfare service delivery and the subsequent monitoring and evaluation of service quality. These studies focus on governing documentation of the agreed target groups and service areas and should be an ongoing activity for increased quality. This would require the periodic revision of legislation and policies that direct social welfare service delivery.

The contexts within which social welfare services are rendered have changed during the last fifteen years. This has been largely influenced by changes in the socio-economic and political situation of the country, which necessitated legislative and policy reviews to make social welfare programmes and services responsive and equitable to the needs of the poorest of the poor, marginalised and vulnerable groups of our society. The White Paper for Social Welfare (hereafter referred to as White Paper) guided this transformation process.

The review of the FSWS addressed the nature, scope, extent and level of integrated social welfare services that social service practitioners should be delivering. The framework seeks to facilitate/guide the implementation of comprehensive, integrated, rights-based, well-resourced, and quality developmental social welfare services.

The figure below demonstrates the interconnectedness of the Policy and Legislative Framework; the Framework for Social Welfare Services; the Norms and Standards and the Quality Assurance Framework. The Framework for Social Welfare Services is informed by the policy and legislative framework which guides developmental, holistic and integrated services. Both these frameworks inform the norms and standards for efficient and effective social welfare services. The Quality Assurance Framework guides the monitoring of these norms and standards in terms of compliance with the policy and legislative framework and terms of the perceived value for beneficiaries and stakeholders.

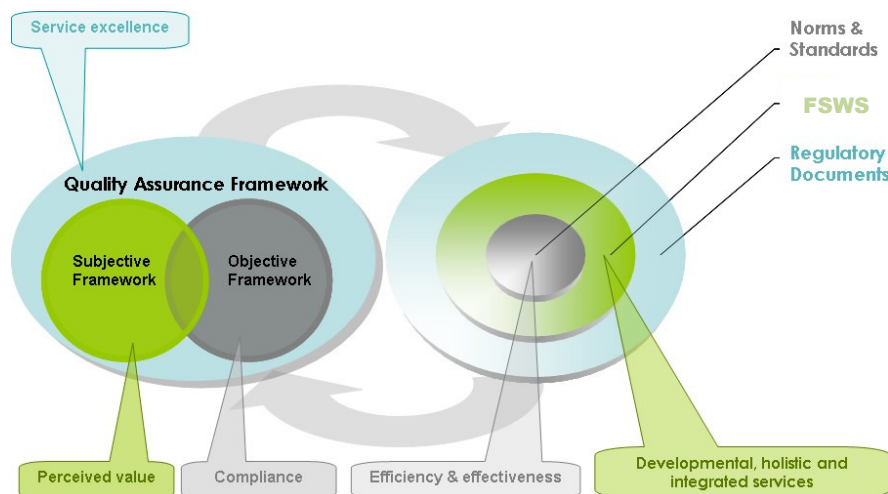


Figure 1: Quality Assurance in the Social Welfare Service Context - the FSWS; QAF and Norms and Standards

## 2. A QUALITY ASSURANCE FRAMEWORK FOR SOCIAL WELFARE SERVICES

### 2.1. SWS QUALITY ASSURANCE STRATEGY

The constitutional mandate of the Department of Social Development is to provide sector-wide national leadership in social development. Based on its mandate, the Department of Social Development develops and implements programmes for the eradication of poverty and social protection and social development amongst the poorest of the poor and the most vulnerable and marginalised. The department effectively implements this through its partnerships with its primary service users and all those sharing its vision.

Social welfare services increasingly experience external and internal pressures to improve effectiveness and efficiency. The worldwide trend toward service quality started in the 1880s with the recognition that service quality rather than a quality product ensures competitive advantage. Literature suggests that total quality philosophy can be usefully deployed in the service sector too.

A developmental social welfare service in South Africa aims to build a self-reliant nation and maximize the existing potential in partnership with all stakeholders and provide a service that is equitable, sustainable, accessible, people-centred and developmental. This aim is expressed in the vision of the Department of Social Development (DSD) of “A caring and integrated system of social development services that facilitates human development and improves the quality of life.” The mission of the DSD illustrates the developmental focus of the department, namely “to enable the poor, the vulnerable and the excluded within South African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society”.

This total quality philosophy is further expressed through the values of the department in its Strategic Plan as:

- “The people we serve come first in performing our duties.
- We will ensure equity and freedom from discrimination and harassment in the workplace and the services provided by our department.
- We will work in partnership with the people we serve and with other stakeholders.
- We will use the resources entrusted to us, to deliver on the Government’s priorities in the most efficient, effective and innovative ways.
- We will be transparent and accountable for our decisions, actions and performance.
- We will share our knowledge and expertise with other departments and the broader welfare sector and learn from them.
- In performing our duties, we will uphold the Constitution of the Republic of South Africa, the laws governing the public service and the Code of Conduct for the Public Service.”

The QA strategy requires the organisation to routinely collect performance information and to use it to improve services. This is done by:

- Collecting information on what is known about the quality of people's lives.
- Interpreting the information to determine what it says about services.
- Planning action on what should be done to improve quality.
- Reviewing the action and learning from it.

The action plan for QA is developed through a QA statement. The QA statement clearly describes the organization’s intentions with regard to quality. This includes:

- The direction of the organization in terms of QA;
- The change required to achieve the mission;
- The way and levels of service delivery the organization wants to achieve;
- The potential beneficiaries; and
- The nature of the benefits.

## 2.2. SWS QUALITY ASSURANCE STATEMENT

The Department of Social Development remains firm on its primary objective of improving the quality of life for all our people and is on course in the realisation of its vision which is to build a caring society together. In pursuit of this vision, the Department will continue to provide comprehensive, integrated, sustainable and quality social development services to fight vulnerability and poverty.

The Minister of Social Development has identified priorities in the strategic plan for five years, reaffirming the Department's continuous strive towards improved life quality. These would include:

- Welfare services improvements;
- Reduction of substance abuse;
- Reduction of social crime and the impact thereof;
- Promotion and establishment of Early Childhood Development;
- Community development through mobilization, advocacy and social facilitation;
- Provision of comprehensive social security;
- Strengthening of the capacity of non-governmental organizations;
- Social policy;
- Promotion of population and development agenda; and
- Zero hunger.

The proposed QA Statement for the SWS is:

***The DSD was established to improve the quality of life of South Africans by providing social development services. Social welfare services are delivered by the national and provincial departments of social development; non-governmental organisations as well as other government departments. Services are rendered by a spectrum of social welfare practitioners and support staff.***

*Service quality is important because we value our beneficiaries and stakeholders. We strive to provide services that meet and even exceed expectations in a manner that demonstrate a developmental approach and respect for human rights.*

We are committed to continuous improvement and have established a Quality Assurance Framework which provides a guide for monitoring, measuring and improving service delivery. We have the following systems and procedures in place to support us in our aim of total stakeholder satisfaction and continuous improvement:

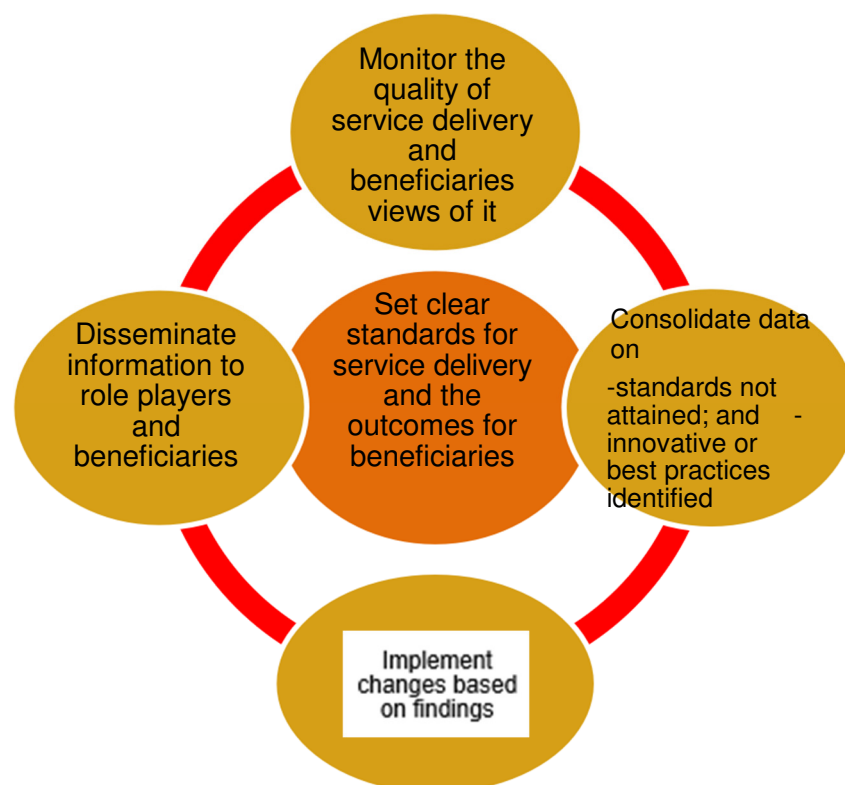
- regular collecting and monitoring of customer feedback;
- a stakeholder complaints procedure;
- selection and performance monitoring of suppliers against set criteria;
- training and development for our employees;
- regular audit of our internal processes;
- measurable quality objectives which reflect our business aims; and management reviews of audit results, customer feedback and complaints.

Our processes are reviewed regularly and are captured in a framework for service delivery, which is made available to the sector. This policy is posted on the Department's website.

Though the Minister has ultimate responsibility for the quality, all employees have a responsibility within their areas of work to ensure that quality is embedded within the entire organization.

### 2.3. QUALITY ASSURANCE MODEL FOR SWS

The proposed quality assurance model for social welfare services is illustrated in the figure below:



**Figure 2: Quality Assurance Model for SWS**

In the figure above it is clear that QA revolves around a clear set of standards for service delivery and the outcomes for beneficiaries surrounded by the four interactive building blocks through continuous concurrent processes. These would include the following:

- Monitoring the quality of service delivery and beneficiaries' view of it;
- Consolidate data on standards not attained and innovative or best practices identified;
- Implement changes based on findings; and
- Disseminate information to role players and beneficiaries.

The point of departure for quality assurance for social welfare services is a clear set of standards. The standards will be related to the following elements of service delivery:

- Inputs refer to those aspects of quality that form the foundation of service delivery, e.g. policies and procedures, well-trained staff with the proper credentials and appropriate facilities; and resources.
- Access refers to whether or not those eligible for service are actually receiving the service, and whether the right people are receiving the service.
- The process relates to the way that service is provided and whether the provider carries out the proper actions in the appropriate way.
- Output, which has to do with the volume of service provided and whether or not service is being delivered in sufficient quantity.
- Outcomes describe the results of the service and whether the service had the desired effect.

However, the key judgment on service quality should be in terms of outcomes for the people who use it. Quality is assessed through a variety of means including questionnaires, focus groups, reviews, observations and audits. This is backed up by clear messages obtained through external inspection and review.

Monitoring of the quality of service delivery and the views of beneficiaries on the service delivery will be done through the collection of data from various sources and using different methods.

The Department's M&E approach and therefore the quality assurance approach for social welfare services involve both the monitoring of processes and outputs and the evaluating of outcomes and impacts, with some evaluation of processes as well. The table below summarises what gets monitored and what gets evaluated:



**Table 1: Characteristics of Monitoring and Evaluation**

RESULTS	MONITOR		EVALUATE	
<b>Impact</b>	N	Impacts are not monitored	Y	Based on a broader plan, a decision is made for each programme as to whether an impact evaluation will be undertaken and if so, when.
<b>Outcome</b>	N	Outcomes are not monitored	Y	Outcomes are evaluated according to a determination of the evaluation questions to be addressed.
<b>Output</b>	Y	Key strategic indicators are monitored as determined through the monitoring strategy	N	Outputs are not usually evaluated but in special circumstances, diagnostic evaluations may be undertaken at this level.
<b>Inputs and processes</b>	Y	Determined through the monitoring strategy	Y	In some cases, processes are evaluated.

Evidence collected from all sources must be consolidated to inform an opinion or assessment on whether standards were attained. This can be reflected through a basic dashboard involving a colour coding system. (Green means that all standards are being met, amber means that further examination is required and red that standards are being missed by some margin.) The consolidation will also provide the opportunity to identify innovative and good practices.

This must culminate in a change plan, addressing corrective actions or improvement. Finding, as well as change plans, must be disseminated to all role players, including beneficiaries through appropriate communication methods.

## **2.4. A QUALITY ASSURANCE CULTURE IN THE SWS SECTOR**

Having established the vision, mission, and strategy for achieving quality, QA must become a part of the culture of the organization to move the organization from compliance monitoring to continuous quality improvement. This culture requires not only a clear and consistent direction but also a set of expectations regarding quality. In addition to the beliefs that need to be embraced by the organization, other conditions need to exist including practical steps that can be taken to instil a quality mission within the organization. The incorporation of QA throughout the organization is a continuous process that is addressed at key points during the life of the organization.

One of the central premises related to QA is the belief that problems in quality come from systems, not individuals. Since management is responsible for systems, their involvement is key to the promotion and advancement of a QAF. Without the commitment of the organization's top executive, all quality initiatives are doomed.

Top and middle management must provide leadership to the organization through:

- Demonstration of activities and behaviours that indicate quality as a top priority;
- Support of an environment where opportunities for continuous learning is encouraged.

To operationalizes the organization's commitment to QA, a structure designed to integrate QA into the way of doing things is necessary. Decisions made regarding the way that the QA programme is carried out will, again, signal the organization's intentions regarding QA.

Another opportunity for visible leadership occurs if management establishes a committee with responsibility for quality. QA committees may vary widely in composition; broader representation will send a stronger message regarding the importance of quality to the organization. A broad-based committee provides an opportunity for input from all stakeholders.

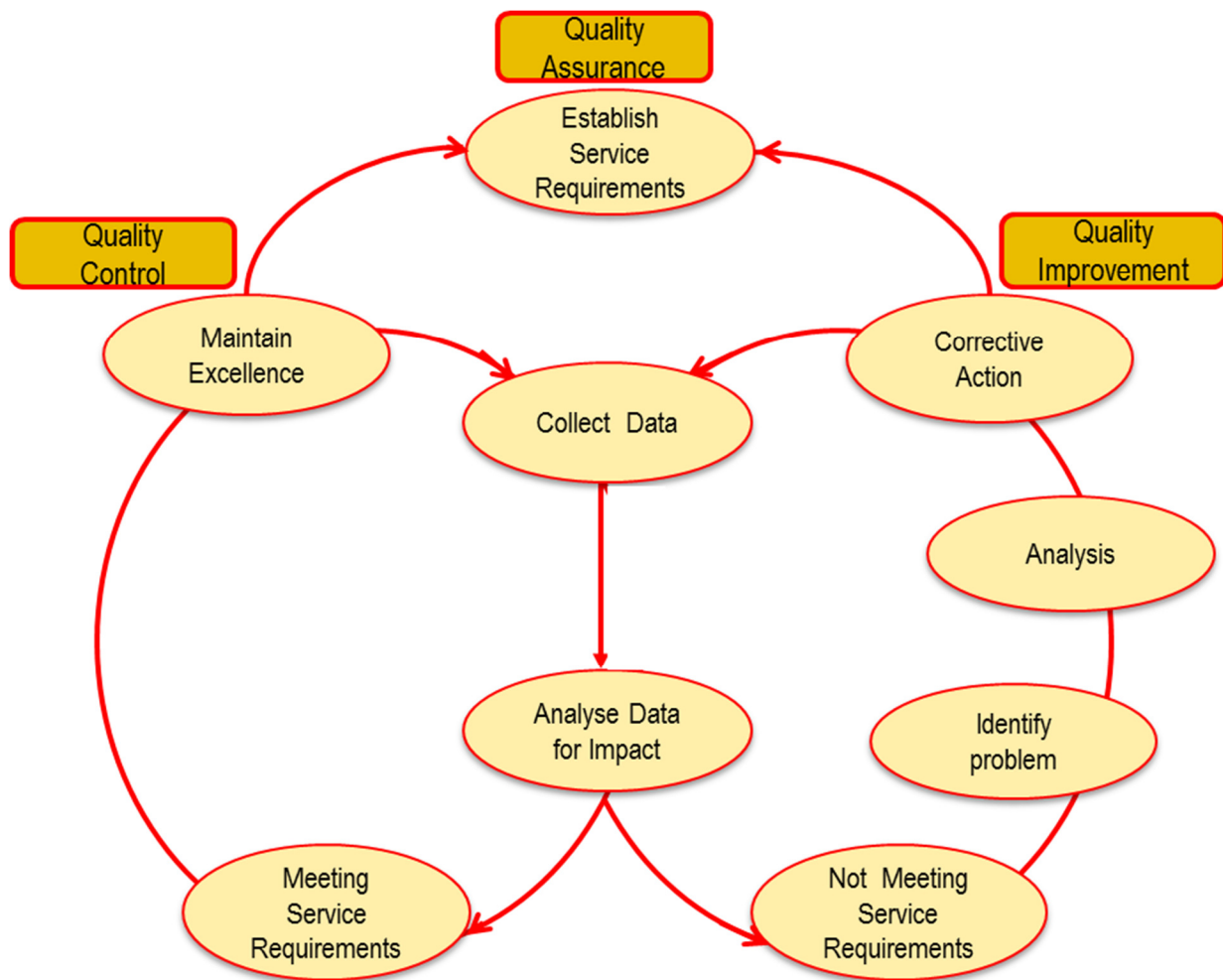
Management can also show a commitment to QA by ensuring that adequate resources (adequate staffing, appropriate information systems, training) are available. In addition to resources dedicated to the implementation and oversight of QA processes, the organization can express quality expectations through:

- Communication to staff about standards and desired outcomes beginning with new staff during orientation.
- Evaluation of staff performance on goals connected to quality (and related directly to the mission of the organization).
- Regular monitoring of quality indicators is a further indication of management responsibility.

### **3. THE QUALITY ASSURANCE PROCESS (also known as QA CYCLE)**

The QA cycle is a set of concurrent processes which include quality control and quality improvement. The quality assurance will not be complete or add value to service delivery without these two processes. Quality assurance provides for the systems or procedures to proactively ensure that quality requirements are met. To determine if the requirements are indeed met or to identify deviations against the standards, quality control, which measure against the standards, is critical. To minimise deviations and ensure greater adherence to the standards or to improve on the standard quality improvement mechanisms is required.

The total cycle as discussed in the Framework for Quality Assurance in Ontario Child Welfare Agencies portrayed is depicted in the figure below:



**Figure 3: Quality Assurance Cycle**

The QA process comprises the following major steps:

- Establish service quality requirements;
- Collect data; and
- Analyse data for impact.

Depending upon the satisfactory evaluation of the latter, it will either imply continuous maintaining excellence through a quality control process or quality improvement process, entailing problem interrogation, and mitigating actions.

## **2.1. SERVICE QUALITY REQUIREMENTS**

Service quality for Social Welfare Services indicates the degree of excellence of services delivered, and has two dimensions, as is clearly indicated in Figure 1:

- The objective dimension where quality is the measurable degree of compliance of activities and processes or its outcomes with the accepted Legislation, Policies and Norms and Standards for Social Welfare Services.
- The subjective dimension where quality is the level of perceived value reported by a stakeholder who benefits from a process or its outcome.

The service quality requirements for Social Welfare Services are influenced by the following:

#### **2.1.1. The legislative and policy mandate**

The constitutional mandate of the Department of Social Development is to provide sector-wide national leadership in social development. The department effectively implements this through its partnerships with its primary service users and all those sharing its vision. The Social Welfare Sector derives its mandate from key pieces of legislation and policy documents captured in the FSWS.

#### **Requirements for Quality Assurance on the Legislative and Policy Mandate**

- Each piece of legislation in the database should be allocated to an owner.
- All new legislation and policy documents published, with the information of the owner, must be registered on the Compliance Database of the QAF Sub-Directorate.
- The owner of the Legislation, Policy should compile a Compliance Audit Checklist that reflects the expectations of the drafters. This Audit Checklist will be used to objectively determine whether an organisation or practitioner complies.

#### **2.1.2. Policy and planning frameworks guiding social welfare service delivery**

The Medium Term Strategic Framework is a conceptual Framework developed by the centre of government that serves to guide planning and resource allocation. The Medium Term Expenditure Framework seeks to align the planning and expenditure planning cycles of government as a whole. It introduces a rolling cycle of planning and performance measurement so the government can pay close attention to delivery targets, identifies problems, incorporate unforeseen events or concerns, and manage itself.

#### **Requirements for Quality Assurance on Policy and Planning Frameworks**

The MTSF and MTEF form the underlying foundation of the DSD's strategic and financial planning and performance reporting. The DSD is required to submit its annual performance information documents for audit purposes with its annual financial statements by 31 May each year to allow the auditors to perform the necessary final audit procedures.

### **2.1.3. Presidency Outcomes**

The Minister of Social Development signs a Performance Contract with the President as the commitment to the delivery of certain results. The outcomes that are reflected in the performance agreement are outcomes 2, 4 and 7.

- Long and healthy life for all South Africans.
- Decent employment through inclusive growth.
- Vibrant, equitable, sustainable rural communities with food security for all.

Additional outcomes to which the department is contributing are outcomes 1, 3 and 12.

- Improved quality of basic education.
- Vibrant, equitable, sustainable rural communities with food security for all.
- An efficient and development-oriented public service and an empowered, fair and inclusive citizenship.

### **Requirements for Quality Assurance of Presidential Outcomes**

The indicators for reporting on these priorities are described as the sector priority indicators. The data elements as developed by the DSD M & E Directorate are attached as Appendix A-1, with the indicator definitions attached as Appendix A-2.

### **2.1.4. Sector Priorities in the sustained agenda (Non-financial data)**

The Department of Social Development has identified many priorities that it seeks to achieve. Those priorities that do not contribute directly to the achievement of the Presidency's Outcomes are referred to as the sector's "sustained agenda". The National department has ensured synergy between the identified outcomes, the sector priorities and the strategic plans of the department. The priorities referred to are as follows:

- Reduction in the abuse of substances,
- Promotion and establishment of Early Childhood Development,
- Strengthening of communities through community mobilization and development,
- Providing comprehensive social security, including income support, and a safety net for the destitute,
- Strengthening of the capacity of non-governmental organizations to deliver quality services,
- Escalation of social policy as a centre for social development research,
- Promotion of population and development,
- Welfare services,
- Zero hunger.

## **Requirements for Quality Assurance of Social Service Priorities**

The data elements for reporting on these outcomes are part of the non-financial data reporting as developed by the DSD M & E Directorate are attached as Appendix B-1, with the indicator definitions attached as Appendix B-2.

### **2.1.5. Norms and Standards for Social Welfare Services**

Monitoring and evaluation of the quality of services require that norms and standards should be established and maintained to form the basis for ongoing quality assessment activities, to evaluate and monitor the progress of a particular service. The norms and standards framework describes the fundamental aspects of quality in social welfare services and therefore includes the responsibilities of the various role-players on a national, provincial and local level.

Norms and standards should ensure that service delivery is:

- Consistent with the Constitution, 1996; especially Section 27 and 33 concerning the right to accessibility, administrative justice, efficiency and cost-effective use of public resources;
- Consistent with the broad vision and policies of the government of the day;
- Provided within the framework of current legislation and policies;
- Delivered according to sound governance and management principles;
- Provided by well-capacitated service providers;
- Consistently, timeously and reliably delivered;
- Affordable and cost-effective;
- Managed in terms of realistic measurable performance standards; and
- Managed through the provision of adequate control measures.

The implementation of the developed norms and standards aim at enabling the following quality features, in particular for the National Department of Social Development:

- Create focus on the Government's social priorities by all service providers;
- Clarify roles and responsibilities of the government and other role players in the social welfare sector including all collaborative partners;
- Standardise services and streamline processes for rendering social welfare services across the country, which will enable quality and performance management; and
- Provide a framework for the planning of financial and human resource requirements, as well as the planning for infrastructure and information management requirements to deliver the required services.

For service providers and other collaborative partners it implies:

- Promotion and maintenance of a high standard of professional ethics within the whole sector;

- Clear strategic direction in terms of priorities and needs to be addressed;
- Clarified roles and responsibilities of all stakeholders in the process of delivering social welfare services;
- Reduction in duplication of services; and
- A platform for planning and funding services based on the needs of the communities and most vulnerable individuals and communities.

For the beneficiaries, the implementation of the norms and standards should result in fair, equitable and impartial provision of services, efficient and effective utilisation of public resources, encouragement of public participation in policy-making, a culture of transparency, accountability and development and a clear understanding of what minimum services to expect and from where to receive these services.

The norms and standards for social welfare services include contextual; organisational; process and outcomes norms and standards. The structuring of the norms and standards aligns and integrates all the elements of the framework for social welfare services, namely the life stages, focus areas, services, levels of service delivery and support services to provide norms and standards that address the preconditions for service delivery, the service providers, the service delivery and the end-results of service delivery.

### **Requirements for Quality Assurance on Norms and Standards**

The norms and standards for social welfare services provide a clear indication of the quality requirements. However, to monitor adherence to the norms and standards, indicators were developed. The index of the norms and standards with indicator titles related to specific norms is attached as Appendix C-1. The index of indicator definitions is attached as Appendix C-2. The indicator protocol sheet for each indicator is attached as Appendix C-3.

The quality requirements for social welfare services are described in the different documents referred to above as outcomes and objectives. ,To determine the quality of service, requires the collection of data to assess the existing services and service delivery against the set requirements.

## **4. DATA COLLECTION**

The methodology and tools for data collection will be determined by the purpose of the data collection. In quality management, the two main purposes are monitoring or evaluation to determine the current status to determine the gaps which will inform maintenance or improvement plans.

Monitoring aims to provide managers, decision-makers and main stakeholders with regular feedback and early indications of progress or lack thereof in the achievement of intended results

and the attainment of goals and objectives. Monitoring involves reporting on actual performance against what was planned or expected according to pre-determined standards. It generally involves collecting and analysing data on implementation processes, strategies and results, and recommending corrective measures.

Evaluation is a time-bound and periodic exercise that systematically and objectively assesses the relevance, performance, challenges and successes of programmes and projects. Evaluation can also address outcomes or other development issues. Evaluation usually seeks to answer specific questions to guide decision-makers or programme managers and should advise whether underlying theories and assumptions were valid, what worked, what did not and why. Evaluation commonly aims to determine relevance, efficiency, effectiveness, impact and sustainability.

Two primary types of data can be collected - data that allows for quantitative assessment and that which allows for qualitative assessment. Quantitative data refers to numbers and objective hard data. Qualitative data refers to more subjective data derived from open-ended and exploratory research. Data can be collected from existing social welfare information systems or through other established reporting mechanisms. As the information collected will be used for decision-making, statistical methods of measurement need to be used to ensure that the information is valid and reliable.

Once outcomes and indicators have been defined by the organization and a QA culture has been created, data measurements must be collected. Data measurements allow management to “manage by the fact” rather than judgment or intuition. The purpose of collecting data is to monitor and provide feedback regarding outcomes and compliance with standards. Before the collection of data, measurements, indicators and benchmarks need to be established. These measurements will help to quantify the achievement of an outcome as well as target the desired level of achievement.

Four common methods used to assess quality collect data are audits, programme evaluation, research and stakeholder feedback. They would include:

- Audits. Case files and organizational files can be audited for compliance with standards and the quality of services provided. Internal case reviews would include those conducted by the social welfare practitioners and focus on compliance to standards. External reviews should regularly be conducted and could also focus on the measurement of compliance with standards. Stakeholders from external groups (e.g. community partners) along with organization staff can be used for external reviews.
- Programme evaluation. There are many benefits to the evaluation of programme and policy-related outcomes. The measurements and information obtained can assist with the



establishment of intervention and prevention priorities. The data can also be used to improve organizational processes, assess the quality of services and assist in determining cost-effectiveness.

- **Research.** Research can provide an evidence base for programme services, clinical interventions and best practices. Data acquired through research can be used to discover and interpret new knowledge or to provide information about a particular subject. Partnerships can be formed with academic institutions to perform both internal and external evaluations of organization programs.
- **Stakeholder feedback.** Stakeholder feedback is commonly used to collect data regarding perceptions, opinions and feelings. Some common methods of obtaining stakeholder feedback are:
  - Beneficiary, the community, and stakeholder measurements using surveys, focus groups, complaint processes, interviews and discharge interviews,
  - Employee measurements using tools such as employee attitudinal surveys, training surveys, exit interviews, through the grievance and complaint process and other organization feedback mechanisms.

Before the collection of data, consideration should be given to ethical standards, practical matters, client consultation, and information systems. The ethical aspects of QA activities require examination, especially when they are related to the collection of data that is not otherwise seen as the 'direct case' responsibility of the organization. The collection of this data requires the consideration of its risk and benefits and the consent of the individuals involved. Safeguards around data collection need to be in place to ensure anonymity and confidentiality of information and safeguard the well-being of participants by identifying any possible risks and precautions to minimize or remove them.

In addition to the need to review ethical matters when the measurement method is selected, it is also important to give thought to practical considerations e.g. whether the information system has been designed to produce the required data, or if the staff can reasonably be expected to fill out one more survey. The ideal methodology does not create extraordinary pressures for the organization.

Often organizations are reluctant to survey welfare client populations because of the involuntary nature of the client/organization relationship and the decreased possibility of honest feedback. It is necessary, therefore, to be creative and develop methods for data collection that are sensitive to the needs of the population. Protection clients, for example, have been successfully contacted through telephone surveys conducted by retired social workers.

The data collection described in this section will focus on the monitoring of indicators. Programme evaluation and research must be used effectively to address quality assurance. This is however addressed in the evaluation strategy of the DSD's Monitoring and Evaluation Framework. The sub-directorate must annually submit the specific needs for evaluation and research in terms of quality assurance issues to the M & E and Research Directorates of the DSD. This should include at least one study measuring the outcomes of social welfare services.

#### **4.1.1 Data collection on the requirements for the legislative and policy mandate**

##### **Data Collection Method**

Data on compliance with the requirement for the legislative and policy mandate will be collected employing a compliance audit. A compliance audit can be defined as the independent, third-party assessment of the conformity of any activity, process, service or outcome with the criteria laid down by specific legislation and policy.

##### **Data Collection Tool**

The data collection tool will be the compliance audit checklist compiled by the owner of each piece of legislation or policy document. This audit checklist will be used to objectively determine whether an organisation complies with the specific piece of legislation and/or policy. Each check point on the checklist must be formulated in such a way that an objective auditor can check "yes, comply" or "no, do not comply" against it. Each check point must represent only one concept and must be measurable, either quantitatively or via visual inspection.

##### **Data Collection Process**

The compliance audits should be conducted in three phases

- Pre-Audit: This phase comprises the following steps:
  - Plan and organise the audit;
  - Clarify the audit objectives, scope and protocol;
  - Appoint and train the audit teams.

Select (through a random selection methodology) the organisations to be audited. Select the regulations applicable to each organisation, and determine which (or all) of these will be audited.

- On-site Audits: This phase comprises visits by the audit teams to the selected organisations, to conduct personal interviews, review records, and make physical observations to assess compliance with regulations, using the audit checklists
- Post-Audit: During this phase, the audit teams will process their findings and report back according to the predetermined format.

### **Sampling of participants**

To ensure the objectivity and fairness of the process, each directorate in the national and provincial offices of the DSD, other government departments rendering social welfare services and all registered non-governmental organisations down to the level of service points must have an equal chance of being selected for an audit. The following sampling procedure should be followed:

- A comprehensive audit database must be compiled of:
  - Names and contact details of each directorate in the national office of DSD
  - Names and contact details of each directorate in the provincial offices of DSD.
  - Names and contact details of social welfare departments/directorates in other government departments.
  - Names and contact details of all the registered NGO's.
  - Names and contact details for all service delivery points for DSD; other government departments and registered NGO's.
- A software tool must be used to do the random selection as follows:
  - Randomly select 40% of the national and provincial DSD directorates countrywide, with at least three directorates from each province included.
  - Randomly select 20% of all the DSD service points in each province.
  - Randomly select 5% of the registered NGO's.

### **A sampling of legislation and policy**

Due to cost and time limitations, it will be impossible to audit each organisation for all applicable legislation and policies during each audit cycle. The legislation and policies should be selected based on strategic priorities and changes in legislation and policies. The directorate service standards should, every second year, identify which legislation and policies should be included in the compliance audit.

### **Frequency of data collection**

The compliance audit should be conducted annually at least every second year.

### **Data collection on the requirements for policy and planning frameworks**

The DSD is required to submit its annual performance information documents for audit purposes with its annual financial statements by 31 May each year to allow the auditors to perform the necessary final audit procedures.

An audit report will be provided containing an audit opinion on the Department's financial statements, other matters and a separate audit opinion will be provided on performance information. The audit opinion on performance information will be reported in the audit report in

a section entitled “other legal and regulatory responsibilities”.

## **Data collection on the requirements for Presidency Outcomes**

### **Data Collection Method**

Data collection on the indicators for the Presidency outcomes will be done through self-reporting by practitioners/service offices.

### **Data Collection Tool**

The data collection tool for reporting is a template designed by the DSD M & E directorate attached as Appendix D.

### **Data Collection Process**

A range of primary data will be collected from practitioners and local offices on paper data collection formats. The individual data collection sheets will be summarised and checked at the local office level and submitted to DSD District Offices. District Offices will summarise the local data sheets and enter the data for the district onto the electronic monitoring system.

### **Sampling of participants**

No sampling of participants will take place. The expectation is reported by all registered non-governmental organisations and all DSD offices.

### **Frequency of data collection**

Data is captured monthly and submitted to district offices. District and provincial offices submit the electronic data quarterly.

## **Data collection on the requirements for Sector Priorities (Non-financial data)**

### **Data Collection Method**

Data collection on the indicators for the Presidency outcomes will be done through self-reporting by practitioners/service offices.

### **Data Collection Tool**

The data collection tool for reporting is a template designed by the DSD M & E directorate attached as Appendix E.

### **Data Collection Process**

A range of primary data will be collected from practitioners and local offices on paper data

collection formats. The individual data collection sheets will be summarised and checked at the local office level and submitted to DSD District Offices. District Offices will summarise the local data sheets and enter the data for the district onto the electronic monitoring system.

### **Sampling of participants**

No sampling of participants will take place. The expectation is reported by all registered non-governmental organisations and all DSD offices.

### **Frequency of data collection**

Data is captured monthly and submitted to district offices. District and provincial offices submit the electronic data quarterly.

## **Data collection on the requirements for Norms and Standards for Social Welfare Services**

### **Data Collection Method**

The main data collection method will be through self-reporting by using multiple sources of data, including the national and provincial offices of the DSD; the South African Council for Social Service Professions; social welfare service managers; supervisors; practitioners; beneficiaries; and files.

### **Data Collection Tool/s**

A number and variety of data collection tools can be used to collect the data. The data elements are identified in the Indicator Protocol Sheets and should inform any data collection tool.

For the baseline data, the data collection tools were a set of questionnaires addressing specific indicators for the various norms. These can be repeated or amended to compare results over time.

### **Data Collection Process**

If the baseline data collection tools are used, the data collection process for each of the data collection tools is described in Appendix F which describes the methodology. Data could be collected through manual completion of questionnaires or online electronic completion. Any alternative data collection tool may require an alternative data collection process. Due to the number of data elements and the variety of sources involved in the collection of data on the generic norms and standards for social welfare services, the data collection should be phased over one-three years, focussing on managers and supervisors; practitioners and beneficiaries respectively in each year.

### **Sampling of participants**

To ensure the objectivity and fairness of the process, each directorate in the national and provincial offices of the DSD, other government departments rendering social welfare services and all registered non-governmental organisations down to the level of service points must have an equal chance of being selected for an audit and therefore random sampling will be the most appropriate sampling technique. This will require detailed and updated databases of service offices; non-governmental organisations and finally of the different categories of practitioners.

### **Sampling of tools**

Due to cost and time limitations, it may be impossible to conduct each tool at each organisation during each audit cycle. The data collection tools could be selected based on previous reports in the different provinces and districts. The directorate service standards should identify which data collection tools should be used during each cycle.

### **Frequency of data collection**

The norms and standards assessment should be conducted at least every second year.

## **ANALYZE DATA FOR IMPACT**

Analysis and reporting of data is a critical element of QA as the finding should inform decision making and improvement of services. Data analysis can vary from a very simple assessment of the information to more complex methodologies. One straightforward way of looking at data is to:

- Graph the information in column, bar, line and/or pie charts;
- Compare the information to historical performance, trends and/or benchmarks; and
- Project future trends.

Other more complex methodologies more often involving evaluation and research studies could include statistical analysis such as correlations, linear regression, chi-square, moving from single variable to multi-variable comparisons.

Data results indicate examples of appropriate responses:

- Equals benchmark criteria - supports status quo, reinforce, encourage, maintain;
- Higher than expected - re-assess benchmarks, assess related efficiency targets, assess quality indicators;
- Less than expected - develop supports, assess related efficiency targets, assess quality indicators and benchmarks, re-assess measures, change strategies; and
- Unsuspected trend - developing track related information to complete analysis.

A key aspect of this phase of the QA cycle is to develop and provide clear and timely communication about the results gathered. It is important to share the analyses in reports specifically tailored to the various key stakeholder audiences, providing a dynamic link between the staff who supplied the information, other stakeholders and the reviewers to demonstrate that QA is not just about monitoring. A well-developed message from a thorough analysis will reinforce the organization's quality objectives – acknowledging successes or providing the impetus for required adjustments.

### **Reporting on the requirements for the legislative and policy mandate**

A compliance audit report disaggregated per province for the DSD; per government department; per NGO should be compiled by the audit team and submitted to the Directorate Service Standards for dissemination and distribution to stakeholders.

### **Reporting on the requirements for policy and planning frameworks**

The DSD is required to submit its annual performance information documents for audit purposes with its annual financial statements by 31 May each year to allow the auditors to perform the necessary final audit procedures.

An audit report will be provided containing an audit opinion on the Department's financial statements, other matters and a separate audit opinion will be provided on performance information. The audit opinion on performance information will be reported in the audit report in a section entitled "other legal and regulatory responsibilities".

### **Reporting on the requirements for Presidency Outcomes**

The Department of Social Development will have to report every quarter on its contribution to the national outcomes as identified by the Presidency. Statistical and analytical information is required in terms of the DSD's progress about the three outcomes identified in the Minister's performance agreement.

### **Reporting on the requirements for Sector Priorities (Non-financial data)**

Reports on Non-Financial data must be submitted to National Treasury every quarter to allow it to monitor the expenditure of resources and compliance with budgets. This should be detailed and accurate and should support the kinds of analysis required for expenditure planning and budgetary allocation. DSD is also required to contribute to the End of Term Reports prepared by the Presidency and to respond to other ad hoc requests made by it.

### **Reporting on the requirements for Norms and Standards for Social Welfare Services**

The report on the requirements for norms and standards for social welfare services will provide an assessment of the level of compliance with the norms and standards and identify gaps in

compliance. Information could be disaggregated based on the data source; a category of norms; per district and province; as well as per government department and NGO.

## IMPROVING QUALITY AND MAINTAINING EXCELLENCE

Depending upon the evaluation of the analysed data, it will either imply continuous maintaining excellence; also known as quality monitoring or quality improvement which involves problem interrogation, and mitigating actions.

The findings and recommendations in monitoring; evaluation and research reports should be translated to action plans to improve or maintain quality.

One of the by-products of the QA process can be the identification of best practices or innovation. When an organization has been able to demonstrate that certain practices lead to the achievement of desired outcomes, it enables the field to identify best practices.

### Quality Improvement Model

According to Duke University's guidance on quality improvement 2005; a quality improvement is a formal approach to the analysis of performance and systematic efforts to improve. Quality improvement is a continuous process that employs rapid cycles of improvement. Quality improvement focuses on making an entire system's outcomes better by constantly adjusting and improving the system itself.

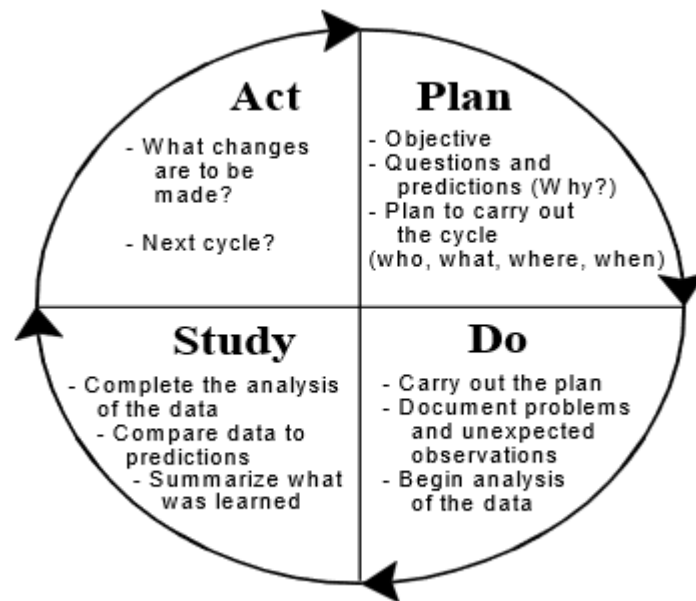
There are numerous models used in quality improvement amongst others the PDSA Cycle for learning and improvement. PDSA cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. PDSA cycle is one of the common and prospective models which seek to facilitate improvements to a process and evaluate change. This model allows for the integration of new and existing systems. PDSA model promotes small scale rapid cycle change over short periods-of-time.

The **PDSA** model is comprised of four steps which include:

- **Plan:** Plan a change or test of how something works.
- **Do:** carry out the plan.
- **Study:** look at the results. What did you discover?
- **Act:** decide what actions should be taken to improve.

The **PDSA Cycle** also known as the Deming Wheel or Deming Cycle used in quality improvement is illustrated in the figure below:





**Figure 4: The Deming wheel/cycle of Quality Improvement (Source The W.E. Deming Institute, 2014)**

The PDCA cycle begins with the Plan step. This involves identifying a goal or purpose, formulating a theory, defining success metrics and putting a plan into action. These activities are followed by the Do step, in which the components of the plan are implemented, such as making a product. In the Study step, the outcomes are monitored to test the validity of the plan for signs of progress and success, or problems and areas for improvement. The Act step closes the cycle, integrating the learning generated by the entire process, which can be used to adjust the goal, change methods or even reformulate a theory altogether. These steps are repeated over and over as part of a never-ending cycle of continual improvement.

### Quality Control

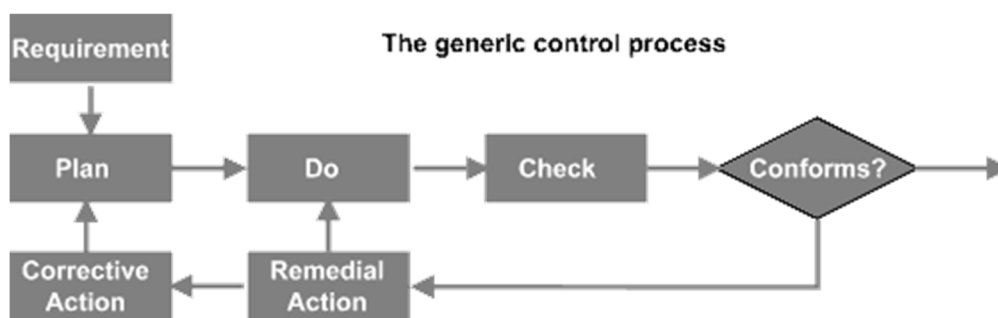
The ISO definition states that quality control is the operational techniques and activities that are used to fulfil requirements for quality. Quality control (QC) is a procedure or set of procedures intended to ensure that a manufactured product or performed service adheres to a defined set of quality criteria or meets the requirements of the client or customer. Quality control is similar to, but not identical with quality assurance (QA). Quality Assurance is defined as a procedure or set of procedures intended to ensure that a product or service meets specified requirements. Quality assurance is sometimes used interchangeably with quality control as a single expression, quality assurance and control (QA/QC).

It is often deemed that quality assurance serves as prevention and quality control detection, but a control installed to detect failure before occurrence; quality control

serves as prevention such as reducing the tolerance band to well within the specification limits, quality control can prevent failure.

Quality control is a process for maintaining standards and not creating them. Standards are maintained through a process of selection, measurement and correction of work so that only those products or services which emerge from the process meet the standards. In simple terms quality control prevents undesirable changes to occur in the quality of the product or service. Quality control emphasises testing of products to uncover defects and reporting to management who decide to allow or deny product release.

The quality control model or process is illustrated in the figure below.



**Figure 5: The generic control process (Source: Transition support a flexible approach to business improvement, 2013)**

Quality control is often regarded as a post-event activity that is a means of detecting whether quality has been achieved and taking action to correct any deficiencies. In project management, quality control requires the project manager and the project team to inspect the accomplished work to ensure its alignment with the project scope, in practice, projects typically have a dedicated quality control team that focuses on this area.

## 5. CONCLUSION

The Quality Assurance Framework for Social Welfare Services is a tool to create a culture of quality in the social welfare sector. It is also a tool to instil confidence in the sector as stakeholders will have a common understanding and expectation of quality social welfare services. It clearly describes the benchmark for quality which will enable social welfare service practitioners to continuously improve on their service delivery through reflective practice.

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social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

# **APPENDIX 21**

## **SUPERVISION FRAMEWORK FOR THE SOCIAL WORK PROFESSION IN SOUTH AFRICA**



**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

## **SUPERVISION FRAMEWORK FOR THE SOCIAL WORK PROFESSION IN SOUTH AFRICA**

**February 2012**

## ACKNOWLEDGEMENTS

The Department of Social Development partnered with the South African Council for Social Service Professions (SACSSP) to establish a task team to develop a supervision framework for the social work profession in South Africa. The task team consisted of internal and external stakeholders in the social welfare sector.

The team consisted of the following members:

Isabella Sekawana, Iveda Smith, Thulisiwe Long, Bella Nhlapo, Mpumelelo Ncube, Dr Lambert Engelbrecht, Johannes Mnguni, Nokuphiwa Khanyile, Nicholynia Mtshali, Sebonee Dintwe, Christa van Deventer, Natasja Retief, JM Lelaka, Louise Ferreira, John Sithole, Bulelwa Plaatjie, Lizette van Niekerk and Santie Spruis.

The Department and the SACSSP would like to express their sincere gratitude and appreciation to this team for their commitment to, support for and participation in the consultative and national workshops regarding the Supervision Framework for the Social Work Profession in South Africa.

The Department further acknowledges and appreciates the contribution of all the other stakeholders who made valuable inputs during the national and provincial consultative sessions.

## FOREWORD

Social workers, social auxiliary workers, student social workers and learner social auxiliary workers are critical role players in the social welfare sector. They offer social welfare services to beneficiaries of service and make the “moment of truth” a reality in this sector, that is, they strive for rendering quality social welfare services to their beneficiaries. Supervision strengthens these services and has been hailed by Lord Laming (2009) as the cornerstone of good social work practice.

The function of professional supervision in the social welfare sector is to produce a cadre of practitioners who are well trained, highly skilled, and are passionate about making a difference in the lives of beneficiaries. Professional supervision enhances the individual development and professional growth of supervisees. It also promotes adherence to the Code of Ethics for the Social Work Profession, which ensures a high quality of service and the protection of the beneficiaries of social welfare services. In

addition, the Recruitment and Retention Strategy of 2006 envisages that supervision will contribute towards maintaining and strengthening the social work sector.

Policies, legislative frameworks and supervision theories informed the development of the Supervision Framework for the Social Work Profession in South Africa. The Supervision Framework has been set up to promote the effective supervision of social workers, student social workers, social auxiliary workers, learner social auxiliary workers, social work specialists and private practitioners in order to ensure competent, professional social work practice and improved social welfare services.

The Supervision Framework applies to supervisors and practitioners respectively. Benefits for supervisors include, but are not limited to, access to standardised tools, the option to utilise them, the option to participate in supervisors' learning forums designed to facilitate peer support and the continuing professional development of supervisees, all to the benefit of beneficiaries. Of major importance is the elevation of the supervisory role to a significant position with a unique competency profile, which young professionals should aspire to reach. Employers providing an enabling environment for supervision are likely to see increased productivity, improved service delivery, a satisfied clientele, retention of core competencies, the attraction of funding for programmes and, consequently, exponential organic growth. More importantly, such employers are likely to internalise a culture of learning and continue to be preferred service providers and employers of choice. The ultimate winner is the beneficiary.

The Supervision Framework has been designed for the Department of Social Development, non-government organisations (NGOs), other government departments, and local government and private practice social workers to guide them to conduct effective supervision. However, the framework needs to be customised to suit their varied contexts.

Finally, it should be noted that the Supervision Framework is not intended to provide a comprehensive, theoretical exposition of supervision. It does not purport to be a training manual or an academic text. Concepts defined in the glossary are for the purpose of the framework. Readers should also note that they are not limited by the theories and concepts used in the framework.



**Connie Nxumalo**

**DDG: Social Services**

## GLOSSARY

**Consultation in supervision:** an activity in supervision; it is determined by the contract and the performance appraisal.

**Continuing professional development:** the improvement of knowledge towards becoming more skilled and thus more competent in performing one's duties.

**Mentoring:** the formal or informal transmission of knowledge, skills, attitudes, psychosocial support and professional development in a sustained period.

**Orientation:** a process of training new employees to become accustomed to new positions, what is expected of them and how their role fits into the overall objectives of their organisation.

**Performance appraisal:** a process that enables the supervisor and the supervisee to reflect on the achievement of set outcomes in the supervisee's personal development plan and to identify future development areas for incorporation with the supervisee's personal development plan.

**Performance management:** a component of supervision concerned with both quantitative and qualitative evaluation of social work service delivery.

**Personal development assessment:** a process of information gathering to compile a register of learning needs, strengths, assets and capabilities that should be addressed in a personal development plan and subsequent supervision sessions.

**Personal development plan:** a tool that clearly indicates, in priority order, identified, developmental areas, based on a personal development assessment.

**Portfolio of evidence:** recorded evidence reflecting performance and professional development.

**Social auxiliary worker:** a person who delivers a supportive service to social work under the supervision of a social worker to further the aims of social work (South African Council for Social Service Professions, 2009:5).

**Social auxiliary work learner:** a person who is registered with the South African Council for Social Service Professions (SACSSP) in terms of chapter 2, section 18(b), sub-section 1 of the Social Service Professions Act, 110 of 1978, as amended.



**Social worker:** a person registered with the South African Council for Social Service Professions (SACSSP) in terms of chapter 2, section 17 of the Social Service Professions Act, 110 of 1978, as amended.

**Social work manager:** a social worker operating on a management level in an organisation.

**Social work management:** the performance of tasks, such as planning, organising, leading and controlling in terms of functions relating to programmes, workload, human resources, etc.

**Social work supervisor:** a social worker with the required experience and qualifications to whom authority is delegated to supervise social work practitioners.

**Social work supervision:** an interactive and interminable process in a positive, non-discriminatory relationship. This process is based on distinct theories, models and perspectives on supervision whereby a social work supervisor supervises a social work practitioner. This is done by performing educational, supportive and administrative functions to promote efficient and professional social work services.

**Student social worker:** a person registered with the South African Council for Social Service Professions (SACSSP) in terms of chapter 2, section 17(a) of the Social Service Professions Act, 110 of 1978, as amended.

**Social work organisation:** a service provider of developmental social welfare services in South Africa. Such organisations may include the national government, provincial government, local government, NGOs, community-based and faith-based organisations and private sector entities.

**Supervision theory:** a theory and perspective on supervision that may be derived from applying a model of intervention or from extrapolating a model from another field.

## ABBREVIATIONS

**CPD** Continuing professional development

**HETI** Higher education and training institution

**NGO** Non-government organisation

**SACSSP** South African Council for Social Service Professions

# CHAPTER ONE: BACKGROUND

## 1.1. INTRODUCTION

In 2003, the Minister of Public Service and Administration declared social work a scarce skill. In response, the National Department of Social Development initiated the development of a Recruitment and Retention Strategy for social workers (Department of Social Development, 2006). One of the key objectives of the Recruitment and Retention Strategy is to address the concerns and conditions of service that have a negative impact on service delivery.

The strategy identified supervision as one of the critical areas that need attention if professionals are to be retained. The strategy further highlighted a decline in the productivity and quality of services due to a lack of supervision. This is the result of high case loads, emotional and other trauma experienced by workers in service delivery, high-stress levels due to personal, professional and societal demands as well as lack of resources for social workers to deliver on their mandate. Moreover, the direct management of social workers by non-social workers often impacts detrimentally on the practice of the profession. Although the Social Service Professions Act, 110 of 1978, clearly stipulates that “a social worker may only be supervised on social work matters by another competent and registered social worker”, many social workers have raised a concern that this is not complied with in practice. The South African Council for Social Service Professions (SACSSP) has also expressed concern about this matter.

It is firstly of critical importance to distinguish between the supervision of social workers on the one hand, and the general management of social work services on the other. It is accepted that while the latter requires management skills and competencies, it does not require competency or skills in social work, owing to its specific administrative focus. Secondly, given the current skills shortage, the strategic deployment of scarce skills is prudent. Deployment should be based on determining where social work skills and competencies are most needed in the operations of an organisation or department. Lastly, authoritative guidelines for an objective assessment of the roles and responsibilities of an administrative or executive manager versus those of a social work manager are essential to provide clear direction to organisations and the social work constituency on the issue of supervision.

Propelled by the concern of various stakeholders in South Africa's social work sector, the SACSSP and the Department of Social Development initiated a process for the development of a supervision framework, consisting of a conceptual and contextual framework, as well as norms and standards for supervision for use by all organisations employing social work practitioners.

The Supervision Framework for the Social Work Profession in South Africa presented in this document consists of the rationale, aims and objectives of the framework, followed by an exposition of a conceptual and contextual framework for the norms and standards of supervision in South Africa. However, the conceptual and contextual framework is not intended to be a comprehensive theoretical exposition of supervision. It does not purport to

be a training manual or an academic text. It is assumed that the reader of this document has a conceptual background and basic understanding of social work supervision. Supervision is an academic discipline on its own, and endeavours to encapsulate its theoretical foundations in a single framework would be presumptuous and a negation of social work's rich heritage as a professional body of knowledge.

In addition, the roles, responsibilities and competencies of supervisors regarding the supervision of social workers are implied in the norms and standards for supervision of social workers as indicated in this Supervision Framework. The interrelatedness of management and supervision in social work is furthermore addressed as peculiar to social work. Moreover, since the supervision of all social workers is a mandatory activity, consultation of experienced social workers is depicted in the Supervision Framework as an activity of supervision, as determined by the supervision contract between the supervisor and the social worker.

## 1.2. RATIONALE

The rationale for the Supervision Framework has been derived from the perceived need for (1) effective supervision in the social work profession, and (2) improvement of the quality of social work services, highlighted in the 2006 Recruitment and Retention Strategy for social workers. Amongst others, a lack of adequate training and structural support as well as unmanageable workloads, as well as unmanageable workloads, informed the Supervision Framework. (The Supervision Framework acknowledges that some departments and NGOs have supervision policies and supervisory posts.) The rationale also ties in with the professional status of social work and the significance of supervision in the social welfare sector. The emergence of other social service professions brought another challenge with regard to supervision.

Botha (2002:1) argues that “the problem however, however, does not lie with supervision practice or the nature thereof, but the fact that supervision applied is either faulty or weak”. The context of this postulation refers to (1) the necessity for effective, situation-relevant supervision, (2) the SACSSP's resolution to regulate certain areas of specialisation in social work such as supervision, and thus the need to (3) formulate recommendations regarding the a regulation of supervision.

In South Africa, it is especially the unpredictable, non-routine, non-standardised, highly individualised and imperceptible nature of social work practice that necessitates supervision (Botha, 2002). In addition, the statutory requirements of the Social Service Professions Act (110 of 1978), the Code of Ethics of the Social Work Profession (SACSSP, 2007) and the Children's Act (38 of 2005) all imply supervision of social workers.

Hence, although supervision can take place in many different contexts and employment spheres, the core significance of social work supervision is that globally it is a professional activity ingrained in social work as a demanding and dynamic profession. The social work profession in South Africa is therefore compelled to put measures in place to contribute towards the passing on of a scholarly, theoretical body of knowledge as well as tacit practice experience and wisdom to subsequent generations through establishing effective supervision practices, and consequently a competent professional social work heritage in this respect.

This heritage should be the product of an ongoing process, as “practitioners who experience supervision from this perspective can be inspired in a way that will make them more effective and more immune to the despair, disillusionment, and isolation that erode pride in social work professionalism” (Munson, 2002:92).

### 1.3. AIM OF THE SUPERVISION FRAMEWORK

This document seeks to provide a framework for the effective supervision of social workers, student social workers, social auxiliary workers, learner social auxiliary workers, social work specialists and private practitioners in order to ensure competent professional social work practices that serve the best interests of service users in South Africa.

### 1.4. OBJECTIVES

The objectives of the framework are to conceptualise, contextualise and provide norms and standards guiding the execution of supervision.

## CHAPTER TWO: POLICY-RELATED CONTEXT

### 2.1 POLICY AND LEGISLATIVE FRAMEWORK

With reference to the supervision of social workers, student social workers, social auxiliary workers and learner social auxiliary workers, organisations and employers operate within the ambit of different policies and legislative frameworks, which include, but are not limited to, the following:

Policy and legislative framework	Core mandate
Constitution of the Republic of South Africa, 108 of 1996	Chapter 10 of the Constitution highlights the basic values and principles governing public administration. Section 195(1)(a) (h) identifies the following principles: (a) A high standard of professional ethics must be promoted, and (b) good human resource management and career development practices must be cultivated to maximise human potential.

Policy and legislative framework	Core mandate
Social Service Professions Act, 110 of 1978, as amended; rules (section 27) and regulations (section 28); enactment of a Code of Ethics provided for in section 27(1)(a)	<ul style="list-style-type: none"> <li>The Social Service Professions Act stipulates that a social worker may only be supervised on social work matters by another competent and registered social worker.</li> </ul>
DSD (2005): Integrated Service Delivery Model	The Integrated Service Delivery Model captures the nature, scope and levels of intervention based on developmental social service delivery. It also guides service delivery.
DSD (18/2009): Recruitment and Retention Strategy	The Recruitment and Retention Strategy calls for the effective management and supervision of social welfare professionals as part of effective service delivery.
Batho Pele (People First) White Paper on Transforming Public Service Delivery (1997)	The Batho Pele principle promotes service delivery that is quality-driven and person-centred. It advocates access to information, transparency, redress and respect, compliance with standards and cost-effectiveness. It is also time-bound.
Labour Relations Act, 66 of 1998	The Act ensures the right to fair labour practices and reflects workers' and employers' rights as envisioned by the Constitution.

Policy and legislative framework	Core mandate
White Paper on Social Welfare (1997)	Chapter 4 of the White Paper on Social Welfare gives an overview of the status of human resources within the welfare sector, specifically social workers. It captures issues of redeployment, capacity building and orientation, education and training, remuneration and working conditions.
DSD (2011, August): Framework for Social Welfare Services	Supervision of social service practitioners is aimed at ensuring the delivery of quality services to beneficiaries, while supporting and building the capacity of the practitioner.

## 2.2 PRINCIPLES OF SUPERVISION

The following principles, amongst others, underpin supervision of social workers, social auxiliary workers, student social workers and learner social auxiliary workers (Australian Association of Social Workers, 1999; SACSSP, 2007; Department of Health, Social Services and Public Safety, 2008; Kahui Whakamana Tauwhiro, 2009):

- Promotion and protection of the interests of beneficiaries;
- Active recognition of the cultural systems that shape the practice of social workers, social auxiliary workers, student social workers and learner social auxiliary workers;
- Encouragement of professional development;
- Accountability; and
- Respect for the inherent dignity and worth of every person.

All social workers must make ethically accountable, professional decisions based on the SACSSP Code of Ethics.

## CHAPTER THREE: CONCEPTUAL AND CONTEXTUAL FRAMEWORK

### 3.1 CONCEPTUAL FRAMEWORK

Conceptualising key concepts in this document should ensure a context that can be used as a framework for understanding and executing supervision in the social work profession.

#### 3.1.1 Social work supervision

Supervision is a formal arrangement through which supervisees review and reflect on their work. It is related to ongoing learning and performance. Social work supervision is an interactive process in a positive non-discriminatory relationship, based on distinct theories, models and perspectives of supervision. It entails educational, supportive and administrative functions that promote efficient and professional social work services.

#### 3.1.2 Social work supervisor

A social work supervisor is a social worker with the required experience and qualifications to whom authority has been delegated to supervise social workers, social auxiliary workers, student social workers and learner social auxiliary workers. Supervisors are accountable for the ethical approach and work performance of supervisees and manage supervisees' work by means of utilising a supervision process. This process involves assessment, contracting, developing and operating a personal development plan, performance management and appraisal of supervisees in accordance with the policies and procedures of the organisation.

### 3.1.3 Interrelatedness The interrelatedness of management and supervision in the social work profession

Management and supervision may be interrelated depending on the level of responsibility of the functionaries concerned. Management may be regarded as a function of supervision and supervision may be regarded as a management function. The interrelatedness also depends on whether a manager is a registered social worker or not. A manager who is not a social worker may manage the organisation, but cannot supervise social workers, student social workers, social auxiliary workers and learner social auxiliary workers on social work activities. However, a social work supervisor may also be a manager of the organisation and its social work practitioners.

### 3.1.4 Consultation and mentoring in social work supervision

Consultation and mentoring are some of the activities of supervision. For instance, newly qualified social workers or social auxiliary workers, learner social auxiliary workers and student social workers are often mentored, whereas consultation is more suitable in the case of experienced social workers, as determined by the supervision contract between the supervisee and the supervisor.

- **Consultation**

Consultation is an activity of supervision determined by the supervision contract and performance appraisal after the achievement of the goals and outcomes of supervision in the initial contract. Consultation is work work-related and goal goal-directed, seeks to solve problems and must be executed as part of the supervision process. Consultation does not usually focus on administrative control. In most instances, it is advisory and conducted on at the request of the social worker.

A social work supervisor should provide consultation to social workers on social work matters. Social workers who provide consultation should have the necessary knowledge and skills and should be registered with the SACSSP. They should consult within their areas of knowledge and competence.

Consultation can be directed at an individual or a group.

In consultation, the supervisee takes full responsibility for the workload and his or her own actions. The supervisee should be motivated, professionally mature and able to work independently in the total scope of his or her work. In order to undertake assigned responsibilities, the supervisee should have confidence, be responsible and possess the required knowledge and skills.



- **Mentoring**

Mentoring is a formal or informal transmission of knowledge, skills, attitudes, psychosocial support and professional development. It enhances the overarching goal of supervision. Mentoring can be used interchangeably with coaching, but for the purpose of this document, the focus is on mentoring.

## **3.2 CONTEXTUAL FRAMEWORK**

Supervision takes place in different settings, that is, primary, secondary and facility-based settings. Different organisational structures and staffing are applied in these practice environments and should be considered during the implementation of supervision.

For the effective execution of supervision, the contextual framework should determine the roles and responsibilities of supervisors and supervisees, the functions of supervision, phases of supervision and methods of supervision.

### **3.2.1 Roles and responsibilities of supervisors**

Some of the responsibilities of supervisors, as guided by the Code of Ethics of the SACSSP, are the following:

- Plan and prepare for the supervision sessions.
- Ensure that intervention techniques and approaches used by the supervisee are appropriately applied.
- Ensure competence in the supervisee's work and the protection of beneficiaries against harm.
- Identify the training needs of the supervisee and implement a personal development plan.
- Ensure correct interpretation of policies and legislation.
- Clarify lines of communication and authority.
- Conduct quality assurance of the work delivered by the supervisee.
- Note incentives that the supervisee receives from beneficiaries.
- Ensure that written and informed consent is given before confidential information on beneficiaries is disclosed.
- Set clear, appropriate and culturally sensitive boundaries.
- Ensure that the supervisee refrains from any dual or multiple relationships with beneficiaries.
- Conduct performance management and appraisal.
- Evaluate the supervisee's performance in a manner that is fair and respectful.
- Keep a record of supervision sessions.
- Accept accountability when a complaint is lodged against the supervisee.
- Ensure that adequate organisational resources are available to conduct effective supervision.
- Take reasonable steps to provide or arrange for continued education and support.
- Ensure that reasonable steps are taken to ensure the emotional well-being of the supervisee.

- Acknowledge limitations and take responsibility for their own development and training needs.
- Seek feedback and evaluation from the supervisee so as to enhance supervision.
- Assist in conducting assessments that are challenging for the supervisee and aimed at identifying conditions in service delivery that justify particular interventions.
- Assist the supervisee to perform functions that are challenging.
- Ensure that records of social work interventions, processes and outcomes are produced and maintained.
- Attend evaluation sessions for students and learner social auxiliary workers.

### 3.2.2 Roles and responsibilities of supervisees

It is the responsibility of supervisees to –

- comply with the Code of Ethics;
- attend the agreed supervision sessions;
- keep abreast of new developments in the professional field;
- keep a record of the supervision sessions;
- seek feedback and evaluation from the supervisor for the enhancement of supervision;
- plan and prepare for the supervision session;
- develop an annual work plan and personal development plan;
- adhere to the lines of communication and authority; and
- review the contract if the relationship between supervisor and supervisee compromises effective supervision. If matters cannot be resolved between the parties, a third party can be involved.

### 3.2.3 Student supervision

The primary goal of student placement is to provide an opportunity for the integration of theory and practice under the supervision of a social worker.

The objectives of student supervision are to apply –

- acquired theoretical knowledge to concrete problem solving;
- professional values and ethical standards of practice; and
- knowledge of organisational policies, procedures and intervention modalities.

Guidelines for the supervision of practitioners also apply to student supervision. However, the duration of the placement, year of study as well as the requirements of the higher education and training institutions (HETIs), will influence student supervision processes. The student student-supervisor should work in collaboration with the HETI practicum coordinator of the training institution.

### 3.2.4 Expectations of student social workers in the organisation

Student social workers placed in an organisation are expected to –

- maintain the same standards and practices as organisational staff;
- complete the relevant documents;
- adhere to organisational policies and procedures;
- participate in planned supervision sessions;

- carry out assignments timely and in a responsible manner;
- integrate theoretical knowledge with practice;
- consult with the appropriate persons when there are challenges to learning; and
- compile the required reports on activities undertaken.

### 3.2.5 Functions of supervision

In essence, to make supervision functions operational, they should be normative (ensuring that the supervisee's work is professional in accordance with organisational policies and statutory norms), formative (developing the supervisee to become increasingly competent) and restorative (enabling the supervisee to mobilise the emotional energy needed for effective job performance).

Supervision has administrative, supportive and educational functions. The unique value of the supervision functions does not lie in any of the functions in particular, but in their combination and integration into a meaningful whole. For example, there can be support while the administration is emphasised, or administration while education is emphasised (Engelbrecht, 2010(a)). The time spent on these functions is likely to reflect the organisation's mission, vision and human resource practices.

#### Administrative function

The administrative function focuses primarily on the correct, effective and appropriate implementation of agency policies and procedures. The primary goal is to ensure adherence.

#### Educational function

The educational function focuses primarily on the ignorance and/or ineptitude of social workers regarding the knowledge, attitudes and skills required to execute their work (Kadushin & Harkness, 2002). The primary goal is to assist the supervisees to improve their knowledge, attitudes and skills so that they can perform to their optimal level when executing their duties. Supervisees must be empowered to intervene in various situations on different levels.

The educational function of supervision should be distinguished from staff development and in-service training. It maintains an individualised focus as it is directed at the educational needs of the supervisee within the context of a prescribed workload. The content of educational supervision shifts in focus, depending on the education, competencies and experience of each worker.

#### Supportive function

The supportive function focuses primarily on worker morale and job satisfaction. The goal is to improve morale, job satisfaction and the quality of work (Kadushin & Harkness, 2002). An enabling environment is created to enhance productivity. The supportive function helps the supervisor and supervisee to deal with job-related tensions and stressors, which may, if left unattended, impair the work to the detriment of service delivery.

### 3.2.6 Phases of supervision

All functions of supervision have a beginning phase, a middle phase and an evaluation phase. Formative evaluation is involved in all of them.

#### Beginning phase

Orientation of supervisees is one of the tasks in the beginning phase of supervision. This entails the supervisee's introduction to the policies of the organisation, the requirements of the post, the expectations of society and colleagues, and the objectives to be achieved. Orientation is mostly applicable to students and newly employed practitioners, since they have little or no experience of working in an organisation.

Cognisance should also be taken of those who have been in the employ of the organisation but lack relevant experience.

In the beginning phase, a supervision contract should be developed jointly by the supervisor and the supervisee. In the contract, they should –

- agree on the supervision schedule, that is, time, venue, frequency, agenda, etc;
- include a personal development plan that identifies the strengths and the developmental areas of the supervisee;
- identify the supervisor and supervisee's expectations;
- specify the goals and outcomes of the supervision; and
- clarify the supervisee's style of learning and the supervisor's style of teaching.

As the **supervision contract** is negotiated by the supervisor and the supervisee, it must be signed as a written agreement that identifies the terms of the supervision relationship.

The contract should cover, among others, the following:

- Duration and frequency of supervision: The supervisor, in consultation with the supervisee, will determine the duration and frequency of the supervision and will take into account –
  - the level of experience of the supervisee;
  - the complexity of the work being supervised; and
  - the number of hours worked.
- Records: The supervisor and the supervisee should both sign all the records, notes and significant decisions they make.
- Roles, responsibilities and mandates: Supervisors and supervisees should discuss their roles, responsibilities and mandates.

#### Middle phase

The middle phase focuses on the execution of the programme that addresses the learning areas, which areas have been identified in the beginning phase. The expansion of the supervisee's knowledge and the development of his or her skills are important in this phase.

The supervisee must be encouraged to function independently, that is, to take his or her own decisions and assume responsibility for their consequences. The supervisor only provides guidance and support on work-related issues if the need arises. This phase can be utilised to facilitate preparation for the evaluation phase.

## Evaluation phase

In the evaluation phase, the goals and outcomes of supervision are evaluated in order to determine whether the supervisee can be elevated to the consultation level, or the initial supervision contract needs to be reviewed.

### 3.2.7 Methods of supervision

Supervisory methods vary and their selection should be based on the particular needs of the social worker and social auxiliary worker concerned. Each need is informed by the requirements of the organisation (Humber Mental Health, 2003; Mbau, 2005; Tsui, 2005). Whether individual or group supervision is carried out, each should adhere to the Code of Ethics of the SACSSP. The supervision methods depend on the supervision contract, and the supervision sessions should be structured, goal goal-oriented and based on the attainment of competencies and outcomes as stipulated in the supervisee's personal development plan.

#### Individual supervision

Individual supervision is a one-on-one method of supervision. It promotes the personal growth of the supervisee, as this type of supervision is intense. The role of the supervisor encompasses the administrative, educational and supportive functions.

#### Group supervision

Group supervision is often used to supplement, rather than substitute, individual supervision. The supervisor facilitates the social workers' sharing of experiences and knowledge in the group. It is more effective in educational supervision. Care is taken to ensure that group members are not too diverse in terms of their levels of professional training or practice experience.

#### Peer supervision

Peer supervision does not rely on a designated supervisor: all members participate equally. Regular case conferences and collegial consultations are common. Peer supervision must not substitute individual or group supervision.

### 3.2.8 Styles of supervision

Everyone has his or her unique way of participating in any interaction. Because of our attitudes, expectations and other individual attributes, we bring to supervision a preferred style. However, any style applied should be in line with the developmental approach (Patel, 2005; Engelbrecht, 2010(b)). The styles below are commonly observed supervision styles and are

presented here to stimulate thinking.

**Proportional participatory supervision:** The focus is on only one aspect related to the individual involved, such as the cognitive, affective or behavioural aspect of a worker's understanding of a situation or activity. This style is characterised by a discussion of the worker's feelings about something, how he or she analysed a situation or what he or she has been doing. All of these areas are important and should be explored in the supervisory process.

**Mutual participatory supervision:** Both parties are actively involved in the support, education and training that characterise effective supervision. The agenda is mutually generated and both participants engage actively in the exploration of all areas. Both parties in the supervisory interaction have a preferred style.

It is important that we must review our style and question how it affects the supervisory outcome. Given that supervision is an interaction between parties and designed to increase effectiveness, a mutual participatory style is more likely than a proportional participatory style to produce a satisfactory the outcome for both parties.

## **CHAPTER FOUR: NORMS AND STANDARDS OF SUPERVISION**

### **4.1 INTRODUCTION**

The norms and standards of supervision apply to social workers, social auxiliary workers, learner social auxiliary workers, student social workers, specialists and social workers in private practice.

### **4.2 SUPERVISION OF SOCIAL WORKERS**

#### **4.2.1 Introduction**

The aspects noted in the following paragraphs are viewed as the key areas and determinants in terms of norms and standards for the supervision of social workers.

#### **4.2.2 Supervision policy**

Employers of social workers must have a context-specific supervision policy in place for their organisation, aligned with the Supervision Framework for the Social Work Profession in South Africa.

The policy should address the following:

- The theoretical model underpinning the supervision;
- Ratio The ratio of a supervisor to supervisees;
- Statement on non-discriminatory practices;

- Definition and goal of supervision in the organisation;
- Functions and requirements of the supervision;
- Methods of the supervision (e.g. individual or group) and their requirements;
- Requirements of a personal development assessment of the social worker based on competencies required of the social worker within his or her practice;
- Requirements of a personal development plan for the social worker;
- Requirements of a supervision contract between the social worker and the supervisor, covering the following:
  - Roles, responsibilities and mandates;
  - Frequency and duration of supervision sessions;
  - Revision of the supervision contract;
- Requirements of the performance management system;
- Requirements of supervision sessions;
- Requirements of supervision reports;
- Methods for resolving disagreements and breakdowns in the process;
- Responsibility of social workers in terms of continuing professional development, self-reliance and self-preservation;
- The priority that supervision should be given in relation with other tasks; and
- Continuous visibility of the SACSSP registration certificate and qualifications of the supervisor in his or her office.

### 4.2.3 Legislative requirements

- Supervision of all social workers is mandatory.
- Only social workers may act as social workers' supervisors.
- It is the responsibility of the employer of a social worker to appoint a supervisor who takes primary responsibility for the supervision of the social worker, and to provide the supervisor with an appropriate job description.
- Supervision services may be outsourced on contract to a social worker not in the employment of the organisation, and such a supervisor need not be physically present on a continuous basis at the organisation concerned.
- The organisation should state the ratio of the supervisor to supervisees in its supervision policy and capture this in the contract with the supervisor.
  - The ratio of a supervisor whose key responsibility is supervision to supervisees who are in the same service office is 1:13.
  - The ratio of a supervisor whose key responsibility is supervision to supervisees who are in a different service office is 1:10.
  - The ratio of a supervisor who supervises and does casework or management of social welfare services to supervisees is 1:3.

### 4.2.4 Requirements for supervisors

The supervisor of a social worker should –

- be a social worker registered with the SACSSP;
- have a minimum of five years' experience as a social worker;
- attend a supervision course presented by an accredited service provider recognised by the SACSSP;

- have a portfolio of evidence available upon appointment in the organisation that reflects social work supervision or management courses completed, experience and competencies; and
- be listed on the database of supervisors of the SACSSP.

### 4.2.5 Ethics

- Supervision should be conducted in compliance with the Code of Ethics for the Social Work Profession.
- The supervisor accepts co-responsibility for the professional conduct of the social worker or supervisee.

### 4.2.6 Newly qualified social workers

- An orientation programme should be presented to all new appointees.
- They must be supervised on a fortnightly basis for at least three years before they advance to a consultative level.
- Should the person be ready to move to a consultative level, a report with a recommendation must be submitted by the supervisor.
- Performance must be assessed quarterly in line with the personal development plan.
- Upon completion of the three years of structured supervision, a final assessment should be conducted to determine the frequency and format of further supervision to be specified in a new supervision contract.

### 4.2.7 Supervision after the initial contract (newly qualified social workers)

After three years, the frequency and format of supervision will be determined by the supervisor in collaboration with the supervisee, and will take into account –

- the experience and competency of the supervisee; and
- the nature and complexity of the work being supervised.

### 4.2.8 Experienced social workers in a new organisation

- Experienced social workers must undergo orientation upon appointment within a new organisation.
- The timeline for supervision must be at the discretion of the supervisor and the supervisee.
- Performance must be assessed twice a year in line with the personal development plan.

### 4.2.9 Supervision sessions

- Supervision sessions and their functions must be structured. This calls for proper planning, alignment with the personal development plan of the social worker, identification of the goal of a session, setting up an agenda, drafting a report and



validating its contents by means of using the signature of the supervisor and supervisee.

- Both the supervisor and the supervisee may apply to the SACSSP for group supervision sessions to be approved as well as be allocated continuing professional development (CPD) points.

#### **4.2.10 Performance appraisals**

- The social work supervisor must appraise the performance of social work activities annually.
- After each appraisal, the social work supervisor must give feedback to the supervisee.
- CPD accreditation must form part of the performance appraisal system and programme of the supervisee.

#### **4.2.11 Requirements for an organisation**

- The organisation must promote participatory management between the supervisor and management by establishing proper communication channels.
- The organisation must provide administrative, educational and developmental support to supervisors in order for them to render effective supervision.

### **4.3 SUPERVISION OF SOCIAL AUXILIARY WORKERS**

#### **4.3.1 Introduction**

The functions of supervision (education, support and administration) of social auxiliary workers are the same as those of social workers. Social auxiliary workers always work under the supervision of a social worker, although the social worker need not necessarily be a supervisor as set out in this document.

#### **4.3.2 Supervision policy**

An organisation's policy on the supervision of social workers is also applicable to social auxiliary workers.

#### **4.3.3 Legislative requirements**

- Supervision of all social auxiliary workers is mandatory.
- Only social workers with a minimum of three years' experience as social workers may supervise social auxiliary workers.
- The employer of a social auxiliary worker must appoint a supervisor who takes primary responsibility for the supervision of the social auxiliary worker. The employer must also provide the supervisor with an appropriate job description.
- Supervision services may be outsourced on contract to a social worker not in the employment of the organisation, and such a supervisor need not be physically present

- on a continuous basis at the organisation concerned.
- Social auxiliary workers may not supervise other social auxiliary workers irrespective of their years of experience, since social auxiliary work is a supportive service of social workers. However, social auxiliary workers can mentor other social auxiliary workers only if they have a minimum of five years' experience.
- Supervision of social auxiliary workers is ongoing for the duration of their practice. Social auxiliary workers with a minimum of five years' experience may be supervised on a monthly basis and this must be captured in the supervision contract.
- The organisation should capture the ratio of a supervisor to supervisees in its supervision policy and enter into a contract with the supervisor in terms of this ratio.
  - The ratio of a supervisor whose key responsibility is supervision to supervisees (social workers, student social workers, social auxiliary workers and learner social auxiliary workers) who are in the same service office is 1:13.
  - The ratio of such a supervisor to such supervisees who are in different service offices is 1:10.
  - The ratio of a supervisor whose added responsibility is casework or management of social welfare services is 1:3.

### 4.3.4 Requirements for supervisors

The supervisor of a social auxiliary worker should –

- be a social worker registered with the SACSSP;
- have at least three years' experience as a social worker;
- attend a comprehensive supervision course presented by an accredited service provider recognised by the SACSSP; and
- have a portfolio of evidence available upon appointment in the organisation that confirms social work supervision or management courses completed, experience and competencies.

### 4.3.5 Ethics

- Supervision should be conducted in compliance with the Code of Ethics for the Social Work Profession.
- The supervisor accepts co-responsibility for the professional conduct of the social auxiliary worker.

### 4.3.6 Newly appointed social auxiliary workers

- Newly appointed social auxiliary workers must undergo orientation on commencement of duty.
- They must have structured supervision on a fortnightly basis for at least five years.
- The performance of a social auxiliary worker must be assessed quarterly in line with the personal development plan.

### 4.3.7 Supervision sessions

- Supervision sessions must be structured to include all the functions of supervision. The sessions should be properly planned, linked to the personal development plan of a social auxiliary worker, state a specific goal and set out an agenda, and afterwards, a report should be written and signed by the supervisor and the supervisee.
- Both the supervisor and the supervisee may apply to the SACSSP for group supervision sessions to be approved and allocated CPD points.

### 4.3.8 Performance appraisals

- The social work supervisor must conduct annual performance appraisals of social auxiliary work activities.
- The supervisor must give the supervisee feedback after each performance appraisal.

### 4.3.9 Requirements for the organisation

- In a situation where the social worker is providing operational guidance to the social auxiliary worker and is not necessarily the supervisor of the social auxiliary worker, the organisation must ensure clear communication channels, protocol and lines of authority.
- The organisation must ensure proper communication channels between the supervisor and management to promote participatory management of the social auxiliary worker.
- The organisation must provide for supervisors' individual needs regarding administration, education, development and support in order to enable them to supervise effectively.

## 4.4 SUPERVISION OF LEARNER SOCIAL AUXILIARY WORKERS

### 4.4.1 Introduction

The primary goal of learner placements must be to provide an opportunity for the integration of theory and practice under the supervision of a registered social worker. Organisations providing for learner placements must adhere to the following minimum standards:

### 4.4.2 Memorandum of understanding and supervision policy

- A memorandum of understanding must be signed by the provider of the learning programme and organisations providing placements for learner social auxiliary workers. It should specify –
  - roles and responsibilities;
  - the practice education programme;
  - infrastructure; and
  - communication channels and protocol.
- A policy on context-specific supervision of the learner social auxiliary worker must be

in place and must address the matters referred to in the memorandum of understanding, contain a statement on non-discriminatory practices and set out the expectations of both parties.

### 4.4.3 Legislative requirements

- The organisation providing learner social auxiliary worker placements is responsible for appointing a supervisor for the primary supervision of the learner and providing the supervisor with an appropriate job description.

### 4.4.4 Requirements for supervisors

- The supervisor should be a social worker with at least three years' experience and registered with the SACSSP, and should attend a comprehensive supervision course presented by an accredited service provider recognised by the SACSSP.

### 4.4.5 Requirements for the organisation

- The organisation providing learner practice education placements is responsible for appointing a supervisor for the primary supervision of the learner social auxiliary worker and providing the supervisor with an appropriate job description.
- The primary goal of learner placements is to provide an opportunity for the integration of theory and practice under the supervision of a social worker. Organisations are required to facilitate the achievement of this goal. The following objectives apply:
  - Facilitating learners' application of acquired theoretical knowledge to concrete problem solving;
  - Facilitating learners' application of professional values and ethical standards of practice in real-life situations; and
  - Facilitating learners' acquisition of knowledge of organisational policies, procedures and intervention modalities.

### 4.4.6 Ethics

- Supervision should be conducted in compliance with the Code of Ethics for the Social Work Profession.
- The supervisor accepts co-responsibility for the professional conduct of the learner social auxiliary worker.

## 4.5 SUPERVISION OF STUDENT SOCIAL WORKERS

### 4.5.1 Introduction

The primary goal of student placements must be to provide an opportunity for the integration of theory and practice under the supervision of a registered social worker. Organisations providing student practice education placements must adhere to the following minimum standards:

## 4.5.2 Memorandum of understanding and supervision policy

- A memorandum of understanding must be signed by higher education institutions and organisations providing practice education placements for student social workers. It should specify –
  - roles and responsibilities;
  - the practice education programmes;
  - infrastructure; and
  - communication channels and protocol.
- A policy on context-specific supervision of student social workers must be in place and must address the matters referred to in the memorandum of understanding, contain a statement on non-discriminatory practices and set out the expectations of both parties.

## 4.5.3 Requirements for the organisation

- The organisation providing student practice education placements is responsible for appointing a supervisor for the primary supervision of the student social workers and providing the supervisor with an appropriate job description.
- Organisations are required to facilitate the achievement of the primary goal of student placements, which is to provide an opportunity for integration of theory and practice under the supervision of a social worker. The following objectives apply:
  - Facilitating students' application of acquired theoretical knowledge to concrete problem solving;
  - Facilitating students' application of professional values and ethical standards of practice in real-life situations; and
  - Facilitating students' acquisition of knowledge of organisational policies, procedures and intervention modalities.

## 4.5.4 Requirements for supervisors

- The supervisor of a student social worker should be a social worker with at least three years' experience and registered with the SACSSP. The supervisor should attend a comprehensive supervision course presented by an accredited service provider recognised by the SACSSP.

## 4.5.5 Ethics

- Supervision should be conducted in compliance with the Code of Ethics for the Social Work Profession.
- The supervisor accepts co-responsibility for the professional conduct of the student social worker.

## **CHAPTER FIVE: SUPERVISION OF SPECIALISTS, MONITORING AND EVALUATION**

### **5.1 SUPERVISION OF SPECIALISTS**

A person who has registered a specialisation in social work with the SACSSP may consult another social work specialist in a similar area of specialisation.

### **5.2 MONITORING AND EVALUATION**

Social workers, social auxiliary workers, supervisors and employers must ensure that supervision is conducted in line with the Supervision Framework set out in this document. The Supervision Framework must be readily available and its application must be demonstrated at the request of the relevant monitoring and evaluation authorities. Non-compliance may result in unprofessional conduct and will be dealt with in terms of the Social Service Professions Act, 110 of 1978, as amended, and/or mechanisms instituted by the Department of Social Development.

Supervisors of social workers and social auxiliary workers should have records of every social worker's personal development plan, supervision contract, reports and performance appraisals, which should be available for monitoring and evaluation by the relevant authorities. A portfolio of evidence should be available for about a period of three years after the social worker and social auxiliary worker terminated their services at the organisation.

Social workers and social auxiliary workers should also have a portfolio of evidence of their personal development plan, supervision contract, reports and performance appraisals, which should be available for monitoring and evaluation by relevant authorities. The final assessment report of the supervisee and/or the portfolio of evidence could be requested by the SACSSP for quality assurance.

Norms and standards contained in this document come into operation on the date of approval by the SACSSP and the Department of Social Development. Social workers, supervisors and employers will have a period of one year to adhere to the regulations of the Supervision Framework.

## **CHAPTER SIX: CONCLUSION**

The Supervision Framework for the Social Work Profession in South Africa highlights the critical importance and value of conducting effective supervision. The framework has been designed to enhance the quality of professional practice, which in turn improves the quality of social welfare services rendered by social work practitioners.

The framework guides the implementation of supervision in line with the goals, policies and legislation of social work organisations. It further explains the concepts and context of the framework, and the associated norms and standards. It also recognises the interrelatedness between management and supervision so as to increase the effectiveness and efficiency of social work practitioners.

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## SUPERVISION CONTRACT

Supervision contract between:

Name of Supervisor \_\_\_\_\_

Name of Supervisee \_\_\_\_\_

The parties shall meet at (frequency) \_\_\_\_\_ intervals.

The supervision sessions shall last for (duration) \_\_\_\_\_

The venue for the supervision session shall be at \_\_\_\_\_

The roles and responsibilities of both parties with regards to supervision shall be as follows:

\_\_\_\_\_  
\_\_\_\_\_

The supervision sessions will cover the following functions:

\_\_\_\_\_  
\_\_\_\_\_

Supervision sessions will take the following methods:

\_\_\_\_\_  
\_\_\_\_\_

Statement of confidentiality:

\_\_\_\_\_  
\_\_\_\_\_

Anti-discriminatory statement:

\_\_\_\_\_

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How to handle disagreements:

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Manner of record keeping:

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Commitment to personal development:

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How will we agree on the agenda of the next session:

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Review of supervision contract (How often):

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Additional determinants:

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Signature of supervisor: \_\_\_\_\_ signed  
in \_\_\_\_\_ day of \_\_\_\_\_

Signature of supervisee: \_\_\_\_\_ signed  
in \_\_\_\_\_ day of \_\_\_\_\_

# **SUPERVISION POLICY**

## **Social Workers and Social Auxiliary Workers**

Employers of social workers must have a context-specific supervision policy in place for the organisation aligned with the supervision framework within the social work profession addressing the following:

- The theoretical model underpinning supervision.
- The ratio of supervisor/supervisee.
- Statement on anti-discriminatory practices.
- Definition and goal of the supervision in the organisation.
- Functions of the supervision and requirements thereof.
- Methods of the supervision (e.g. individual and group) and requirements thereof.
- Requirements of a personal development assessment of the social worker based on competencies required of the social worker within his/her practice.
- Requirements of a personal development plan for the social worker.
- Requirements of a supervision contract between the social worker and supervisor, covering the following:
  - o Roles, responsibilities and mandates.
  - o Frequency and duration of supervision sessions.
  - o Revision of the supervision contract.
- Requirements of the performance management system.
- Requirements of supervision sessions.
- Requirements of supervision reports.
- Methods of resolving disagreements and breakdowns in the process.
- Responsibility of social workers in terms of continuing professional development, self-reliance and self-preservation.
- What priority supervision should be given in relation to other tasks?
- The SACSSP registration certificate, the qualification obtained as a supervisor should at all times be displayed in the office of the supervisor.

## **Learner Social Auxiliary Worker**

There must be a memorandum of understanding between the provider of the learning programme and organisations providing placements for learner social auxiliary workers specifically pertaining to the following:

- o Roles and responsibilities.
- o Practice education programme.
- o Infrastructure.
- o Communication channels and protocol.

A context-specific learner social auxiliary worker supervision policy must be in place, which addresses the matters referred to in a memorandum of understanding, statement on anti-discriminatory practices and expectations of both parties.

## Student Social Workers

There must be a memorandum of understanding between higher education institutions and organisations providing practice education placement for student social workers specifically pertaining to the following:

- o Roles and responsibilities.
- o Practice education programme.
- o Infrastructure.
- o Communication channels and protocol.

A context context-specific student supervision policy must be in place, which addresses the matters referred to in the memorandum of understanding, the statement on anti-discriminatory practices and expectations of both parties.

## SUPERVISION SESSION REPORT: SOCIAL WORKERS

### SUPERVISION SESSION

Supervision sessions must be structured including all the functions of supervision, should be properly planned and linked with the personal development plan of the social worker with a specific goal, have an agenda and a report written and signed by both the supervisor and supervisee.

Purpose of the session (linked to the personal development plan):

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Supervision method:

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Agenda:

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Planning for the next session:

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Date of the next session: \_\_\_\_\_

Time of the next session: \_\_\_\_\_

Venue of the next session: \_\_\_\_\_

Submission of CPD

application: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of supervisee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUPERVISION SESSION REPORT : SOCIAL AUXILIARY WORKERS

### SUPERVISION SESSION

Supervision sessions must be structured including all the functions of supervision, should be properly planned and linked with the personal development plan of the social worker with a specific goal, have an agenda and a report written and signed by both the supervisor and supervisee.

Purpose of the session (linked to the personal development plan):

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Supervision method:

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Agenda:

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Planning of the next session:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of the next session: \_\_\_\_\_

Time of the next session: \_\_\_\_\_

Venue of the next session: \_\_\_\_\_

Submission of CPD

application: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of supervisee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_



# PERSONAL DEVELOPMENT PLAN

## PERSONAL DEVELOPMENT PLAN

Name of Supervisor: \_\_\_\_\_

Name of Supervisee: \_\_\_\_\_

Development Area	Date to achieve	Assessment method	Comments

**Signature:**

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisee: \_\_\_\_\_

Date: \_\_\_\_\_

## SUPERVISORS NOTE

1.	Case no/reference no:	
2.	Name of supervisor:	
3.	Name of supervisee:	

1. Indicate the type of file:

Casework		Group work		Community work	
----------	--	------------	--	----------------	--

2. Indicate at what stage or of the intervention processes is the file

Intake / Engagement		Assessment		Intervention/ Implementation		Evaluation	
------------------------	--	------------	--	---------------------------------	--	------------	--

### 3. Summary of findings:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. Recommended interventions/ action /follow up:





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Social Development  
REPUBLIC OF SOUTH AFRICA

# **APPENDIX 22**

## **PROBATION SERVICES QUALITATIVE & QUANTATITIVE CASE AUDIT**



## Probation Services

### Qualitative & Quantitative Case Audit

1. Social Worker (Print Name)	Office	File No

#### 2. Nature of Offence

Assault		Kidnapping	
Child molestation		Murder	
Child Abuse		Possession of ammunition	
Child neglect		Possession of car breaking implements	
Corruption		Possession of counterfeit articles	
Culpable homicide		Possession of drug(s)	
Damage to property		Possession of stolen property	
Dealing in drugs		Possession of Unlicensed firearm	
Driving a vehicle without the owner's permission		Public indecency	
Escape		Rape	
Fraud		Reckless driving	
Handling of fire-arm under the influence		Robbery	
Harassment		Sexual harassment	
Housebreaking & Theft		Theft	
Indecent assault		Trespassing	
Intimidation			

#### 3. Month of arrest

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

#### 4. Type of case

Assessment of child			
Pre-trial report	Adult	Child	

Date of request				
Date of report				
Court date				
Pre-sentence report	Adult		Child	
Date of request				
Date of report				
Court date				
Statutory supervision	Adult		Child	

5. Referring court (Magisterial district)	
--	--

6. Indicate population group involved (As required by the White Paper)

African	Asian	Coloured	White	Mixed/Other

7. Gender	Male		Female	
-----------	------	--	--------	--

8. Age	
--------	--

9. Is the child attending school	Y		N		Mainstream		Special School	
----------------------------------	---	--	---	--	------------	--	----------------	--

10. Assessment of children in conflict with the law. Indicate with a Yes/No answer

Were the parents interviewed		Are preventative services being rendered	
Was the case converted to the children's court		Was the case diverted	
Is the case being monitored with each appearance		Are referrals for diversion being monitored	
Is the child detained in a place of safety/secure care		Is the child released into the custody of parents	

11. Nature and number of contacts were made during the last year

Office interviews	Home visits	Tel calls	Total

12. Content of process notes

	Good	Adequate	Poor
Information			
Evaluation			
Planning			

13. Pre-sentence/Pre-trial report

	Good	Adequate	Poor	Relevant information	
				Yes	No
Identifying details					
Sources					
Family background					
Education & training					
Occupational background					
Inter-personal relationships					
Physical & mental health					
Substance abuse					
Socio-cultural, religious & recreational activities					
Criminal history					
Evaluation					
Discussion of sentence options					
Recommendation					
Signed by PO					
Signed by supervisor					
Language					
Lay-out					
Typing errors					

14. Is report signed by: Indicate with Yes/No answer

Probation officer		Supervisor	
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15. Number of times case was remanded	1	2	3	4	5	or more
---------------------------------------	---	---	---	---	---	---------

16. Reasons for remand

Legal rep not in court		Docket missing	
Complainant not in court		Youth not collected for court	
Case postponed		Investigation not finalised	
Presiding officer on leave		Guardian not in court	

17. Is there supervision notes on the file	Yes		No	
--	-----	--	----	--

18. How many during the last year	0	1-3	4-6	7 or more
-----------------------------------	---	-----	-----	-----------

19. Remarks:

Compiled by: \_\_\_\_\_

Date: \_\_\_\_\_





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# **APPENDIX 23**

## **POLICY FRAMEWORK FOR THE ACCREDITATION OF DIVERSION SERVICES IN SOUTH AFRICA**

# Policy Framework for the Accreditation of Diversion Services in South Africa

Building a Caring Society Together.

[www.dsd.gov.za](http://www.dsd.gov.za)



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**REPUBLIC OF SOUTH AFRICA**

## DEFINITIONS

The following terms are used in this policy document:

**Accreditation:** a formal, external monitoring process whereby the Department of Social Development (DSD) Accreditation Unit sets performance standards for service quality that measures the merit of an organisation, with standards and keeps the organisation accountable to the public. The process is based on self-assessment and possible review of programmes and services. Nominated teams or professional surveyors assess the quality of an organisation's service delivery and provide assistance aimed at improvement. Accreditation signifies formal recognition by the DSD's Accreditation Unit, using a quality assurance procedure, that an organisation and diversion programme has met professional and minimum standards criteria laid down for the type of programme.

**Accredited organisation/programme:** an organisation or programme that meets the requirements for accreditation and complies with the standards established by the department as set out in the department's policy on accreditation.

**Child in conflict with the law:** anyone under 18 who comes into contact with the judicial system, as a result of being suspected or accused of committing an offence.

**Continuous improvement:** a continuous process that identifies problems examines solutions to those problems and regularly monitors the solutions implemented for improvement. Therefore, it supports ongoing learning, development and improvement. In the context of diversion services, or any other service focusing on behavioural change and individual psychosocial development, a key strategy in any quality improvement process is a focus on outcomes and the effectiveness of service delivery, in response to behavioural change/personal development goals of individuals.

**Econometric scales:** standardised scales used by social workers. Econometric scales aim to measure social functioning, with the emphasis on behavioural strengths and coping skills. In this regard, econometrics refers to the measurement or quantification of people-in-environment. It measures the degree of adaption between people and their bio-psychosocial environment. The South African Council for Social Service Professionals (SACSSP) has a subcommittee for the evaluation and accreditation of econometric scales for use by social workers.

**Life skills:** the capacity for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life.

**Organisation:** an agency or individual providing services to children at risk or in conflict with the law, which receives funding from DSD. It involves both government and non-governmental providers.

**Policy framework:** a description of an interlinked and interdependent set of statements, established as

a policy guide to action, to support the achievement of the goal of high quality of services.

**Pre-test/Post-test design:** a research design, where the pre-test is conducted before a therapeutic intervention/programme to determine baseline behaviour. The same scale is used after the therapeutic intervention/programme (post-test) to determine whether the anticipated outcomes were achieved (behavioural change or skills development).

**Psychometric assessment:** used for the measurement of cognitive, behavioural and personality constructs of an individual.

**Psychosocial intervention:** relates to programmes focused on both the psychological and social aspects of a person's functioning.

**Quality assurance:** a system of planned and systematic activities that are being undertaken to guarantee that the quality of diversion programmes and services provided by organisations and DSD meet predetermined standards.

**Registration:** the least restrictive form of professional credentialing, whereby a regulatory body maintains a list of people or organisations, who have informed the body that they perform professional services for the public in a particular field. In this regard, policy registration of an organisation refers to registration, in terms of the Non-profit Organisations Act (1997), and registration of an individual refers to registration, in terms of the Social Service Professions Act.

**Service:** an operational unit of a service provider or that which a service provider provides, e.g. a diversion programme.

**Service provider:** an external organisation or individual that provides DSD with specialised services that have been “funded” or “purchased”, including, but not restricted to, social services, i.e. diversion or childcare, or consultation services.

**Service user/client:**

- A child at risk or in conflict with the law, who has been referred to an intervention or programme for diversion out of the criminal justice system
- Family member(s) of a child at risk or in conflict with the law, who has been referred to an intervention or programme for diversion out of the criminal justice system.

**Skills Programme:** a short learning programme that is occupationally based and, when completed, provides a learner with credits towards an NQF qualification. It is made up of one or more unit standards that are found within a qualification.

## ACRONYMS

<b>CEO</b>	Chief Executive Officer
<b>DDG</b>	Deputy Director General
<b>DG</b>	Director General
<b>DQA</b>	Developmental Quality Assurance
<b>DSD</b>	Department of Social Development
<b>ETQA</b>	Education and Training Quality Assurance
<b>MTEF</b>	Medium-term Expenditure Framework
<b>NPO</b>	Non-profit Organisation
<b>NQF</b>	National Qualifications Framework
<b>ODP</b>	Organisational Developmental Plan
<b>PFMA</b>	Public Finance Management Act
<b>SACSSP</b>	South African Council for Social Service Professionals
<b>SAQA</b>	South African Qualifications Authority
<b>SETA</b>	Sector Education and Training Authority



# Part I



# CHAPTER I

## I. Introduction

Since the new South African democratic government (1994) called on all sectors of society to revisit policies and approaches in demonstrating a commitment to transformation and change, diversion services to children in conflict with the law have continued to be provided in the absence of a regulating framework (Wood, 2003:1). From 1996 onwards, a substantial increase in the number of children referred for diversion resulted in various organisations and individuals becoming involved in the provision of diversion services. At this point, concerns related to the quality and impact of diversion services were raised, as the existing perception was that children were getting away with crime. Therefore, due to lack of legislation, growing demand and quality concerns, minimum standards for diversion were developed. Although the primary purpose of the minimum standards was to protect the rights of children referred to these services, these standards also provided a framework for the evaluation of service quality, thereby promoting good practice and acceptable rigour in the design, delivery and monitoring of interventions.

With the promulgation of the long-awaited Child Justice Act (75 of 2008), South Africa entered a new era in the regulation of diversion service providers and programmes on 1 April 2010. The Act introduces the requirement that a child may only be referred to a service provider or programme, which is accredited in terms of the Act. Service providers include government, non-governmental and educational bodies. It is envisaged that accreditation will ensure that service providers meet minimum standards and facilitate meaningful outcomes in diversion programmes. In addition to accreditation of diversion programmes being a requirement of the Act, the Act also provides for quality assurance and the monitoring and evaluation of programmes and service providers.

In this regard, Section 56(2) of the Act, places the responsibility of developing such a system on the Cabinet member for Social Development. Consequently, DSD was tasked with the development of a national policy framework and system for accreditation of diversion service providers and programmes in South Africa. As such, this policy and accreditation system framework has then been developed to provide strategic as well as practical guidelines and processes for the accreditation of diversion service providers and programmes delivered by these service providers. The development of guidelines and processes took into account mandates and legislation relevant to the social development and child justice contexts.

As this policy is complementary to all other policies of the department, which deal with the provision of social services, in general, it aims, on a strategic level, to facilitate the achievement of priorities of the department. The policy allows the DSD to prioritise and support the implementation of quality services, and have effective as well as impactful programmes for children at risk, and in conflict with the law, utilizing accreditation. Accreditation thus provides the DSD with a quality assurance mechanism, enabling monitoring and evaluation of the impact of diversion services and programmes in South Africa. Hence, the DSD endorses accreditation as a practice for all departmentally funded agencies that provide rehabilitation and developmental services to children at risk and in conflict with the law, as part of a multidimensional approach to quality assurance and continuous quality improvement in diversion practice. As envisaged by the DSD, accreditation carries the primary purpose of accountability and improvement of services and programme quality delivered to children at risk and in conflict with the law. In this regard, the system serves to benchmark evidence-based, successful practices, share information and assure the public about the quality of services delivered to these children.



## CHAPTER 2

### 2. Situational Analysis

#### 2.1 Accreditation of training programmes versus therapeutic programmes

Currently, in South Africa, provision is made for accreditation of education and training programmes. These programmes are governed by legislation comprising of numerous Acts, such as the Skills Development Act (Act No. 97 of 1998) the South African Qualifications Authority (SAQA) Act (Act No. 58 of 1995), as well as others, such as the Higher Education Act (Act No.101 of 1997) and the Further Education and Training Act (Act No. 98 of 1998). Regulations for Education and Training Quality Assurance (ETQA) were published in 1998, which made provision for the accreditation of ETQA bodies. These bodies are responsible for accrediting providers of education and training standards, and qualifications registered on the National Qualifications Framework (NQF); monitoring provision; evaluating assessment; facilitating moderation across providers and registering assessors.

Service providers in the education and training sector must be registered with a Sector Education and Training Authority (SETA) responsible for the quality assurance of education and training initiatives/ programmes. The SAQA is responsible for overseeing the development and implementation of the NQF, a comprehensive system approved by the Minister for the classification, registration, publication and articulation of quality-assured national qualifications (SAQA website). Unit standards are registered for individual training programmes and qualifications, thereby ensuring standardised norms for qualifications within the education and training sector.

South Africa's NQF is unique in that it was designed from the outset to be fully inclusive of all learning areas, namely Further and Higher Education in both institutional and workplace contexts. The NQF consists of one set of qualification types and level descriptors for institutional and workplace-based qualifications at all levels of the framework. This is inclusive of graduate and post-graduate courses, further vocational training, skills programmes and short courses. The primary outcome of education and training programmes is usually a qualification associated with the development of vocational knowledge and/or skills. Outcomes of therapeutic programmes do not fall within this paradigm, as they operate on an intrapersonal and interpersonal level.

Therapeutic programmes are associated with the treatment of physical, mental or behavioural disorders. In the social services sector, therapeutic programmes are linked to addressing behaviour that is anti-social or related to a person's inability to function effectively on an interpersonal level and/or within society. Therefore, the purpose and outcome of a therapeutic programme will be to change the behaviour or behaviour patterns, which harm a person's

intrapersonal and social functioning. This is achieved using psychosocial intervention and skills development. It should be noted that the skills development component referred hereto has no relation to skills development as understood in an education and training context.

Skills development within a therapy and social services context is generally associated with the development of life skills. Life skills are a core set of skills that are at the heart of skills-based initiatives, namely, decision-making; problem-solving; creative and critical thinking; effective communication; interpersonal relationship skills; self-awareness; empathy; and coping with emotions and stress. Life skills are generally taught as abilities that a person can acquire through learning and practice. Programme outcomes are linked to the specific skills the programme aims to teach or the behaviour it aims to change. Although therapeutic interventions and programmes also have a "learning of theory and skills" component, the evaluation of achievement in these programmes cannot be performed in the same way as that of educational and training programmes, because of the difference in their purpose and outcomes.

Traditionally, in a social services context, programme evaluation and behavioural change in clients are measured (assessed) using psychometric or econometric scales. These measuring instruments are both standardised to assess the strengths and weaknesses associated with a person's psychosocial functioning. Scales are developed to assess specific behavioural constructs, for example, stress, depression and the ability to make responsible decisions or solve problems effectively. A pre-test-post-test design is usually conducted utilizing which behavioural change can be measured.

Unlike education and training programmes, therapeutic programmes cannot be measured in terms of a one-dimensional-level, for example, the achievement of a qualification. Behavioural change and the development of life skills are multidimensional and dependent on the development of knowledge and skills, practical experience and

the person's motivation to change. The effectiveness of therapeutic programmes can only be determined if all these factors have been taken into consideration. Factors such as these make the notion of accrediting therapeutic programmes challenging.

It can, therefore, be concluded that the differences between education and training programmes and therapeutic programmes make it impossible to utilise the existing framework for accreditation in the education and training sector for accrediting therapeutic programmes.

## **2.2 The theoretical framework for the accreditation of therapeutic services and programmes**

Theoretical principles and models will now be explored to guide the conceptualisation process for the accreditation of therapeutic programmes. Since the purpose of this project is to develop an accreditation framework for diversion services, specific emphasis will be placed on models and principles within a criminal justice framework. Firstly, the “what works principle” will be explored, followed by the cognitive behavioural theory.

### **“What works” principle**

The “what works” principle originated in opposition to the “nothing works” movement in the 1970s, which took hold after an article published by Robert Martinson. The article described the apparent lack of effectiveness of correctional rehabilitation and resulted in the adoption of a more punitive approach, with an increased reliance on sanctions as a means of crime control. Since then, research has found that treatment can be effective and can reduce repeat offences. Research contributed to the development of an alternative approach to correctional research, namely, to focus on what works (Ferguson).

The premise of the “what works” research is rooted in three key principles required for effective correctional intervention, namely, risk, need and responsiveness. These principles outline the appropriate targets for treatment and how the treatment should be delivered. Furthermore, it links assessment to treatment and highlights the importance of assessment in the delivery of effective treatment programmes.

The risk principle advocates that treatment services should be matched to the risk level of the offender. The higher the risk of repeat offences, the more intensive and extensive the treatment programme should be. This principle is supported by research that has found that low-risk individuals who received intensive services experienced no change

or increase in their level of risk for repeat offences, whereas high-risk individuals, who received intensive services, showed a reduction in their level of repeat offences.

The needs principle focuses on the factors that should be targeted using intervention and states that programmes addressing causative factors of offending are more likely to be effective. Correctional intervention should, therefore, focus on criminogenic needs. Criminogenic needs refer to the dynamic risk factors that can be changed through treatment, where change is known to reduce repeat offences.

The responsiveness principle can be divided into internal and external responsiveness. Internal responsiveness suggests that characteristics of the offender, such as personality and learning style, influence how he or she responds to different types of treatment. Programmes that match the learning style of the offender and employ methods that have been demonstrated to consistently bring about change in offenders are more effective. External responsiveness focuses on the role of service providers in determining the effectiveness of programmes. The programme facilitators and location are crucial to providing an environment conducive to rehabilitation.

Bonta, in his article, “Offender Rehabilitation: From Research to Practice” concurs, adding that there needs to be an organisational commitment to the value of rehabilitation, which includes the dedication of time and resources. The importance of using valid instruments to accurately assess offender risk and needs is emphasised. Lastly, he recommends that cognitive-behavioural approaches should be followed to improve the effectiveness of treatment.

After conducting an extensive meta-analysis specifically evaluating diversion programmes, Dawes and Van der Merwe concluded that the community-based principle, multimodal principle and intervention integrity principle are further key principles intrinsic to the “what works” approach. The community-based principle proposes that programmes with close links with the child’s community are most effective. This is based on the proposition that proximity to participants’ homes promotes real-life learning and generalisation of positive skills.

The multimodal intervention principle suggests that the most effective programmes are multimodal and social skills-oriented. In this regard, research has found that highly structured, cognitive behavioural treatments directed at the development of concrete

skills are the most effective and have more lasting effects. Furthermore, it was found that effective treatment programmes provide cognitive behavioural programming; enforce programme rules in a firm but fair manner; provide more positive reinforcers than punishers; use therapists that respond in sensitive and constructive ways, and use therapists who have appropriate training and supervision.

The intervention integrity principle recommends that intervention should be research-based throughout and have sufficient resources to achieve objectives, which should be linked to intervention components and desired outcomes. It is also important that intervention is systematically monitored and evaluated. The assessment of static and dynamic risk factors is viewed as a key component to effectively implement the risk, need and responsiveness principles.

In its concern to minimise future harm, the “what works” principle should, in general, reflect the prevention model.

Dawes and Van der Merwe also identified “what does not work” principles in their study. They found that the following programmes were least effective:

- Interventions in which participants are mismatched, according to the risk, need and responsiveness
- Non-directive, relationship-dependent and/or unstructured psychodynamic therapeutic approaches
- Milieu and group approaches that emphasise in-group communication, without a clear plan for participants to gain control over target offences and/or antisocial behaviour, where there is a risk of antisocial bonding occurring
- Poorly targeted academic and vocational approaches, for example, ‘life skills’ approaches that do not have clear and direct links to the causes associated with the target behaviour
- Single-component wilderness/adventure therapy interventions that are not multimodal and do not include problem-focused components
- Punitive approaches, such as ‘boot camps’
- Residential interventions, where the negative effects of residential settings diminish the positive effects of otherwise appropriate interventions.

In recent years, the “what works” principle has moved away from key performance areas to an outcomes-based approach. This paved the way for the “what works” principle to be used to inform research, in terms of programme evaluation and the identification

of effective practices in rehabilitation services. This approach advocates that, as soon as best practices in the criminal justice sector are identified, these practices be consolidated and replicated to create a more effective penal system.

The “what works” principle focuses on various elements that are of importance for the accreditation of therapeutic services and programmes. The three key principles, namely, risk, need and responsiveness, reflect a philosophy of shared responsibility which should form the core of every therapeutic initiative. This philosophy identifies important aspects that can be associated with the delivery of effective therapeutic services, namely, that services should be client-centred (risk principle), need-directed (need principle) and accountable (responsiveness principle).

The “what works” principles propose that programme content should be theory-based and grounded in scientific research focusing on clients’ unique therapeutic needs. This is inclusive of rendering community-based services. Interventions should be multimodal and preventive by nature. All programmes should, furthermore, be outcomes-based, thereby paving the way for programme evaluation and the identification of effective practices in rehabilitation services. The role and responsibility of organisations (hosting and implementing) and programme facilitators in the delivery of effective therapeutic services are also emphasised.

In summary, it can be concluded that the holistic approach evident in the principles of the “what works” approach can act as a point of departure for the development of a framework for the accreditation of therapeutic services.

### **Cognitive-behavioural theory**

Many outcome evaluations and ‘what works’ research literature indicates that interventions incorporating cognitive-behavioural elements are most effective in the prevention of reoffending<sup>1</sup>. Cognitive behaviour therapy (CBT) was developed out of the work of the early behaviour theorists - Watson, Skinner, Mowrer, Dollard and Miller. It is a form of therapy where an individual is helped to recognise patterns of distorted thinking and dysfunctional behaviour<sup>2</sup>.

Cognitive behaviourists postulate that early life experiences influence the development of core beliefs. Core beliefs are generally on an unconscious level. The result thereof is that individuals are not fully aware of their significance and the influence it has on their

current cognitions, emotions and behaviours until their attention is drawn to this through therapy.

Core beliefs are considered to be stable personality traits and are global, rigid, absolute statements that organise information and allow individuals to interpret experiences and information in a personally meaningful way. Core beliefs can lead to the development of dysfunctional assumptions if they affect the interpretation of situations in a biased or exaggerated way. Dysfunctional assumptions through a process of automatic thoughts, which are usually negative in content, influence an individual's thoughts, beliefs, attitudes, expectations and actions and are considered to play a role in the development and maintenance of dysfunctional and anti-social behaviour as well as mental health problems<sup>3</sup>.

It is generally believed that cognitive distortions or “thinking errors” are linked to the causation of offending behaviour. For example, the research found that sex offenders who target children tend to normalise their distorted cognitions and will rationalise or minimise their behaviour through false beliefs, such as that children want sexual contact with adults; that sexual contact between an adult and a child is not harmful to the child and that children intentionally behave in a sexual seductive manner and that adult men are entitled to satisfy their sexual needs<sup>4</sup>.

Cognitive-behavioural therapy is grounded in the belief that behavioural change can be achieved through the systematic use of empirically supported learning principles. The goal of therapy is to help a person to discover dysfunctional and irrational thinking and behaviour and develop more adaptive and functional techniques for responding to life's challenges. It aims to assist clients to develop effective coping strategies and equip them with the skills to effectively address future life challenges. Treatment of offenders will for example be aimed at correcting cognitive errors or distortions, such as irrational or distorted beliefs. Behaviour modification techniques, such as counter-conditioning, are techniques where one type of response is interchanged for another response based on learning principles. This is usually achieved through a process of continued reinforcement which is grounded in the principle of operant conditioning<sup>1</sup>. Social skills training is also related to behavioural modification and assist to counter distorted cognitions<sup>5</sup>.

The cognitive-behavioural theory emphasises the importance of utilising therapeutic interventions in rehabilitation services. Even though behaviour modification is associated with the learning of socially accepted behaviour the learning is not a didactic process but therapeutic by nature. Behaviour modification focuses on the recognition and rectifying of distorted cognition (thinking errors) and dysfunctional behaviour. This is achieved



through therapeutic techniques such as operant conditioning and life skills training aimed at assisting clients to develop effective coping strategies and thereby equipping them with the skills to effectively address future life challenges. During the therapeutic process, an individual is made aware of distorted cognitions which could result in dysfunctional thoughts, beliefs, attitudes, expectations and actions. Clients are introduced to alternative pro-social options to counteract (replace) distorted cognitions and dysfunctional behaviour.

In terms of the development of an accreditation framework for therapeutic programmes, the cognitive behaviour theory accentuates elements crucial for effective therapeutic programmes. Various research studies concluded that programmes incorporating cognitive-behavioural elements are most effective in addressing criminal behaviour and preventing re-offending. The therapeutic techniques applied are empirical indicating that it is need directed and client-centred. Emphasis is placed on the process of actively changing dysfunctional behaviour as a critical outcome for therapeutic programmes.

An analysis of the “what works” principle and cognitive-behavioural theory provided a theoretical framework for the accreditation of therapeutic programmes. The “what works” principle presented a holistic framework that could be used to guide the development of an accreditation system that is in line with the overarching purpose of therapeutic interventions. This framework can furthermore inform the relevant operational processes and guide the implementation and evaluation of such a system.

The cognitive-behavioural approach, in turn, emphasises the importance of utilising therapeutic interventions in rehabilitation services. It creates a framework for the development of an outcomes-based accreditation system that is in line with the “what works” principles’ approach. Both the cognitive-behavioural theory and the “what works” principle advocate for accountability in service delivery, which is central to the philosophy of accreditation.

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*1 Operant conditioning is a process of behaviour modification in which the likelihood of a specific behaviour is increased, or decreased, through punishment and positive or negative reinforcement.*

In terms of accreditation, these two approaches call for a multi-dimensional accreditation system that evaluates service delivery on the organisational and



performance-output levels. It strives to prevent re-offending and promotes making use of interventions that actively contribute to sustained behavioural change. Notwithstanding this, it is not ridged or over-prescriptive but in favour of using diverse methods to achieve specific outcomes.

### **2.3 Contextualisation of diversion in South Africa**

In South Africa, various accreditation systems exist to regulate and monitor products and services in the business, chemical and manufacturing sectors. Recognised providers and programmes in the education and training sector must also be accredited under the SAQA. Until now, services delivered in the social services or human services sector have not been covered in any of these accreditation systems.

With the publication of the new Child Justice Act (75 of 2008), South Africa will enter a new era in the regulation of providers and programmes in the social services sector. Per this Act, diversion services will be the first provider for which a system of accreditation is developed. Although not formalised yet, the accreditation of substance abuse service providers and programmes, and rehabilitation services in correctional centres is under discussion.

It is against this background that the focus of this literature review will be to conceptualise and contextualise accreditation within social services and legislative context, and to identify operational elements of successful accreditation systems and procedures that could inform their design.

No framework or system for the accreditation of service delivery in the social services sector exists in South Africa. The first step in understanding any phenomenon is to conceptualise it, for as Keeney (1983) states, to understand any realm of phenomena, we should begin to notice how it was constructed, that is, what distinction underlies its creation". The conceptualisation process entails the "...taking apart (of) an observation, a sentence or a paragraph, and giving each discreet incident, idea or event a name, something that stands for or represents the phenomena". For the literature review, the difference between the accreditation of training and therapeutic programmes will be explored. Secondly, a theoretical framework for the accreditation of social services programmes will be presented and, lastly, international practices will be analysed that evaluate service delivery on the organisational and performance-output levels. It strives to prevent re-offending and promotes making use of interventions that actively contribute to sustained behavioural change. Notwithstanding this, it is not ridged or over-

prescriptive but in favour of using diverse methods to achieve specific outcomes.

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## CHAPTER 3

### 3. Policy and Legislative Mandates

The recently promulgated Child Justice Act (Act 75 of 2008) is the primary piece of legislation regulating and informing the management of children at risk and children in conflict with the law, within the criminal justice system. Various other pieces of legislation and policy documents are, however, also significant in regulating services provided to these children. Hence, this policy must be read in conjunction with the following pieces of legislation, policies, procedures, guidelines and international instruments that relate to children at risk and children in conflict with the law.

The National Policy Framework and System for the Accreditation of Diversion Programmes and Service Providers is a mandatory obligation under the following legislation and policies:

#### National Obligations

- **Probation Services Act 35 of 2002**

The Act mandates the DSD to develop, implement and monitor the implementation of diversion programmes at all levels of intervention and to promote restorative justice initiatives within the child justice system.

- **Child Justice Act 75 of 2008**

The Act expects the DSD to develop, implement and monitor the implementation of diversion services for children at risk and in conflict with the law at all levels of intervention. It also channels an appropriate move towards the provision of diversion services, such as:

Objective of diversion (Section 51);

Consideration of diversion (Section 52);

Diversion options (Section 53);

Selection of diversion options (Section 54);

Minimum norms and standards applicable to diversion (Section 55);

Provision and accreditation of diversion programmes and diversion service providers (Section 56) Monitoring of compliance with diversion order (Section 57);

Failure to comply with diversion order (Section 58) Legal consequence of diversion (Section 59);

Registration of children in respect of whom the diversion order has been made (Section 60).

- **Children's Act 41 of 2007**

The Act considers prevention and early intervention programmes as compulsory initiatives towards combating and preventing children's antisocial behaviour. It also emphasises the development and implementation of regulations, minimum norms and standards, and

procedures that will regulate a code of ethical practice for service providers, child youth care centres, care facilities and programmes for children in need of care and protection, as well as other vulnerable groups.

- **SA Constitution Act No. 108 of 1996 (Section 28)**

Section 28(1) of the Constitution of the Republic of South Africa emphasises that children's rights should be protected and prioritised at all times. The children's best interests should always be of paramount importance and children in conflict with the law should be afforded specific safeguards. Subsection 1(g) further emphasises that the detention of children should be a last resort measure and then only for the shortest appropriate period-of-time. Conditions of detention of children are that:

- they are kept separately from detained persons over the age of 18 years
- they are treated in a manner and kept in conditions that take the child's age into account.

- **Minimum norms and standards for diversion**

This policy document enables the DSD to regulate diversion service providers and programmes, to protect the rights and interests of the client and stakeholders. It further provides mechanisms to prevent and effectively manage risks, such as:

- Maladministration of resources;
- Poor programme quality;
- Inappropriate programme content;
- Lack of capacity;
- Lack of skills;
- Unequal access to diversion services, and,
- Poor monitoring and evaluation of client progress and services.

- **Policy on financial awards of 2004**

This policy aims to guide the country's response to financial procedures and requirements for service providers in the social development sector and facilitate the transformation and reprioritisation of services to the poor and vulnerable sectors of society. The policy strives to achieve social and political objectives, as spelt out in the legislative and policy framework of the country, in general, and the DSD, in particular. Other aims are:

- to rationalise welfare funding;
- to target beneficiaries;
- to ensure that resources are used efficiently and effectively to correct injustice and imbalance.

- **Public Finance Management Act 29 of 1999**

The Act is an extremely important piece of legislation, as it promotes the objective of good financial management, to maximise delivery through the efficient and effective use of limited resources. Its objective is to ensure accountability and the sound management of revenue, expenditure, assets and liabilities. Section 38(j) outlines procedures to be followed before transferring any funds to service providers for services provided outside the department.

The Public Finance Management Act (PFMA) is an approach to financial management that focuses on outputs and responsibilities, the efficiency, economy and effectiveness of programmes, and best-practice financial management. The main purpose and rationale for the PFMA arose from the need to ensure well-defined, appropriately vested accountability and responsibilities. In short, WHO does WHAT and WHERE is ACCOUNTABILITY vested for operational results, to ensure value for money.

- **Non-profit Organisation Act 71 of 1997**

This Act provides for an environment in which non-profit organisations (NPOs) can flourish, and establish an administrative and regulatory framework within which they can conduct their affairs. The Act also gives directives for the procedures that determine and coordinate the implementation of its policies and measures in a manner designed to promote, support and enhance the capacity of NPOs to perform their functions. In addition, the Act clarifies the roles and responsibilities of the section monitoring NPOs, for example:

- Facilitating the process for developing and implementing policy Determining and implementing programmes;
- Supporting NPOs in their endeavour to register and ensuring that the standard of governance within NPOs is maintained and improved;
- Liaising with other organs of state and interested parties;
- Facilitating the development and implementation of multi-sectoral and multidisciplinary programmes.

### **3.1 Policy Statement**

This Policy Framework outlines a total quality management framework for the accreditation, quality monitoring and quality improvement of diversion service providers and programmes. It addresses the accreditation of:

service providers who provide rehabilitation and developmental services, and programmes as a diversion and sentence options to children at risk, and children in conflict with the law diversion programme content.

It describes the principles, objectives and key processes for establishing and maintaining a

comprehensive accreditation and quality assurance system within the child criminal justice services sector in South Africa, and outlines the standards and criteria for accreditation. The policy is integral to a quality assurance system that supports funded and provided services in meeting quality benchmarks and encourages continuous improvement of programmes. The quality benchmarks underwritten by the policy are reflected in the Principles and Objectives of the Child Justice Act, The Children's Act and the Probation Services Act, as well as in the values and principles of the integrated service delivery model of the DSD and the minimum norms and standards for diversion.

Quality is best assured by a combination of internal and external processes, of which the most important are the internal processes of service providers. In this regard, the DSD encourages and supports service providers when they develop or adopt their own internal quality assurance processes complementary to Departmental Quality Assurance and Accreditation. The quality assurance processes of service providers should enable the delivery of services to the agreed standards.

Service providers operate within this policy framework as part of:

- designing and developing diversion programmes and services;
- implementing and managing the implementation of diversion programmes and services;
- monitoring and evaluating the implementation and impact of diversion programmes and services provided;
- reviewing and adjusting diversion programmes and services to achieve individual client, as well as organisational outcomes.

The DSD Accreditation Committee operates within this policy framework as part of:

- accepting applicants for accreditation;
- facilitating the accreditation process;
- assessing the implementation of and performance against standards for diversion and generic social services as set by the DSD;
- reaching accreditation decisions;
- monitoring continuing performance and compliance with minimum standards;
- reviewing, updating and developing policies and procedures about accreditation.

The accreditation policies and procedures encompass the following elements:

- Standards that represent best practice models, that are developed in participation with service providers, regulators, researchers, policy-makers, professional associations, academics, consumers and funding sources.
- A quality assurance and improvement process that facilitates growth and change.
- An organisation-wide self-assessment process that actively engages the staff and governing body.
- A decision-making process that allows applicants to respond to ratings and reports and to state dissatisfaction regarding decisions that deny or revoke accreditation.
- The continued monitoring of standards implementation/performance during the period between cyclical accreditation reviews.
- A public disclosure that makes information on the accreditation process available to the public.

All service providers and diversion programmes will adhere to the accreditation standards that apply to the programme classification(s) for which the programme concerned is accredited.

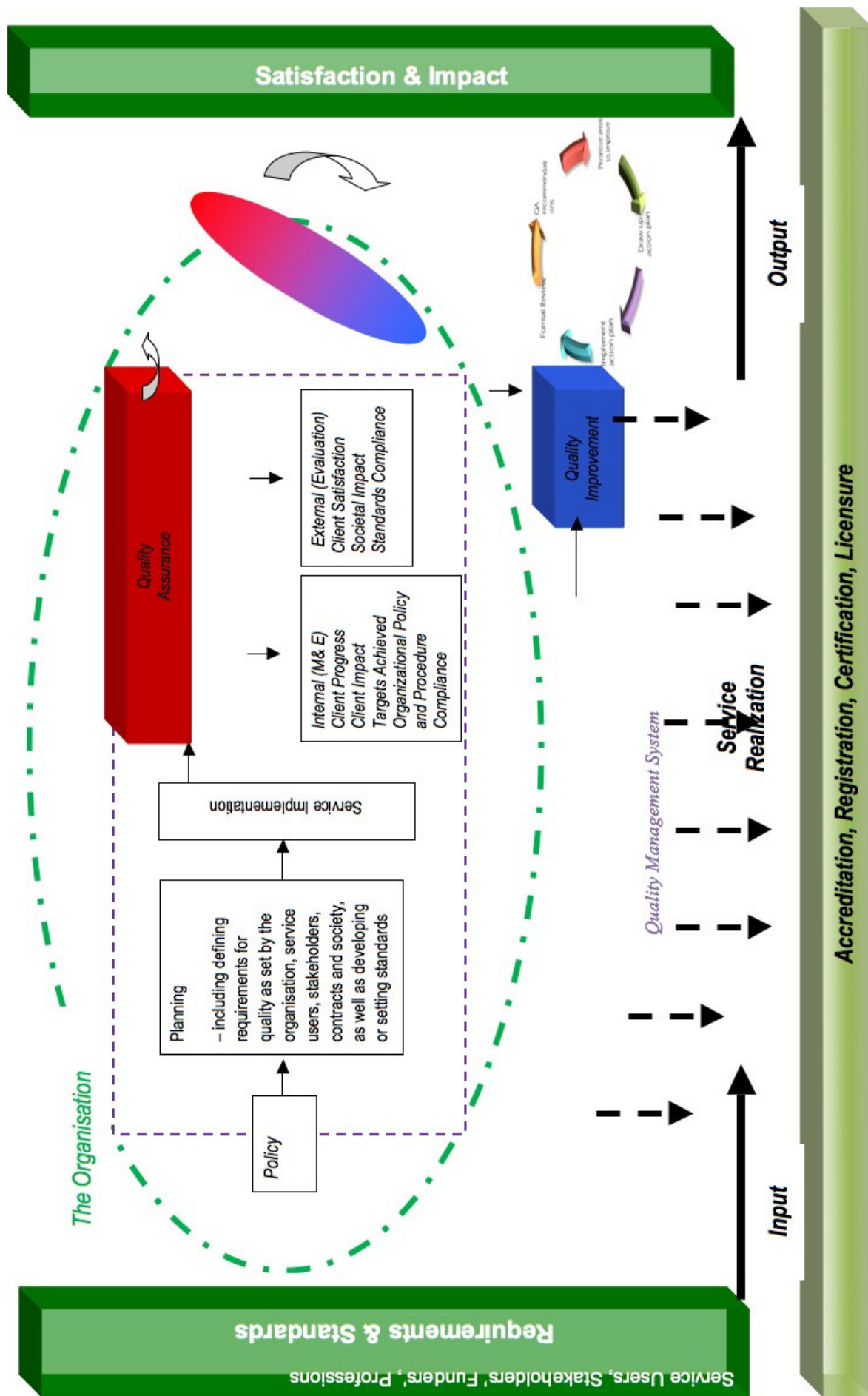
## CHAPTER 4

### 4. Policy Objectives

Objectives of this policy are to ensure that:

- all service providers, employees of the DSD and relevant stakeholders in services provided to children at risk and in conflict with the law, are aware of and support the DSD's approach to quality;
- an appropriate accreditation and quality assurance system (a set of accreditation and quality assurance policies, procedures and performance indicators) is in place to realise the vision and mission of the DSD, with services to children at risk and conflict with the law;
- structures are in place to monitor and review the effectiveness of such policies;
- quality assurance system is coordinated and developmentally oriented and characterised by minimum bureaucracy and maximum effectiveness.





## 4.1 Purpose of Accreditation

The primary purpose of accreditation is first and foremost concerned with the quality of diversion services and programmes provided by organisations from the perspective of public interest and public safety. In this regard, the main aim of the Accreditation System for Diversion is to assure the public, including potential clients, about the quality and effectiveness of programmes utilised to change the offending behaviour of children in conflict with the law. The accreditation system provides for recognition of diversion service providers and programmes in South Africa. In this regard, accreditation becomes a mechanism for quality assurance and quality improvement of diversion in the long term.

The objectives of the accreditation and quality assurance system are:

- to serve and protect the needs of children and youth at risk, and in conflict with the law;
- to ensure that diversion service providers and programmes comply with minimum standards;
- to support, using capacity-building, the focused development and implementation of evidence-based practice in the field of criminal justice;
- to enable and facilitate sustained quality service delivery through support, guidance and capacity- building;
- to benchmark successful practices by the sharing of information;
- to promote accountability;
- to take decisive and appropriate action where violations of rights occur;
- to facilitate continuous quality improvement of diversion programmes;
- to broaden the credibility and public acceptance of diversion practice within the criminal justice system;
- accreditation system will benefit, among others, service users, the accredited organisation, funding bodies and other stakeholders.

In this regard, accreditation acknowledges a level of organisational proficiency that is comparable to other organisations accredited by the DSD. It also identifies areas in need of improvement and provides suggestions on how those improvements could be made. Accreditation requires that an organisation should have numerous management controls in place related to effective and efficient use of available resources in providing services.

## **4.2 Benefits to service users, clients and the public**

- Assurance that service quality meets or exceeds industry standard;
- The same level of service quality may be expected across the country in all accredited service provider organisations and programmes;
- Confidence that appropriate protection is in place for, among others, privacy, staff competence and supervision, handling of complaints and incidents, and physical and emotional safety;
- Mechanisms are in place for accountability to the person served and the funder;
- Assurance that there is a quality assurance process in place to continually improve services;
- An opportunity, generally, for them to have input into services, e.g. part of client-based planning processes, and they can expect to participate specifically in the planning for their own services.

## **4.3 Benefits to the organisation being accredited**

- Confidence that the organisation is providing a good service and has built-in mechanisms to ensure that the organisation is continually working to improve its service;
- The legitimisation of the organisation itself and its work;
- An opportunity to receive feedback at the time of the accreditation site visit/survey from objective, informed, and skilled team members;
- The level of functioning of the organisation is identified with others in the industry, the country and sometimes internationally;
- Support for funding requests.

## **4.4 Benefits to funding bodies**

- A reasonable level of assurance that the organisation is well managed and will provide good service for money;
- Reduction or elimination of the need for regular practice/programme audits by the DSD or any other funding body;
- Identification over time of common problems related to similar agencies that need attention, e.g. through focused training;
- Ongoing programme/outcome evaluations that provide information on effectiveness, efficiency and client satisfaction.

## **4.5 Benefits to the criminal justice system**

- Greater use of programmes and services made available to clients in the criminal justice system.

## **4.6 The limitations of accreditation**

As with any system, limitations also exist with accreditation. Although accreditation holds many benefits regarding the assurance of the provision of quality services, accreditation in itself does not guarantee a certain level of individual competence or that problems of an urgent nature will not arise occasionally. It does, however, ensure that the organisational basics are in place and appear to be the best predictors of good service and sound organisational performance. If challenges to quality services reside in the environment related to professional knowledge and capacities, accreditation should be used in conjunction with professional licensing and registration, which necessitates competence testing or verification on a cyclical basis. Hence, staff development and continuous professional development need to be included as a quality assurance strategy within the organisation. Accreditation is not the end point in an organisation's development; rather it sets the minimum level of competence for critical functions. Accreditation is a launching pad for further initiatives to improve service quality.

## CHAPTER 5

### 5. Scope of the Policy

#### 5.1 Application of the accreditation policy and framework

Complementary to other policies of the DSD, this policy allows the DSD to prioritise the provision of appropriate, non-discriminating, effective and high-quality social services and programmes to children at risk and in conflict with the law. It allows service providers and the DSD to set performance standards and indicators for assessing, monitoring and evaluating the quality and impact of diversion services and programmes – by attempting to change high-risk and offending behaviour of children at risk and in conflict with the law.

The accreditation policy framework has four tiers of the application, each of which informs and influences the quality assurance processes and activities of the other tiers.



**Figure 1: Tiers of Application of the Accreditation Policy and Framework**

**5.1.1 The child at risk/in conflict with the law** is defined as the individual that is in contact with the criminal justice system and that is in receipt of diversion services and programmes. The individual client stands central to all quality assurance and evaluation activities, as services and programmes primarily exist to help and support him or her. In this regard, services and programmes should strengthen the individual's self-determination and choices, and enhance the general quality of life by addressing behavioural challenges that prevent optimal individual functioning.

**5.1.2 The organisational and programme level:** At this level, the organisation providing diversion services are accountable for not only providing a quality experience to the individual client but also for appropriate use of public funding and scarce resources for the benefit of the individual client. This requires that various organisational and programme capacities are in place.

**5.1.3 The criminal justice and social services sector** is defined as the collective of organisations that provides support, services and programmes to children at risk and/or those in conflict with the law. At this level, a collective responsibility exists concerning the quality of services provided within the sector. In addition to being accountable to an organisation, organisations and individuals in organisations providing services have to show professional accountability towards a broader profession. Programmes and services provided within the sector should, therefore, be indicative of high levels of professional knowledge and skill to avoid bringing the profession involved in disrepute.

**5.1.4 The regulatory and policy environment** is defined as the government's requirements, principles, procedures and strategies, which guide the operation and execution of the provision of services to children at risk and in conflict with the law within the sector. As policy determines and sets the environment in which services are provided, it is vital in determining the degree to which diversion services and programmes are of high quality or not. As such, policies developed to support high-quality diversion services and programmes have to be portable, flexible and individualised, promoting capacity, and availing funds for innovation and development of high-quality approaches, and evidence-based practices. Government policy can assist this process of change toward new ways of working. This includes legislative parameters set in various pieces of legislation regulating the broader environment in which criminal justice and social services are provided.

In this regard, the policy thus broadly applies to:

- all service providers providing diversion services and programmes to children at risk and in conflict with the law;
- all employees and officials within the DSD, managing and providing services and programmes to children at risk and in conflict with the law;
- all programmes used for purposes of diversion.

The Provincial Heads of Social Development will be primarily responsible for ensuring the implementation and reporting of this policy. The Head of the Department is the accounting officer per province.

The Director-General (DG) of the department remains responsible for reporting and accounting for the implementation of this policy to political principals.

## **5.2 Underpinning principles**

**Three sets of principles underpin this policy framework. These include principles related to and underpinning diversion services provided, principles related to and underpinning the establishment and functioning of the accreditation system, and principles related to and underpinning the implementation of quality assurance processes.**

### **5.2.1 Principles for diversion services provided to children at risk and children in conflict with the law**

The principles on which diversion services to children at risk and in conflict with the law are based echo the principles identified in the White Paper for Social Welfare, as well as the Financing Policy of Developmental Social Welfare Services. Important principles include:

#### **a. Transparency and accountability**

All organisations and institutions, both public and private, which provide or make available programmes or services for purposes of diversion, will be transparent and accountable at all levels. Everyone who intervenes with children at risk and in conflict with the law should be held accountable for the delivery of an appropriate and high-quality service.

#### **b. Appropriateness and evidence-based**

All diversion programmes and services provided to children, families and communities should be appropriate to the needs of the individual, the family and the community. All diversion service providers must build upon the research and evaluation of promising and effective programmes. They must also work to reduce risk factors and enhance protective factors to successfully address children's risky and offending behaviour. Therefore, methods, techniques and approaches used to base services and programmes that must reflect evidence-based practice (what works), complement and strengthen self-



determination, enhance self-development and independence, and be responsive to the strengths, risks, and social, cultural and economic circumstances of the individual.

### **c. Holistic and integrated services**

Diversion services and programmes provided to children at risk and in conflict with the law should be holistic, intersectoral and delivered by an appropriate multidisciplinary team, wherever possible.

As such, an intersectoral approach will guide the design, formulation, implementation and monitoring of evidence-based, high-quality, effective and impact of strategies, services and programmes to address juvenile delinquency in South Africa.

### **d. Investment in human capital and empowerment**

All diversion programmes and services provided to children at risk and in conflict with the law should contribute to the optimal social and personal development of individuals, families and communities. The resourcefulness of each individual, family and community should be promoted by providing opportunities to use and build their own internal and external capacities, and support networks, and to act on their own choices and sense of responsibility.

### **e. Quality services**

All service providers providing diversion services and programmes for children at risk and in conflict with the law will strive for service excellence and the provision of high-quality programmes and services. High-quality includes efficient, effective, satisfactory, impact and value-for-money service provision.

### **f. Balanced and restorative justice**

All diversion programmes and services provided within the criminal justice system must reflect community protection, accountability and competence development as objectives of the service. As such, the approach to children at risk and in conflict with the law should focus on restoring societal harmony and putting wrongs right, as well as ensuring public safety and developing the competence of the child offender. The individual should be held accountable for his or her actions and, where possible, make amends to the victim.

### **g. Victim-centeredness**

All diversion programmes and services will be victim-centred. Victim-centeredness in this regard implies that programmes and services benefiting offenders should not place the victim at risk of being re-victimised by forcing victims to participate in processes seen to support restorative justice. Programmes and services should at all times recognise and promote the rights of victims, as well. This is achieved by providing victim notification,



restitution, victim impact statement, victim information and referral services to individuals victimised by diversion programme participants.

#### **h. Family and community-centred services**

All diversion programmes and services provided to children at risk and in conflict with the law should be contextualised within the family, the extended family and the community environment. Families and communities are important to support networks that play an integral part in the maintenance of changed behaviour through the reintegration of the child into these systems. Changes in these systems are necessary if risk factors contributing to the child's risky and offending behaviour are evident in these systems. Regular assessment and capacity-building of families and communities will strengthen the family's and community's development over time, reducing risk factors contributing to child risk and offending behaviour.

#### **i. Graduated sanctions (continuum of care and development)**

For diversion interventions (and services and programmes used for sentencing purposes) to be maximally effective, they should be swift, certain and consistent. An effective system of graduated sanctions and treatment must also incorporate increasingly severe sanctions when an individual child fails to respond to initial interventions. As the severity of sanctions increases, so must the intensity of "therapy", "development" or "treatment". A graduated sanction system includes:

- Immediate intervention – for individuals found suitable (this could include first-time and repeat non-violent offenders, children under ten years of age). In general, level-one diversion programmes, as well as prevention programmes serving at-risk youth, will fall into this category.
- Intermediate sanctions and interventions – offenders for whom the immediate intervention is inappropriate or offenders, who commit repeat offences, despite immediate intervention, are appropriate subjects for intermediate sanctions.

These sanctions and interventions may be community-based, residential or non-residential – while being highly structured, continuously monitored and individualised. Programmes and interventions are generally client, group and family-focused and include a combination of intake, case management, treatment planning, individual, group and family counselling, and supervision activities in a well-developed individual development and treatment plan.

- Secure corrections – child offenders whose presence in the community would constitute a threat to public safety, or an offender who failed to respond to community-based sanctions and interventions, may require extended placement in secure facilities that are not community-based. These facilities must be registered and accredited by the Accreditation Committee of the DSD. Such facilities must offer comprehensive treatment programmes that focus on reversing criminal behaviour patterns.
- Intensive aftercare – standard parole and supervision practices, particularly those that focus on social control, have not been effective in normalising offending behaviour over the long term.

If children successfully, complete immediate, intermediate and secure correctional treatment programmes, they should not be abruptly returned to the environment where the misconduct occurred, without appropriate transitional support. In this regard, all programmes and services provided for diversion and sentencing purposes should incorporate:

The facilitation of youth-community interaction and involvement

Work with both the offender and targeted community support systems

The development of needed resources and community support

The monitoring and successful reintegration into the community

Therefore, children at risk and in conflict with the law should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programmes most appropriate to their individual-level or risk, and developmental and therapeutic needs.

Links with continuing support networks and resources should be encouraged after disengagement from the service or programme.

#### **j. Democracy and participation**

All service providers and the DSD should create appropriate and effective mechanisms to promote the participation of the public and all welfare constituencies in decision-making about welfare policies and programmes that affect them. Consultation should be conducted with all role-players, including service users (beneficiaries), service providers and other stakeholders, where possible. Those constituencies that are unable to

represent themselves, for example, younger children and profoundly mentally impaired people will be allowed to be represented by interest groups.

All diversion programmes and services should, therefore, provide for stakeholder and client (beneficiary) input in the quality assurance process. Clients receiving diversion services and utilising diversion programmes must be actively involved at all levels of service delivery, including planning, design and development, implementation and evaluation of programmes and services. Active participation of the individual in his own intervention process is of extreme importance.

#### **k. Accessibility**

All organisations providing programmes and services for diversion and sentencing purposes should be easily accessible and responsive to those children, families and communities using these services. Barriers making it difficult or impossible for individuals to participate equally in the services and programmes should as far as possible be removed or managed by the organisation and the individual to facilitate access to and participation in these services.

#### **l. Protection of rights**

All programmes and services used for diversion or sentencing should be based on respect for human rights and fundamental freedoms, as articulated in the Constitution of the Republic of South Africa.

In this regard, programmes and services should at all times also serve to protect the rights of children at risk and in conflict with the law, victims, families and communities, as established in the South African Constitution and various international conventions.

### **5.2.2 Principles for the establishment and functioning of the accreditation system**

The specific features of this proposed system are based on the following considerations:

#### **a. Legitimacy**

The accreditation system should be perceived as legitimate by significant numbers of individuals and groups with interest in the practice and operation of diversion, including providers of diversion services, users of diversion services, funding institutions and experts in the sector. Such legitimacy includes real and apparent impartiality, about particular stakeholder groups, and appropriate respect for the professional and practice autonomy of diversion service providers.

## **b. Validity**

The accreditation process must be valid, i.e. the procedures should be appropriate for assessing compliance with criteria. These criteria must be evidence-based and explicitly related to the necessary service quality outcomes and other specified purposes of the accreditation process. To ensure and assure the validity of accreditation, those involved in accreditation must have appropriate expertise and standing. Alternative perspectives from appropriate individuals outside the jurisdiction or the profession should be sought. Orientation, induction and any necessary training should be provided. Potential or perceived conflicts of interest must be avoided or declared. There must be sufficient financial, human and other resources to carry out the operations of accreditation effectively. The period and status of accreditation must be appropriate to the general nature of the service and developments in the professional field of social services.

## **c. Efficiency**

The accreditation process must cover what is necessary and sufficient to attain the objectives. It must not be unnecessarily burdensome for service providers, Accreditation Committee members or other participants.

Financial costs should not be excessive. Rather, they should be proportionate to the benefits and be allocated fairly and transparently. The accreditation system should involve as little new infrastructure as possible. Where feasible, functions should be devolved to the DSD and existing organisations.

The period of assessment before the conference of accreditation status should not be so long as to raise questions of validity, nor so short that re-accreditation creates an unnecessary administrative burden.

## **d. Accountability**

The accreditation process and its outcomes must be accountable to direct stakeholders and relevant government authorities. The accreditation process and its outcomes should also be accountable to the professions, other stakeholders and the public, through appropriate dissemination and publication of reports, and information.

## **e. Transparency**

The accreditation process and its outcomes must be transparent to direct stakeholders so that the validity and appropriateness of decisions are apparent. The accreditation process and its outcomes should also be transparent to other stakeholders and the public, as long as appropriate confidentiality and protection of privacy are maintained.

Transparency is especially important within the national framework, where processes in different jurisdictions are not identical because of different legislative requirements or local circumstances.

#### **f. Inclusiveness and procedural fairness**

While the DSD has final responsibility for the development, implementation and evaluation of the accreditation process and its criteria, other stakeholders must also participate or be consulted. The accreditation system should incorporate objective and measurable requirements against which those seeking accreditation would be assessed. The accreditation processes must be per principles of procedural fairness and, as such, not exclude any service provider from initially applying for accreditation. Potential service providers should have early access to the criteria for accreditation (which must be public and accessible) and be provided with full information about the process. Service providers must have the opportunity to correct or add factual information and to respond to evaluative judgments. Criteria for accreditation should be interpreted and applied fairly without bias - where reasons for decisions made are clear to those affected. There should be appropriate opportunities for review or lodging of complaints. All participants should be treated equitably.

#### **g. Facilitation of quality and improvement**

The accreditation processes and criteria should facilitate the development of programmes and services of the highest professional quality, and facilitate the continuous improvement of such programmes and services over the period for which they are accredited. Requirements for reporting on services and programme changes during a standard accreditation period should not prevent changes that would lead to programme and service improvement.

The accreditation processes and criteria should be flexible and responsive to the different circumstances, institutional contexts and orientations of providers and programmes, without compromising the primary purpose of accreditation. In this regard, the accreditation processes and criteria should support diversity and innovation, to meet the current and future needs of diversion services in South Africa.

#### **h. Consistency within accreditation in the DSD and recognition of other accredited programmes falling outside the sphere of behavioural change, and therapeutic and psychosocial programmes**

The accreditation system should promote consistency across sectors within social services, where possible, and allow for diversity where additional accreditation requirements are appropriate or already in existence. Duplication with other processes should be avoided, for example, creating separate accreditation systems within the DSD, related to substance abuse, adoption and diversion services. Joint accreditation, joint elements of accreditation or recognition of accreditation by another body should be undertaken and recognised, where appropriate and possible. Where an educational or skills development programme is applied as part of an intervention plan for a child referred for diversion, the DSD as the accreditation body will not accredit the programme. It will, however, require that such a programme be accredited with the relevant authority, such as a SETA, for recognition as part of the delivery of a diversion intervention. The accreditation system should be comparable with similar accreditation systems.

#### **i. Review**

The accreditation system should be amenable to evaluation, review and adaptation over time. As such, the proposed system should be seen, and evaluated, as an initial step in the ongoing development of accreditation that could subsequently be developed into a more elaborate system. The accreditation processes must undergo an ongoing cycle of review to maintain consistency with the developments in the field and the principles of this section, and for ongoing improvement. All stakeholders should have an opportunity for input or participation in the evaluation and review of the accreditation processes. There must also be a periodic review of the framework as a whole. ***This policy framework therefore will be reviewed once every five years starting from 2015.***

In short, the undertaking of accrediting diversion service providers and programmes is based on the following a set of principles that shape the accreditation arrangements and processes.

- The accreditation process will be sensitive and responsive to the needs of all service providers at various levels including those of beneficiaries.
- Accreditation will involve all stakeholders in a collaborative system.
- Accreditation will be objective, rigorous and independent of the institution whose programme is being reviewed.
- Accreditation will focus primarily on the achievement of expected behavioural and development outcomes, as well as on the specification of content and inputs.
- Compliance with minimum standards and accreditation procedures will be subject to an ongoing cycle of review and quality assurance.
- The system will promote and support excellence, diversity, innovation and the dissemination of evidence-based practices in services provided to youth in conflict with the law.
- Integrated to accreditation, where appropriate, is existing quality assurance processes (audit, accreditation and review).
- Accreditation procedures will be transparent, cost-effective, efficient and timely.

### **5.2.3 Principles for the implementation of quality assurance processes during accreditation cycles**

Quality assurance activities and processes to be undertaken as part of the maintenance phase of accreditation will be based on the current Developmental Quality Assurance (DQA) model of the DSD. This model is grounded in many basic principles:

#### **a. Non-judgmental attitude**

Although no evaluation process is entirely objective, the DQA should be based on an attitude of open-mindedness, without prejudice and preconceived ideas.

The conclusions reached in the Organisational Developmental Plan (ODP) should be the result of the internal DQA and the full DQA assessment, not individual opinions and biases.

### **b. Strengths-based**

The DQA should, as a matter of priority, identify and build on strengths in the organisation and staff. This does not, however, preclude the identification of weaknesses or serious violations of rights. Weaknesses identified in the processing and development of an ODP may highlight areas that require attention.

### **c. Diversity**

The DQA team should be representative of the languages and cultures of the staff and service recipients within the organisation. The team should be able to conduct the DQA in the language/s of the organisation and with respect for cultural norms and practices unless these violate rights. A diverse team concerning language, culture, race, disability, gender, sexual orientation, profession/discipline and sector best serves the DQA process.

### **d. Appropriateness**

Without losing its integrity, the DQA process and model should be adapted to be most appropriate within the environment and context of the organisation subjected to DQA, and within the resources available to follow through on the organisational development plan.

### **e. Competence**

A skilled, knowledgeable and experienced team, competent in DQA work, should carry out the DQA.

### **f. Expertise**

At least one person on the DQA team (preferably the team leader) should have specific and “expert” knowledge, skill and experience, about the field of service delivery in which the organisation, subject to the DQA process, practises.



### **g. Rights-based**

The DQA should respect and protect the human, constitutional and special rights of individuals throughout the process and in finalising the ODP. This is the core component that is subject to monitoring – therefore, violations of any kind or degree should be given priority and immediate attention, over and above “developmental” support and mentoring to the organisation. In the unfortunate event of any violation of rights by any member of the DQA team, the said member must be reported to the HoD of the respective province who will decide on feasible and appropriate action. Depending on the severity of the violation, the member concerned must be reported to the South African Police Service where criminal conduct was suspected and to the professional body, to which the member belongs to. The details of a member who has violated the rights of service providers or recipients of diversion services must be submitted to the National Office of Social Development for escalation to the Minister’s office for an opinion.

### **h. Participation**

The DQA is a participatory approach, where service recipients, staff and management, in partnership with the DQA team, play an equally important role in the assessment and ODP formulation. The DQA is not something done “to” an organisation, but “with” an organisation.

## CHAPTER 6

### 6. Eligibility Criteria

#### 6.1 Eligibility requirements for organisations

##### a. Authority and competence

Any organisation, that is registered with the department, is authorised to operate as a welfare organisation and to provide social services, including diversion programmes. The criteria also include hosting and/ or implementing organisations.

i) A hosting organisation include a non-profit organisation (a trust, voluntary non-profit association or a Section 21 company)

- A school;
- A company;
- A government department

ii) The implementing organisation may be:

- A non-profit organisation;
- A school;
- A company;
- A government department;
- An individual;
- A close corporation, or
- A partnership.

The organisation has at least 6 (six) months' experience in working with children with offending and difficult behaviour or has a qualified individual in the organisation with at least 2-3 years relevant experience in the field. Where an organisation does not have six months of experience, it may be placed under candidacy status with conditions and allowed to operate.

**b. Mission**

The organisation's mission is clearly defined, adopted and published by its governing body, consistent with its legal status and appropriate to a welfare (social services) organisation and the constituency it seeks to serve.

**c. Governing body and management**

The institution has a law functioning governing body responsible for the quality and integrity of the organisation and for ensuring that the institution's mission is executed. Its membership is sufficient in size and composition to fulfil all board responsibilities.

The governing board is an independent body, capable of reflecting constituent and public interest in board activities and decisions. A majority of the board members have no employment, family, or personal financial interest in the institution.

**d. Chief executive officer**

The institution has a chief executive officer who is appointed by the governing board and whose primary responsibility is to lead the organisation.

**e. Administrative capacity**

The institution has sufficient staff with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.

**f. Operational status**

The institution has been operational for at least 6 (six) months, with service users actively involved in its services and programmes.

**g. Staff complement (establishment)**

The organisation has a substantial core of qualified staff with full-time responsibility towards the organisation and sufficient size and experience to support all of the organisation's services and programmes. There must be a clear statement of staff responsibilities.

In addition, the application requires the signature of the organisation's chief executive officer or his/her designated representative. The Accreditation Committee confirms receipt and processing of an application by sending the organisation a welcoming letter. In cases where organisations do not qualify to proceed with candidacy, the application is referred to the Quality Assurance Committee for support and capacity-building of the organisation for future application for accreditation.

## 6.2 Eligibility criteria for accrediting programmes

Every diversion programme to be accredited should, among others, have the following:

- Pre-intervention and post-intervention assessment to measure changes in behaviour;
- Reasonable geographical accessibility to the client;
- Appropriate services for the child's age and physical and cognitive ability;
- Services based on research evidence of what works in reducing criminal behaviour;
- Clearly articulated objectives and outcomes;
- A programme and activities designed to reduce repeat offences;
- A system of monitoring the quality of programme delivery;
- A programme indicating less intensive and most intensive services;
- A programme managed and supervised by professionals;
- Lay counsellors who facilitate programmes do so under the supervision of a professional qualified in behavioural sciences.

## 6.3 Application review and candidacy for accreditation

*The purposes of this phase are:*

- *to demonstrate key components of high-quality programming, preparedness for site visits and compliance with accreditation criteria, using the self-assessment material*
- *to demonstrate to an assessor, using observable, survey and portfolio evidence, how the organisation and the programme meets the standards (verification site visit).*

### a. Step 5: Desk assessment

Once the site verification chairperson has screened the application and verified that all the necessary information is included in the self-assessment material, the site verification chairperson and with the assistance of a site verification team member must review all relevant evidence, to determine compliance with the application requirements, as well as the organisation's or programme's readiness for a site visit which must take place within

six weeks of notification. Organisations and programmes that successfully, complete this step are considered for the next level in the accreditation process.

Candidacy is a pre-accreditation status, awarded to an organisation pursuing accreditation. Once the desk assessment of the application forms, self-assessment materials and site verification team visit have been undertaken, the accrediting committee may decide candidacy status. Candidacy indicates that an organisation or programme has achieved recognition and is progressing towards receiving full accreditation, and has the potential to achieve compliance with standards within 2 (two) years. Thus, candidacy is an allocated period in which the institution undertakes the necessary steps to reach demonstrable compliance with standards. Candidacy status does not indicate that a programme is accredited, nor does it guarantee eventual accreditation of the programme.

Candidacy status is granted for a non-renewable term, not to exceed two years. Candidate programmes and organisations must seek accreditation after two years, but may, if they are ready, they can enter the process before the expiry of the two years. Candidacy status can be granted to organisations and programmes during first-time accreditation, as well as during re-accreditation or quality assurance activities.

## **b. First-time accreditation**

Candidacy status can be granted to two categories of organisations and programmes during first-time accreditation:

### **1) Non-compliance with desk assessment**

- New and emerging organisations and programmes that have not yet demonstrated compliance with the majority of standards (candidacy eligibility criteria)
- Established organisations and programmes that have not demonstrated compliance with the standards at desk assessment (candidacy eligibility criteria).

## 2) Non-compliance with a verification site visit

- New and emerging organisations and programmes that have complied with candidacy eligibility criteria, but did not demonstrate compliance with standards during the verification visit;
- Established organisations and programmes that complied with candidacy eligibility criteria and the majority of standards during the verification site visit, but have to develop further, to comply with other standards.
- Organisations, whether emerging or established that do not meet any set criteria.

A programme with candidacy status is, therefore, judged not to comply with all accreditation standards, as indicated by clear evidence, either at verification site visit or level desk assessment. The accreditation committee, however, must decide the status of the organisation whether to be granted candidacy or not.

### **c. Quality assurance and re-accreditation**

A programme or organisation may also be given candidacy status, as a result of quality assurance or re-accreditation application, because deficiencies and non-compliance noted earlier were not addressed or corrected. If this is the case, a programme or organisation is granted a one-year candidacy status, at which time the organisation or programme must address all non-compliance issues. If, however, at any time during the year, the organisation or programme can rectify the deficiencies noted and achieve compliance with the standards, the committee will consider removing the candidacy status when the candidacy review warrants it.

If compliance with the accreditation standards is not demonstrated within one year, accreditation will be withdrawn. Candidacy may only be extended for one additional year under extenuating circumstances, but will under no circumstances exceed two years. An organisation or programme “brought down” to candidacy status maintains its current accreditation status and will be required to submit progress reports like any accredited organisation or programme, on the original due dates. Review and approval of the progress report do not, however, affect the candidacy status. Because candidacy is not a decision to reaccredit, the original accreditation cycle remains in effect until the committee makes a decision, based on the candidacy review report, to withdraw accreditation or to reaccredit. If the decision is to reaccredit, a new accreditation cycle is initiated, based on the end date of the previous accreditation cycle.

#### **d. Step 6: Verification site visit**

The verification site visit follows the self-assessment and allows for the direct review and observation of the organisation's information, services and facilities. This provides an independent assessment of the programme's full compliance with general service and diversion programme standards.

The on-site verification visit may last between one and four days, depending on the number and size of the programme(s) being reviewed and involves:

- Interviews with leadership, programme staff, volunteers, service professionals and clients;
- A review of staff, volunteer, service professional and client files;
- A review of on-site documents related to the organisation and services, including policies, systems and programme manuals;
- Observation of practice within the programme(s);
- Organisation to be visited 30 days after notification of visit;
- After the visit, the organisation is to be provided with feedback on the outcome of the visit within 14 calendar days.

Individuals to be interviewed, as well as files to be reviewed, will be randomly selected. In this regard, it would be expected that consent sought from clients, in particular, to partake in and utilise the information for evaluation purposes is on file, as this is inherent to rights-based service delivery. If contracting with clients has omitted this, however, it is the organisation's responsibility to ensure that all the consent from clients, staff and volunteers was obtained before the site visit. The sample size used for purposes of the review (files and people interviewed) has to be representative of the size of the organisation, for example, the smaller the organisation, the smaller the sample size. It must also be representative of the characteristics of the population/clients served by the organisation, for example, the more heterogeneous the population, the larger the sample size. The verification site visit report will reflect the sample size and findings of the team and, if the sample size is not considered representative, the team will forward this information to the accreditation committee, which may impact their decision to grant, defer or deny accreditation status.

The team undertaking verification site visits is comprised of between two and five team members from other organisations and where possible, an accreditation coordinator from the Accreditation Committee of the DSD. Team members are most often from organisations/ government departments within the same geographical region as the programme under review, as well as from the region/district/province. The nominated person/official from the National Office of DSD will avail themselves at sporadic intervals during site verification visits. The accreditation committee reserves the right to assign members of the professional verification team. A member(s) of the Accreditation Committee could be included in the Verification Team to observe an organisation's site visit, to evaluate the appropriate application of the Verification Team's site visit methods and protocols.

A site visit is conducted under protocols that include a code of permissible and prohibited conduct for both the organisation and the verification team. Once the team has completed all the interviews, file reviews and observations, a summary report of the findings is presented to the leadership of the organisation in an exit meeting on the last day of the review. The organisation has an opportunity to respond to findings or ratings and such responses may be directed to the chairperson of the accreditation committee.



## CHAPTER 7

### 7. Institutional Mechanism

#### (Structure, authority and responsibilities of teams)

##### 7.1 General authority of the DSD

As the primary funder of diversion services in South Africa, the DSD is ultimately accountable to Parliament and the citizens of South Africa for the appropriate use of public funding. Hence, a primary responsibility of the DSD, in line with the Medium-Term Expenditure Framework (MTEF), as well as the financing policy for developmental welfare services, is to monitor the allocation and use of resources, to enable the government to live up to constitutional commitments of meeting basic needs and redressing historical imbalances. As such, the DSD's responsibilities are:

- Equitable distribution of finances and resources to enable service delivery;
- Monitoring of the distribution of resources;
- Monitoring and evaluation of the utilisation of resources and the impact of the use of resources;
- Facilitating and promoting the development of capacity and sustainability of organisations providing services;
- Reporting to the Minister and Parliament on the above.

Following various legislative reforms and amendments, the need for partnerships between the government and the non-governmental welfare sector emerged as a necessity for the provision of sustainable, efficient, effective and quality services. Through financing service delivery, the DSD and service provider enter into such a partnership with a certain responsibility and undertaking, with service planning, implementation, management and evaluation. This is formalised in service level agreements, representing a contractual agreement between the DSD and service provider. A contract between two parties brings with it the obligation to demonstrate compliance with the terms of the contract – to be accountable. In the public sector, accountability is required for services delivered, the competence with which they are delivered and the achievement of the desired outcomes for clients. The DSD has a responsibility to monitor compliance using quality assurance activities. Quality assurance

activities are those that measure an organisation's performance against an accepted way of performing the activities of that kind of organisation. There are five general types of quality assurance activities that can be undertaken by the DSD:

- *response to individual issues* – investigating complaints and critical incidents;
- *supportive assistance or technical assistance* – consulting on management and service delivery matters, not in compliance with the service level agreements;
- *registration* – compliance with basic health, building, safety and other organisational standards;
- *inspection and audit* – compliance with internal standards and policies;
- *accreditation* – the most comprehensive “checking” by skilled and trained surveyors/panel members against national or international sector standards.

## **7.2 The verification team**

Every effort must be made to put together a team that incorporates broad experience, cultural diversity and knowledge of the programme areas to be reviewed. To ensure the ongoing development of site verification team members, where necessary, new members may be exposed to the functions of the team. The term of office is four years. Members of the team who are not in the employ of DSD may be identified by the provincial coordinator/ provincial head of probation services within DSD. The Head of Department (DSD) will second such nominations in writing to the selected members. The chairperson of the team, provincial coordinator/ provincial head of probation services within DSD, must have a copy of the letter.

### **a. Verification team responsibilities**

The following is expected from all team members:

- To understand the intent of the standards and the accreditation process;
- To review, understand and rate the organisation's policy manuals and the self-assessment materials;
- To participate in the pre-site meeting and all meetings throughout the accreditation process, to share information and clarify areas of uncertainty;
- To be accurate and professional in the completion of all assigned tasks;

- To provide support and feedback to the chairperson and fellow team members in the completion of their tasks;
- To maintain the confidentiality of information gained during the accreditation process.
- To abide by terms of reference.

The chairperson or deputy chairperson's primary role is to coordinate and manage the pre-site and on-site activities, which includes record keeping, administration of site verification tools and other activities referred to below. The accreditation committee leader/ chairperson is ultimately responsible for the team's performance and ensures that the team functions following the DSD's policies and legislative framework.

The following is expected from team leaders or chairpersons:

- To coordinate and chair meetings – pre-site; introduction at the beginning of the on-site verification and the exit interview;
- To review the comments for all non-compliant findings from the pre-site meeting with the programme staff;
- To ask whether the programme managers want to receive verbal observations and recommendations that may go beyond the issues addressed by the standards (an observation report). and, if this is the case, to ensure that these observations and/or recommendations become part of the exit meeting;
- To oversee duties and responsibilities of team members;
- To facilitate discussion towards consensus in team decision-making and make the final decision when consensus is not achieved;
- To share preliminary findings throughout the process and keep the programme liaison officer informed of progress;
- To speak on behalf of the team to programme staff and organisations;
- To deal with any issues arising between staff or persons served and team members.

## **b. Competence and qualifications**

Verification team members are trained representatives from service provider organisations, government departments and academic institutions, who are nominated to review an organisation's implementation of/ or continuing performance with accreditation and minimum standards, during site verification visits. These representatives are one or all of the following:

- Management staff with a minimum of two-three years' experience; or
- Frontline staff with a minimum of two-three years' experience of accredited or applicant organisations;
- Individuals with comparable experience and expertise, though not necessarily associated with an accredited organisation;
- Individuals who have retired or left the field – such individuals can only be included in a site verification team if they have been on a team in the last two-four years;
- Individuals who are subject specialists.

## **c. Training**

Verification team members must undergo training, under the Accreditation Committee's requirements. Teams must be trained to apply rating indicators to an organisation's procedures, practices and performance and to determine the level of the organisation's implementation of/ continuing performance with standards. Members are expected to exercise professional judgment in the conduct of their work during a site visit. If an individual has not undertaken a verification site visit within 12 months, he or she may be required to attend a refresher training course.

## **d. Team size and assignment to verification visits**

The team must consist of at least 2 (two) to 5 (five) members, one of whom must act as the team leader or chairperson. The Site Verification Team chairperson must advise an organisation of the estimated number of verifiers when it confirms the accreditation process timeline. The Site Verification Team chairperson reserves the right to increase or decrease the number of verifiers at any time during the accreditation process if, in its opinion, a different number of verifiers is needed to carry out the activities necessary to determine an organisation's implementation of or continuing performance

with standards. Where visits are to be conducted at DSD sites, then the deputy chairperson who is not in the employ of the department must coordinate and lead the processes.

The site verification team's assignments are based on compatibility with the organisation. Before assigning a verification team to conduct a site visit, the accreditation team considers the professional background and expertise of team members to determine an appropriate fit with an organisation's programme(s) and structure. The chairperson must notify the organisation of the site verification team assignment before it takes place, to allow time for the organisation to present objections if any. The site verification chairperson may make changes to the team's assignment only if the organisation presents a valid objection, i.e. where the assignment creates a conflict of interest. In this regard, the leader of the site verification team also has the right to veto a team member. However, the site verification team is accountable to the accreditation committee.

## **A. Site Visit Activities**

### **a. Scheduling of activities and duration of a site visit**

The site visit includes, but is not limited to the following:

- An opening meeting of the Verification Team and the organisation to which the organisation's chief executive officer/director invites governing/advisory body members, management staff and all other appropriate individuals, intending to provide a formal platform to introduce the verification team and all concerned to outline the site visit process;
- An organisation tour;
- A service and facility visit, per sampling guidelines;
- Staff interviews that include managerial and non-managerial employees;
- Governing/advisory body interviews;
- Review of case records, personnel files, financial records and minutes of governing body and committee meetings, per sampling requirements;
- The observation of programmes;

- Service user/client interviews, per *standards* and as deemed necessary by the verification team;
- Community representative interviews, when deemed necessary by the verification team;
- An exit meeting with the organisation's leadership and governing body, to provide a formal platform to conclude the on-site review. The peer review team highlights their findings and explains the next steps in the process. Site visits span a minimum of one to four days depending on the nature and size of the organisation. The Site Verification Team leader determines the duration of the site visit by considering the organisation's size, services and service delivery locations. The site verification leader reserves the right to extend the length of a site visit to determine an organisation's implementation of, or continuing performance with, standards, if necessary.

#### **b. Team requirements**

While on-site, the team will require:

- A private space, i.e. boardroom or enclosed dining room, to meet and discuss their findings;
- Other spaces to interview staff and persons served;
- Access to telephones;
- A designated staff person is available to explain how files are ordered, respond to questions, coordinate interviews, locate file documents and direct the team to find missing pieces of documentation.

#### **c. Recording of review data**

As the team conducts interviews, reviews documents and observes practices within the programme, the initial verified data is recorded by individual team members on the relevant templates and formats provided. At the end of each day, the verification team members meet and ask questions, and findings of non-compliance are brought back to the team and recorded by the team leader onto the summary of findings. Throughout the site verification visit, the team will have a number of these short meetings (between other

pieces of work) to discuss the findings of other members. It is the team's role as a collective to identify areas of practice in the organisation or programme that are non-compliant with standards.

The site verification team has the authority to gather further information, speak to programme staff about a particular finding and come to a decision that the programme has operated within the parameters of practice that is compliant with the standards. If there is a reasonable explanation and/or documentation to support a change, a particular finding of non-compliance may be found to be compliant.

Under no circumstances may a verification team, at any point (during or after a site visit), remove any organisational and programme documentation, copied or original, from the premises of the organisation or programme.

#### **d. Exit meeting**

The exit meeting will take place after completion of all the interviews, file reviews and observations, and the data has been compiled onto the Findings Summary Sheet. If due to exceptional circumstances, the exit meeting cannot be held at the end of the last scheduled day, it will be rescheduled for the earliest possible opportunity, within two working days.

The exit meeting team will, at the very least, be comprised of a team member and the organisation director or chief executive officer (or designate). The director or chief executive may invite other individuals to be present. The team member will reaffirm that the purpose of the exit meeting is to present the summary of the verification team findings to the management of the organisation. The verification team is allowed to share positive information and caucus any of the findings. Grounds with substantive reasons are given for all findings on non-compliance with standards.

If the findings reflect non-compliance with the standards, the organisation or programme staff is given a final opportunity to provide the information or relevant evidence. Once the team leader is satisfied that the presented evidence meets the requirements, the rating may be changed to compliant. The findings will only be changed with the consensus of the team leader and, if the team leader does not change a rating, the programme will address the issue in their response to the accreditation team.

In its findings, the site verification team is allowed to make recommendations or statements, with the status of the organisation whether it may or may not be accredited. All relevant information must be forwarded to the accreditation team for a final decision. The verification team does not have the authority to make a decision or judgment about an organisation's accreditation, except to provide a recommendation.

The ultimate decision lies with the Accreditation Committee when all other factors/materials are reviewed, such as the summary of the verification team's findings, self-assessment material, the organisation's response to the verification team findings, recommendations from the verification team and any additional information related to the implementation of the standards.

After the exit meeting, the team member, the organisation's director (or designate) and the verification coordinator initial all pages of the Summary of Findings form, to



ensure that no misunderstanding exists regarding the standards for which there was non-compliance and which require a response. The initialled form is attached as supporting documentation to the final report submitted to the Accreditation Committee. All standards identified on the Summary of Site Verification Team Findings are to be regarded as the final findings. A copy of the summary of findings is left with the organisation's director (or designate), to be used as the basis for developing the response for the Accreditation Panel.

#### **e. Post-site visit evaluation/feedback**

Where necessary, the Accreditation Committee employs a post-site visit evaluation process to ascertain certain aspects which may create ambivalence, thereby having the potential to negatively influence the team's decision.

The Accreditation Committee provides the verification team with a report of the overall evaluation results and addresses concerns, as needed, with a specific evaluator's performance on an individual basis. The Accreditation Committee does not provide an organisation with these evaluation results.

### **B. Organisation's Response**

Once the verification site visit is completed, the organisation or programme has 30 days from the exit meeting to respond, in writing, to the summary of the verification team findings. The request for accreditation will be presented at the first scheduled meeting of the Accreditation Committee after the expiration of the 30-days, period.

An organisation or programme may choose to waive the 30-day response time and ask the Accreditation Committee to address their information at the next scheduled meeting. The response must be submitted to the Accreditation Committee at least ten working days before the scheduled Accreditation Committee meeting.

To inform the Accreditation Committee's decision-making, the following documents are presented:

- The **Verification Team Report**, which provides background information, including the type and nature of the programme(s) reviewed and sample sizes used;
- The initialled **Summary of Verification Team Findings**, which rates the team's findings regarding the programme's compliance with the standards;
- The **Organisation's Response** to the Summary of Verification Team Findings.

The organisation name, programme name and location of the programme are not shared with the members of the committee to ensure objectivity and avoid any real or perceived bias affecting the decision to grant or deny accreditation.

The Accreditation Committee requires that programmes demonstrate patterns of practice that are consistent and congruent with the intent and meaning of the standards. In this regard, the committee utilises a rating scale of compliance or non-compliance for performance evaluation purposes.

As such, **COMPLIANCE (C)** means that the programme is deemed by the committee to have demonstrated adequate compliance with the standard and **NON-COMPLIANCE (NC)** means that the programme is deemed by the committee to not have demonstrated adequate compliance (either qualitatively or quantitatively) with the standard, or requires a demonstration of compliance over a longer period.

### **7.3 The quality assurance and accreditation mechanism: structure and responsibilities**

#### **7.3.1 Structure**

The establishment of national accreditation and quality assurance team within the National DSD is envisaged for governing the national diversion accreditation and quality assurance framework. Through this unit, the DSD will provide support to the provincial structures, ensure accreditation of diversion service providers and programmes, and monitor the implementation of the policy framework and the accreditation system. In partnership with the provinces, the unit will be expected to evaluate the quality of services, as well as provide assistance with organisational capacity-building, with relation to quality improvement of services and programmes.

### **National structure:**

The National DSD should have a dedicated capacity to ensure coordination and management of the process and maintenance of the national register. Two officials and the Head of the Social Crime Prevention Unit will be based at the national office and, among others, be responsible for the following:

- Where there is a need to accredit national organisations rendering programmes only at a national level, national accreditation structures will be set up specifically for that course;
- Capacity-building of service providers at all levels of government and the non-governmental sector;
- Support of provincial teams and monitoring the implementation of the policy framework for accreditation of diversion services;
- Review of policy framework on accreditation of diversion service providers;
- The national representative will be an *ex-officio* member of the Accreditation Committee.

### **Provincial structure:**

Three components, namely:

#### **i) Accreditation Committee**

- Comprised of four to eight members;
- Can form a quorum, if there are four plus one present (4+1);
- The process is to be led by a provincial coordinator;
- DSD to excuse itself when its own programmes are accredited.

#### **ii) Quality Assurance Panel (as outlined in section 32 of CJA Regulations)**

- Comprised of not less than three and not more than seven members;
- Members of the panel must have knowledge and experience relating to diversion programmes and children's issues;
- An official employed by the state may be appointed as a member of the panel. (i.e. Quality Assurance Panel).

### iii) Site verification team (as outlined in 7.1.1)

- Comprised of two to five officials, including government officials, subject specialists and civil society organisations.

Dedicated provincial personnel to have accreditation tasks in their job descriptions and work plans.

### 7.3.2 Authority and responsibilities of the Accreditation Committee

Broadly speaking, the unit would primarily be responsible for:

- *Brand Support and capacity-building* – including marketing, raising awareness, capacity-building and communication about accreditation and quality assurance carried out by the unit.
- *Standards* – including research and, in consultation with principals, stakeholders and service users, establishing and maintaining appropriate standards, audits and compliance functions for service providers, about accreditation and quality assurance.
- *Governance/Integrity* – the administration and implementation of the accreditation and quality assurance framework and system, inclusive of developing, establishing, reviewing and administering processes, and procedures related to the system, facilitating the accreditation process itself and administering complaints and appeals processes about accreditation.

These responsibilities include the execution of the following tasks:

#### a. Adopting and modifying the accreditation framework and system

According to policy and legislation, the unit–based at the National Office of the DSD has the authority and responsibility to adopt an *Accreditation Framework*, which sets forth the policies of the unit and the DSD regarding the accreditation of diversion service providers and programmes. In addition, the unit may modify the framework, following evidence-based practice. Modifications are effected after sectoral consultation and the unit determines when a policy modification takes effect. As such, the unit coordinates the regular review of policies and procedures relating to the accreditation of diversion service providers and programmes to ensure that interventions remain current.

## **b. Establishing and reviewing standards for diversion services**

According to legislation and policy, the Accreditation Committee based at the Provincial Office of DSD has the authority and responsibility to implement standards for diversion programmes and service providers. Based on evidence-based practice, the Accreditation Committee should ensure the relevance of the standards used for performance assessment and accreditation.

## **c. Accreditation candidacy approval**

The Accreditation Committee determines the eligibility of an institution/programme applying for accreditation. The committee recognises institutions/programmes that meet the established criteria for candidacy. This approval by the committee establishes the eligibility of an institution/programme sponsor to achieve candidacy status and thus submit applications to the Accreditation Committee.

## **d. Making recommendations to the Head of Department for the annual allocation of resources for accreditation operations**

The Accreditation Committee makes annual recommendations to the Head of Department of the DSD for allocation of resources for accreditation operations to implement the *Accreditation Framework*. Consistent with general practice, the assignment of staff to accreditation operations is performed by the Deputy Director-General, following state budgets, laws and regulations.

## **e. Providing recommendations for review of legislation and policy related to accreditation**

In implementing accreditation practice, the committee needs to continually evaluate the effectiveness of legislative regulation, concerning accreditation, and recommend appropriate reviews to legislation to amend sections in the Child Justice Act relevant to the accreditation of diversion programmes and service providers. This is to ensure synergy between evidence-based practice and legislation.

## **f. The Accreditation Committee**

Evaluation for the accreditation of diversion service providers and programmes in the field is undertaken by the Accreditation Committee. Members of the Accreditation Committee are representatives (highly recognised for their competence and professionalism in the field of social services and criminal justice) of various stakeholder organisations and are either nominated onto the committee by organisations in the service field, or by themselves (self-nomination). It needs to be ensured that Accreditation Committee members are qualified individuals with a professional background, which is conducive to thoughtful and skilful participation in the decision-making process. Members are to serve on the committee for no more than one term. The primary responsibilities of the Accreditation Committee include cyclical accreditation decision-making and maintenance of accreditation reviews (re-accreditation).

### **Other functions of the Accreditation Committee include:**

- Consider recommendations from the Site Verification Team regarding the application of standards and criteria, in terms of accreditation processes;
- Receive copies of organisations application forms from site verification team;
- Conduct desk assessment;
- Facilitate sittings for accreditation which are to be conducted quarterly;
- DSD to chair proceedings;
- Deputy chairpersonship to rotate among other members from other sectors;
- Secretariat to rest with DSD, other members from other sectors to rotate the position of the secretariat;
- Secretariat to facilitate claims of non-state employees;
- Accreditation Committee to make decisions on accreditation and candidacy status;
- Organisations to be informed of their status within twelve (12) weeks of receipt of documentation from site verification team;
- Committee to hold quarterly sittings;
- Analyse activities of the whole system of accreditation of diversion service providers and programmes;
- Participate in the development and realisation of policy and strategy in the sphere of accreditation of diversion service providers and programmes.

### **g. The Quality Assurance Panel**

The Quality Assurance Panel is a permanent committee under the provincial DSD. This panel is established in terms of Section 32 of the Child Justice Regulations.

The panel's main responsibility is to implement a quality assurance process, as referred to in section 56(2) of the Child Act No. 75 of 2008. Functions of the Quality Assurance Panel as set out in section 32(2) (a)-(g), include the following:

- Notifying service providers and programmes in a reasonable time of the intention to conduct quality assurance;
- Conducting preliminary meetings with the leadership and staff of organisations and programmes to prepare them for quality assurance;
- Facilitating a self-assessment process, which allows programmes and organisations to submit written, as well as oral evidence, for purposes of quality assurance;
- Considering and assessing all evidence received for purposes of quality assurance;
- Conducting organisational and programmatic site visits, which include reviews of relevant documentation and interviews with clients (children in programmes, parents and other stakeholders, where relevant);
- Preparation of documentation and reports (preliminary and final), reflecting findings and recommendations of quality assurance activities undertaken;
- Allowing and considering organisational and programme responses to preliminary reports.

Additional functions of the Quality Assurance Panel, not stipulated in the regulations, include:

- Advising the director (Head of Unit) proactively, at his/her request, on all matters related to quality assurance;
- Monitoring and evaluating whether the policy goals and objectives for diversion of children at risk and in conflict with the law are being realised;
- Facilitate and motivate for capacity building of organizations and programmes,
- Advocate for transferral of organizations on candidacy status to be accredited,
- Recommend removal of organizations and programmes that do not comply;
- Contributing to the development of diversion practice through publications;
- Recommend organizations and programmes for re-accreditation;
- Chairpersonship may be selected from any member of the panel;

- Deputy Chairperson to rotate among members.
- Secretariat and deputy secretariat to be nominated by members of the panel, and the chairperson should second.
- Panel to form a quorum when 3+1 are present.
- Sittings should be quarterly.

Membership of the Quality Assurance Panel will be approved, under Section 32(1) (a)-(e). The Quality Assurance Panel will be comprised of seven members, of which two will be independent and five will be officials employed by the DSD. These members have to have knowledge and experience about diversion programmes and children's issues. At least four members must be behavioural science experts, preferably with a minimum qualification of a Bachelor's degree in social work, be employed in a supervisory or management position and have at least two to three years of experience in the field.

The independent members should preferably be individuals with a background in social science research and/or therapeutic programme design, development, monitoring and evaluation. The provincial DSD will appoint the Quality Assurance Panel members.

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# Part 2



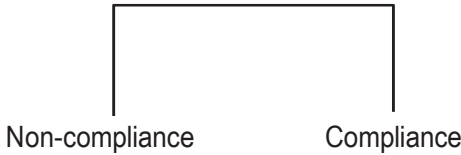
# CHAPTER I

## I. Accreditation Process

Throughout the accreditation process, service providers must demonstrate how they meet specific requirements. The chart below indicates all requirements associated with each of the four steps of the accreditation process.

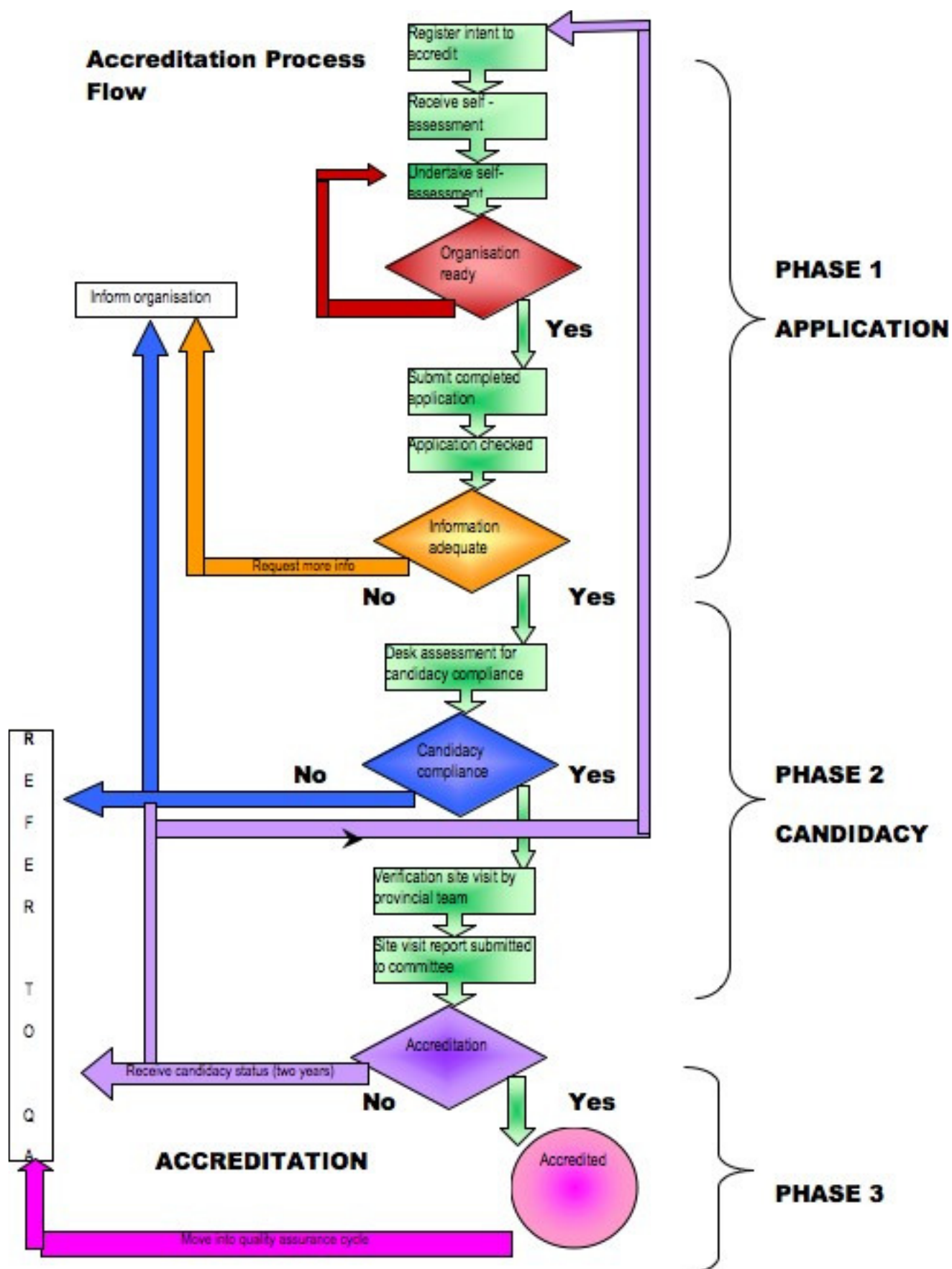
PHASE	STEPS	TASKS	FORMS
<b>Phase I: Application</b>  No requirements – Open to any service provider providing rehabilitation/personal development services to youth in conflict with the law as diversionary or sentencing options	1.1 Enrolment/Intent to accredit/Self-assessment/ Application preparation	1.1.1 Voice intent to accredit	Form 1: <u>Intent to accredit</u>
	1.2 Submission of completed self-assessment & application form	1.1.1.2 Receive self-assessment documents	(Appendix A)
	1.3 Submission chairperson for Site Verification	1.1.3 Undertake self-assessment	Self-assessment package
	Is the info adequate?  NO YES		Form 2: <u>Application form</u> <u>(Private/public organisations)</u>  (Appendix B)



PHASE	STEPS	TASKS	FORMS
Phase3: Decision/ Accreditation Status	<p>3.1 Accreditation Committee receives relevant documentation and undertakes an assessment</p> <p>Accreditation decision</p>  <pre> graph TD     A[Accreditation decision] --&gt; B[Non-compliance]     A --&gt; C[Compliance] </pre> <p>Candidacy status awarded Accreditation awarded (Accreditation deferred)</p> <p>OR</p> <p>Accreditation denied</p>		
	<p>3.2 Accreditation Unit notifies the organisation by letter of the decision taken by the Accreditation Panel</p> <p>3.3 In cases where accreditation is deferred or denied, the organisation has 14 days upon receipt of the letter to initiate the complaints process</p> <p>3.4 In cases where accreditation is awarded, organisations go into the quality assurance cycle, which focuses on the maintenance of accreditation</p>	Non-compliance Result	
Phase 4: Maintenance of Accreditation/ Quality Assurance	<p>4.1 Undertake site visits</p> <p>4.1 Undertake quality assurance processes &amp; capacity building</p>		Certificates (Appendices D & E)



## Accreditation Process Flow



## Phase 1: Application

*The application process includes the expression of intent to accredit by a service provider, and the completion and subsequent submission of a self-assessment, together with an application form, to the Accreditation Committee at the Provincial office of DSD.*

*The purpose of this phase is to:*

- allow time to align the organisation and programme with the required standards and criteria for accreditation*
- enable the Accreditation Committee to reach an initial determination regarding referral to Site Verification Team and allowing the latter team to schedule site visits.*

### **a. Step 1: Expression of intent to accredit**

An organisation interested in applying for accreditation should notify the committee in the prescribed way of the organisation's intent to accredit as a service provider and/or accredit programmes used for diversion purposes for intervening with children at risk and in conflict with the law. The registration of intent form must be completed and delivered to the Accreditation Committee. This form can be downloaded from the departmental website or requested telephonically or by e-mail. Upon receipt of the registration of intent, the committee will forward the accreditation information and self-assessment pack with an application form to the organisation concerned. All organisations providing programmes for diversion can register their intent to accredit with the committee. The committee will continuously review expressions of intent and forward the self-assessment information and application packs to organisations within five working days of receipt of the registration of intent.

### **b. Step 2: Receiving self-assessment materials and undertaking self-assessment**

At this point in the application process the organisation engages in a systematic way of self-examining the organisation's overall performance and of evaluating service quality against the consensus on based minimum standards for diversion services and programmes. This provides the framework for a fair and thorough accreditation review process, with the organisation providing evidence through self-assessment. The Self-assessment serves as a self-assessment tool for the potential applicant to evaluate the organisation's strengths and opportunities for growth based on appropriate administration, management and service delivery standards.

All evidence provided for the self-assessment will, after a desk assessment by the Accreditation Committee, be verified during a verification site visit.



The self-assessment is both a process and a document.

- Process

Organisations pursuing accreditation engage in a process of self-evaluation as they assess their implementation of the minimum standards. This process determines how accreditation can facilitate change in the organisation's policies, procedures, and standards of practice and allows for the organisation to put in place whatever needs to be established to become compliant with the minimum standards before applying for accreditation. Self-assessment also reinforces the necessary maintenance and explanation of practices that are currently operational.

- Document

Organisations complete and submit a self-assessment document before their site visit that includes evidence of implementation of the standards. The self-assessment serves as the first source of evidence for the accreditation body as they plan the site visit, gain knowledge about the organisation, and begin to assess the implementation of and continuing performance with the standards.

### **c. Function of self-assessment**

Apart from providing formal recognition of service quality and excellence accreditation is an opportunity for organisations providing diversion services to strengthen their capacity and to employ a performance/ quality improvement process. The self-assessment is the key component of this accreditation process and provides the first opportunity for an organisation to demonstrate its implementation of/continuing performance with diversion minimum standards. The self-assessment process requires the participation and involvement of the organisation's staff, governance body, and service users/beneficiaries. The self-assessment also serves as the framework for the site visit. A site verification team reviews an organisation's self-assessment information before coming on site. The self-assessment serves as a guide and the first source of evidence for the verification team to determine the organisation's implementation of/continuing performance with the standards.

No pre-determined requirements exist for organisations to undertake the self-assessment. This step is open to any programme or organisation interested in using the self-assessment materials and tools for organisational and programme improvement.



#### **d. Step 3: Completion of application and submission of self-assessment**

After completing the self-assessment, service providers officially begin the accreditation process by submitting an application form ([form 2 – private](#); [form 3 – public](#)) with the completed self-assessment documentation in which they commit to a site visit due date and demonstrate compliance with eligibility requirements

The DSD's Accreditation Committee provides organisations with a timetable for completing the accreditation process. This timetable sets forth the date by which the application and self-assessment materials are due. An organisation's failure to meet the established timeline can result in the application for accreditation having to stand over until the next cycle of accreditation. An organisation must provide its completed self-assessment to the Accreditation Committee at least 12 (twelve) weeks before the site visit. This allows the verification team adequate time to review the material before the site visit. In preparation for this site visit due date, programmes must ensure that the specific sources of evidence that have been compiled during the self-study clearly demonstrate how the organisation and programme meet the accreditation requirements as well as minimum standards. Evidence includes portfolio evidence, observable evidence, and survey evidence.

The Accreditation Committee retains both copies of an organisation's completed self-assessment material only for the duration of the decision-making process. Once accreditation status is decided upon the DSD will return one of the self-assessment packs with relevant comments and reports for future programme and service improvement efforts.

#### **e. Application requirements**

The organisation should submit the following, together with a completed application form and self-assessment materials:

- Copies of all applicable registration (registration of professionals with professional bodies, registration of organisation as NPO, etc).
- Service brochures and/or a description of the organisation's services;
- The organisation's mission statement;
- The organisation's most recent financial audit;
- A current organisational chart.

#### **f. Step 4: Receipt and processing of an application**

Upon receipt of a completed application, the Accreditation Committee screens the information to reach an initial determination of an organisation's eligibility for candidacy against the basic criteria for organisational eligibility stated below. If the information at this stage is limiting and eligibility cannot be established the Unit will request further information. Compliance with the requirements is expected to be continuous and will be validated periodically as part of quality assurance after accreditation.

If organisations at this point do not meet eligibility requirements they will be informed by the accreditation committee and furnished with recommendations on how to proceed.

#### **Phase 3: Accreditation Decision-making**

Upon completion of the verification site visit, the team leader submits a final review report to the accreditation coordinator for presentation to the Accreditation Committee. Reviews and decision-making by the Accreditation Committee afford applicant organisations the benefit of an accreditation decision-making process, which incorporates multiple levels of review and the collective exercise of professional judgment.

Relevant documents must be presented to the Accrediting Committee, to inform the team's decision-making.

#### **Accreditation Committee decisions:**

##### **i) Accreditation granted**

If a programme has demonstrated compliance with standards, accreditation status will be granted.

Accreditation status is granted, in line with Section 56 (2) (f) of the Child Justice Act 75 of 2008, for four years, after which an organisation or programme has to be reaccredited. For re-accreditation purposes, an organisation must meet ongoing compliance requirements, evidenced during quality assurance activities.

If the team has found areas of non-compliance during verification site visits, **all** standards rated as not having been complied with, need to be considered by the committee. Taking

into account the considerations of non-compliance, the committee will base its decision on the accreditation status upon consideration of:

- findings on the summary of the site verification team;
- the organisation's response.

Non-compliance findings of standards addressing safety, rights of persons served and processes to ensure consistency of practice are weighted heavier than standards reflecting an unintentional oversight, "slippage" due to staff turnover, a single staff person being unaware of some expectations and/or a misunderstanding of the intent or meaning of a standard. "Patterns of practice" and the intent to have practice compliant to standards is the measure of decision-making, not a narrower interpretation of compliance - meaning the programme has provided evidence of compliance to a particular standard but not the pattern. (i.e. submitting evidence of training having been completed may address the single issue of an individual's training but may not address the issue of ensuring that all training is completed within timelines).

To successfully earn accreditation, an organisation or programme must meet the following requirements:

- All required candidacy desk assessment criteria;
- Each of the diversion programme standards. This is demonstrated by:
  - o the programme meeting at least 90 percent of the criteria upon which it is assessed in each standard;
  - o each service/programme meeting at least 80 per cent of criteria upon which it is assessed across all standards.

The accreditation team will issue a service provider and programme with an accreditation certificate, once accredited status is conferred.

## **ii) Accreditation was denied and candidacy status granted**

The Accreditation Committee may decide to deny accreditation (grant non-accreditation status) or grant candidacy status, based on the nature of the issues identified in the summary of site findings by the verification team and the organisation's response.

### **iii) Non-accreditation status**

The committee may grant non-accreditation status, if issues identified are of such a nature that the committee is not assured that the programme is operating, or can operate, within the parameters of compliance with standards consistently.

In this regard, an initial application for accreditation will be denied accreditation for any of the following reasons:

- The organisation or programme failed to comply with any fundamental practice and programme standard and, therefore, did not meet the requirements for accreditation at the time of decision-making.
- The organisation submitted self-assessment material or information, as part of the accreditation decision-making process, which misrepresented the factual situation or which had otherwise been dishonestly prepared.
- The organisation failed to disclose information during the accreditation process that was or would have been relevant to an accreditation decision.
- The organisation presented itself as accredited before formal notification by the Accreditation Committee.
- The organisation's failure to comply with standards was so pervasive that the organisation was unlikely to be able to demonstrate sufficient implementation of standards within one year of review.
- The organisation failed to comply with a standard that addressed client/service user safety.
- The organisation failed to respond to requests for information by the Accreditation Committee.

In these cases, the Accreditation Committee will, in writing, inform the organisation or programme that it has not met the requirements for accreditation, resulting in the organisation or programme having a non- accreditation status.

Organisations or programmes that have been denied accreditation status can do one of the following:

- Withdraw from the accreditation process at this time and resubmit an application (step 2) when the programme is ready to continue with accreditation.
- Submit a complaint, in writing, about the Accreditation Committee's decision, within fourteen days.

#### **iv) Candidacy status**

If an organisation or programme shows limited compliance with requirements for accreditation, but the Accreditation Committee is relatively assured that the programme is operating or can operate within the parameters of compliance with standards set out, an organisation or programme can be granted candidacy status. If candidacy status is granted, the organisation or programme can:

- resubmit during the next available accreditation cycle, before the expiry of candidacy status
- submit a complaint to the accreditation decision by moving forward with a formal complaint process, as described in this document.

Please refer to candidacy status as discussed in Step 5 (a) on the desk assessment above.

#### **Phase 4: Quality Assurance: Maintenance of Accreditation, Contract Management (funded organisations) and Quality Improvement**

Throughout the four-year accreditation period, organisations and programmes are required to maintain continuous implementation of/and compliance with contractual obligations, as well as general social service standards and minimum standards for diversion. Maintenance of accreditation and quality improvement responsibilities include completion of a required annual progress report, self-reporting of changes or events, quality assurance processes, or third-party complaint reviews, as required by the Quality Assurance Panel and Accreditation Committee.

If during quality assurance processes, serious issues of non-compliance and weak quality of services are evident, the Accreditation Committee has the authority to take immediate action to suspend or revoke the accreditation of the organisation or programme concerned. As quality assurance activities are also related to contract management and funding obligations, such performance and non-compliance issues could also influence the future funding of the organisation or programme.

# Part 3





# CHAPTER I

## I. The Developmental Quality Assurance (DQA)

The DQA is based on a *developmental approach*, combining a monitoring tool with a capacity-building developmental process. The tool is designed for use by the Quality Assurance Committee.

The DQA is a developmental *monitoring tool* for ensuring both effective and quality service delivery. This tool is appropriate as a quality assurance instrument for any organisation - government and non-government alike. The tool itself, while maintaining integrity, can be adapted for use under various circumstances and with any particular area of service delivery. It applies as much to national departments and provincial departments as it applies to organisations that deliver direct services. The DQA is an important tool for ensuring that funding, human resources are allocated and used wisely, efficiently and effectively, and that those who receive services derive the maximum benefit from these resources.

Once initiated with an organisation, the DQA process should continue, unless officially terminated for a specific reason. Both initiation and disengagement of the DQA process should be handled carefully and professionally.

The functions of the DQA are, essentially:

- Assessing the developmental needs of the organisation;
- Monitoring the implementation of and compliance with practice standards and minimum standards;
- Developing an ODP and supporting improvement in the quality of services and programmes delivered.

The assessment process is based on the following assumptions:

- Every human being and organisation has the potential to be effective;
- Development cannot be forced, only supported and nurtured;
- Every human being and organisation has strengths;
- Each organisation must be understood and responded to as an integrated whole at any particular moment and overtime;

- Labelling or categorisation of people or organisations is not helpful to the development and is to be avoided;
- The organisation is the “expert” on itself and it should draw on this knowledge within the DQA process;
- All people and organisations can grow and change.

The DQA model has three core components, or cornerstones, interdependent on one another: principles and minimum standards; funding and other resources; human and organisational development, and capacity-building. The three components of the model work in concert to produce quality service delivery. Within a DQA process, all three should be given simultaneous attention.

## **1.2 The DQA process**

The DQA process essentially mirrors the accreditation process. This process is, however, less tedious and focuses primarily on supporting organisations to develop areas of non-compliance into areas of compliance and to further develop the quality of services and programmes. Secondary to this is the function of monitoring ongoing compliance with standards and contracts.

### **Phase I: Preparation**

#### **i) The organisation**

The organisation to be subjected to the DQA requires preparation and if necessary, support. The organisation is asked to complete their internal DQA (self-assessment) at least 1 month in advance of the DQA site visit. The internal DQA is a self-evaluation process, and the organisation must be provided with the knowledge and skill to do this as effectively as possible. In most instances, the manager and/or one of the senior professional staff would facilitate the internal DQA for the organisation and these persons must be equipped to do so with integrity and confidence. As the DQA assessment is based on principles, rights and minimum standards, the organisation should be given sufficient information on these and be enabled to make sense of these with their particular service as thorough as possible. The responsibility for ensuring and facilitating this preparation (to the extent requested by the organisation) lies with the Quality Assurance Committee which works in partnership with the organisation’s manager. Once an organisation has already undergone a DQA, they would be expected to take responsibility for their own capacity building regarding information and knowledge of principles, policy, and minimum standards.



## **ii) Step 1: Undertaking self-assessment (internal DQA)**

The self-assessment undertaken by organisations is based on a framework developed from the principles and minimum standards and is conducted by the manager/s and staff team/s of the department, organisation, residential care facility, school, or project concerned. The internal DQA is a major contribution to the full DQA and forms the starting point for the DQA team's assessment of the organisation. The internal DQA is a major contribution to the full DQA and is implemented in preparation for the DQA assessment.

## **iii) Step 2: Submission of self-assessment to DQA panel and preparation of DQA panel**

The self-assessment undertaken by the organisation is submitted to the DQA panel, which will undertake the organisation's assessment at least 2 weeks before the DQA assessment. The panel should be fully prepared about understanding the minimum standards, principles and rights and their application to the practice, which they will assess in the organisation. Members should come equipped with the necessary documents and frameworks.

The Panel should come together for a minimum of 3 hours to prepare together before doing the DQA, to understand the strengths, perspectives and diversity that each panel member brings to the process. This preparation should include:

- The team leader's expectations of the team;
- Identification of team strengths, perspectives and diversity;
- The style and approach to be used;
- Allocation of personnel to each respective component;
- How the process will flow;
- How debriefing will be included throughout the assessment;
- The decision-making and communication process to be used.

## **Phase 2: DQA Assessment (On-site visit)**

A visit of between 2-4 days duration is carried out by no fewer than 2 persons and preferably a team of 3-4 persons depending on the size and complexity of the organisation or project. This procedure is also based *on a developmental framework* drawn from the principles and minimum standards, focussing on assessing the individuals, families, communities, or organisations to whom services are being provided, the service providers themselves (practitioners), and the manager/s.

The DQA involves an assessment of whether Rights are appropriately protected and whether the organisation is complying with and implementing the RSA Constitution and the relevant international instruments supported by South Africa. Where serious violations are discovered, these should be reported in writing by the DQA panel to the appropriate authorities within 48 hours of the on-site assessment. Where actual abuse of individuals is identified charges should be laid with the South African Police Services. The statutory body (e.g. Minister and national department) responsible for monitoring legislation related to the particular service should be notified in writing within 7 days of the DQA assessment.

The organisation concerned will be notified at the assessment that such violations have been observed and will be reported to the appropriate authorities. Where immediate protection measures for individuals and/or groups are indicated, the DQA panel should take such immediate actions as deemed necessary after consultation with the provincial or national statutory body. Where individual professionals have knowingly broken the law and/or violated their professional code of conduct, they should within 3 weeks of the DQA be reported in writing to their Council, or Professional Board.

The DQA assessment visit culminates in at least 2 developmental assessment meetings in which staff, management, service recipients (including children and youth where this applies), community representatives, and the DQA team draft an ODP with the organisation/project. The DQA team then goes away and refines the plan, submitting it to the delivery organisation for signature, and the broader statutory/monitoring organisation (such as the Provincial Department or National Department or National NGO) within 3 weeks after the completed DQA assessment.

### **Phase 3: Mentoring**

Once the DQA assessment is complete and the ODP is finalised, the organisation is assigned a mentor by the DQA authorities, who will:

- provide support and guidance in achieving the ODP goals – as required and/or requested by the organisation;
- facilitate the access by the organisation to information on programme, material and financial resources;
- provide support and guidance in crisis situations, as required and/or requested by the organisation;
- follow up on any violations identified in the assessment and monitor the organisation between DQA assessments;
- lead and facilitate the DQA review in collaboration with the organisation.

The mentor is expected to build a professional, positive and supportive relationship with the organisation. He/she is a resource for and consultant to the organisation and should have the technical expertise to gain the trust of the organisation; build capacity at all levels and facilitate the achievement of developmental goals and minimum standards by the organisation. It is preferable, but not essential, that the mentor is one of the team members who undertook the DQA assessment of the organisation. While the mentor is expected to act as a monitor, he/she only assumes an authoritative position over the organisation in circumstances where the organisation violates the law, international instruments or rights.

At the heart of the DQA is a commitment to support development and capacity-building by the DQA authorities.

### **Phase 4: DQA Review**

The DQA review takes place 8-15 months after the DQA Assessment – preferably no later than 12 months. The process is facilitated by the mentor working in close co-operation with the management and team of the organisation. Based on a framework, the organisation and mentor review the following:

- Progress towards achieving policy principles and minimum standards;
- Progress towards achieving identified ODP goals;
- Whether the organisation has satisfactorily addressed any violations;
- Whether there are any new violations to be addressed.

The DQA Review results in an “updated” report and ODP, which are then monitored until the next full DQA assessment. If for any reason, there is no appointed mentor, the DQA authorities will have to appoint someone to facilitate the DQA review.

## CHAPTER 2

### 2. Complaints Mechanism

#### a. Hearing and resolving accreditation complaints

In support of a democratic and participative service delivery environment organisations are afforded a fair and impartial written process for appealing accreditation decisions that impact their right to become or remain accredited.

Conflict can arise at any point during the execution of accreditation and quality assurance processes. When this occurs a professional, efficient and sensitive process has to be in place to address the conflict. If conflicts are not dealt with appropriately and swiftly the credibility of the entire quality assurance and accreditation system can become tainted.

#### b. On-site conflicts between verification team members

Where issues arise that are standards related, discussion with the verification team occurs. The Team Leader facilitates the discussion and agreement is reached on the direction the team will take regarding compliance with the standards. Where interpretation of standards is an issue, the Accreditation Coordinator from the Committee provides direction, understanding of the intent of the standards that are perceived as problematic and provides examples of how other verification teams have approached the issue. The accreditation team Leader makes the final decision.

#### c. On-site conflicts between the organisation, and verification and accreditation teams

If, after discussions with the team leader/chairperson, the organisation continues to have concerns about a particular team member's approach, attitude or presentation; the team's objectivity and/or the impartiality or fairness of the process, it has **fourteen calendar days from the date of the exit meeting** to initiate a conflict resolution process by outlining the concerns, in writing, and forward them to Team leader/Chairperson of Site Verification Team or Accreditation Committee of that particular province. The team leader/chairperson has **thirty (30) calendar days** to respond in writing to an aggrieved organisation of the outcome of a decision reached. Where the organisation is still not satisfied with the outcome of the team leader/ chairperson, the matter may be referred to the provincial Head of Social Development within **fourteen**

**(14) calendar days** of receipt of the team leader/chairperson's response. The provincial Head of Social of Development has **ninety (90) calendar days** to hear the concern within which to respond to the relevant organisation or programme.

The decision of the relevant committee would be either:

- to agree with the programme that the review had not been handled appropriately and to order a new review with a new verification team; or
- to find that the programme's concern was not validated and have the process proceed to the Accreditation Committee.

This process must be completed before the Accreditation Committee will consider the request for accreditation.

#### **d. Complaint against a decision by Accreditation Committee**

All complaints about decisions by the Accreditation Committee will be submitted, in writing, to the Head of Social Services.

Organisations that are initial applicants for accreditation may appeal the following decisions:

##### **1. Determination of ineligibility to apply for accreditation**

An organisation may submit a complaint regarding ineligibility to continue with accreditation application determination. If it identifies the specific eligibility requirement(s) on which ineligibility is based and provides reliable information or evidence demonstrating compliance by the organisation. The organisation must identify the grounds for the complaint/s and the facts that support the grounds.

##### **2. Denial of accreditation**

Accredited organisations may submit a complaint against the following decisions:

- a) Determination of ineligibility to undergo the re-accreditation process;
- b) Revoking accreditation, as a result of an accreditation review process;
- c) Revoking accreditation, as a result of findings from the maintenance of accreditation review, or as a result of a supplementary site visit.

An organisation may lodge a complaint or dissatisfaction about an accreditation denial or a resolution to revoke a decision for any of the following reasons:

- If the organisation disagrees with either of the teams' (accreditation and quality assurance) application of its standards to the organisation's performance, as set out in the accreditation decision or other notification letter.
- If the organisation contends that the teams failed to consider information or materials, which, in the opinion of the organisation, should have been considered as part of the decision or review process.
- If the organisation demonstrates that the minimum standards are unreasonable, based on current best practices.

Upon receipt of the letter of notification of the decision of the accreditation team, an organisation or programme has **fourteen calendar days to initiate and lodge** a complaint/ dissatisfaction, following the complaints mechanism in chapter 2 of this document.

If an accredited programme is aggrieved by the decision of the accreditation team, the programme's accreditation status immediately preceding the decision remains in effect until the hearing process is completed.

The organisation must clearly, identify the grounds for the complaint and facts that support the grounds.

The final, outcome of the complaint will be sent to National DSD for recording purposes on the database.

Where a public organization/ government department submits a complaint against any decision taken by any of the structures of accreditation, such a complaint must be handled by an accrediting committee of another province for an objective decision to be reached. This will eliminate prejudice and subjectivity.

In instances whereby a member of the public is despondent about services rendered by any accredited organisation or observed any form of abuse of the system by an accredited organization, such a member has the right to approach any nearest DSD office to submit a complaint. DSD will in turn investigate and respond pertinently within 90 days (in writing).

## CHAPTER 3

### 3. Monitoring and Evaluation

#### 3.1 Quality Assurance Strategy (M&E)

The Quality Assurance Panel is responsible for monitoring accreditation compliance, as well as assisting organisations with improving the quality of services and programmes. In this regard, the purpose of the quality assurance and improvement strategy is to collect robust information, to inform the assessment of performance at an organisational level. This includes:

- Ensuring that mandatory legislative requirements are adequately addressed and monitored (compliance with standards);
- Contracting management processes to enable understanding and evaluation of service provider governance, financial and service delivery suitability and performance;
- Assessing service outcomes achieved for individuals;
- Using data and results to guide and change policies and practices related to diversion by using information and addressing gaps identified during the implementation of the policy framework on accreditation of diversion services;
- Increasing operational efficiency and effectiveness of diversion service providers and programmes;
- Standardising the quality of services rendered in regions/districts and provinces by encouraging them to align the services with standards and criteria set for accreditation;
- Ensuring that children in conflict with the law receive what is stipulated in the organisation's documents;
- Providing a yardstick for measuring programme performance and the programme's capacity to impact on behaviour and attitudes of service recipients;
- Ensuring that appropriate programme content, policies and legislative mandates are adhered to.

The collection and analysis of this information facilitates a focus on continuous improvement by targeting priorities and guiding future investment decisions.



Monitoring and quality improvement by the Quality Assurance Panel form part of a three-tiered strategy that relates to:

- Monitoring, evaluation and quality improvement activities are undertaken at an individual service provider level
- External monitoring and evaluation by the Quality Assurance Panel
- Community-based, independent safeguards for complaints, disputes and advocacy issues regarding diversion service provision.

During the four-year accreditation cycle, the quality assurance activities and processes take place across the abovementioned levels (see figure 2). The process involves the active participation of all role-players throughout the process, at every level.

Community-based Safeguards	<b>Tier 1</b>  Internal Quality Monitoring and Evaluation	Annual Organisational Assessment (Progress Reporting) Organisational Monitoring (Governance & Financial) Complaints & Grievance Processes (Policy & Procedure) Service/Programme Evaluations & Reviews (Impact) Service/Programme Implementation Monitoring (Targets & Procedures)
Quality Assurance Strategy	<b>Tier 2</b>  External Quality Monitoring and Evaluation by QA Committee	Annual Self-assessments  Service-level Agreements & Contract Management  Site Visits  Serious Incident Reporting
	<b>Tier 3</b>	Professional Bodies – Complaints & Grievance Processes Independent Advocacy

**Figure 2: Three Tiers of the Quality Assurance Strategy**

## CHAPTER 4

### 4. Conclusion

In conclusion, the policy document seeks to improve services to children in conflict with the law by recognising diversion programmes and service providers that continuously review and upgrade their services, in line with legislative mandates. It further seeks to raise the confidence of other key stakeholders in the Child Justice System. It is envisaged that this process will encourage parental and community participation in moulding the behaviour of young persons. The long-term objective is to reduce repeat offences. The policy is, therefore, based on the following theoretical framework for the accreditation of therapeutic services and programmes:

- Accreditation of the content of therapeutic programmes must be informed by relevant psychological, developmental, criminological and behavioural theories.
- International evidence-based practice indicates that risk, needs and responsiveness principles are central to impacting complete and effective services that succeed in changing offender behaviour.
- Programmes to be accredited should reflect their relevance to the level of risk that the client presents. This relates to the risk principle: the higher the risk of the offender, the more intensive the combination of interventions and the programme should be. Intensive therapeutic programming is contra-indicated for low-risk offenders – evidenced in research.
- Evidence-based practice and research suggest that the most effective programmes are multimodal.
- Effective programmes – as based on relevant theories – utilise a combination of relevant treatment modalities.

## **5. ADDENDA**

### **Annexed to the document are:**

3. Registration of Intent Form (Appendix A)
4. Application Form for Accreditation (Appendix B)
5. Application Form for Accreditation –(Public Agency (Appendix C)
6. Certificate of Accreditation of Diversion Service Provider (Appendix D)
7. Certificate of Accreditation of Diversion Programme (Appendix E)
8. Table of Evidence (Appendix F)
9. Organizational Infrastructure System (Appendix G-1)
10. Administrative & Management Narrative (Appendix G-2)
11. (Private Organization)
12. Administrative & Management Narrative (Appendix G-3a)
13. (Public Agency)
14. Service/Programme Personnel Register (Appendix G-3b)
15. Human Resource – Private Organization (Appendix G -4)
16. Human Resource – Public Agency (Appendix G -5)
17. Administrative Personnel & Management Register (Appendix G -6)
18. Case/Client Record Checklist (Appendix G-7)
19. Training & Supervision (Appendix G- 8)
20. Programme Narrative – Programme content & outcomes (Appendix G-9)

No.	Title	Standard	Criteria	Evidence
1.2.1.1. Legal Structure & Governance Standards				
1	Legal Structure	The hosting organisation of a diversion programme may be: <ul style="list-style-type: none"> <li>• A non-profit organisation</li> <li>• A school;</li> <li>• A company;</li> <li>• A government department</li> </ul>	The organization is a legally established entity in terms of relevant legislation and is registered	Application Form ( <a href="#">Form 2A</a> & <a href="#">Form 2B</a> ) for Accreditation with registration number recorded(submitted as part of self-assessment
2		The implementing organisation may be: <ul style="list-style-type: none"> <li>• A non-profit organisation</li> <li>• A school</li> <li>• A company</li> <li>• A government department</li> <li>• An individual</li> <li>• A close corporation or</li> <li>• A partnership</li> </ul>		
3		Non-profit organisations (trusts, section 21 companies, voluntary associations) should be registered as an NPO with the Directorate of Non-profit Organisations, Department of Social Development in terms of the Non-profit Organisations Act (No 71 of 1997).		
4		Schools should have been established under the South African Schools Act (no 84 of 1996).		
5	Governance	Companies should have been established under the Companies Act	The organization has an established and active governing body	List of governing body members on the application form and submitted as part of self-assessment
6		Non-profit organisations should ensure that they are governed in alignment with standards set out in section A of the Codes of Good Practice for Non-profit Organisations, developed by the Department of Social Development in 2001, which includes the establishment of a governing body.		
7		Companies should ensure that they are governed in alignment with the standards set out in the King Report on Corporate Governance in South Africa (2002), which includes the establishment of a governing body.		
			The organization's governing body is sufficiently active and has at least quarterly meetings	Abbreviated CV of governing body members
			The governing body reflects: <ul style="list-style-type: none"> <li>o governance expertise, including <u>leadership</u> ability and <u>policy</u> development skills;</li> <li>o relevant financial expertise;</li> <li>o business experience;</li> <li>o knowledge of service user issues</li> </ul>	Governing body agendas and minutes of the meetings for the past two years
				Interview with randomly sampled governing body member(s)
				Organization and Legal Structure Narrative ( <a href="#">Form 3</a> )

No.	Title	Standard	Criteria	Evidence
1.2.1.2 Service Administration and Management				
8	Service/ Programme Management	The governing body of the hosting organisation should appoint: <ul style="list-style-type: none"> <li>An individual or implementing organisation who will be responsible for the day to day running of the programme and to ensure that the programme's implementing organisation will ensure that the programme's finances are correctly managed, and that record-keeping and reporting are done correctly.</li> </ul>	<p>An individual is responsible for the oversight and management of the diversion programme delivery in the organization (programme manager/ service manager/area manager)?</p> <p>An individual is responsible for the day to day supervision and management of staff implementing and co-ordinating diversion services? (supervisor/line manager)</p>	<p>Appointment Contract (programme manager/ service delivery manager/ area manager/ verified during verification site visit.</p> <p>Job Description of the manager responsible for the management of the diversion service verified an on-site verification visit</p>
9		If the governing body of the hosting organisation has appointed another organisation to implement the diversion programme, then the implementing organisation must appoint a person or persons responsible for the functions of programme co-ordination and financial management (see standard 10).	<p>Individuals appointed in programme management capacities have at least 3 years experience in direct practice working within programme implementation and 2 years experience in programme coordination/management.</p> <p>Clearly defined management responsibilities are set out in job descriptions and policy?</p> <p>Appropriate financial, direct practice (services), training and professional development, management, personnel, research and organisational development policies and procedures have been developed to support the day to day running of the programme?</p> <p>Policy and procedures are documented in presentable format?</p> <p>Policies and procedures are available in writing to all staff, clients and other relevant parties?</p> <p>Policies and procedures are reviewed and updated as needed?</p> <p>Do policies and procedures conform to relevant legislation? The organisation complies with applicable laws and regulations governing fair employment practices and contractual relationships</p> <p>All personnel receive, and confirm in writing, receipt of up-to-date employee policies and procedures manual</p>	<p>Appointment contract (supervisor/line manager) responsible for the day to day oversight and management of programme delivery.</p> <p>Job description of supervisor/line manager responsible for the day to day oversight and management of programme</p> <p>CV's of appointed individuals</p> <p>Financial policy and procedure manual available Services (programme) policy and procedure manual available. Must include policy and procedure related to:</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Case management</li> <li>Group work</li> <li>Casework(individual counselling)</li> <li>Record keeping</li> <li>Referral</li> </ul> <p>Personnel/HR Policy and Procedure Manual available. Must include at minimum Staff recruitment, conditions and procedures for layoffs, emergency and safety procedures, employment equity; nepotism and favouritism protections; grievance procedures; insurance protections including unemployment, disability, medical care, and malpractice liability; performance appraisal system; promotions; professional development; standards of conduct; time-off policies; wage policy; and working conditions.</p>

No.	Title	Standard	Criteria	Evidence
1.2.3 Organisational and Service/ Programme Management				
10	Business Plan	<p>The organisation should have a written business plan for each programme, that has been approved by the relevant department, and which describes:</p> <ul style="list-style-type: none"> <li>• the needs of a target group</li> <li>• the strategy for implementing the programme</li> <li>• the specific objectives of the diversion programme (against which the programme can be evaluated at a later date)</li> <li>• the content/methodology and theoretical basis for the diversion programme</li> <li>• the names, qualifications and experience of the programme facilitators</li> <li>• the lines of accountability and authority within the programme</li> <li>• the budget and work-plan for the programme</li> <li>• how the programme and its activities will be monitored and evaluated</li> <li>• risk management and emergency procedure to achieving set out objectives in the business plan</li> </ul>	<p>A written business plan for each programme approved is readily available?</p> <p>Are business plans available containing <b>all</b> the required information as described under standard 10?</p> <p>Diversion services and programme objectives as set out in the accreditation application and the business plan is consistent</p> <p>Financial systems and accounting procedures are clearly articulated in financial policy?</p>	<p>Drafted Business plan as submitted to the department is available on site and staff members have easy access to or have a copy of the business plan.</p> <p>Interviews with selected management and staff members about the business plan.</p> <p>Fiscal summaries/analyses are available on-site Fiscal Policies and Procedures Manual is available onsite. Must include at a minimum:</p> <ul style="list-style-type: none"> <li>• Financial Control</li> <li>• Financial Risk Management</li> <li>• Budgeting</li> <li>• Strategic Planning</li> <li>• Financial management systems and procedures</li> <li>• Payroll</li> </ul>
11	Financial Management	<p>Financial management and accounting procedures should be in alignment with the standards set out by the South African Accounting Practices Board, GAAP, the Accounting Practices Committee and the Public Finance Management Act (No 1 of 1999)</p>	<p>Financial management and accounting policy and procedures conform to relevant legislation and is in alignment with standards set out as noted in standard 11?</p> <p>Budget and other resource expenditure are clearly identified?</p> <p>Budget and other resource requirements and processes are clearly identified, accounted for and open to scrutiny?</p> <p>Processes are established to ensure the changing budget and other resource requirements are identified and addressed on time?</p> <p>The organization's <u>governing body</u> or designated committee of the governing body, as appropriate:</p> <ul style="list-style-type: none"> <li>• approves the annual budget and any revisions to the budget;</li> <li>• reviews fiscal summaries at least quarterly to evaluate <u>expenditures</u> against revenues;</li> <li>• ensures that budget-to-actual variance analyses are performed after year-end numbers are finalized;</li> <li>• reviews <u>fiscal policy</u> and the recommendations of the organization's auditors; and</li> <li>• annually evaluates the <u>executive director's</u> management of the organization's fiscal affairs.</li> </ul>	<p>Governing body minutes</p> <p>Financial Audit</p> <p>Financial Management Narrative (<u>Form 4A</u> &amp; <u>Form 4B</u> submitted as part of the self-assessment).</p>

No.	Title	Standard	Criteria	Evidence
12	Record Keeping	All records (regardless of type – e.g. financial, client etc) should be kept neat, and correctly filed.	A relevant record-keeping system is in place and is maintained according to standardized formats?	<p>Review of records on site which include:</p> <ul style="list-style-type: none"> <li>Record Keeping Policy and Procedure Manuals (concerning all areas of operation) exist and are available on site.</li> <li>Personnel records (Use <a href="#">Form 8</a> as checklist for client/case records)</li> <li>Financial records</li> <li>Client records (Case files)</li> <li>Management records e.g. <ul style="list-style-type: none"> <li>Management and governing body meeting minutes</li> <li>Strategic and business plan</li> <li>Financial Records</li> </ul> </li> <li>Service Administration records – e.g. programme evaluations, client registers, internal M &amp; E records</li> <li>Training records</li> </ul> <p>Verification of existence and security of recording and filing systems</p> <p>Interviews with selected staff</p> <ul style="list-style-type: none"> <li>Administrative staff</li> <li>Social workers for client records</li> <li>HR staff for staff records</li> <li>Supervisors for staff records</li> <li>Finance staff for financial records</li> <li>Senior Management for management records e.g. Minutes of board meetings, strategic plans</li> </ul>
13		All records should be kept appropriately secure to prevent unauthorised access	All personnel, financial and client files and records are neat and presentable?	
14		The organisation should open a personnel file on all programme staff, inclusive of volunteers, part-time staff, and full-time staff. This file must contain the following: <ul style="list-style-type: none"> <li>personal particulars required for administrative procedures</li> <li>records of performance appraisals, grievances and disciplinary procedures and associated and relevant correspondence.</li> <li>Employment or volunteer contract between the volunteer/ employee and the hosting and/or implementing organisation</li> <li>Job description in which the tasks and responsibilities of the employee/volunteer are described. These should be in alignment with the standards set out by the Basic Conditions of Employment Act (No 95 of 1995) as amended, Occupational Health and Safety Act, Labour Relations Act (No 55 of 1995 as amended).</li> </ul>	Concise, accurate, meaningful and internally consistent client records are available	
15		The implementing organisation should keep a case file on each child referred to it for diversion. This file must contain: <ul style="list-style-type: none"> <li>A copy of the initial referral form sent by the referral agency (prosecutor, school or welfare agency) to the organisation giving the name of the child, the charge (where applicable), the case number (if applicable) and the date on which the child must return to the agency</li> <li>All case notes that have been recorded on the child during the programme commenting on the child's progress</li> <li>Reports on any incidents, injuries, deaths, disciplinary infractions, or any other matter deemed reportable in terms of the regulations of the Child Care Act (No 74 of 1983) as amended</li> <li>Records of all the assessments conducted by the referral agency</li> <li>Notes of the organisation's initial assessment of the child</li> <li>Notes on all other assessments of the child that have been conducted during the programme, or by other service providers</li> <li>A copy of the letter/document notifying the child of the content and schedule of the programme</li> <li>A copy of the letter notifying the referral agency that the child has been accepted onto the programme, and commencement and completion dates for the programme</li> <li>Notes on all relevant phone calls, meetings and correspondence made on behalf of the child</li> <li>The contact details of the child and his/her primary caregiver</li> <li>The consent form, signed by the child's primary caregiver</li> <li>The release of information form, signed by the child's primary caregiver (where applicable)</li> </ul>	<p>Records are clearly marked and clear distinction exists between general administration, personnel (HR), financial and client records?</p> <p>All confidential records (personnel, financial and client) are held in a secure place (preferably lock-up steel cabinets or a safe), accessible only to relevant staff and</p> <p>Records are easily accessible to relevant personnel only?</p> <p>Do personnel files exist for all programme staff, including volunteers and part-time staff?</p> <p>All personnel files contain all documentation as described under standard 14.</p> <p>Job descriptions, clearly setting out and describing job incumbents responsibilities, is available on personnel files?</p> <p>Does the organisation keep case files on each child referred for diversion?</p> <p>All client case files contain all <b><u>the information</u></b> as described under standard 15?</p>	

No.	Title	Standard	Criteria	Evidence
16	Profit Code of Conduct	<ul style="list-style-type: none"> <li>A copy of the report to the referral agency explaining whether the child has successfully, completed the programme or not</li> <li>Records of non-attendance. If a child did not attend a part or, the whole of a programme, for valid or invalid reasons, the organisation must keep records of steps are taken to establish the reasons for the non-attendance, the decisions made, and the actions taken in this regard. The organisation must also keep a record of the written report that was given the prosecutor explaining the above. Any relevant supporting documentation should be attached to this report and included in the case file; and</li> <li>Any other relevant correspondence and documentation</li> </ul> <p>The hosting organisation should ensure that records are kept of the programme's strategic planning sessions</p>	Strategic planning documents about service delivery is available in the organisation	
17		The hosting organisation should ensure that the minutes are kept on the meetings of governing body and management	Minutes of management and governing body minutes are available in the organisation	
18		The organisation should maintain an updated list of resources and potential service providers to the programme to address the needs of clients that fall outside of the abilities of the hosting or implementing organisation	Personnel delivering services to clients (social workers and programme facilitators) know community resources and have updated list of resources available	
19		<p>The organisation should keep a register of all the children that have been referred to the programme. This register should contain the following information</p> <ul style="list-style-type: none"> <li>The child's name, known aliases, ID number if available, date of birth and gender;</li> <li>Whether the child has completed the programme or not</li> <li>The name of the referral agency and the contact person; and</li> <li>The CAS number or court case number if applicable</li> </ul>	<p>The organisation administers at least a manual register of all children referred for diversion services must reflect the following:</p> <ul style="list-style-type: none"> <li>Name &amp; Surname of child</li> <li>Residential Address</li> <li>Contact Number</li> <li>Age/Date of Birth</li> <li>Gender</li> <li>Details of Next of Kin/Guardian/Parent.</li> <li>Court Case Number</li> <li>Referral Agency Name &amp; contact person</li> <li>Programme child is attending</li> <li>Service status – whether child completed or not completed programme with reasons for non completion</li> <li>Date child was referred to the organization</li> </ul>	
20		The organisation should keep records of all service agreements with other service providers or agencies.		
21		The profit made by companies on the hosting and implementation of diversion programmes should be set at a level in line with the guidelines on public-private partnerships set by the Treasury		
22		The organisation should have a written and displayed code of conduct that sets ethical and professional standards for all programme staff.	All Staff is aware of and understands the Code of Ethics of different professions particularly professions involved in service delivery to children	
23		The standards set out in this code of conduct should be aligned with the UN Convention on the Rights of the Child, the South African Bill of Rights, the African Charter on the Rights and Welfare of the Child, the UN standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the UN Rules for the Protection of Juveniles Deprived of their Liberty, the UN Guidelines on the Treatment of Prisoners and the Code of Conduct for Social Service Professionals.	Where organizations employ social workers, psychologists or any other professional for which a professional board or council exists all practitioners providing services are registered with the relevant council and professional board.	



No.	Title	Standard	Criteria	Evidence
24	Working Agreement	The hosting organisation should ensure that all programme staff understand, agree, sign and comply with this code of conduct.	The organization have a written down code of conduct, that is in line with professional ethics and values of relevant professions	
25		The hosting organisation should have a written agreement, with any individual (employee/ volunteers), organisation, or company contracted to provide additional and/or specialised services. This agreement must describe the roles and responsibilities of each party	The organization publicly displays the code of conduct in offices/locations where children are participating in programmes/services	
26	Recruitment Procedures	All programme staff should be recruited in such a way as to ensure that they pose no risk to the welfare of the child: To this end: <ul style="list-style-type: none"> <li>• individuals with the appropriate skills, qualifications, attitude, profile, potential and credibility should be selected through a rigorous background check; and</li> <li>• persons with a known history of offences against children should be excluded.</li> </ul>	The Organization keep an active register of disciplinary held clearly reflecting the reason for and the outcome of disciplinary action	Professional registration number reflected on Staff register ( <a href="#">Form 5</a> ) submitted as part of self-assessment documentation.
27			The organization have clear records of the number of any action (warnings, disciplinary, reporting to professional councils) taken with the transgression of the professional codes of conduct.	Copies of latest registration payment receipts of all professionally registered staff submitted as part of self-assessment
28	Disciplinary Procedure	Records must be kept of all recruitment and selection processes.	<u>Job descriptions</u> and <u>selection criteria</u> for recruitment purposes: <ol style="list-style-type: none"> <li>1. clearly state the qualifications, job expectations, essential functions, and responsibilities for each position or group of like positions;</li> <li>2. are reviewed and updated regularly.</li> </ol>	HR Narrative ( <a href="#">Form 6A</a> & <a href="#">Form 6B</a> ) Personnel/HR Policy
29			Relevant and adequate personnel recruitment policies and procedures exist and are available in the organization?	Register of administration and management personnel ( <a href="#">Form 7</a> )
30			Recruitment processes are in alignment with the standards set out in the Employment Equity Act?	Interviews with selected personnel about recruitment/ disciplinary/ performance appraisals/ induction programmes and other HR practices including: <ul style="list-style-type: none"> <li>• <b>Programme staff (social workers)</b></li> <li>• <b>HR manager/personnel</b></li> </ul>
31			Records are kept of all recruitment and selection processes?	<b>Onsite verification of induction programme content</b>
30	Disciplinary Procedure	The organisation should ensure that all staff and volunteers working within the programme are aware of: <ul style="list-style-type: none"> <li>• what constitutes unacceptable behaviour</li> <li>• the consequences of the different types of unacceptable behaviour</li> <li>• the disciplinary procedure that the organisation will follow</li> </ul>	A formal and written up new employee induction programme exist in the organization. The content of the induction programme reflect at minimum the following: <ul style="list-style-type: none"> <li>• background to the organization</li> <li>• the organization's mission, philosophy, goals, and services, service policies and procedures</li> <li>• orientation to relevant legislation governing delivery of services;</li> <li>• organization's personnel policy; and</li> <li>• lines of accountability and authority within the organization.</li> </ul>	
31		The organisation should keep records of all disciplinary actions and results	New personnel are formally oriented within the first three months of their employment	
31		Disciplinary procedures should be conducted in alignment with the standards set out in the South African Labour Relations Act, particularly schedule 8 – Code of Good Practice: Dismissal, and other relevant legislation.		

No.	Title	Standard	Criteria	Evidence
32	Performance Appraisal Procedure	Their manager or supervisor should appraise the performance of programme staff at least once each year.	Disciplinary procedures followed are in line with approved labour practices as set out in the Labour Relations Act.	Records of performance appraisals in personnel records  Verification of HR policy concerning performance appraisal  Interviews with selected programme staff and clients (consumers) about grievance procedures  Verification of documents including: <ul style="list-style-type: none"> <li>Grievance</li> <li>Policy &amp; procedures</li> <li>Records of lodged grievances and results thereof</li> </ul>
33		A Personal Development Plan should be developed for all programme staff.	Performance Appraisal Procedures exist and is described in the HR Policy  Every full-time and part-time employee has received at least a written annual performance evaluation conducted by the person to whom he or she reports.	
34		Programme staff should be allowed to appeal against the results of an appraisal	Performance appraisals assess job performance, and emphasize self-development and professional growth, to:	
35		The organisation should keep records of all performance appraisal sessions.	1. specific expectations defined in the <u>job description</u> ;	
36		The hosting organisation should ensure that all programme staff participants (children) and parents or guardians or the participants are aware of the process by which they may lodge a grievance without prejudice to their rights, against the organisation, a member of the organisation or someone else delivering services to the programme.	2. organization-wide expectations for personnel;	
37	Grievance Procedure	The organisation should keep records of all grievances lodged and the results thereof.	3. <u>objectives</u> established in the most recent evaluation and objectives for future performance as they relate to the organizations' mission and goals;	The organization has a complaints procedure that is simple to use and client-friendly. This grievance procedure is written up in policy  A written policy is available outlining external grievance procedures as it relates to professional boards.  A written policy is available in the organization outlining internal grievance procedures.  Notices of grievance procedures are publicly displayed in areas  Records of grievances lodged and results thereof are available in the organization.  All staff is aware of and understands grievance procedures to be followed.
38		Grievance procedures should be aligned with the standards set out in the South African Labour Relations Act (No 55 of 1995 as amended, and the Social Work Act (No 110 of 1978).	4. developmental and professional objectives;	
39		Moved to the training and professional development standards	5. recommendations for further <u>training</u> and skill building; and	
	Debriefing & supervision		6. knowledge and competence related to the characteristics and needs of <u>service recipients</u> , if applicable.	

No.	Title	Standard	Indicators Compliance	Evidence																																																							
40	Programme environment, material resources and safety (Health and Safety)	The implementing organisation should be aware of activities that are potentially dangerous and apply suitable risk management strategies.	Clients are informed and aware of grievance procedures to be followed.	Verification of records onsite including: <ul style="list-style-type: none"><li>Health &amp; Safety Policy &amp; procedure manual</li><li>Emergency procedures &amp; drills</li></ul> ation of availability of first aid kits Copies of first aid certificates of trained-personnel/health & safety officers submitted as part of self-assessment Verification of availability of first aid kits  <b>Interviews with selected personnel</b> trained in first aid																																																							
41		The organisation should ensure that all programme equipment is of a safe standard and properly maintained.	A Written Health and Safety policy and procedure manual is available in the organization  The organization have available trained Health and Safety Officers on all premises where children are participating in programmes/services																																																								
42		The organisation should have a procedure for ensuring that programme facilitators and children do not have unauthorised access to or possession of weapons or potentially dangerous items while participating in the programme.	Emergency procedures and drills are displayed in public areas  The organization has service/programme staff trained in first aid.																																																								
43		The organisation should conduct the programme following appropriate safety legislation and procedures where they exist.	First aid kits are available on all premises where children are participating in programmes/services  First aid kits are easily accessible to trained programme facilitators or health and safety officers.																																																								
44		When and wherever children are participating in a programme, they must have access to first aid equipment.	First aid kits are well maintained and contain contents as required by legislation (Government Regulation First Aid Kit). This kit must include <table><tr><td>10</td><td>Safety Pins</td><td></td></tr><tr><td>4</td><td>75mm Roller Bandage</td><td></td></tr><tr><td>4</td><td>100mm Roller Bandage</td><td></td></tr><tr><td>1</td><td>Adhesive Plaster Roll 25mm x 5m</td><td></td></tr><tr><td>8</td><td>Latex Examination Gloves</td><td></td></tr><tr><td>10</td><td>Gauze Swabs 75 x 75 x 8 Ply</td><td></td></tr><tr><td>1</td><td>Gauze Swabs 75 x 75 x 8 Ply (Pack 100)</td><td></td></tr><tr><td>2</td><td>CPR Mouth Piece</td><td></td></tr><tr><td>10</td><td>Plaster Strips</td><td></td></tr><tr><td>1</td><td>Cetrimide Solution 100ml</td><td></td></tr><tr><td>4</td><td>First Aid Dressing # 3</td><td></td></tr><tr><td>4</td><td>First Aid Dressing # 5</td><td></td></tr><tr><td>4</td><td>Cotton Wool Pads (25g)</td><td></td></tr><tr><td>1</td><td>Scissor</td><td></td></tr><tr><td>1</td><td>Forceps</td><td></td></tr><tr><td>1</td><td>Microporous Paper Tape</td><td></td></tr><tr><td>4</td><td>Triangular Bandage</td><td></td></tr><tr><td>2</td><td>Wooden Splints</td><td></td></tr><tr><td>1</td><td>Nylon Bag/Plastic Box/Metal</td><td></td></tr></table>		10	Safety Pins		4	75mm Roller Bandage		4	100mm Roller Bandage		1	Adhesive Plaster Roll 25mm x 5m		8	Latex Examination Gloves		10	Gauze Swabs 75 x 75 x 8 Ply		1	Gauze Swabs 75 x 75 x 8 Ply (Pack 100)		2	CPR Mouth Piece		10	Plaster Strips		1	Cetrimide Solution 100ml		4	First Aid Dressing # 3		4	First Aid Dressing # 5		4	Cotton Wool Pads (25g)		1	Scissor		1	Forceps		1	Microporous Paper Tape		4	Triangular Bandage		2	Wooden Splints		1
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No.	Title	Standard	Criteria	Evidence
45	Overnight and away-from-home care (Need to cross-reference with norms and standards for child and youth care centres as well as in-patient drug treatment programmes)	<p>When children participate in programmes that necessitate overnight or away from home care the organisation should ensure that:</p> <ul style="list-style-type: none"> <li>the children have adequate clothing to keep them warm</li> <li>the children are provided with a healthy and balanced diet and have access to water at all times</li> <li>the children are allowed private time and time to socialise</li> <li>the children are under 24-hour supervision by a suitably qualified person</li> <li>the children are protected from physical, social and emotional harm from themselves and others</li> <li>The children/staff are familiar with applicable emergency procedures</li> <li>the children have access to first aid equipment and expertise</li> <li>the children have access to sleeping bags or sufficiently warm bedding</li> <li>the children can keep their valuable personal possessions safe</li> <li>reasonable provisions have been made to ensure the safety of programme staff and participants from fire, accidents and other hazards</li> <li>there is a way for outside help to be contacted in the case of an emergency</li> <li>suitable provisions have been made for any physically challenged programme staff or participants;</li> <li>Children's spiritual and cultural needs and beliefs are respected</li> <li>The children are sufficiently sheltered from adverse weather conditions with specific reference to sleeping arrangements</li> <li>Acceptable health and hygiene standards must be maintained in respect of ablution arrangements; and</li> <li>The premises or campsite and camping equipment are safe, clean, and well maintained</li> </ul>	<p>The Government Regulation First Aid Kit is required by legislation where there are 5 or more employees in any workplace. Please note that the contents of the first aid kit as set out above is a small Government Regulation First Aid Kit and is suitable for up to 15 people</p> <p>All Fire Extinguishers and emergency exits on premises where children are participating in services/programmes must be in working order</p> <p>All staff facilitating programmes that necessitate over-night or away from home care have at least level three basic first aid certification? A written emergency procedure with emergency numbers is available, stipulating arrangements to get in outside help if needed?</p> <p>Premises, where children are accommodated, are safe, clean and well maintained?</p>	Verification of fire extinguishers & emergency exits on-premises

No.	Title	Standard	Criteria	Evidence
46	Drugs and Controlled Substances (Medication control and administration Need to cross reference with minimum norms and standards for child & youth care centres & inpatient drug treatment	The organisation should have a written policy on controlled substances such as illegal drugs, alcohol, tobacco and prescription drug use that applies to all programme staff and participants (children).	Protocols and controls governing the proper administration and storage of medication exist in the organization (as part of the policy) and include:	Verification of onsite documents including: <ul style="list-style-type: none"> <li>Copies of legislation available and accessible to personnel in the office</li> <li>Publicly displayed poster on children's rights</li> <li>Medication administration protocols and controls policies and procedures</li> </ul> Narrative on Protection of Children's Rights (Form 9)
47		In cases where children are in child and youth care facilities or attending programmes overnight away from home, the organization/residential facility ensures safe, uniform medication control and administration.	<ol style="list-style-type: none"> <li>locked, supervised storage with access limited to authorized personnel;</li> <li>packaging in childproof containers and labelling with the name of the person served, medication name, dosage, prescribing physician name, and number or code identifying the written order;</li> <li>appropriate disposal of out-of-date or unused medication, syringes, medical waste, or medication prescribed to former persons served;</li> <li>a record of who received medications, what medications were dispensed or administered, and when and by whom medications were dispensed or administered;</li> </ol>	
48		The programme should be run in a drug-free environment. Children who are on medication should have their medication handled appropriately by the programme facilitator in alignment with appropriate medical procedures.	<ol style="list-style-type: none"> <li>protocols for the administration of over-the-counter medications; and</li> <li>a prohibition against dispensing drug samples without a prescription.</li> </ol>	
48	Protection of Children's Rights	The organisation should keep and make accessible to all staff the latest copies of the following documents: <ul style="list-style-type: none"> <li>Labour Relations Act (No 55 of 1995) as amended;</li> <li>Basic Conditions of Employment Act (No 95 of 1995) as amended;</li> <li>Constitution of the Republic of South Africa (No 108 of 1996);</li> <li>Children's Act (No 38 of 2005);</li> <li>Probation Services Act 116 of 1991 (amended by Act 35 of 2002);</li> <li>Prevention and Treatment of Substance Abuse Act (no 20 of 1992) as amended; and</li> <li>Child Justice Act (Act 75 of 2008)</li> </ul> Including the following policy documents: <ul style="list-style-type: none"> <li>Diversion Minimum Standards Policy Documents.</li> <li>Minimum Norms and Standards for Child and Youth Care Centres</li> <li>Minimum Norms and Standards for Inpatient Drug Treatment Programmes</li> </ul> And the following International Instruments: <ul style="list-style-type: none"> <li>Un Convention on the Rights of the Child; and</li> <li>African Charter on the Rights and Welfare of the Child.</li> </ul>	Personnel directly involved in medication control and administration received training and demonstrates competence in medication control and administration and knowledge of applicable legal requirements.	
49	Promotional Material	The programme's promotional material, annual reports and media releases should not contain any information that could identify a child or children participating in a programme, except with the express written permission of the child's primary caregiver, as this would infringe on the child's right to confidentiality.	Clients participate in all service decisions and have the right to: <ol style="list-style-type: none"> <li>request an in-house review of their care, treatment, and service plan;</li> <li>refuse any service, or treatment/intervention unless mandated by law or court order; and</li> <li>be informed about the consequences of such refusal, which can include discharge.</li> </ol>	

No.	Title	Standard	Criteria	Evidence
50		<p>The organisation must have an information sheet describing the programme to be given to each child and that child's primary caregiver, detailing the following:</p> <ul style="list-style-type: none"> <li>• Description of content, purpose and duration of the programme;</li> <li>• Dates, times and venue of sessions</li> <li>• Name and contact details of the facilitator and his/her manager; and</li> <li>• Grievance and complaints procedures (cross-reference with grievance procedures reflected in earlier standards)</li> </ul>		
51	Equipment	The organisation should maintain an appropriate stock of equipment and stationery that is required for the diversion programme	Facilities or venues where interventions with participants take place are client-friendly, neat and clean	
52	Premises	<p>The premises in which the programme is facilitated should be appropriate to the diversion programme in so far that it is conducive for intervention and promotes client confidentiality and anonymity</p> <p>As far as health and safety is concerned please refer to previous standards reflecting on health and safety issues</p>	<p>Facilities or venues where programmes are facilitated are well lit and ventilated?</p> <p>Facilities or venues where programmes are facilitated/assessments are conducted provide a <b>safe</b> and <b>confidential</b> space for clients to participate in without external interference?</p> <p>Facilities or venues where programmes are facilitated can comfortably accommodate 15 individuals seated in a circle on chairs?</p> <p>Facilities/venues where programmes are facilitated does not pose any immediate health &amp; safety threats</p>	

No.	Title	Standard	Criteria	Evidence
1.2.1.4 Qualifications, Training, Professional Development & Supervision				
53	Qualifications  Generic knowledge and skills of facilitators	<p>All staff providing services to achieve behaviour change or improve psychosocial functioning must have at least a formal qualification in preferably social work or psychology.</p> <p>All facilitators, regardless of their prior training, should have:</p> <ul style="list-style-type: none"> <li>Working knowledge of the principles of child and youth care as articulated in the international instruments and domestic legislation with specific reference to the UN Convention on the Rights of the Child, Children's Bill, Child Justice Bill and relevant policy documents;</li> <li>Working knowledge of current theory and practice on working with children at risk and in conflict with the law;</li> <li>A working knowledge of the developmental stages that children go through and the challenges they encounter at each stage;</li> <li>A working knowledge specifically:</li> <li>Working knowledge of "diversion" and the purpose of diversion programmes</li> <li>How diversion differs from other approaches to crime and unacceptable behaviour,</li> <li>The principles of restorative justice</li> <li>Working knowledge of family systems and how to involve primary caregivers in the diversion programme</li> <li>Working knowledge of when a child has specialised needs and should be referred to an appropriately qualified professional;</li> <li>The ability to write appropriate notes and case reports on each child's progress in the programme;</li> <li>The ability to build and maintain appropriately positive relationships with the children and their primary caregivers, staff, volunteers and other stakeholders;</li> <li>The ability to communicate in a language the child understands, and facilitate, counsel and interact in a manner that is appropriate to the child's age, maturity, intellectual abilities, interests, and culture;</li> <li>The ability to identify children that are abusing/misusing drugs and controlled substances</li> </ul>	<p>All staff members directly engaging with children in a behaviour change/emotional distress management/psychoeducational capacity (therapeutic/psycho-social) have a formal qualification in either social work or psychology.</p> <p>All staff implementing and facilitating behaviour change/therapeutic/psycho-social/psychoeducational programmes and applying primary methods of the profession of social work (case management, individual counselling, group work, supervision and community work) have at least 2 years experience in general practice and 1-year experience in working with children in the Criminal Justice System</p> <p>All staff engaging with children in a behaviour management, development and education capacity have a formal qualification in child and youth care, lay counselling, youth development, social work, psychology, education or social auxiliary work.</p> <p>All staff implementing behaviour management, development, educational/awareness programmes must have at least 1 year of experience in working with children in the Criminal Justice System.</p> <p>Supervisors of direct service/programme personnel have a minimum qualification of a Bachelors Degree in social work (if they supervise social work and social auxiliary workers) or a Masters Degree in Psychology (if they supervise psychologists) with a minimum of 3 years experience in practice.</p> <p>The organization implements an annual training and development program that enhances the knowledge, skills, and abilities of personnel and prepares personnel to assume their responsibilities.</p> <p>The training and development program:</p> <ol style="list-style-type: none"> <li>is reviewed annually and revised in accord with an assessment of the organization's training needs;</li> <li>outlines specific expectations regarding training required of personnel in different positions and categories;</li> <li>provides the opportunity for personnel to fulfil the continuing education requirements of their respective professions; and</li> </ol>	<p>Certified Copies of qualifications attached to Form 5 (Register of direct programme staff) submitted as part of self-assessment</p> <p>Certified Copies of supervisors qualifications attached to Form 7 (Register of Administrative and Management Personnel) submitted as part of self-assessment</p> <p>Interviews with a randomly selected programme staff</p> <p>Observation of randomly selected programme staff during interventions (this will have to be done carefully as issues of confidentiality will come up. It is suggested that maybe video recordings of sessions can be viewed on-site for assessment of staff skills with services).</p> <p>Review of organisational in-service annual training plan</p> <p>Onsite review of training documentation and material including:</p> <ul style="list-style-type: none"> <li>Training manuals</li> <li>Training evaluation reports</li> <li>Signed attendance registers</li> <li>Training agenda's</li> </ul>

No.	Title	Standard	Criteria	Evidence
	Criminal Justice Specific Knowledge of facilitators and Supervisors	<ul style="list-style-type: none"> <li>The ability to actively encourage the active participation of children in the programme;</li> <li>The ability to keep and maintain records of services rendered;</li> <li>The ability to communicate, facilitate, counsel and interact in a way that matches the learning style of the children participating in the programme;</li> <li>The ability to render basic first-aid to provide first-aid appropriate to the potential dangers posed by the setting in which the programme occurs;</li> <li>Received the training appropriate to the programme he/she is facilitating</li> <li>The ability to demonstrate the required level of competence in the designated areas of the programme in which he/she is involved;</li> <li>The ability to support children in forming positive and appropriate relationships with each other;</li> <li>The ability to plan and schedule programme activities for children; and</li> <li>The ability to monitor the children's progress in the particular programme or set of activities that they are facilitating.</li> </ul> <p>All personnel involved in direct services, regardless of their prior training, should have :</p> <ul style="list-style-type: none"> <li>Explicit knowledge and clear understanding of the principles of effective intervention with clients in the criminal justice system including: <ul style="list-style-type: none"> <li>The risk principle</li> <li>The responsivity/treatment principle</li> <li>The Need principle; and</li> <li>The program fidelity principle</li> </ul> </li> <li>A clear understanding of the interaction of the above principles when it comes to service delivery.</li> <li>Explicit knowledge about the nature of crime and offending behaviour</li> <li>Explicit knowledge of appropriate evidence-based models and approaches to changing offending behaviour</li> <li>Explicit knowledge of relevant legislation influencing services provided to criminal justice populations</li> <li>Explicit knowledge of statutory responsibilities of professionals concerning criminal justice populations</li> <li>Explicit knowledge of the functioning of the criminal justice system (courts)</li> </ul>	<p>d. provides opportunities to support advancement within the organization and profession.</p>	



No.	Title	Standard	Criteria	Evidence
39	Professional Debriefing and/or Supervision	The organisation should ensure that all programme facilitators can access appropriate support or debriefing services regularly, at no cost to themselves and from an appropriately qualified professional or suitable layperson.	<p>The organization has available a written policy on supervision practice (specifically as it relates to specific professionals such as social workers, psychologists etc) that is in line with broader requirements and practice of the profession.</p> <p>The supervision policy provides for a defined supervision strategy indicating a level of supervision and relevant levels of supervision with the professional experience, professional maturity and professional competence of staff.</p> <p>At minimum supervision of staff needs to take place as follows:</p> <ul style="list-style-type: none"> <li>Newly qualified social worker – 1 year experience at least weekly supervision</li> <li>1-3 years experience social worker – at least monthly supervision</li> <li>3years+ experience – on consultation</li> </ul> <p>All staff, not qualified in social work but performing social work duties must regardless of experiences beyond 1 year receive supervision on at least a monthly basis.</p> <p>Supervisors support and enhance staff's ability to perform their jobs by teaching and modelling, as appropriate:</p> <ol style="list-style-type: none"> <li>technical knowledge and skills;</li> <li>work management and communication skills; and</li> <li>conflict management skills.</li> </ol> <p>Supervisors are responsible for:</p> <ol style="list-style-type: none"> <li>delegating and overseeing work assignments;</li> <li>ensuring that service delivery is performed according to the organization's mission, policies and <u>procedures</u>, and <u>service philosophy</u>;</li> <li>providing <u>case</u> consultation and <u>in-service training</u>, as appropriate;</li> <li>identifying unmet training needs;</li> <li>ensuring <u>case reviews</u> are conducted at least quarterly; and</li> <li>Conducting <u>performance</u> evaluations.</li> </ol> <p>Supervisors of direct service personnel assume the following administrative responsibilities, as appropriate:</p> <ol style="list-style-type: none"> <li>tracking and monitoring the progress of the families and individuals receiving services;</li> </ol>	<p>Onsite Review of professional development records held by supervisor including:</p> <ul style="list-style-type: none"> <li>Supervision notes</li> <li>Practice Reflections</li> <li>Training Records and reflections of personnel that have attended training</li> </ul> <p>Training and Supervision Narrative (<a href="#">Form 10</a>)</p>

No.	Title	Standard	Criteria	Evidence
			<ul style="list-style-type: none"> <li>b. collecting and applying data to improve client outcomes; and</li> <li>c. meeting the organization's quality improvement and evaluation requirements.</li> </ul>	

## 1.2.2 Service/Programme Standards and Criteria

Service/programme standards and criteria set forth recommended practice for distinct service areas, such as sex offender treatment, life skills programmes etc. The standards represent a set of practices that support, collectively, strong organizational performance, and positive service delivery outcomes. The standards do not stand separate from professional practice within professions that deal with behavioural change. Thus the standards need to be carefully applied within the context of the profession being practised.

### a. Programme Content

Providing a programme or intervention (which can also be individual counselling) to an individual is a process in which the individual is led to an increased awareness of the self-destructive nature of his/her behaviour and of alternative ways of behaving. It aims at removing barriers to the self-direction and personal growth and assist in uncovering resources (internal and external) that the individual can use to forge a pro-social lifestyle and develop into a healthy individual and function optimally. Providing these services to offenders (children in conflict with the law/at risk) though is different as:

- a. Offenders generally do not seek intervention voluntarily and therefore the social worker is more likely to encounter reluctance and resistance to the process of change;
- b. offenders, in general, have fewer coping resources (internally and externally,) on which to draw than other clients;
- c. offenders have very specific psychosocial skills deficits, and
- d. offenders often have a psychological and economic investment in maintaining their “offending” lifestyle. (Walsh A. 2006:2-3).

Hence programmes and interventions that are focused on assisting this target group must address certain issues, from a certain approach.

All programmes provided to youth in conflict with the law must address multiple needs of the individual within a broad offence focussed framework. What this implies is that destructive behaviour (in this case offending behaviour) displayed by children and youth cannot be merely addressed on one level, for example, an educational level where the child is taught life skills and then hopefully they will not re-offend again. Programmes designed and used to assist children who display offending behaviour must address issues relevant to the behaviour. According to the Australian Institute of Criminology<sup>6</sup> *research conducted in juvenile justice settings around the world consistently shows that young people who come to the attention of criminal justice agencies have multiple problems and experience high levels of need across all areas of functioning.* These programmes have to be based on appropriate methodologies and techniques proved in practice and research to be effective. In their review of more than 200 programs delivered to serious and violent young offenders, Lipsey and Wilson (1998: 338) reported that relevant programs were capable of reducing recidivism rates by as much as 40 per cent. Typically these

programs have a strong theoretical basis, employ a structured behavioural

or cognitive behavioural approach that focuses on the attitudes and beliefs of offenders, and are delivered by well-trained staff. Hence the following are principles that consistently have to be reflected in all programmes| (to be accredited) that are used to assist youth in conflict with the law to change their behaviour<sup>7</sup>.

## b. Principles of Effective Intervention/Appropriate Content

### i. The Risk Principle:

**The programme/intervention/services offered should be relevant to the risk profile of the child.**

Adherence to this principle requires that services/interventions/programming for offenders (children or adults) should be provided on a graduated scale, where these (services/programmes/interventions) should be matched to the risk level of the offender. The higher the risk the more comprehensive the intervention plan for the child and the more intensive and restrictive the programming/intervention provided, must be. Children who have a low risk (low re-offending risk, low dangerousness risk and low treatment need), the profile should not be subjected to intensive programming.

*Please take note: HIGH RISK does not automatically refer to and includes individuals that are a danger to themselves and society. In risk assessment, the risk is established by considering re-offending risk, dangerousness risk as well as treatment needs. Combinations of these will provide an overall risk profile of either High – Moderate/High- Moderate-Low and Low. Professional judgment should be carefully applied to facts and behavioural information assessing levels of risk.*

When accrediting programmes the following should serve as guidelines when considering the appropriateness interventions/programmes to the level of risk of the target group.

Level of Risk	Description	Extend of total involvement indirect services	Intensity and Frequency of programming
High Risk	The offender has <b><u>high-risk factor</u></b> prevalence <b>AND <u>multiple (high level)</u></b> treatment <b><u>needs</u></b> with very few constructive strengths	Minimum of 300 hours of interventions.	Minimum of 3 sessions per week of active therapeutic engagement 85% of 300 hours (255 hours) therapeutic engagement 15% of 300 hours (45hours) any non-therapeutic engagement – psychosocial education

Level of Risk	Description	Extend of total involvement indirect services	Intensity and Frequency of programming
Moderate-High Risk	The offender has <b>EITHER <u>high-risk factor</u></b> prevalence <b>OR <u>multiple (high level)</u></b> treatment <b><u>needs</u></b> – not both	Minimum of 180 hours	Minimum of two sessions per week of active therapeutic engagement 70% of 180 hours (125hours) therapeutic engagement 30% of 180 hours (55 hours) any non-therapeutic engagement – psychosocial education
Moderate – Low Risk	The offender has moderate risk factor prevalence and multiple treatment needs	Minimum of 100 hours	One session per week minimum–two recommended – 60 hours active therapeutic engagement 40 hours non-therapeutic engagement – psychosocial education
Low Risk	Offenders have low-risk factor prevalence and development rather than treatment needs	Minimum of 40 hours	One session per week 40 hours of non-therapeutic - psychoeducational work

Table 1: Intensity & Frequency of Programs/Interventions with Risk Levels

#### i. The Need Principle:

**The programme must address treatment needs as informed by the presence of risk factors**

All programmes have to address criminogenic needs (risk factors related directly to the offending behaviour that can be changed through intervention – dynamic risk factors). Criminogenic factors are those that contribute to a person committing a crime, and therefore when changed will reduce recidivism. Research has identified eight criminogenic factors/needs, that regardless of age stands central to offending behaviour (see table 2). In addition to criminogenic needs, non-criminogenic needs which relate to general human needs, are also identified. Although these needs are not factors that contribute to criminal behaviour, they are essential needs that must be considered and addressed when appropriate in addition to the “treatment” of criminogenic needs.

	Criminogenic	Non-Criminogenic
<b>The BIG Five</b>	<b>Anti Social Temperament</b>	<b>Personal emotional distress (low self-esteem)</b>
	<b>Anti-social cognition (attitudes &amp; values)</b>	<b>Low Positive emotionality</b>
	<b>Anti-social Peers/associates</b>	<b>History of victimization/abuse</b>
	<b>Family Dysfunction</b>	<b>Medical Needs/Problems</b>
	<b>History of anti-social behaviour</b>	<b>Psychopathology (Anxiety, Depression, Schizophrenia etc)</b>
<b>The Other Three</b>	<b>Substance Abuse</b>	<b>Low Spirituality</b>
	<b>School/Work dysfunction/problems</b>	<b>Low Verbal Intelligence</b>
	<b>Lack of Pro-social Leisure</b>	<b>Lower Class Origins</b>

**Table 2: Criminogenic & Non-Criminogenic factors/needs informing treatment needs**

Thus to address and change the criminal behaviour of the individual all criminogenic needs/ factors (at minimum the BIG Five) have to be considered and addressed through intervention. In this regard, intervention encompasses many activities/services or processes provided to or undertaken by the individual to help change behaviour. Programmes are one such intervention that can be made available and used to help individuals change their behaviour, by addressing criminogenic needs.

In addition to addressing criminogenic needs, interventions could also address essential non-criminogenic needs. Non-criminogenic needs (risk factors) are those factors that do not have a direct or strong link to offending behaviour. Addressing non-criminogenic needs, are not associated with changes in criminal behaviour, but still, contribute to the growth and development of the individual. As these non-criminogenic needs are highly specific to the individual, one-on-one intervention such as counselling would be more relevant than programmatic intervention to deal with such needs.

Table 3 is a summary of the major criminogenic risk factors, and related treatment needs and intervention goals that must be addressed through programming. For purposes of accreditation, all programmes provided to prevent recidivism and change offending behaviour must address treatment needs related to all (or at minimum the BIG FIVE<sup>8</sup>) as mentioned above<sup>9</sup>.

<b>Risk Factor/ Criminogenic Need</b>	<b>Risk indicator (if not addressed child will re- offend)</b>	<b>Treatment Need</b>	<b>Intervention goal</b>	<b>Type of programmes</b>	<b>Treatment/ Approaches &amp; Intervention methodology</b>
Anti Social Personality (temperament).	Adventurous, pleasure-seeking, weak self-control (impulsivity), restlessly aggressive, irritable, egocentrism Below average verbal intelligence Weak socialization Lack of empathy Hostile interpersonal relations Poor self-regulation Criminal identity	Problem- solving, self- management, emotional regulation (anger management ) constructive coping skills	The programme goals and objectives cover a multi- faceted and wide range of personal and emotional needs that feeds into the offending behaviour. <ul style="list-style-type: none"> <li>Enhance/ build problem-solving skills</li> <li>Build interpersonal relationship skills</li> <li>Enhance emotional self-awareness</li> <li>Develop appropriate emotional language</li> <li>Develop &amp; build victim empathy</li> <li>Develop decision-making skills</li> <li>Develop self-management and regulation skills (impulse control, anger management, risk-taking)</li> <li>Developing coping skills</li> <li>Character Building</li> </ul>	Life skills (criminogenic need specific)  Anger Management  Mental Health	Social Learning – modelling, social skills training  Cognitive Behavioural Therapy – Cognitive skills training & Cognitive Restructuring
Anti-social cognition (attitudes & values) and cognitive- emotional states	Pro-criminal attitudes Rationalizations for crime, Negative attitudes towards the Law Cognitive emotional states of anger Oppositional defiant “issues with authority Lack of Respect Attitudes, values, beliefs and rationalisations supportive of crime, cognitive- emotional states of anger, resentment and defiance	Anti-social cognition,  Risky thoughts and feelings,  criminal identity	Programming to change anti-social cognitions should focus on a multidimensional model of attitude change. Intervention goals should encompass helping the individual to: <ul style="list-style-type: none"> <li>Reduce anti-social cognition</li> <li>Identify and recognize risky thinking and feelings (thinking errors)</li> <li>Develop appropriate thinking</li> <li>Redefine values and beliefs</li> <li>Establish pro-social self-identity</li> <li>Develop constructive coping mechanisms</li> <li>Development of trust in pro-social role models</li> </ul>	Life Skills (cognitive focussed – specific skills focussing on attitudinal changes)	Moral Recognition Therapy  Cognitive Behavioural Therapy
<b>Anti-social Peers/ associates</b>	Close association with criminals and relative isolation from pro- social people	Reduce association with criminals, enhance association with pro-social people	Intervention goals for programmes should focus on the following: Restrict associates Set and enforce curfews Ban hangouts, etc. Teach to recognize & avoid negative influences (people, places, things) Practice new skills (like being assertive instead of passive) Teach how to maintain relationships w/o getting into trouble Identify or develop positive associations: mentors, family, friends, teachers, employer, etc. Train family and friends to assist offender Support development Develop sober/pro-social leisure activities	Life skills (relational & social skills training)	Social Learning and skills training  Psycho-educational



Risk Factor/ Criminogenic Need	Risk indicator (if not addressed child will re-offend)	Treatment Need	Intervention goal?	Type of programmes	Treatment/ Approaches & Intervention methodology
School/Work dysfunction/ problems	Low levels of educational achievement (not attending school, poor performance) Unemployment Low levels of employment achievement (poor performance, low work satisfaction)	Enhance performance rewards, and satisfaction	Programmes/ interventions that are provided to address this domain of risk should focus on:  Enhancing work/academic/school performance  Developing positive rewards for performance and development on intrinsic motivational levels  Enhance personal satisfaction and sense of achievement and competence	It is recommended that appropriate vocational/ educational/training programmes accredited by SAQA be utilized for vocational/work skill training purposes.  The service organization however has to ensure, and remains responsible for working on the successful, achievement of the client in this regard.  Merely training a person to do a job is not going to prevent re- offending.	
Leisure and/or recreation	Low levels of involvement and satisfaction in anti-criminal leisure activities	Enhancement involvement and satisfaction in pro-social activities	Encourage participation in pro-social recreational activities, teach pro-social hobbies and sports Advocate for recreational development in communities Establish recreational programmes (The service provider would primarily take up the role of broker of services and supporter, rather than the facilitator. The key is to use existing community resources).	Recreational programmes accredited or recognized by local authorities  Sports development programmes in existence  If such programmes are used with offenders – take care of subculture forming	
Substance Abuse	Experimentation with illegal substances Abuse of legal substances i.e. – underage alcohol use, binge drinking, glue sniffing, other over the counter drug abuse Use and abuse of illegal drugs Drug dependency issues	Address substance abuse, reduce the personal and interpersonal supports for substance abuse behaviours, enhance alternatives to substance abuse	Intervention goals for this programming should be focussing on stopping the use of illegal substances and address addiction disorders.		

Table 3: Major Criminogenic Factors and Related Treatment Needs and Intervention Goals.

## ii. Treatment/Responsivity Principle:

**The programme is based on specific approaches that have been proven by research to be effective and relevant in addressing specific criminogenic treatment needs.**

Programmes and interventions that are designed and implemented to prevent recidivism (re-offending) and change offending (anti-social) behaviour to acceptable pro-social behaviour have to be based on relevant and effective treatment approaches.

Both general and specific responsivity considerations must be addressed for interventions with offenders to be effective. **General responsivity** is concerned with the actual characteristics of service delivery and programmes. It argues that the modes and techniques of intervention must be able to directly influence the intermediate criminogenic needs targeted within the program. Research in this regard (Harrington & Bailey, 2003: 21-27<sup>10</sup>; Gornik, date unknown:3-14<sup>11</sup>) have clearly indicated that not all approaches work with offenders and subsequently cognitive behavioural intervention approaches with an ongoing focus on skill enhancement and cognitive change, was found to be the most effective in accomplishing behaviour change with offenders. Programmes and interventions based on these approaches have several attributes that are important in addressing offending behaviour, these include:

- they are centred on the present circumstances and risk factors that contribute to the offender's behaviour;
- they are action-oriented rather than talk oriented, implying that offenders do something rather than just talk; and
- they teach pro-social skills to replace anti-social skills.

In terms of the above mentioned, researchers have identified the **most effective and appropriate approaches** when working with offenders to be:

- Structured social learning approaches where new skills and behaviours are modelled (Behaviorism – social learning principles – specifically for children under 12 years of age)
- Cognitive-behavioural approaches such as cognitive restructuring, transactional analysis, rational emotive therapy, positive reinforcement, motivational interviewing, relapse prevention; and
- Family-based approaches such as systems therapy, multi-systemic therapy focuses on training families on appropriate behavioural techniques.

For purposes of accreditation then any programme that has as its goal behaviour change (change anti-social to pro-social) or the prevention of recidivism by changing behaviour must reflect one or a combination of the above approaches its programme content and design.

Treatment approaches and modalities that are **ineffective** to changing offending behaviour include:

- Non-directive, client-centred/psychodynamic therapy

- Pure Educational/Didactic/ Information giving strategies
- Self-help approaches
- Freudian Approaches
- Medical Therapies – aversive therapies
- Scared straight Therapies/ Physical / emotional shaming – i.e. physical exercise\

Programmes based on the above approaches cannot be accredited and programme redesign needs to happen if the programme wishes to address the changing of offending behaviour.

**Specific responsivity** argues that treatment can be enhanced if the treatment intervention pays attention to personal factors that can facilitate behaviour change. Adherence to this requires that programmes used, take cognisance of factors such as gender, levels of motivation, language, levels of reading and that when the programme is designed these responsivity issues are addressed. In addition, the principle also requires the intervention to be holistic, for example, if an individual presents high levels of anxiety or a mental health problem that could debilitate their participation in a programme that address criminogenic needs, they should first be assisted with that. Client participation in drawing up an intervention plan, identification of priorities for intervention and brokering services that would address needs outside the scope of the organization delivering offender rehabilitation or diversion services are all elements that promote responsivity in intervention.

For purposes of accreditation, it must be confirmed that the organization subscribe to holistic service delivery

### **iii. Program Integrity/Fidelity Principle:**

**Programme is delivered in accordance to its design by competent, qualified well trained staff.**

Although the risk, need and responsivity principles set the stage for a programme to effectively change offending behaviour, they do not produce results in a vacuum by themselves. Programmes designed and based on these principles are implemented by people, and these people (programme staff) form the nucleus of an effective, impactful program (Fretz, 2006: 7)<sup>12</sup>. Successful programmes use competent, well trained and well-supervised staff and to which the staff can translate and communicate programme content to the client on the level of the client without compromising the design or intent of the programme.

For purposes of accreditation, quality assurance and programme evaluations should be proving compliance with the principle of programme integrity/fidelity. This implies that staff is delivering and implementing the programme truthful to its design.

Based on the above, it can be concluded that six main characteristics must exist within programmes to achieve accreditation status. Programmes should be:

1. cognitive-behavioural in orientation;
2. highly structured, specifying the aims and tasks to be covered in each session;
3. implemented by trained, qualified, and appropriately supervised staff;
4. delivered correctly and as intended by program developers to ensure treatment/ programme integrity,
5. manual-based; and
6. housed within institutions with personnel committed to the ideals of rehabilitation and a management structure that supports rehabilitation (Andrews & Bonta, 2003<sup>13</sup>; Gendreau&Andrews, 1990<sup>14</sup>; Gendreau, Goggin, Cullen, & Andrews, 2000;<sup>15</sup> Gendreau, Little, & Goggin, 1996; Hollin, 1999;<sup>16</sup> McGuire, 2002;<sup>17</sup> Ogloff & Davis, 2004<sup>18</sup>).

#### 1.2.2.1 Assessment Standards

The accurate and objective assessment of children in conflict with the law is one of the most important features of an effective system that aims to change offending behaviour and prevent recidivism. Attempting to provide a service or recommend a criminal justice disposition to an offender in the absence of a comprehensive assessment carefully considering offender risk, need and responsivity issues is similar to prescribing a drug to a patient without a diagnosis of what is wrong. Without professionally administered comprehensive assessments, informed decisions about what could be offered to individuals in terms of interventions can not be taken. To get the client the most appropriate assistance in terms of the right levels (intensity) and type of interventions, assessments need to be of high quality. Weak, uninformed assessments will subsequently impact negatively on programme success as individuals' needs and risks would be mismatched to the intervention. . This can lead to further trauma of individuals or worse contribute to recidivism (O' Connor , 2008:1; Latessa, 2008). Thus to achieve successful outcomes with programmes focused on changing offending behaviour and preventing recidivism, assessment practice must be of high quality.

For purposes of accreditation, the following in terms of assessment must be considered.

- All assessments undertaken must be comprehensive and include variables that research has determined predict re-offending. This implies that the assessment must assess and allude to factors relevant to criminogenic risk, need and responsivity as set out in table 3.
- All assessments must be based on multiple sources of information including interviews with the client, family or any other significant individual, interviews with previous service providers as well as case records,

- Assessment practice should be based on a combination of actuarial and clinical assessment strategies. This implies that valid, reliable and objective tools should be used if available. Collateral information gathered during the assessment must be subjected to professional analysis and professional judgment by the person doing the assessment. Professional judgment implies a conclusion supported by theory about the relevant factors and dynamics relevant to the situation and behaviour of the individual and the most appropriate way forward in addressing these issues. Hence assessment is NOT merely gathering information and presenting it.
- Assessment is not a once-off ad-hoc activity that happens at the beginning of “something”. Assessment is continuous and organic and is done with a purpose. Continuity in assessment should be visible throughout the services being provided. Assessment is not just information gathering and the summarizing of information in reports. It is the critical analysis, weighting and consideration of information gathered about a client’s behaviour, circumstances etc to come to a professional conclusion (professional judgment) about the situation at hand. The professional judgment will inform recommendations on how to go ahead in assisting the client to address the behaviour or situation.
- Assessment has different functions/purposes. Organizations, programmes and interventions must clarify the purpose of assessments they undertake as relevant to the service delivered. The function(s)/purpose of assessment could be different at different points in engagement and service delivery to a client. Purposes of assessment include:

**a. Identification.** Information gathered is used to identify the potential elements/factors/ issues are that have to be considered in taking a specific course of action. These identified elements/factors would then inform what the best course of action would be. For example, a probation officer will identify

- the factors that qualify a child for diversion or not/ identify what is in the best interest of the child;
- relevant information to be presented to the court to assist decision making by the court;
- risk factors present in sustaining the child’s behaviour;
- relevant aspects to address with the child to prevent re-offending; and
- possible course(s) of action to address those factors.

**Selection.** Information gathered is used to help make decisions about general changes in the status of the individual. These are specifically decisions about the general nature and form of needed intervention/ action to be taken. For example: Once a probation officer has identified that inappropriate parenting is one of the risk factors that hugely contributes to the child’s offending, and has identified parenting to be addressed as part of a diversion intervention, and identified an organization that provides parenting interventions, the organization now assesses to select/not selecting the child into the program. The organization makes placement or relevant intervention decisions based on the characteristics of the child and the program, taking into account the risk, need and responsivity principles of effective offender intervention.

**b. Planning for specific change.** Data are used to decide about immediate and short term objectives and procedures for accomplishing long-term goals. For example, once an organization have

appropriately decided upon placement or intervention/programmes to include the child in, very specific plans with behavioural objectives are set out for any given day's intervention.

- c. Evaluation of Intervention.** Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made concerning the impact on:
- particular persons or environments or both,
  - all experiencing a specific intervention, or
  - society as a whole.

*Please take note: Assessment is an intrinsic part of the professional practice in the fields of social work, psychology, psychiatry etc. It is a professional skill, where critical analysis, weighting and consideration of factual information gathered is undertaken and professional judgment (based on professional experience and theoretical foundations) applied in charting the way forward for intervention to take place. If assessments are flawed success in following interventions cannot be expected. Hence the skill of assessment is critical.*

*Assessment cannot be accredited as a standalone programme, as it is a professional function. For example, one cannot say to a social worker that they cannot do assessments because their assessments have not been accredited. For purposes of accreditation assessment, must be considered within the professional context of the person undertaking assessment, as well as the broader intervention plan of the individual.*

*Assessment is a continuous function undertaken by professionals at different times during contact with a client, for different purposes. This needs to be considered for accreditation purposes. The manner standards for assessments in the Diversion minimum norms and standards have been set out implies that assessment is a once-off activity undertaken by the probation officer. This is a misrepresentation of a professional function.*

No.	Title	Standard	Criteria	Evidence
a. Post Arrest Assessment before Referral (Probation Screening & Assessment) <sup>19</sup>				
61	Time frames	Every arrested child is assessed within 48 hours of arrest by a probation officer before the prosecutor decides to (or not) divert.	All children are assessed within 48 to 72 hours of arrest by a probation officer. No child awaits assessment by a probation officer for a period longer than 72 hours.	<b><u>How do we measure compliance to timeframes for an assessment?</u></b>
63	Training and skills	<p>Probation Officers are qualified by relevant training, skill, and experience, to conduct assessment and screening of criminal justice populations and can clearly identify appropriate risk levels and associated treatment needs to be addressed as part of an intervention.</p> <p>Probation Officers can in support and addition to risk assessment</p> <p>and screening, initiate and/or complete holistic psycho-social assessments of criminal justice clients to facilitate relevant referrals and ongoing-support services to criminal justice clients</p> <p>Probation officers have been trained in conducting the screening and assessment procedure.</p> <p>Probation officers use a standard national screening and assessment procedure.</p> <p>The purposes of the probation officer's assessment, and the procedures immediately following the assessment are explained to the child in a manner appropriate to the child's age.</p> <p>The assessment is appropriate to the child's age and conducted in a language- the child understands.</p>	<p>Probation Officers undertaking assessments must have a minimum qualification of a Bachelors Degree in Social work. No assistant Probation Officer or Auxiliary worker may undertake independent assessments.</p> <p>Probation Officers have received a minimum of 35 hours</p> <p>training in risk assessment of criminal justice populations</p> <p>Assessment reports show evidence of the application of professional judgment to information gathered.</p> <p>PO's skilfully gather information through interviewing and the use of objective, reliable tools.</p> <p>A national standardised screening and assessment procedure- exists and is described in policy and procedure documents?</p> <p>A standardized assessment tool/form exists and is used by all probation officers nationally?</p> <p>All assessments include the consideration of criminogenic risk and need.</p>	<p><b>Certified copies of qualifications attached to register.</b></p> <p>Observation of PO doing assessment</p> <p>Interview PO's – PO's can describe the assessment procedure and shows professional insight into assessment practice.</p> <p>Evidence of training attended (Review of training records and documentation)</p> <p>Assessment policy and procedure describe in policy and procedure manual (verified during verification site visit)</p>
62	Procedure and Content of screen/ assessment	<p>The probation officer's assessment includes the following:</p> <p><b>Basic descriptive information, including:</b></p> <ul style="list-style-type: none"> <li>the child's name, age and gender;</li> <li>contact details for child's parent/guardian;</li> <li>the school the child attends; and</li> <li>the child's place of residence</li> <li>description of the context and type of offence</li> <li>assessment of the child's motivation for committing the offence, and the immediate circumstances surrounding the offence</li> <li>assessment of the child's acknowledgement of responsibility</li> </ul>	<p>Probation Officers interact in a developmentally appropriate way with the child and explain procedures and rights to the child in layman's terms</p> <p>Clients understand the purpose of assessment by the PO.</p> <p>Assessments that have been done reflect the contents of all the basic information as described under standard 66.</p> <p>Assessments conducted are comprehensive, and identifies:</p> <ul style="list-style-type: none"> <li>Criminogenic risk and need factors</li> <li>Significant non-criminogenic risk and need factors as well as;</li> <li>Treatment needs that had to be addressed by a relevant programme</li> </ul>	<p>Contents of assessment reports (verified during verification site visit)</p> <p>Interview clients – during a verification site visit.</p>
64				
65				
66				

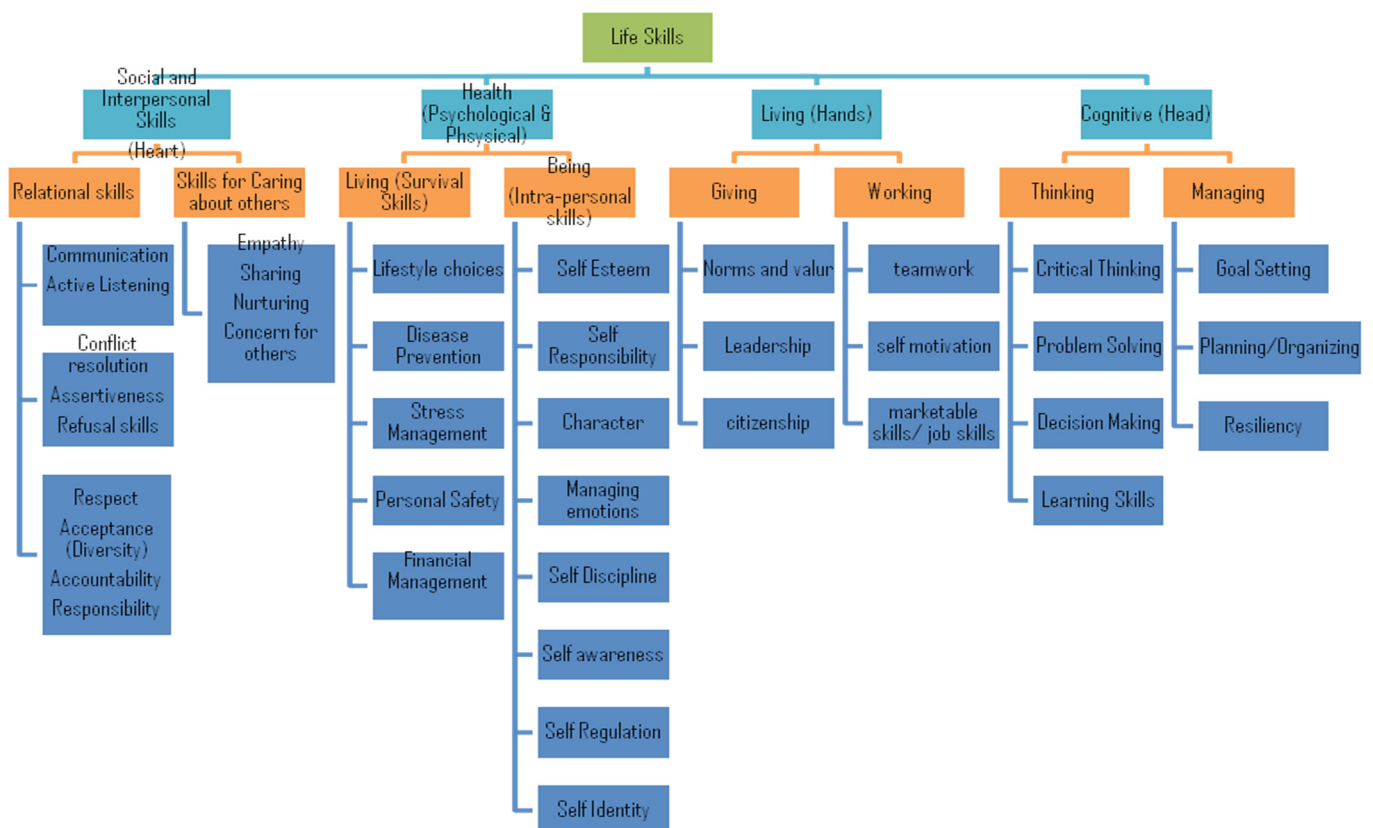
No.	Title	Standard	Criteria	Evidence
67		<ul style="list-style-type: none"> <li>assessment of the child's understanding of the meaning of acknowledging responsibility</li> <li>case administration details</li> <li>relationship to the victim where applicable</li> </ul> <p><b>And to the extent possible</b><sup>20</sup>, detailed information on factors associated with offending ("risk" factors) present in the child's life including:</p> <ul style="list-style-type: none"> <li>social relationships, including family and peers</li> <li>education, including school grade, attendance and performance</li> <li>history of antisocial behaviour</li> <li>substance abuse</li> <li>medical psychiatric history</li> <li>whether the child has been found in need of care (in terms of the Children's Act)</li> <li>the child's skills in the area that the programme is designed to address</li> </ul> <p>The child's rights to privacy, confidentiality, the appeal of decisions and participation during the probation officer's assessment are protected.</p>	<p>Recommendations about potential courses of action/intervention to be taken to address the needs of the child correlate with the risk and need a profile of the child as identified by the assessment. Example less intensive course of action for low-risk children and more intensive course of action for high-risk children</p> <p>Assessment interviews are in privacy, away from public interference, with only relevant individuals in attendance. When reading assessment reports, the assessment provides a concise picture of the client, the crime committed and relevant risk and need factors to be addressed through interventions or programmes.</p> <p>Assessment reports contain concise recommendations regarding the treatment/intervention needs of the clients with the risk profile and potential diversion options available for addressing these.</p>	<p>The environment in which assessment takes place (verified during verification site visit).</p> <p>Content of assessments – particularly recommendations (verified during verification site visit).</p>
68		<p>The prosecutor's (and/or preliminary inquiry magistrate's) decision to (or not to) divert is informed by the probation officer's assessment</p>	<p>The prosecutor's or magistrate's decision's as written down refers the probation officer's recommendations in motivating his/her decision to divert or not to divert.</p>	
69		<p>The prosecutor (and/or preliminary inquiry magistrate) has sufficient knowledge about the nature of available diversion programmes to make an informal<sup>21</sup> referral.</p>		
70		<p>The prosecutor's referral of the child to a particular diversion programme is based on the needs and circumstances of the child.</p>		



No.	Title	Standard	Criteria	Evidence
b. Service Provider Assessment				
New suggested standards not in current Diversion standards seeing that only probation-assessments reflected in current standards	Timeframes	<p>The organization timeously responds to referrals by:</p> <ul style="list-style-type: none"> <li>• contacting youth promptly, within specified timeframes; and</li> <li>• evaluating youth to identify any urgent risks and needs and determine whether any specific programme/ intervention will appropriately address identified needs and risks.</li> </ul> <p>Comprehensive assessments are conducted in a standardized manner, and specifically identify:</p> <ul style="list-style-type: none"> <li>• Criminogenic risk and need factors</li> <li>• Significant non-criminogenic risk and need factors as well as;</li> <li>• Treatment needs that has to be addressed by the relevant programme</li> </ul> <p>Staff who conduct assessments are qualified social workers and/or psychologists with clinical experience, and can recognize specialized treatment needs about offending behaviour</p> <p>When youth require further evaluation, the organization promptly provides or arranges for specialized assessments.</p> <p>Assessments are conducted in a responsive manner that includes attention to age, developmental level, gender, language, culture, race, ethnicity, religion, geographic location, sexual orientation, and trauma history.</p> <p>Assessments are updated periodically.</p>	<p>Organizations have an acceptable specified turnover time to make contact with clients once referred. This is part of the service delivery policy and procedure. (Acceptable time frame in terms of evidence-based practice is 24 hours after referral – 3 days the latest)</p> <p>Children are not placed in a programme without the organization having assessed to match client risk, need and responsivity to available interventions/ programmes (established that the pro-programme will address the relevant criminogenic risks and needs of the child.)</p> <p>Organizations have a standardized assessment procedure written up in the policy.</p> <p>Assessment practice and procedure is informed by research and evidence-based practice.</p> <p>The purpose of assessment is understood by all staff in the organization undertaking assessment.</p>	<p>Onsite review of documentation including</p> <ul style="list-style-type: none"> <li>• Policy, Standards and Procedure Manual: Assessment Policy and Procedure</li> </ul> <p>Observation – Assessment reports on client files (verified during verification site visit).</p> <p>Standards, Policy and procedure manual – assessment procedure available– verified during verification</p> <p>Staff interviews (during verification site visit)</p>

### 1.2.2.1 Offender Life Skills Programmes

A key aspect of human development -- as important to basic survival as intellect -- is the acquisition and mastery of life skills. In this regard, the failure of life skills maturation has for a long time been recognized as a contributing factor to the occurrence of delinquency and offending behaviour in general. Broadly life skills maturation and acquisition can be seen as a journey that has taken place from childhood through parenting that gradually gives appropriate responsibilities to children as they grow and mature. In situations where the presence of several risk factors have prevented a gradual maturation and transition into adulthood, significant life skills can be lacking. A lack of, or failure to fully develop life skills can contribute to the individual's inability to effectively navigate through life transitions and challenges. In this regard, life skills can be broadly defined as the abilities and competencies of individuals to adopt positive (and adaptive) behaviours that enable them to deal effectively with the demands and challenges of everyday life (Mangrulkar, Whitman & Posner, 2001:5 & World Health Organization, 1993). As such essential life skills can be viewed as vital abilities that enable an individual to act in accordance with the demands of the self, others and the environment, to achieve success (Eloff & Ebersohn 2003:43-44). As defined above, life skills thus encompass a wide range of skills relevant to all aspects of an individual's existence, and interpretation of the concept of these skills are varied depending on the person in the situation. Life skills can broadly be categorized as follows:



**Figure 1: Categories of Life Skills**

Importantly these skills do not stand independent from each other, but rather complement and reinforce each other. Life skills development can be utilized in many content areas including prevention/treatment of drug use, sexual violence, teenage pregnancy, HIV/AIDS prevention and addressing issues of offending behaviour. However, the variety and weight placed on the skills that are being developed within participants attending a program can and will fluctuate according to the context in which the behavioural outcomes need to be achieved. Thus, while it is general practice for some programs to attempt to teach life skills generically, research indicates effective programs include normative content and teach individuals to apply skills to specific behaviours and situations. Recent research shows that skills are not automatically and consistently applied to every problem or social task encountered. Rather, to produce a meaningful effect on development or behaviour, individuals need to practice and apply learned skills to specific, relevant social tasks as determined by the individual's developmental stage and the presence of risk factors within the context of the individual. Thus when utilizing a life skills programme as part of a behaviour change strategy for individuals in conflict with the law it is important to ensure that the programme is designed relevant to the aetiology of offending behaviour. Life skills programmes designed to address offending behaviour must be congruent with the risk factors that the programme aims to address. The primary goal of life skills education of offenders would thus be to teach offenders the skills necessary to function in legitimate life. Consistent with the principles of effective offender rehabilitation the intensity of the life skills programme presented will vary based upon the offender's assessed criminogenic risk and treatment needs. Although countless life skills are necessary for different situations, ages and cultures (Nelson-Jones, 1993; Powell, 1985), it is suggested that there is a core set of skills at the heart of the skills-based initiative for the promotion of pro-social behaviour in juvenile and adult offenders.

For purposes of accrediting life skills programmes used to build general competencies of offenders the following must be considered:

- The life skills taught must address appropriate criminogenic risk and need factors, identified to contribute to offending behaviour.
- The life skills taught must build on protective factors, identified to strengthen resilience in individuals.
- All programme content must be based on appropriate theoretical principles underlying the theoretical foundation of the life skills programme. Theoretical foundations underlying the life skills approach is based on theories about the way human beings develop, learn and behave (Mangrulkar, Whitman, & Posner, 2001:12-13). These theories include social learning, social influence, cognitive behavioural, multiple intelligences (including emotional intelligence), cognitive problem solving, risk and protective factor and constructivist psychology theories. Each of these theories provides an element of the foundation for life skills programmes. Some focus more on behavioural outcomes, justifying skills development as a way to move individuals towards the behaviours that developmental expectations, cultural context and social

norms find appropriate. Others focus more on the acquisition of skills as the goal itself since competency in problem-solving, interpersonal communication, and resolving conflicts can be seen as crucial elements of healthy human development. Finally, some theoretical perspectives view life skills as a way for an individual to actively participate in their own process of development and the process of constructing social norms. By teaching young people how to think rather than what to think, by providing them with the tools for solving problems, making decisions and managing emotions, and by engaging them through participative methodologies, skills development can become a means of empowerment. Program content MUST at a minimum include the following elements and constructs as related to different life skills:

Type of Life Skill	Life Skill Construct important for generic programming with offenders.
<b>Social and interpersonal skills</b>	Communication skills: Active listening, verbal and non-verbal communication
	Conflict Resolution Skills: Assertiveness, Negotiation
	Relationship building skills
	Empathy
<b>Psychological &amp; Physical Health Skills</b>	Survival Skills: Stress management – relaxation, anger management, lifestyle choice
	Intrapersonal Skills: Self-awareness, values clarification, motivation, management and expression of emotions, impulse control – self-management, self-evaluation, responsibility, self-concept and identity
<b>Living Skills</b>	Citizenship skills: laws and norms,
<b>Cognitive Skills</b>	Problem-Solving skills: How to obtain help,
	Critical Thinking Skills
	Decision Making Skills
	Goal setting and planning

**Table 4: Important Constructs for Generic Offender Life Skills Programmes**

- The program design must strike a balance between three elements: the development of knowledge, attitudes and skills. According to Nelson-Jones (1993:11) life skills comprise of the aforementioned three dimensions. Each life skill comprises a knowledge component of how it works or how to do it. An appropriate attitude to any life skill refers to them wanting to do it. This implies that the individual assumes personal responsibility for acquiring, maintaining, developing and using the skill. The skills dimension of life skills education entails putting the knowledge and attitude into practice. The wanting to do it and then knowing how to do it is translated into actually doing it. Thus all programmes focussing on life skills

development must do this with developing the relevant knowledge, attitudinal and skills dimension of the particular life skill in question.

- The methodology for developing life skills is a critical aspect of effective programming. Research and theory show that not only is a life skills approach made more effective by using interactive teaching methods, but that skills are learned through interaction, role-playing, open discussions, small group activities and other techniques that are an integral part of developing life skills. Most effective methods for skills acquisition and development include cooperative learning, peer support, continual opportunities for rehearsal, accurate feedback and constructive criticism, and modelling of skills by other peers and adults. The Social Learning Theory provides some of the theoretical foundations that explain why interactive teaching techniques work. Bandura's research found that people learn what to do and how to act by observing others, and behaviours are reinforced by the positive or negative consequences viewed by the learner (Bandura, 1977b). In addition, retention of behaviours can be enhanced by rehearsal: "when people mentally rehearse or actually perform modelled response patterns, they are less likely to forget them than if they neither think about them nor practice what they have seen" (ibid). The Constructivist theory provides an alternative justification to the behavioural perspective. Vygotsky argues that social interaction and the active engagement of the child in problem-solving with peers and adults is the foundation of the developing mind. He also takes it one step further to say that the interaction can facilitate the individual's participation in the construction of cultural practices and social norms. In an example, a role play about resolving a situation of conflict can both enhance the skills of the role-playing adolescent and can reinforce positive social norms about peaceful conflict resolution through the engagement of an audience of peers (Meyer and Farrell, 1998 p. 478).

Some of the most effective techniques that could be utilized for skills acquisition, many of which are not loud and boisterous activities, include:

- o role playing
- o situation analysis
- o small group work
- o debates
- o one-on-one rehearsal
- o decision mapping or problem trees
- o literature/ media content analysis – i.e. watching a video
- o relaxation and trust-building exercises;
- o games.

The programme should take care though not to make the focus of teaching the skill the technique/ or activity being used. Facilitators must be competent in skillfully applying the technique to assist the individual to utilize the knowledge and attitudinal insight in the application of their own self to the skill being taught.

No.	Title	Standard	Criteria	Evidence
	Training and Skills of facilitators of offender life skills programmes	<p>All facilitators of offender life skills programmes must have at least a post-secondary qualification (degree, certificate, and diploma) in the social sciences/corrections (humanities) field.</p> <p>All facilitators of offender life skills programmes must have in addition been trained on correctional practice, offender support and management, criminological theories and group facilitation.</p> <p>Please take note that there are no specific standards related to offender life skills programmes in the diversion minimum standards.</p>		Certified copies of Qualifications
	Programmatic Content	All programme content must be based on appropriate theoretical principles underlying the theoretical foundation of the life skills programme and evidence-based practice.	<p>Theoretical foundations of the programmatic contents include either one or a combination of elements of the following theories and treatment modalities:</p> <ul style="list-style-type: none"> <li>• social learning</li> <li>• Cognitive behavioural therapy</li> <li>• Social skills training</li> <li>• Moral reincarnation therapy</li> </ul>	
	Programme Duration and Delivery	All offender specific life skill programme content must address at least a combination of two or more of the major criminogenic risk factors identified as central to offending behaviour		
	Outcomes and Programme Evaluation	All offender specific life skill programme content must address a combination of at least one life skills constructs (relevant to offender behaviour change) out of each of the life skill categories as identified in table 7 above.	The programme contents reflect a sound combination of important life skills constructs relevant to the offending behaviour and consistent with the behavioural outcomes the programme was designed to achieve. (For example, if the programme outcome is stated to assist offenders to take responsibility for their actions, addressing anger as a life skill construct might not achieve that outcome, however addressing personal values, self-evaluation, critical thinking and empathy will contribute to achieving the outcome). Unless the program is very specifically designed to address one specific life skill domain, the general combination of a well-balanced offender life skill programme is recommended.	

#### 1.2.2.2 Sex Offender Programmes<sup>22</sup>

When providing intervention to children with sexually offending behaviour, the programme must be relevant to the sexual behaviour to be addressed. In this regard, it is important to understand the “type” of sex offender one is dealing with and what the motivation of the behaviour was. What research has indicated in this regard is that children who sexually abuse are far more likely than the general population to have been physically, sexually, or otherwise abused. Studies (Centre for Sex Offender Management, 1999) indicate that between 40% and 80% of sexually abusive youth have themselves been sexually abused and that 20% to 50% have been physically abused. In this regard, some professionals believe a history of victimization is virtually universal among juvenile sex offenders. Experienced therapist Robert Longo writes, “As I think back to the thousands of sex offenders I have interviewed and the hundreds I have treated, I cannot think of many cases in which a patient didn’t have some history of abuse, neglect, family dysfunction, or some form of maltreatment within his or her history” (Longo, 2001).

A minority of sexually abusive youth also have deviant sexual arousal and interest patterns. “These arousal and interest patterns are recurrent and intense, and relate directly to the nature of the sexual behaviour problem (e.g., sexual arousal to young children)” (CSOM, 1999). Deviant sexual arousal is more clearly established as a motivator of adult sexual offending, particularly as it relates to paedophilia. A small subset of juveniles who sexually offend against children may represent cases of early-onset paedophilia. Research has demonstrated that the highest levels of deviant sexual arousal are found in juveniles who exclusively target young male children, specifically when penetration is involved (Hunter and Becker, 1994, Marshall et al, 1991). In general, the sexual arousal patterns of sexually abusive youth appear more changeable than those of adult sex offenders and relate less directly to their patterns of offending behaviour (Hunter and Becker, 1994, Hunter et al, 1994).

As with adult sex offenders, two distinct groups or subtypes of juvenile sex offenders can be distinguished: those who sexually abuse children and those who victimize peers and adults (see Table 1). These two groups have clear differences not only in the victims they select, but in their offence patterns, social and criminal histories, behaviour patterns, and the treatment they require. Thus programmes addressing sex offending behaviour with children will have to be accredited as appropriate to either one or the other group. These programmes mustn’t be implemented on an assumption that sexual offending by children is “naughty behaviour” or “inappropriate developmental behaviour” that will disappear if children receive sex education. In South Africa particularly, professionals dealing with cases of sexual offending must take the time and professional interest in understanding the type of behaviour being displayed by the child who sexually offends

**Generally effective treatment approaches** and modalities that have to be reflected in programme contents of programmes aiming at addressing sexual offending are:

Multisystemic therapy (work with families are non-negotiable)

Cognitive behavioural therapies



Relapse Prevention treatment; and

Social and interpersonal skills training (psychoeducational)

Play therapy and play-therapeutic techniques, in general, is a very effective modality to use with children of any age to bring the programme contents to the level of the child's understanding and capacity to assimilate behavioural changes.

<b>Characteristics:</b>	<b>Offend Against Peers or Adults</b>	<b>Offend Against Children</b>
<b>Victims</b>	<ul style="list-style-type: none"> <li>• Predominantly assault females.</li> <li>• Assault mostly strangers or acquaintances (Hunter et al, in press).</li> </ul>	<ul style="list-style-type: none"> <li>• Females are victimized at slightly higher rates.</li> <li>• Nearly half assault at least one male.</li> <li>• Up to 40 percent of victims are either siblings or relatives (Hunter et al, in press).</li> </ul>
<b>Offence Patterns</b>	<ul style="list-style-type: none"> <li>• More likely to commit in conjunction with other criminal activity.</li> <li>• More likely to commit offences in public areas (Hunter et al, in press).</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on opportunity and guile, particularly when a victim is a relative.</li> <li>• Trick children by using bribes or threatening loss of relationship (Hunter et al, in the press, Kaufman et al, 1996).</li> </ul>
<b>Social and Criminal History</b>	<ul style="list-style-type: none"> <li>• More likely to have histories of non-sexual criminal offences.</li> <li>• Generally delinquent and conduct-disordered (Hunter et al, in the press, Kaufman et al, 1996, Richardson, et al, 1997).</li> </ul>	<ul style="list-style-type: none"> <li>• Deficits in self-esteem and social competency is common.</li> <li>• Often lack skills and attributes necessary for forming and maintaining healthy interpersonal relationships (Awad and Saunders, 1989, Monto et al, 1998).</li> </ul>
<b>Behaviour Patterns</b>	<ul style="list-style-type: none"> <li>• Display higher levels of aggression and violence (Awad and Saunders, 1989, Monto et al, 1998).</li> <li>• More likely to use weapons and cause injuries to their victims (Awad and Saunders, 1989, Monto et al, 1998).</li> </ul>	<ul style="list-style-type: none"> <li>• Frequently display signs of depression (Becker et al, 1991).</li> <li>• Youths with severe personality and/or psychosexual disturbance may display high levels of aggression and violence (Becker and Hunter, 1993).</li> </ul>

**Table 5: Subgroups of Juvenile sex Offenders.**



No.	Title	Standard	Criteria	Evidence
57	Qualifications, knowledge and skills and registration/ licensing of facilitators/ therapists	<p>All facilitators of sex offender programmes, regardless of their prior training should:</p> <ul style="list-style-type: none"> <li>Have an understanding of the risk factors that may cause children to commit sexual offences and the relevant warning signs</li> <li>Have an appropriate professionally recognised qualification</li> </ul> <p>All facilitators of sex offender programmes must per legislation be registered or licensed by their respective professional councils/ boards.</p> <p>All facilitators of sex offender programmes shall have completed within the past three (3) years a minimum of 200 hours of supervised clinical experience specifically in the areas of evaluation and treatment of sex offenders.</p> <p>All facilitators of sex offender programmes shall have completed sex offender specific training and is involved in continuous professional education activities.</p>	<p>All facilitators of sex offender programmes have:</p> <ul style="list-style-type: none"> <li>received a masters degree or higher in a clinical or clinically related field (e.g. psychology, counselling, social work, marriage &amp; family therapy e.g.) with a minimum of 2 years experience in the field; or</li> <li>received a bachelor (4year)/ honours degree in a clinical field with a minimum of 3 years experience in the field.</li> </ul> <p>All facilitators of programmes are registered with relevant councils and professional bodies</p> <p>Facilitators of sex offender programmes have completed at least 120 hours of formal specialized training specifically related to the assessment(50 hours) and treatment (70 hours) of sex offenders</p> <p>Each facilitator of a sex offender programme have to attend- ed at least eighty (80) hours of documented continuing education activities (in-service training and supervision) per year related to the assessment, treatment and evaluation of sex offenders.</p> <p>The organization provides specialized in-service training activities for facilitators of sex offender programmes on an annual basis. The content of the training includes:</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Psychosocial and econometric/ psychometric testing</li> <li>Psychopathology</li> <li>Risk assessment</li> <li>Counselling</li> <li>Cognitive therapy</li> <li>Family therapy</li> <li>Family reunification</li> <li>Relationship and social skills training</li> <li>Relapse prevention</li> <li>Sexual arousal control</li> <li>Social support networks</li> <li>Victim awareness and empathy</li> </ul> <p>All facilitators of sex offender programmes have adequate knowledge of theories underlying work with sex offenders and contemporary practice?</p> <p>All facilitators of sex offender programmes that have been working with sex offenders for a period, of less than 2 years is under strict supervision and consultation of an experienced practitioner</p> <p>All participants in sex offender programmes undergo specialized assessment procedures focussing on the assessment of sex offending dynamics?</p>	<p>Onsite verification of documents including:</p> <ul style="list-style-type: none"> <li>Training manuals</li> <li>Attendance Registers of training</li> <li>Professional development documentation held by supervisor e.g. supervision notes</li> </ul> <p>Certified copies of qualifications of the programme facilitators attached to form 7</p> <p>Verification of registration – registration number submitted on the register as part of self-assessment</p> <p>Verification of knowledge and skills of programme facilitators during verification site visits through:</p> <ul style="list-style-type: none"> <li>Interviewing of selected individuals facilitating programme</li> </ul>

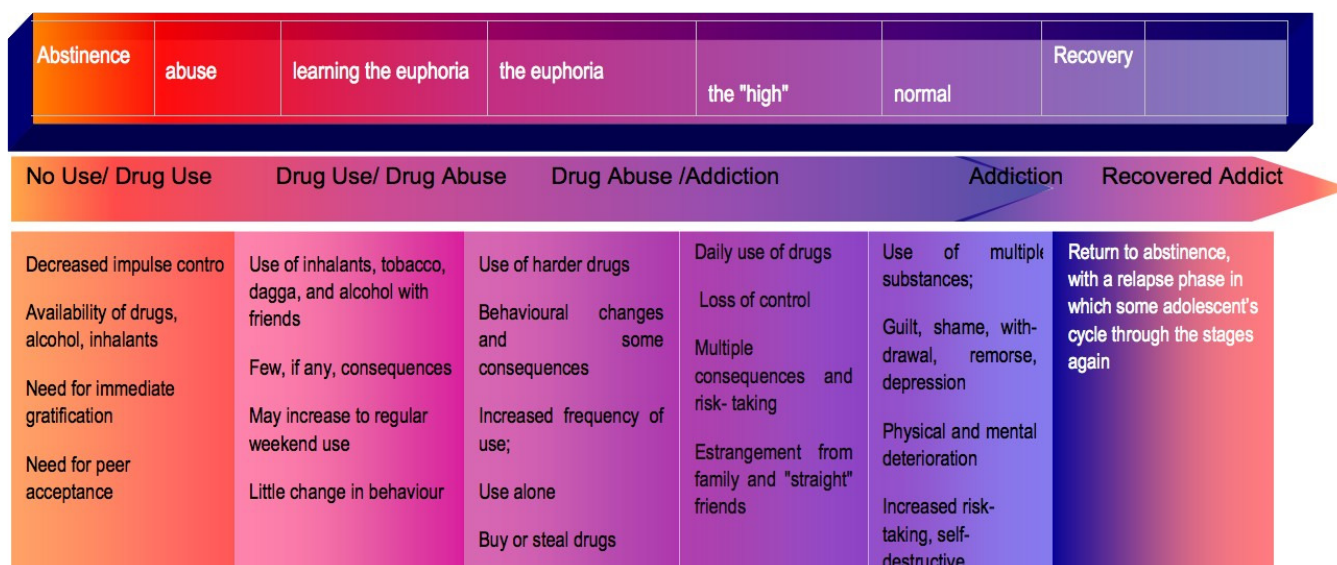
No.	Title	Standard	Criteria	Evidence
90	Assessment of sex Offenders	<p>The pre-intervention (specialized) assessment includes information on:</p> <ul style="list-style-type: none"> <li>the degree of violence and coercion involved in the offence</li> <li>the offender's relationship to the victim, particularly the age difference and the offender's ability to demonstrate victim empathy.</li> <li>The offender's ability to regulate his/her emotions and behaviour particularly impulse control.</li> <li>The offender's sexual history, including sex education, exposure to pornography, sexual abuse and sexual fantasies.</li> <li>Social constructs of sex and crime.</li> </ul>	<p>All sex offence specific assessments make <u>at least</u> reference to:</p> <ul style="list-style-type: none"> <li>the degree of violence and coercion involved in the offence</li> <li>the offender's relationship to the victim, particularly the age difference and the offender's ability to demonstrate victim empathy</li> <li>The offender's ability to regulate his/her emotions and behaviour particularly impulse control.</li> <li>The offenders' sexual history, including sex education, exposure to pornography, sexual abuse and sexual fantasies</li> <li>Social constructs of sex and crime</li> <li>The particular child's cycle of sex offending – triggers, underlying beliefs, thoughts, thinking errors etc.</li> </ul> <p>All participants in a sex offender programme have available in writing an offender specific individual treatment plan?</p> <p>The Offender Specific Individual Treatment Plan (ITP) contains measurable treatment goals, objectives and treatment interventions and indicates persons responsible for intervention and supervision.</p>	<p>The assessment information is verified during site verification visits through observation of client files.</p> <ul style="list-style-type: none"> <li>Specialized Assessment reports must be on client files</li> <li>Treatment plans are available, completed and on client files</li> </ul> <p>Interviews with randomly selected staff</p> <ul style="list-style-type: none"> <li>Facilitating programme</li> <li>Responsible for program design and development</li> </ul>
91	Programmatic Content	Programmatic content of all sex offender programmes is based on evidence-based practise to what works in the treatment and management of sex offenders	<p>Programme treatment components (session topics) must include:</p> <p>cognitive restructuring addressing criminal thinking errors, identification of risk factors,</p> <p>Developing impulse control mechanisms and coping skills needed to successfully manage sexual and aggressive impulses.</p> <p>Enhancing social skills to promote greater self-confidence and social competency</p> <p>Developing assertiveness skills and conflict resolution skills to manage anger and resolve interpersonal disputes.</p> <p>Development and enhancement of victim empathy and promote a greater appreciation for the negative impact of sexual abuse on victims and their families.</p> <p>Relapse prevention. This includes:</p> <ul style="list-style-type: none"> <li>developing an understanding of the cycle of thoughts, feelings, and events that are antecedent to the sexual acting-out,</li> <li>identify environmental circumstances and thinking patterns that should be avoided because of increased risk of re-offending, and</li> <li>Identify and practice coping and self-control skills necessary for successful behaviour management.</li> </ul> <p>Establishing positive self-esteem and pride in one's cultural heritage.</p> <p>Values clarification and development related to respect for self and others, and a commitment to stop interpersonal violence. The most effective programs promote a sense of healthy identity, mutual respect in male-female relationships, and a respect for cultural diversity. Providing sex education to give an understanding of healthy sexual behaviour and to correct distorted or erroneous beliefs about sexual behaviour.</p>	<p>Programme Narrative (<a href="#">Form 11</a>) submitted as part of self-assessment.</p> <p>Programme contents verified during verification visit through:</p> <ul style="list-style-type: none"> <li>observing programmes</li> <li>viewing programme manuals (under no circumstances can copies be made of programme materials and be taken off-site)</li> </ul>
92		The diversion programme includes sex education		
94		The diversion programme addresses the child's ability to regulate his/her behaviour, specifically impulse control		
		The diversion programme addresses the development of victim empathy		

No.	Title	Standard	Criteria	Evidence
93	Programme Duration and Delivery	The diversion programme should consist of sessions amounting to no less than 24 hours in total, excluding the time taken for conducting the pre-intervention assessment.	Each session has relevant behavioural, attitudinal, skill and systemic outcomes identified.	
95		The child's parent/caregiver is directly involved in the diversion programme	<p>All programme outcomes are indicative of the actual attitudinal, behavioural and skills changes that the programme is striving to achieve</p> <p>Session outcomes correlate with the overall therapeutic approach the programme is based on.</p> <p>Programme sessions are delivered per the risk need principle requirements (the higher the risk the higher the frequency and intensity).</p> <p>Two co-therapists are used for each sex offender group programme that exceeds 8 participants.</p> <p>Programme sessions do not exceed 45 – 60 minutes of active therapy/ intervention time.</p> <ul style="list-style-type: none"> <li>45 minutes for children 13 and younger</li> <li>60 minutes for children above 13years</li> </ul> <p>Individual therapy and family work/therapy is undertaken in addition to programmatic interventions. This is evident in the treatment/intervention plan of the child. The duration of family work and individual therapy correlates with the risk and behaviour profile of the child. Family work and individual therapy are NOT a once of activity.</p> <p>Overall programme and individual session outcomes are evaluated according to behavioural scientific methodology. The programme should indicate the evaluation design utilized.</p> <p>Programme evaluation policies exist in the organisation</p> <p>Evaluation of programme effectiveness/impact include:</p> <ul style="list-style-type: none"> <li>Measurement of individual attitudinal, behavioural and skills changes during programme</li> <li>Measurement of broader life and situational changes</li> <li>Measurement of broader systemic changes</li> <li>Measurement of re-offending</li> </ul> <p>Formal and independent evaluations of sex offender programmes and treatment include evaluation of:</p> <ul style="list-style-type: none"> <li>Programme integrity – the extent to which the programme is implemented the way it was designed</li> <li>Programme impact- extent to which treatment and program affected the offender's behaviour (behaviour modification)</li> <li>Programme outcome – extent to which programme has improved long term behaviour &amp; re-offending</li> </ul>	
	Programme Evaluation	<p>The evaluation of sex offender programmes and treatment is undertaken on 2 levels:</p> <ul style="list-style-type: none"> <li>Continuously throughout the provision of the intervention and;</li> <li>Formally, and independently every 3 to 4 years.</li> </ul>		<p>Formal evaluation reports – submitted as part of self-assessment addendum to program narrative</p> <p>Internal programme monitoring and evaluation reports – verified during site verification visits</p> <p>Programme outcomes verified during verification site visit through:</p> <ul style="list-style-type: none"> <li>Interviewing clients that have attended programmes</li> <li>Interviewing staff responsible for implementing programme.</li> </ul>

### 1.2.2.3 Substance Abuse/Addiction Programmes

The connection between drug abuse and crime is well known and research (Inciardi 1979;<sup>23</sup> Johnson, Goldstein, Preble, Schmeidler, Lipton, Spunt and Miller, 1985;<sup>24</sup> Chaiken 1986;<sup>25</sup> ) consistently demonstrates a strong connection between criminal activity and substance abuse. Drug abuse is implicated in at least three types of drug-related offences: (1) offences defined by drug possession or sales, (2) offences directly related to drug abuse (e.g., stealing to get money for drugs), and (3) offences related to a lifestyle that predisposes the drug abuser to engage in illegal activity (e.g., through association with other offenders or with illicit markets). Due to the devastating emotional and financial costs of drug-related crimes, governments have over the years employed many strategies to break the link between drugs and crimes, including stricter legislation, minimum sentencing laws, severe penalties for drunk drivers etc. Although these approaches have had mixed results, one consistent research finding that stands is that involvement in substance abuse treatment reduces recidivism for offenders who use drugs (Anglin and Hser 1990;<sup>26</sup> Harwood et al. 1988; Hubbard et al. 1984, 1989; Knight et al. 1999a; Martin et al. 1999; McLellan et al. 1983; Wexler et al. 1988, 1999a; Wisdom 1999). Studies show that substance abuse treatment/intervention can reduce drug abuse by 50 percent, reduce criminal activity by up to 80 percent, and reduce arrests by up to 64 percent.<sup>27</sup> Thus if the criminal justice system aims to rehabilitate offenders, it cannot ignore the fact that offenders who abuse drugs must be included appropriately with interventions/programmes that will address this specific criminogenic risk and need (even when incarcerated).

When providing services/interventions/programmes that focus on and address substance abuse as a criminogenic risk and need, one must understand the behavioural phenomenon of substance use. Substance use is a complex behavioural issue and occurs with varying degrees of severity (also known as a continuum of substance use). It is useful to consider a substance use continuum with the following anchor points.

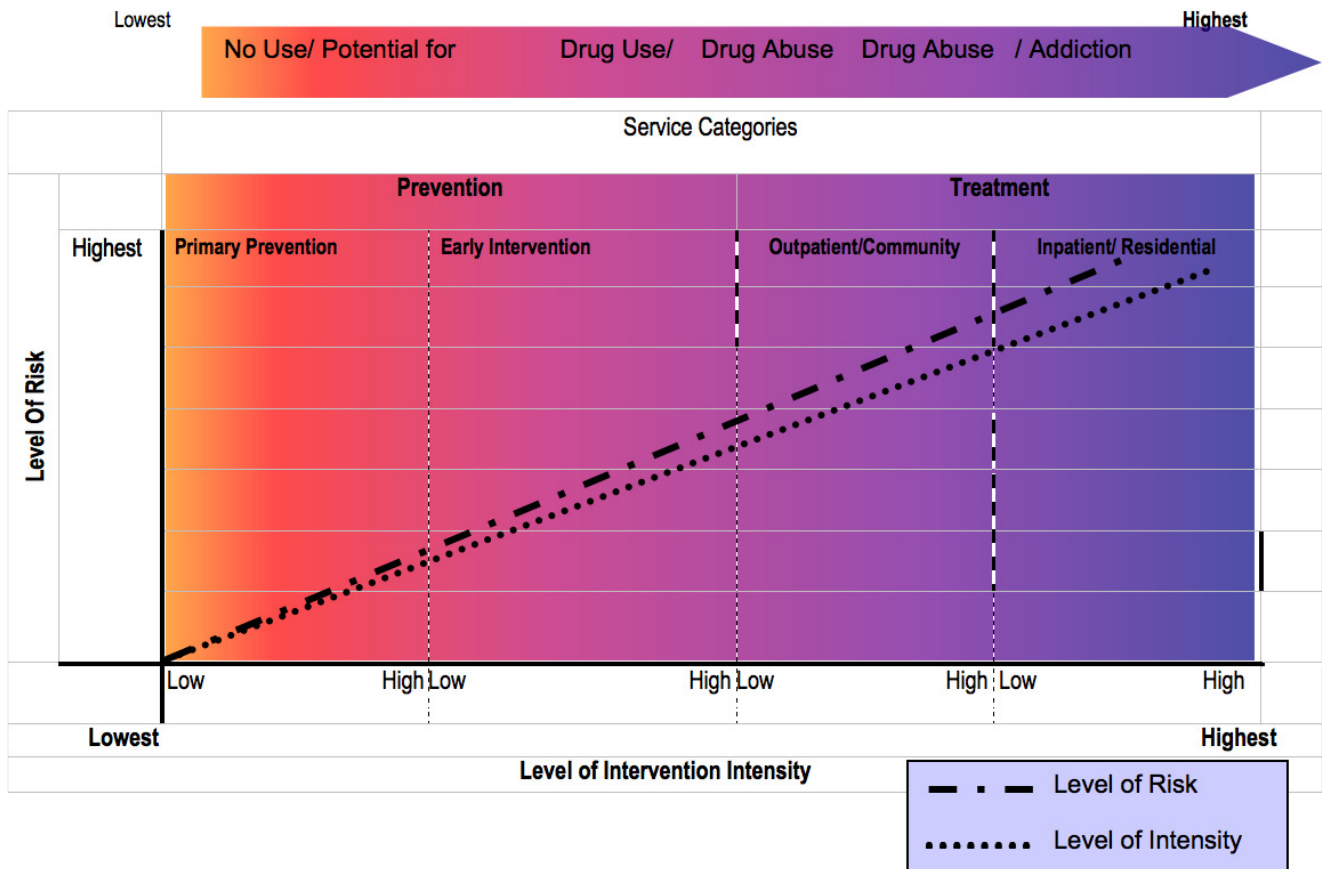


**Figure 2: Continuum of Substance Use (adapted from American Academy of Paediatrics, 2000)<sup>28</sup>**

Important though is to take cognisance of the fact that progression to addiction is not (as it is with any behaviour) that predictable and that depending on the individual (personality, functioning etc.) addiction can set in at any point. No one can predict after how long or how many times of use a person will become addicted. Being able to identify during the assessment the degree of substance involvement is an important determinant of treatment as we are aware of the fact that intervention/treatment is most effective when it is implemented on a continuum of intensity (risk principle and need principle), matching the level of risk and need of the individual. Thus the service must be relevant to the severity level of the substance use (as well as general criminogenic risk), and the most intensive treatment services should be devoted to youth who show signs of addiction --that is, a history of regular and chronic use--with the presence of multiple personal and social consequences and evidence of an inability to control or stop using substances.

Similarly to the continuum of drug use, the continuum of treatment/ intervention levels includes three major categories namely prevention, early intervention and treatment. Within each of these intervention levels/types, levels of intensity exist along a continuum of less intensive to most intensive levels of care/service, encompassing several types of programmes. Research (Simpson, Joe, Broome, 2000:538-544;<sup>29</sup> Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997: 261-278<sup>30</sup>) suggests that all major treatment levels are effective in reducing substance abuse and criminal behaviour when appropriately matched with the level of risk and treatment/intervention need of the client. The graduated interaction between the levels of risk, level of treatment need (drug use) and level of intensity of programmes/interventions can be depicted as follows:

## Treatment Need: Substance Use/Abuse/Addiction



**Figure 3: Continuum of Service/Intervention Intensity**

Consistent with the general principles of risk and need it can then be said that individuals who have progressed to a level of addiction need more intensive treatment than a person who is abusing drugs.

For purposes of accreditation, the following should be considered as guidelines with the different levels of services and programmes that could be utilized as diversion options.

### **a. Prevention Programmes**

Prevention programs can be described by the audience or intervention level for which they are designed:

- Universal programs programmes are designed for the general population, focussing on those that have not started to use substances.
- Selective programs target groups at risk, or subsets of the general population such as children of drug abusers or poor school achievers. Universal and selective programs can be seen as generally primary prevention programmes.

Indicated programs also known as early intervention programmes are designed for people who are already experimenting with drugs.



## i. Primary Prevention Programmes

Primary prevention programmes mostly target individuals who have not yet used substances. Most primary prevention programs are usually located in community settings, for example at schools or churches. Extensive research over the past twenty years has identified strategies and programmes that have as its goal the strengthening of protective factors and the reduction of risk factors, as the most effective in preventing the onset of substance use and abuse.

**Most effective approaches** to strengthening protective and reducing risk factors include the social influences model and personal and social skills training model (**structured social learning approach**) where imparting of knowledge and skills must happen within four distinct domains: individual domain, family domain, peer domain and community domain (SAMSHA, 2001)<sup>31</sup>. Programmatic interventions based on these models must include a combination of at least two or more of the following elements as relevant to the different domains:

- **Information dissemination (drug education).** This aspect of programmes is designed to increase knowledge and alter attitudes and wrong perceptions about issues related to drug use and abuse. Individuals and families must be targeted with relevant information. Drug education and information for parents or caregivers are an essential part of prevention programmes as it reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman, Foshee, Ennet, Pemberton, Hicks, King and Koch, 2001<sup>32</sup>).
- **Psychosocial education.** This aspect of programmes imparts personal and social skills that promote health and well-being among individuals and help them avoid a lifestyle of drug use and abuse. General contents that must be included in prevention programmes regardless of the age of the target group are
  - drug resistance (refusal) skills, (individual domain)
  - family bonding and relationships strengthening (family domain)
  - problem-solving skills (individual domain and peer domain)
  - communication skills (individual, family, peer and society domain)
  - coping & self-management skills, (individual domain)
  - norms and values clarification (individual, family, peer and society domain)
  - family management skills (individual domain)
  - academic support (individual domain)
  - life planning and goal-setting skills, as well as personal. In general, it can be said that prevention programmes should focus on building resilience.

In addition to the above prevention programmes targeting children, 7 to 12 must focus on improving academic and social-emotional learning to address risk factors such as early aggression, academic failure and school dropout. Psychosocial education should focus (in addition to the above) on the following specific elements of the above contents:

- self-control, (self-management skill in an individual domain)
- academic support, especially in reading,
- emotional awareness (coping skills in an individual domain), and
- normative education (focus on instilling norms and values not clarifying).

In addition to the above prevention programmes targeting children 13 to 18 years must focus on increasing academic and social competence by specifically developing the following skills (Botvin et al 1995, Scheier et al 1999):

- o study habits and academic support;
- o peer relationships;
- o self-efficacy and assertiveness (coping and self-management skills);
- o reinforcement of anti-drug attitudes; and
- o strengthening of personal commitments against drug abuse

In the family domain, important content includes parenting skills specifically related to, family bonding (parent-child relationships), setting rules (discipline), clarifying expectations, monitoring behaviour, family communication, family values clarification and family conflict management. Programmatic content important to address peer domain aspects are societal and peer group values clarification and interpersonal relationship skills.

- **Alternative activities.** Recreational and cultural activities, known generically as “alternative activities” often are regarded as attractive enhancements of prevention programs. The inclusion of these activities in prevention programming is based on the assumption that youth who participate in drug-free activities will have important developmental needs met through these activities rather than through drug-related activities. When and if such programmes are used as drug (or crime prevention) programmes the implication is that other activities, such as psychosocial development and skills training, which are more essential components of prevention programming, must be included. Important alternative activities to focus on are academic skills building (i.e. study support, after school care, community service-learning activities (development of citizenship), drug-free community or peer social and recreational events. The inclusion of alternative activities mainly reflects on intervention in the school and community domain.
- **Problem identification and referral.** Any programme utilized for prevention purposes must provide for problem identification and referral. This involves recognizing youths who have already tried drugs or developed substance use problems and referring them to appropriate treatment options. Proper referral protocols and procedures have to be in existence.



**Please take note:** Prevention programmes that are only based on pure educational/awareness (information dissemination) approaches providing information about drug use, addiction, treatment and the consequences thereof, does not work on their own (Larimer & Crounse, 2002<sup>33</sup>; SAMSHA, 2001).

Once off community-based substance abuse prevention and education events alone are unlikely to affect participants' behaviour and prevent the onset of substance use (SAMSHA, 2001). Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.

Offering alternative activities such as recreation and community service activities without additional psychosocial education (learning) and skill development activities does not work to prevent the onset of substance use (US Department of Education, 2000).<sup>34</sup>

Program contents that only work to promote self-esteem and emotional well-being, without providing social skills training in particularly resistance skills and normative and values clarification, does not work to prevent the onset of substance abuse (Drug Strategies, 1999)<sup>35</sup>.

When formulating goals for prevention programme the following two aspects needs to strongly emerge as primary goals:

- increase awareness about the negative effects of substance use and abuse; and
- Strengthen and support the individuals' ongoing capacity to abstain from substance use, by maximizing current strengths and developing new capacities (building resilience).

## **ii. Early Intervention Programmes (Indicated programmes)**

Early intervention programmes target those individuals that have started to use substances and are considered to be at high risk to develop substance abuse-related problems but who do not meet the diagnosis of having a substance use disorder (addiction). As such the goal of early intervention programs as related to substance abuse is to minimize the severity of substance abuse and prevent the development of substance use disorders (addiction).

Most effective treatment approaches upon which early intervention programmes must be based include:

- Structured social learning approach – psycho-social skills training with strong cognitive behavioural elements specifically with attitudinal changes (80 % of the programme); and
- Brief Interventions and therapies (20% of the programme)

**Brief Interventions:** Definitions of brief interventions vary. In the recent literature, they have been referred to as “simple advice,” “minimal interventions,” “brief counselling,” Or “short-term counselling.” They can be simple suggestions to reduce substance use by a professional or a series of interventions provided within a treatment program. Brief interventions are typically conducted in face-to-face sessions, with or without the addition of written materials such as manuals,

Similar to primary prevention programmes programmatic content of early intervention programmes must include for accreditation purposes all of the following elements:

- **Drug education** (information dissemination) with the target group as well as parents or caregivers. Content of education with target group must focus on information about tolerance levels (how addiction develops), brain mechanisms involved in addiction, negative effects of substance use – focus more on the short term than long term, i.e. to look unattractive now is more tangible than possibly getting lung cancer, misconceptions about drug use.
- **Psychosocial education focuses on psychosocial skill development** particularly the following:
  - drug resistance (refusal) skills, (individual domain)
  - cognitive skills concerning behaviour management e.g. thought stopping, behaviour trigger awareness (individual domain)
  - family bonding and relationships strengthening (family domain)
  - problem-solving skills (individual domain and peer domain)
  - communication skills (individual, family, peer and society domain)
  - coping & self-management skills, (individual domain)
  - norms and values clarification (individual, family, peer and society domain)
  - family management skills (individual domain)
  - academic support (individual domain)
  - life planning and goal setting skills;
  - interpersonal relationship skills
- **Problem identification and referral.** Early intervention programmes must ensure proper assessments of clients. When risks or problems are identified that are not addressed by the programme content for example family violence these issues must be assessed and referred for intervention. Brief interventions and therapies as treatment modalities could also be utilized to address very specific behavioural issues occurring during a programme, (and this is not addressed by content).
- **Brief Intervention:** The basic goal for a client in any substance abuse intervention/ treatment setting is to reduce the risk of harm from continued use of substances. Thus the

the goal of brief interventions with individuals in early intervention programmes would vary from educating her/him about guidelines for low-risk use and potential problems of increased use to addressing the level of use, encouraging moderation or abstinence, and educating about the consequences of risky behaviour and the risks associated with increased use. Brief interventions can help users understand the biological and social consequences of their substance use and as such encourage healthy behaviour choices.

- **Brief Therapies:** Although brief therapies are typically shorter than traditional versions of therapy, these therapies generally require at least six sessions and are more intensive and longer than brief interventions. Brief therapy, however, is not simply a shorter version of some form of therapy. It is the focused application of therapeutic techniques specifically targeted to behaviour and oriented toward a limited length of treatment. The goals of brief therapy in substance abuse treatment focus on the solving of some specified psychological, social, or family dysfunction as it pertains to substance abuse; it focuses primarily on present concerns and stressors rather than on historical antecedents.

Early intervention programmes should be structured focussed programmes, reflecting groups, family and individual sessions as part of the structure of the programme.

### iii. Treatment / Therapeutic Programmes

Treatment programmes target those individuals that can be diagnosed with a substance abuse disorder or are addicted to substances. Drug dependence or addiction is defined as a pattern of compulsive seeking and using of substances despite the presence of severe personal and negative consequences. Hence the treatment is intended to help addicted individuals stop compulsive drug seeking and use. Because drug addiction is typically a chronic disorder characterized by occasional relapses, short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring.

Historically drug abuse/addiction treatment has been seen to only be carried out within residential settings, however, this is not the only setting in which treatment for substance abuse and addiction can take place. As reflected in figure 2 substance abuse treatment can take place in a community (outpatient) or residential setting. True to the risk, need and responsivity principles, treatment/intervention within an outpatient or residential setting fall along a continuum that ranges from minimal outpatient contacts to long-term residential treatment, depending on the severity of the problem. This can be summarized as follows:

Treatment Setting					
Outpatient/Community Setting		Inpatient/ Residential			
Levels of Care & Types of Services					
General Outpatient	Intensive Outpatient	Intensive Residential		Intensive Medically Managed/ Monitored Inpatient	
		Short term intensive	Intensive Residential	Medically Monitored	Medically Managed
Less than 9 hours per week	10 to 20 hours per week	Generally, 21 to 45 days	Vary from 3 to 24 months	Vary from 7 to 45 days	Vary from 7 to 45 days
Regularly scheduled sessions	Highly structured regularly scheduled sessions	Focus on detoxification and teaching substance-free lifestyle	The goal is a psychosocial rehabilitation	Around the clock medical monitoring, assessment and treatment	Acute care inpatient setting
	Focus on cognitive skills & social skills, development to achieve abstinence and prevent relapse	Follow up care on an outpatient basis		Focus is pharmacotherapy	Treatment of medical and psychiatric problems requiring biomedical treatment or secure services (locked units)
	Simultaneous participation in peer support / 12 step programs	Continued participation in peer support groups/12 step programs to maintain recovery process started in a residential setting		Treat acute and severe substance abuse disorders (include co-existing medical or psychiatric	

**Figure 3: Level of care within drug treatment programmes**

Please take note that detoxification can happen at any point within any setting. This however has to be medically managed and a programme that does not specifically include detox as a treatment objective should be aware of withdrawal and the potential risks attached to it. Where detoxification is needed programmes should make appropriate referrals.

Regardless of the treatment setting and type of programme or level of care of the treatment programme, any drug treatment programme used for purposes of diversion should reflect either one or a combination of the following evidence-based treatment approaches within the programme design<sup>37</sup>.

Behavioural treatments help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviours related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense cravings for drugs and prompt another cycle of compulsive abuse. Behavioural therapies shown to be effective in addressing substance abuse and addiction include:

- Cognitive Behavioural Therapy
- Contingency Management/Motivational Incentives
- Motivational Enhancement Therapy
- Multi-systemic Therapy:
- Multidimensional family therapy
- Brief Strategic Family Therapy
- 12 step facilitation therapy

Please note that researchers have indicated the most effective programming to be based on a combination of the above approaches and treatment modalities.

For purposes of accreditation contents of therapeutic/ drug treatment programmes must include all of the following elements:

- Exploration of positive and negative consequences of continued use;
- Cognitive skills development (management of cravings, triggers and thoughts)
- Identification of high-risk situations for use,
- Development of coping with and avoiding high-risk situations
- Development of effective general coping and self-management strategies, specifically scheduling
- Identification and avoidance of triggers
- Building drug-free peer associations/relationships (relationship skills)
- General social skill development – decision making, negotiation and problem-solving skills
- Family relationships and communication skills
- Identification of family interactions that are thought to maintain or exacerbate drug abuse
  - Referral to relevant services for problems falling outside of programme content – e.g. domestic violence interventions
- Drug education information specifically about the brain systems involved in addiction
- Relapse prevention strategy development

The structure of treatment programmes must include a combination of group, family and individual sessions.

No.	Title	Standard	Criteria	Evidence
58	Qualifications, Knowledge and skills of substance abuse programmes  Substance Abuse Assessment	<p>All facilitators of substance abuse/misuse programmes, regardless of their prior training, should:</p> <ul style="list-style-type: none"> <li>• Have an understanding of the risk factors that may encourage children to abuse/misuse substances and the warning signs of substances abuse/misuse;</li> <li>• Have an understanding of the theory of substance abuse/misuse prevention and treatment programmes; and</li> <li>• Have appropriate and professionally recognised qualification (lay counsellors with the appropriate levels of training and experience may facilitate the educational exercises and activities for awareness building within the programme, provided they work under the supervision of a qualified professional).</li> </ul> <p><b><i>Please take note that there are no specific standards related to substance abuse assessment in the diversion minimum standards. This will have to be cross-referenced with standards for inpatient treatment programmes. The minimum standards for inpatient treatment appears also to be insufficient in terms of programme content standards</i></b></p>		

No.	Title	Standard	Criteria	Evidence
	Programmatic Content	<i>Please take note that there are no specific standards related to programmatic content for substance abuse programmes in the diversion minimum standards. This will have to be cross-referenced with standards for inpatient treatment programmes</i>		
	Programme Duration and Delivery	<i>Please take note that there are no specific standards related to programme duration and delivery of substance abuse programmes in the diversion minimum standards. This will have to be cross-referenced with standards for inpatient treatment programmes</i>		
	Programme Evaluation	<i>Please take note that there are no specific standards related to programme evaluation for substance abuse programmes in the diversion minimum standards. This will have to be cross-referenced with standards for inpatient treatment programmes</i>		

### 8.2.2.5 Wilderness or Adventure Therapy Programmes

No.	Title	Standard	Criteria	Evidence
54	<p>Qualifications, Knowledge and skills for facilitators of wilderness/adventure therapy programmes</p> <p>Substance Abuse Assessment</p>	<p>All facilitators of <i>wilderness/adventure therapy</i> programmes, regardless of their prior training should,</p> <ul style="list-style-type: none"> <li>• Have an industry-accepted level of qualification/certification and experience in the facilitation of any outdoor activities; and</li> <li>• Be able to provide medical assistance that is appropriate to the wilderness setting.</li> </ul>		



Within the context of South Africa's justice reform efforts, Restorative Justice has received unabated attention. Various restorative justice processes and programmes were developed and implemented, by various organisations, individuals and government departments. Although all of these endeavours have mostly been well intended, many practices, specifically in the pursuit of swift justice have become questionable and potentially harmful to the affected individuals (particularly the victim and offender). In this regard, Braithwaite<sup>38</sup> notes that “ *some conventional rights, such as the right to a speedy trial as specified in the Beijing Rules for Juvenile Justice can be questioned from a restorative perspective. One thing we have learnt from the victim's movement in recent years is that when victims have been badly traumatized by a criminal offence, they often need a lot of time before they are ready to countenance healing. They should be given the right to that time so long as it is not used as an excuse for the arbitrary detention of a defendant who has not been proven guilty.*”

In the light of this, the establishment of standards for and accreditation of these practices have been looked upon as a way to minimize the damage that could be done, by well-intended but weak informed and evidence-based practices. In pursuing this however one has to be careful to avert legalistic regulation of restorative justice which is at odds with the philosophy of restorative justice. In addition, as restorative justice is more a set of principles and values that underlie and guide the general practice and response of any organization, individual or group about crime; it is difficult to develop a set of concrete standards and criteria that could be straightforward measure compliance to set standards. For purposes of accreditation, it became then necessary to base the standards and criteria to be used rather on a set of values of what we expect restorative justice to realise rather than on strict methodological considerations (e.g. time frames for the programme, exact content of the programme etc.). Thus accreditation and evaluation of restorative justice processes should primarily be done according to how effectively they deliver and comply with restorative justice values.

Standards related to the implementation and content of restorative justice processes and programmes for diversion purposes is not appropriately formulated as reflected in the Minimum Norms and Standards for Diversion. Consequently developing criteria for accreditation purposes in this regard becomes difficult. Fortunately, a project was commissioned by the Restorative Justice Initiative with funding support from the Royal Danish Embassy, to develop practice standards for the implementation of restorative justice programmes and processes linked to the criminal justice system. In the light of a lack of sufficient standards in the Diversion minimum norms and standards and criteria were identified for use from the practice standards.

Please take care that restorative justice practices are not compromised due to court pressures and the pursuit of swift justice. Practices and interventions that seek to restore the harm caused by crime is a process that is owned by the victim, the community and the offender, and not the criminal justice system. It is a process that can take years, particularly in cases of interpersonal violence.

For purposes of accreditation of restorative justice practices please keep the following in mind:

- Restorative justice is not just about forgiveness, apologies. A process could still be restorative even if a victim is not willing to forgive the offender. Remember that true forgiveness is essentially a spiritual journey towards healing and is the ultimate goal of any restorative undertaking. However, this is not the only indication of the restorative process or programme. Various other indicators of the restorative nature and outcomes of the programme/process exist. Forgiveness and apologies as a product or outcome of restorative practices should be a natural development, not a pre-requisite for going to prison or not, or being diverted or not. This defines the value of a true voluntary process.
- All restorative justice practices and processes implemented in the criminal justice system must strike a balance between the needs of the criminal justice system (swift justice and procedural issues) and the needs of the affected parties (healing, emotional and psychological restoration, taking responsibility etc.). The needs of the victim, offender and communities (society) take precedence in a criminal justice system that functions based on the principles of restorative justice. Restorative justice does not stand opposed to adversarial justice but is rather complementary, supporting and acknowledging the need for healing, restoration and human connection in the pursuit of “punishing” / providing consequences for breaking the law, rehabilitating and reintegrating offenders, protecting victims and society and deterring crime. In this regard, Marshall (1999: 9) states that: *“Such practice would normally take place alongside criminal justice rather than as a replacement for it.”*

For purposes of accreditation, all restorative processes and/or programmes must continuously pursue and reflect the realisation of the following values as identified in the practice standards

(Frank & Skelton, : 6-7 ) :

1. Restorative justice processes should be in keeping with the rule of law, human rights principles and the rights articulated in the South African Constitution.
2. Restorative justice must promote the dignity of victims and offenders, and there should be no domination or discrimination.
3. All parties should be provided with complete information as to the purpose of the process, their rights within the process and the possible outcomes of the process.
4. All restorative justice processes should involve careful preparation of the participants, including legal representatives.
4. Parties should clearly understand that they may withdraw from the process at any time.
5. Parties should be given a reasonable amount of time to consider their options when a restorative justice option is proposed.
6. Referral to restorative justice processes should be possible at any stage of the criminal justice system, with particular emphasis on pre-trial diversion, plea and sentence agreements, pre-sentence process, as part of the sentence, and part of the reintegration process, including parole.
7. Participation in restorative justice processes should be voluntary for all parties.

8. The parties should not be coerced into any specific agreement.
9. Restorative justice processes should provide all parties with equal opportunities for participation.
10. Restorative justice processes should be balanced and fair.
11. Restorative justice processes should generally be confidential. Parties may make an informed decision, by consensus, to dispense with confidentiality.
12. Victims and offenders should be allowed to bring support persons to the encounter provided that this does not compromise the rights and safety of any other party.
13. Victims and offenders should be allowed access to legal advice at any stage of the proceedings
14. The participation of children should be contingent on permission from the parent/guardian as well as his/her presence, or the presence of another designated adult with the sole responsibility and authority to protect the rights and interests of the child.
15. When dealing with a child, care should be taken to ensure that s/he understands the process and can participate effectively.
16. Restorative justice processes should promote healing and restitution.
17. The provisions of restorative justice agreements should not be disproportionate to the harm caused.
18. Restorative justice processes should aim to prevent future offending.
19. Restorative justice programmes should respond to harms, needs and obligations.
20. Restorative justice processes should create space for remorse, the expression of shame, apology, forgiveness, mercy and compassion but should not force these responses to occur.
21. Restorative justice programmes need to ensure that offenders are, as far as possible, in a position to meet the obligations created by the offence.
22. Restorative justice processes should, as far as possible, be culturally appropriate to the parties involved.
23. All those who are responsible for the facilitation of restorative justice processes should be adequately trained or experienced.
24. Restorative justice programmes should provide a trained interpreter where this is required.
25. Restorative programmes should be designed in consultation with victims and offenders.
26. The need for public safety should be taken into consideration in terms of restorative justice processes and outcomes.
27. Restorative justice programmes should have clear aims that are well-publicized.
28. Restorative justice programmes should provide a basis by which success may be measured.
29. Restorative justice programmes should be monitored (through internal processes) and evaluated (through independent research) to promote continuous improvement.
30. Restorative justice programmes should have published codes of practice and standards.
31. Restorative justice programmes should take measures to ensure the safety of participants.
32. Restorative justice programmes and processes should establish and maintain effective complaints mechanisms.
33. Restorative justice programme should have documented procedures for the management of disclosures relating to other offences.

No.	Title	Standard	Criteria	Evidence
55	Qualifications, Knowledge and skills of facilitators implementing restorative justice processes and programmes	<ul style="list-style-type: none"> <li>All Facilitators of restorative justice processes (family group conferences, victim-offender mediation, victim-offender conferences, community restorative panels, healing circles etc.) regardless of their prior training should:</li> <li>Have a good understanding of restorative justice theory and the facilitation of restorative justice interventions; an</li> <li>Be able to monitor and oversee the child's compliance with the resulting agreement</li> </ul>		
	Assessment for restorative processes and programmes	<b>All facilitators of restorative justice processes must undertake an in-depth assessment of victim readiness to engage in restorative processes</b>		
	Process/programmatic delivery	<p>All restorative justice processes and programmes must be reflective of the following phases of the process:</p> <ul style="list-style-type: none"> <li>Referral phase</li> <li>Preparation phase</li> <li>The Encounter</li> <li>The post-encounter phase</li> </ul>	Separate preparation sessions are held with victims and their support persons and offenders and their support persons. No victim and offender will be prepared together in a session.	
85 (Diversion standard)	The Preparation Phase	During the <b>preparation phase</b> the details of the participants, the procedures involved in the restorative justice process and the possible consequences thereof, are discussed with all parties involved in the process before their participation		
	The Encounter	<p>During the Encounter the facilitator logically and appropriately facilitates the process in line with a drafted script that broadly entails the following:</p> <ul style="list-style-type: none"> <li>Opening : <ul style="list-style-type: none"> <li>Formal Welcome</li> <li>Introduction of participants</li> <li>Purpose clarification and explanation of process and agenda</li> <li>Explanation of facilitator role</li> <li>House Keeping items</li> <li>Establishment of ground rules and explanation of rights</li> </ul> </li> </ul>	<p>Adequate and thorough preparation has taken place.</p> <p>A clear process is evident and guided by a developed protocol or script. Although the process is steered by the individuals participating, the facilitator has to set a structure to create a safe space for participation.</p>	<p>Review of documentation on-site including:</p> <p>Reports on the restorative process on the client file</p> <p>Process notes in relation to the Restorative process undertaken</p>

No.	Title	Standard	Criteria	Evidence
88	The post encounter phase	<ul style="list-style-type: none"> <li>• Story Telling : <ul style="list-style-type: none"> <li>• Summary of Facts</li> <li>• Invite victim to tell their story</li> <li>• Invite offender response</li> <li>• Invite respective support people stories</li> <li>• Discuss losses and generate options to repair the harm</li> </ul> </li> <li>• Family Deliberations <ul style="list-style-type: none"> <li>• Offender family – draft plan</li> <li>• Reflect and debrief of victims &amp; other participants separate</li> <li>• Reconvene</li> </ul> </li> <li>• Reaching/not reaching an agreement <ul style="list-style-type: none"> <li>• Propose, discuss &amp; negotiate a plan</li> <li>• Record agreement/ non agreement</li> <li>• Confirm monitoring &amp; supervision of agreement / way forward if no agreement</li> <li>• Explain way forward</li> </ul> </li> <li>• Closure/Termination <ul style="list-style-type: none"> <li>• Summarize agreements/outcomes/ experiences</li> <li>• Invite additions from participants</li> <li>• Thank attendance</li> <li>• Formally close</li> <li>• Facilitator debrief</li> </ul> </li> </ul> <p>Participants to the restorative justice process and parties with a direct interest must receive as soon as possible a written copy of the agreement that was reached (if applicable), setting out the respective duties and obligations for the relevant parties</p>	<p>The terms of agreement has been provided in writing. It should include:</p> <ul style="list-style-type: none"> <li>• the names of the parties,</li> <li>• the specific elements of the agreement,</li> <li>• the time-frames, and</li> <li>• a description of what will occur if there is a failure to comply.</li> </ul>	

**Form 1: Registration of Intent Form**

<b>1. Organisation Details</b>					
Date:					
Name of organisation:					
NPO registration number (if applicable):					
NPO registration date (if applicable):					
Contact person:					
Contact person's position:					
Contact postal address:					
Phone:		Cell:		Fax:	
E-mail address:					
<b>2. Details of proposed accreditation</b>					
Do you intend to have the following accredited (please choose only one):		<input type="checkbox"/> Organisation <input type="checkbox"/> Programme(s) <input type="checkbox"/> Both			
Is this registration for the re-accreditation of an existing programme?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please state code(s) and name(s) of programme(s):					
Have you applied to have this programme accredited by another body?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes" to the above, please provide the following details		Name of accreditation body: Status of accreditation: <input type="checkbox"/> Conditional <input type="checkbox"/> Without Conditions			
Is this registration for the re-accreditation of the organisation?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please state the code and date of accreditation:					
<b>3. Organisational experience and scope, programme need and behavioural outcome</b>					
State the industry area (sector) within which the organisation primarily operates:		<input type="checkbox"/> Child Justice <input type="checkbox"/> Education <input type="checkbox"/> Child Protection <input type="checkbox"/> (other) Specify			
How long has the organisation been operating within this sector?					

Please tick which best describes the services and programmes the organisation provides: <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Therapeutic <input type="checkbox"/> Vocational Skills Development <input type="checkbox"/> Life Skills and Self-development <input type="checkbox"/> Preventive and Educational		
State the relevant outcome/s of the organisation and programmes the organisation intends to have accredited.	Organisational Outcomes	Programme Outcomes
Please list the organisation's expertise with providing the above programmes to children at risk and in conflict with the law. Refer to staff expertise, organisational structure, knowledge and experience.		

**To register intent for accreditation, this form should be completed, signed and returned to the Accreditation Coordinator at the Provincial office of the Department of Social Development.**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Form 2A: Application Form for Accreditation

### Private Organizations

The submission of this form and the required self-assessment documentation (evidence) is part of the first phase in applying for accreditation. The form and self-assessment documentation will be evaluated in detail and the Accreditation Unit will not proceed further with the verification site visit unless it appears from this submission that the organization and programme are likely to meet the requirements for accreditation. It is therefore essential that the information provided is comprehensive and accurate and that two copies of all required documentation are provided. The head of the organization must sign the declarations at the end of the application form.

Date of Application:			
Name of Organization:			
Physical Address:			
City/Town:		Province:	
Postal Address:			
City/Town:		Province:	Postal Code
Head of Organization:	Name:		
	Title:		
	E-mail:		
	Tel Number:		
Scope of Organization Please tick the appropriate box	<input type="checkbox"/> National (All Provinces) <input type="checkbox"/> Provincial <input type="checkbox"/> Local/Community Based		List locations of operational offices/sites where employees are based
Contact person for purposes of this application	Name:		
	Email:		
	Tel Number:		



Is your organization or any of your organization's services accredited by any other accreditation body?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list below			
		Accrediting Body	Service Accredited	Date of Accreditation	Date of Expiration
ORGANIZATION LEGAL STATUS & STRUCTURE					
Address of administrative headquarters (if different from above):					
Legal Status (please tick the appropriate box)	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Voluntary Association <input type="checkbox"/> Section 21 <input type="checkbox"/> For-Profit, <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> SME/CC	Date Organization was established:			
		Date Organization was incorporated/registered:			
Does your organization hold all applicable licenses, certifications, and the like required to operate? <input type="checkbox"/> Yes (Please attach certified copies of all certificates to this application) <input type="checkbox"/> No (Please attach an explanation)					
Governing Body information with legal status of the organization					
Status (Director/Partner/Sole Proprietor)	Full names	Date of birth	Gender	Contact Number	

Name and address of organization's bankers:		Name and address of organization's auditors:			
SERVICES INFORMATION					
How would you describe the services that your organization provides? <i>(Check all that apply)</i>	<input type="checkbox"/> Generic Welfare Services including child protection services <input type="checkbox"/> Criminal Justice Services <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Psychological/ Mental Health Services <input type="checkbox"/> Community Development and Support Services <input type="checkbox"/> Youth/Child Development Services <input type="checkbox"/> Educational Services (primary education, secondary education etc) <input type="checkbox"/> Crisis Services <input type="checkbox"/> Residential Services <input type="checkbox"/> General Healthcare Services <input type="checkbox"/> Vocational Development Services (vocational training) <input type="checkbox"/> Other (please list)				
Which best describes the population(s) you serve? <i>(Check all that apply)</i>	<input type="checkbox"/> Children (0 to 10years) <input type="checkbox"/> Children & adolescents (11 to 18 years)/ <input type="checkbox"/> Young Adults (19-21 years) <input type="checkbox"/> Adults (22 to 59 years) <input type="checkbox"/> Older Persons (60+years) <input type="checkbox"/> Families <input type="checkbox"/> People with Disabilities	The total number of clients served in the last financial year:			
List all locations and premises in which the organization operates the above services and programmes:					
Province	Location (City/Town/Area)	Physical Address			

PROGRAMME INFORMATION			
Please list the programmes that need to be considered for accreditation below			
Programme Name (as it needs to appear on the certificate)	Type of programme	Duration of the programme in hours	
MANAGEMENT AND STAFF			
Please provide details of all relevant staff below, as well as complete the table in Appendix B (for senior, academic, administration and ancillary staff).			
SENIOR MANAGEMENT STAFF			
Position	Full Name & Title	Qualification	Location/Province/Area
		PERMANENT	CONTRACT

NUMBER OF FULL-TIME SOCIAL WORKERS			
NUMBER OF PART-TIME SOCIAL WORKERS			
NUMBER OF ADMINISTRATIVE STAFF			
NUMBER OF AUXILIARY STAFF (REGISTERED AS AN AUXILIARY WORKER)			
NUMBER OF OTHER STAFF EMPLOYED PSYCHOLOGIST CRIMINOLOGIST YOUTH/CHILD CARE WORKER SOCIOLOGIST LAWYER TEACHER OTHER:			

DECLARATION: (To be made by the Head of the Organization)

- a. I confirm the accuracy of this form and the supporting documents.
- b. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
- c. I am prepared to accept the final decision of the accreditation unit as to the outcome of the accreditation process.
- d. I accept that the terms “approved candidate for accreditation”, “accredited by the Department” mean that the quality of programmes and services of my organization has been verified by the Accreditation Unit of the Department and found satisfactory, and I undertake not to represent my institution as having this recognition before it has been granted or after it has been withdrawn.
- e. I accept that I remain responsible for ensuring that the institution complies with relevant statutory requirements along with quality service standards and criteria as set out by the policy of the Department.

Signature (CEO/ DIRECTOR).....  
Full name.....Date.....

**Form 2B: Application Form for Accreditation**  
**Public Agency**

Date of Application:			
Department/Office :			
Physical Address (Central Office responsible for services):			
City/Town:		Province:	
Postal Address:			
City/Town:	Province:	Postal Code	
Head of Department/Office:	Name:		
	Title:		
	E-mail:		
	Tel Number:		
Contact person for purposes of this application (if different from above)	Name:		
	Email:		
	Tel Number:		
<b>AGENCY STRUCTURE</b>			
Structure (please tick the appropriate box)	<input type="checkbox"/> Provincial Government Department <input type="checkbox"/> Local Government Agency	Service Delivery of the agency is organized as follows: (Please tick) <input type="checkbox"/> Regional <span style="margin-left: 100px;"><input type="checkbox"/> Area</span> <input type="checkbox"/> District <span style="margin-left: 100px;"><input type="checkbox"/> Other</span> (specify	
		Services are delivered by: <input type="checkbox"/> Regional <span style="margin-left: 100px;"><input type="checkbox"/> District</span> <input type="checkbox"/> Area <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>	

SERVICES INFORMATION		
How would you describe the services that your organization provides? <i>(Check all that apply)</i>	<input type="checkbox"/> Generic Welfare Services including child protection services <input type="checkbox"/> Criminal Justice Services <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Psychological/ Mental Health Services <input type="checkbox"/> Community Development and Support Services <input type="checkbox"/> Youth/Child Development Services <input type="checkbox"/> Educational Services (primary education, secondary education etc) <input type="checkbox"/> Crisis Services <input type="checkbox"/> Residential Services <input type="checkbox"/> General Healthcare Services <input type="checkbox"/> Vocational Development Services <input type="checkbox"/> Other (please list)	
Which best describes the population(s) you serve? <i>(Check all that apply)</i>	<input type="checkbox"/> Children (0 to 10years) <input type="checkbox"/> Children & adolescents(11 to 18 years)/ <input type="checkbox"/> Young Adults (19-21 years) <input type="checkbox"/> Adults (22 to 59 years) <input type="checkbox"/> Older Persons (60+years) <input type="checkbox"/> Families <input type="checkbox"/> People with Disabilities	The total number of clients served in the last financial year:
Please list all of the locations and premises in which your department/agency operates the above services and programmes (each office where accredited service will be provided).		
Province	Location (City/Town/Area)	Physical Address

PROGRAMME INFORMATION			
Please list the programmes that need to be considered for accreditation below			
Programme Name (as it needs to appear on the certificate)	Type of programme	Duration of the programme in hours	Please indicate who is primarily responsible for the implementation or facilitation of this programme (e.g. social worker, PO, APO, Social Auxiliary Worker etc)
MANAGEMENT AND STAFF			
Please provide details of all relevant staff below, as well as complete the table in Appendix B (for senior, academic, administration and ancillary staff).			
HIGHEST LEVEL MANAGEMENT STAFF INVOLVED IN SERVICE MANAGEMENT (NOT STAFF MANAGING ON POLICY LEVEL – SENIOR STAFF AT IMPLEMENTATION LEVEL)			
Position	Full Name & Title	Qualification	Location/Province/Area
		PERMANENT	CONTRACT
NUMBER OF FULL-TIME SOCIAL WORKERS			
NUMBER OF PART-TIME SOCIAL WORKERS			
NUMBER OF ADMINISTRATIVE STAFF			
NUMBER OF AUXILIARY STAFF (REGISTERED AS AN AUXILIARY WORKER)			

NUMBER OF OTHER STAFF EMPLOYED PSYCHOLOGIST CRIMINOLOGIST YOUTH/CHILD CARE WORKER SOCIOLOGIST LAWYER TEACHER OTHER:		
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DECLARATION: (To be made by the Head of the Relevant office of the public agency/department applying for accreditation e.g. HOD/Director)

1. I confirm the accuracy of this form and the supporting documents.
3. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
4. I am prepared to accept the final decision of the accreditation unit as to the outcome of the accreditation process.
5. I accept that the terms “approved candidate for accreditation”, “accredited by the Department” mean that the quality of programmes and services of my organization has been verified by the Accreditation Unit of the Department and found satisfactory, and I undertake not to represent my institution as having this recognition before it has been granted or after it has been withdrawn.
6. I accept that I remain responsible for ensuring that the institution complies with relevant statutory requirements along with quality service standards and criteria as set out by the policy of the Department.

Signature (HOD/Director) \_\_\_\_\_

Full name \_\_\_\_\_

Date \_\_\_\_\_



## CERTIFICATE OF ACCREDITATION OF DIVERSION SERVICE PROVIDER

Section 56 of the Child Justice Act, 2008 (Act No. 75 of 2008)  
Regulations Relating to Child Justice  
[Regulation 31]

This is to certify that:

-----  
-----  
-----  
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**(Name and physical address)**

Reg No: \_\_\_\_\_

Accreditation Certificate No: \_\_\_\_\_

is an accredited diversion service provider to provide services to children at risk and in conflict with the law, provided that the service provider continues to comply with the following:

- Minimum standards referred to in section 55 of the Act
- Minimum norms and standards for diversion
- General service standards for social services
- General professional ethics and standards.

This certificate of accreditation is valid for four years, commencing on \_\_\_\_\_  
expiring on \_\_\_\_\_

\_\_\_\_\_  
Minister: Social Development

Date: \_\_\_\_\_

**CERTIFICATE OF ACCREDITATION OF DIVERSION PROGRAMME**

Section 56 of the Child Justice Act, 2008 (Act No. 75 of 2008)

Regulations Relating to Child Justice

[Regulation 31]

This is to certify that:

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 -----  
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an accredited service provider,

Accreditation Certificate No. \_\_\_\_\_

is accredited to provide the following diversion programme:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

provided that the diversion programme/s continue to comply with:

- Minimum standards referred to in section 55 of the Act
- Minimum norms and standards for diversion

This certificate of accreditation is valid for four years, commencing

on \_\_\_\_\_expiring on \_\_\_\_\_

\_\_\_\_\_  
 Minister: Social Development

Date: \_\_\_\_\_

Official stamp:

**Table of Evidence**

	Self Assessment documents	On-site Documents	On-site Activities
Organizational Infrastructure and systems			
Legal Structure and Governance	<p>Application form with registration number recorded</p> <p>List of names of governing body members on the application form</p> <p>Abbreviated CV's of governing body members</p> <p>Governance Narrative</p>	<p>Registration Certificate</p> <p>Governing body agendas and minutes of meetings for the past two years</p>	<ul style="list-style-type: none"> <li>Review On-site documents</li> <li>Interview               <ul style="list-style-type: none"> <li>a. Governing body member</li> <li>b. CEO/ Director</li> </ul> </li> </ul>
Service and Programme Management	<p>Application form with names of senior staff (management) recorded</p>	<p>Appointment Contracts of all managers managing diversion programmes (supervisors, manager, programme coordinators)</p> <p>Job descriptions of appointed management staff</p> <p>Policy and procedure manuals in relation to:</p> <ul style="list-style-type: none"> <li>- Day to day operations – financial, safety etc</li> <li>- Services (assessment, intake, group work case management, record keeping etc.</li> <li>- HR/ Personnel policy</li> </ul>	<ul style="list-style-type: none"> <li>Review on-site documentation</li> <li>Interview               <ul style="list-style-type: none"> <li>a. Relevant manager overseeing diversion</li> <li>b. Supervisor/ manager responsible for implementation and staff oversight on day to day basis</li> </ul> </li> </ul>

Business plan			
Programme Content and Outcomes			
Assessment	Staff list identifying: <ul style="list-style-type: none"> <li>- qualifications</li> <li>- training attended</li> </ul>	Assessment Policy and Procedure  Assessment tools/form	<ul style="list-style-type: none"> <li>• Interview: <ul style="list-style-type: none"> <li>vi. Relevant staff</li> <li>vii. Clients served</li> <li>viii. Supervisor/ programme manager</li> </ul> </li> <li>• Observe <ul style="list-style-type: none"> <li>i. Relevant staff</li> <li>• Review case records (assessments)</li> </ul> </li> </ul>
Sex Offender Programmes	Programme Narrative (Form)	Programme Curricula	

### **FORM 3: ORGANISATIONAL INFRASTRUCTURE AND SYSTEMS NARRATIVE: (Legal Structure and Governance)**

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-assessment. In cases where the application is done by a public agency (government department or agency) the narrative must be completed reflecting on the relevant management structures responsible for governance.

The Governance Administration and Management Narrative should provide the Site Verification Team with a clear, concise description of how your governing body helps to shape, advance and sustain your organization's mission and strategic goals.

Respond to the following questions that address your organization's achievement of these standards. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the activities of your governing body/ Department that contribute to effective governance.

Response:

2. Cite 2-3 examples of activities or decisions that your governing body/Department has undertaken which contributed to your organization's/Department's growth and development.

Response:

3. Identify a part of your strategic plan that has been:
  - a. the most difficult to advance, and indicate the reasons why; and
  - b. the least difficult to advance, and indicate the reasons why.

Response:

4. Describe the data available to the governing body/Department, and how it is used for setting strategic direction. Specify any significant political, regulatory, cultural or economic changes that have impacted the organization's direction and/or ability to fulfil its mission.

Response:

5. Provide any additional information about your organization's governing body/Department that would increase the Site Verification Team's understanding of how the governance practice(s) increases the organization's viability and sustainability.

Response:

Note: Organizations being accredited for the first time: Please provide information for the last year.

Organizations being reaccredited: Please provide information for the period since the last accreditation review.

**FORM 4A: ADMINISTRATION AND MANAGEMENT NARRATIVE:*****Financial Management: Private Organization***

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-study.

The Financial Management Administration and Management Narrative should provide the Site Verification Team with a clear, concise description of how your financial management practices help to shape, advance and sustain your organization's mission and strategic goals.

Respond to the following questions that address your organization's achievement of the Financial Management Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the overall health of your organization's finances.
  - a. Include a description of significant factors that may have impacted your organization's finances. (e.g., enhanced or reduced program-specific funding streams, successful fundraising activities, new foundation support, etc.).

(e.g., state budget cuts have forced the organization to close one of its family counselling programs...)

Organization's Response:

2. Describe 2-3 actions that your governing body has taken to enhance your organization's financial viability. (e.g., in response to recent recommendations of the organization's auditors, the board approved a plan to strengthen the organization's system of internal control...)

Organization's Response:

3. How do your organization's management and the governing body assure that its financial management systems, are following Generally Accepted Accounting Principles, the requirements of the South African Accounting Practices Board, and the Public Finance Management Act (No1 of 1999)? (No1 of 1999)?

Organization's Response:

4. How does your organization remain abreast of changing legal and regulatory requirements with financial management practices?

Organization's Response:

5. Provide any additional information that would increase the Site Verification Team's understanding of how the organization's financial practices contribute to the achievement of its mission.

Organization's Response:

Note: **Organizations being accredited for the first time:** Please provide information for the last year.

**Organizations being reaccredited:** Please provide information for the period since the last accreditation review.



**FORM 4B: ADMINISTRATION AND MANAGEMENT NARRATIVE:**  
***(Public Agency: Financial Management)***

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your agency. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-study.

The Public Agency Financial Management Narrative should provide the Site Verification Team with a clear, concise description of how your financial management practices help to shape, advance and sustain your Department's/ agency's mission and strategic goals.

Respond to the following questions that address your agency's achievement of the Financial Management Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the overall health of your Department/ agency's finances.
  - a. Include a description of significant factors that may have impacted your agency's finances, e.g., enhanced or reduced program-specific funding streams, recent hiring or spending freezes, etc.
  - b. If another governmental entity is fully or partially responsible for managing your finances, what responsibilities does your agency have? If the standards cannot be applied directly to your agency because another department or office has legal or statutory responsibility for overseeing its financial affairs, explain exactly how financial management and oversight occurs, and how the standards are being met.

(e.g., State budget cuts have forced the agency to impose a cap on purchasing services from civil society organizations. This threatens the realization of the Department's or agency's strategic objective of making diversion services more accessible)

Department's / Agency's Response:

2. Describe 2-3 actions that senior management has taken to enhance your agency's/ Department's financial viability. (e.g., in response to recent recommendations of the state auditor, the agency's Director approved a plan to strengthen the agency's system of internal control)

Department's / Agency's Response:

3. How does your agency's management assure that its financial management systems are following the requirements of its fiscal authority?

Department's / Agency's Response:

4. How does your agency remain abreast of changing legal and regulatory requirements with financial management practices?

5. Provide any additional information that would increase the Site Verification Team's understanding of how the Department's/ agency's financial practices contribute to the achievement of its mission.

Department's / Agency's Response:

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.

**Agencies being reaccredited:** Please provide information for the period since the last accreditation review.

## FORM 5a: SERVICES/PROGRAMME PERSONNEL REGISTER

[illegible]

FORM 5b: SERVICES/PROGRAMME PERSONNEL REGISTER

POST NUMBER/ NAME & SURNAME	POSITION	QUALIFICATION	PROFESSIONAL REGISTRATION NUMBER	PROGRAMMES/ SERVICES INVOLVED WITH	AREA/OFFICE	PROVINCE

**FORM 6A: HUMAN RESOURCES NARRATIVE****Private Organizations**

The Human Resources Narrative should provide the Accreditation Committee and Site Verification Team with a clear, concise description of how your organization's human resources practices to advance and sustain your organization's mission and strategic goals.

Respond to the following questions that address your organization's achievement of General Human Resource Management Standards as reflected under standards 26, 27, 28, 29, 30, 31 in the Diversion Minimum Norms and Standards. Highlight any obstacles and innovations, if any, in each of your responses.

1. Describe how your organization manages its human resources: Does your organization have a separate HR department? If not is there a dedicated HR position, or is human resource management the responsibility of an individual with additional non-HR responsibilities? Does your organization outsource some of its human resources functions? If so which ones?

Organization's Response:

2. Describe any challenges that your organization may have faced concerning recruiting qualified staff. Has your organization implemented any solutions that have proven effective?  
(e.g., there is a shortage of SW's in your field of practice, or funding cuts have made it difficult to pay for direct service staff with advanced degrees for specialized programmes such as sex offender treatment...)

Organization's Response:

3. Provide 2-3 examples of how your organization has recruited staff that are competent

Organization's Response:

4. Describe any challenges that your organization may have faced and any solutions that have proven effective concerning staff retention.

Organization's Response:

5. Provide any additional information that would increase the Site Verification Team's understanding of how your organization's human resource practices contribute effectively and efficiently to consumer satisfaction and positive service delivery results.

Organization's Response:

Attachments:

Note:

**Organizations being accredited for the first time:** Please provide information for the last year.

**Organizations being reaccredited:** Please provide information for the period since the last accreditation review.

## FORM 6B: HUMAN RESOURCES NARRATIVE

### Public Agencies

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your agency. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-assessment.

The Public Agency Human Resources Narrative should provide the Site Verification Team with a clear, concise description of how your agency's human resources practices advance and sustain your agency's mission and strategic goals. Adhering to Human Resources standards are important as a stable qualified workforce contributes to consumer/client satisfaction and effective and efficient service delivery.

The Agency is required to respond to the following questions that address the agency's achievement of the Human Resource Management standards as reflected under standards 26, 27, 28, 29, 30, 31 in the Diversion Minimum Norms and Standards. Highlight any obstacles and innovations, if any, in each of your responses.

1. Please describe how your agency manages its human resources. Address the following:
  - a. Does the agency have an HR department? If not is there a dedicated HR position, or is human resource management the responsibility of an individual with additional non-HR responsibilities? Does the agency rely on another government entity for some of its human resources functions? If so which ones?
  - b. If the standards cannot be applied entirely to the agency because another entity has responsibility for managing its human resources, explain exactly how HR management occurs, and how the standards are being met.

Agency's Response:

2. Describe any challenges that your agency may have faced concerning recruiting qualified staff. Has your agency implemented any solutions that have proven effective?  
(e.g., there is a shortage of MSW's in your area, or civil service requirements have made it difficult to pay for direct service staff with advanced degrees for your foster care programme)

Agency's Response:

3. Provide 2-3 examples of how your agency has recruited staff that are competent

Agency's Response:

4. Describe any challenges that your agency may have faced and any solutions that have proven effective with regard to staff retention.

Agency's Response:



5. Provide any additional information that would increase the Site Verification Team’s understanding of how your agency’s human resource practices contribute effectively and efficiently to consumer satisfaction and positive service delivery results.

Agency’s Response:

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.  
**Agencies being reaccredited:** Please provide information for the period since the last accreditation review.

## FORM 7: ADMINISTRATIVE PERSONNEL & MANAGEMENT REGISTER

[illegible]

### Form 8: CASE/CLIENT RECORD CHECKLIST

Reviewers to: (a) verify the presence or absence of documents, signatures, and other information contained in client case records;  
 (b) gain an understanding of how the organization or program approaches and serves its clients; and  
 (c) help the site verification team conceptualize the service, gain insight into the overall quality of the service, and begin to identify issues or questions that would be pursued in the interview process. The Checklist includes references to specific Administration and Management standards and Service Delivery Administration standards, as well as general references to standards in the Service Sections.

Organizations may find the checklist to be a useful guide to expectations for the content of clients' case records. It can be used by organizations during mock visits which many organizations conduct in advance of an upcoming site visit

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
<b>Demographic and Contact information</b>				
<b>Reason for requesting services or reason for referral reflected in the file (copy of referral form included with complete referral details)</b>				
<b>Assessments</b>				
The assessment is up-to-date				
The assessment is comprehensive				
Directed at concerns identified during the intake				
Assessment limited to information pertinent to meeting service requests and objectives				
Assessment is culturally responsive				
Completed within an established timeframe				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
<b>Service/Intervention Plan</b>				
Developed with the full participation of the service recipient				
The service/intervention plan is based on the assessment				
Includes service/intervention goals and desired behavioural and other outcomes				
Includes timeframes for achieving service/intervention goals and outcomes				
Identifies secondary or support services to be provided				
Identifies who will provide specific services/interventions and support services				
Includes signature of service recipient on the intervention/service plan				
The service recipient received an explanation of options and how the org. can help them				
Explanation of benefits, alternatives, and risk or consequences				
Identifies the person's family's unmet service/support needs				
Regular review of progress by worker and service recipient				
Service recipient signature on revisions to service goals/plan				
<b>Signed copies of all relevant consents</b>				
<b>Routine documentation of ongoing services</b>				
<b>Case Record Entries/Process Notes</b>				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Made by authorized personnel only				
Are Up-to-date				
Completed, signed, and dated by worker delivering the service				
Supervisor signature, dated, where appropriate				
<b>Evaluation of clients Progress</b> entered at least monthly				
Documentation of at least bi-monthly service/intervention review – based on evaluation of client progress  <b>note:</b> frequency may vary by service section				
Includes review of service plan implementation				
Client progress toward achieving service goals/desired outcomes				
Continuing appropriateness of service goals				
<b>Case Closing Summary</b> within 30 days of termination				
Notification of any collaborating service providers				
Referrals made for persons asked to leave the program (reports back to courts, other services needed, support services etc.)				
Termination of service assessment and summary				
<b>Aftercare Plan and Tracking Records</b>				
Development of aftercare plan based on wishes of the client (unless mandated by the court)				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Identify needed/desired ongoing services and support and specific steps to obtain them				
Assignment of aftercare and follow-up responsibility				
Documentation of contact with suitable service providers				
Documentation of follow-up, when appropriate				
<b>Essential Legal and medical information</b>				
Psychological, medical, toxicological, diagnostic, other evaluations				
Copies of a written order for medications/special tx procedures				
Court reports, documentation of guardianship, etc.				
<b>Client statements</b> in case records				
Documentation of <b>client review of his/her case records</b>				
Written approval of the management of refusal to permit client review				
Received <b>written summary of rights and responsibilities</b>				
<b>Consent to communicate confidential information</b>				
The client was informed of circumstances the organization may be required to release confidential information				
The client informed of org strategy for maintenance of a safe environment				
<b>Consent to Participate in Research (for programme evaluation purposes).</b>				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Documentation of <b>incident/accident reports or reviews</b>				
<b>Consent to receive medication</b> and documentation of <b>explanation of benefits, risks, and alternatives</b>				
Documentation of <b>client competence to use specific tools and equipment</b>				
<b>Demographic and Contact information</b>				

## FORM 9: TRAINING AND SUPERVISION NARRATIVE

The training and Supervision Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative should provide the Site Verification Team with a clear, concise description of how your training and supervision practices promote staff competence and effective service delivery. Research suggests that workers who receive ongoing professional development and training and supportive supervision are more effective in their work, which can have a positive impact on service recipients.

Respond to the following questions that address your organization's achievement of the Supervision Purpose Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the overall structure of your agency's training and personnel development program. Include or discuss:
  - a. Your organization's philosophy on personnel development and how it supports professional advancement and the fulfilment of continuing education requirements; and
  - b. Your organisation's process for regularly assessing the training needs of staff and revising the training program as appropriate.

(e.g., the achievement of our agency's mission is dependent upon our staff's ability to competently fulfil their job responsibilities. We continue to budget monetary resources for professional development activities.

Our Training Coordinator meets annually with each program director to discuss the agency's training needs and to redraft training curricula as necessary. This ensures that we are meeting the specific needs of each program site and that across the organisation we continue to support staff, promote staff competence, and achieve desired outcomes. Last year we added a component to our training to strengthen our intensive case management skillsets based on a new program we are instituting for the homeless children in conflict with the law)

Organization's Response:

2. Cite 2-3 examples of training and personnel development activities or decisions that your organisation has undertaken that contributed to the staff's ability to competently provide services.

(e.g., our organisation hired a new Training Coordinator last January. Since then, the coordinator has worked closely with the Director, program supervisors, and staff to develop a training program that meets the organisation's needs)



Agency's Response

3. Describe your organisation's system of supervision.

Agency's Response

4. Identify a part of your training and supervision program that has been:
- the most difficult to advance, and indicate the reasons why; and
  - The least difficult to advance, and indicate the reasons why.

(e.g., Due to recent funding cuts by the DSD, we have been exploring innovative training methods and personnel development opportunities. In March, we entered into a partnership with two local programs to design a structured training program that allows our staff to receive specific aspects of its training at the partnering sites...)

Agency's Response

5. Provide any additional information that would increase the Site Verification Team's understanding of how your agency's training and supervision activities support staff and promote staff competence.

Agency's Response

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.

**Agencies being reaccredited:** Please provide information for the period since the last accreditation review.

## FORM I0: PROGRAMME NARRATIVE

### Programme Content and Outcomes

Organizations MUST write up a narrative for each programme submitted for accreditation in the following format.

#### Part 1: Programme Information

1.1 Programme Name: \_\_\_\_\_

1.2 Type of Programme (Please tick): ☐ Prevention; ☐ Early Intervention ☐ Therapeutic/Treatment;  
☐ Continuing Care/ Reintegration

1.3 Duration of the programme in hours: \_\_\_\_\_

Target Group: Please provide a description of the target group the programme is intended for. (Please take care to include the target group's level of risk the programme is designed to address)

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#### Part 2: Programme Description

2.1 Problem Statement and Purpose of the Program.

Briefly describe the nature and scope of the problem/behaviour to be addressed by this programme. Research findings and data should be used to provide evidence that the problem exists, demonstrate the size and scope of the problem/behaviour and document the effects of the problem/behaviour on the target population. Please describe what the program intend to do about this problem/behaviour. This part of the narrative must demonstrate a thorough understanding of the juvenile sex offender research and treatment literature.

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## 2.2 Goals and Objectives of the Program

Please describe the goals and objectives of the programme. Goals reflect the programme's intent to change, reduce or eliminate the behaviour/problem described and objectives are quantifiable statements of the desired results of the programme.

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## 2.3 Theoretical foundation and approach of the programme

Please describe the theoretical approach the programme is based on. Motivate why these theoretical and methodological foundations informed the programme design and link it to evidence-based practice. Use research findings and data to provide evidence of the appropriateness of the programme design.

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## 2.4 Programme Evaluation Design

Please identify and describe the evaluation design (research methodology) your programme uses to assess and evaluate client progress and programme impact. Please indicate the measures that you use to evaluate programme and client progress and success (in terms of your objectives).

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## Part 3: Programme Structure and Content

### 3.1 Programme structure

Please provide a brief description of your programme structure. Provide information on the length and the frequency of the programme including group sessions, and motivate the rationale behind this.

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3.2 Programme methodology

Please describe the methodology the programme utilizes. Refer to types of interventions used (e.g. Group work, individual counselling, interactive learning, gestalt techniques) and motivate the relevance of these interventions about the goals and objectives of the programme.

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3.3 Programme Content

Please provide an outline of your programme content according to session topics and session objectives and outcomes, using the following table:

Session No	Session Topic/Name	Session Objective(s)	Session Outcomes	Evaluation Methodology

## PROGRAMMES DUE FOR REVIEW

Programme to be reviewed (Exact name as it is to appear on Certificate)	Type of Programme (e.g. Drive, Group Care)	Annual Programme Budget

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Programme to be reviewed (Exact name as it is to appear on Certificate)	Type of Programme (e.g. Drive, Group Care)	Annual Programme Budget



## (Endnotes)

- i. Cann, J., Falshaw, L. & Friendship, C. Understanding 'What Works': Accredited Cognitive Skills Programmes for Young Offenders. Home Office Research Findings No. 226 Chui, H.W. & Wilson, J. (ed) 2006. Social Work and Human Services – Best Practices. The Federation Press. Holtzhausen, L. 2004. "What Works?" Core Knowledge Required in Social Work With the Offender. Acta Criminologica 17(1)
- ii. Hobbis, I.C.A. & Sutton, S. 2005. Are Techniques Used in Cognitive Behaviour Therapy Applicable to Behaviour Change Interventions Based on the Theory of Planned Behaviour? Journal of Health Psychology. Vol 10(1)
- iii. Hobbis, I.C.A. & Sutton, S. 2005. Are Techniques Used in Cognitive Behaviour Therapy Applicable to Behaviour Change Interventions Based on the Theory of Planned Behaviour? Journal of Health Psychology. Vol 10(1)
- iv. Brown, S. 2005. Treating Sexual Offenders. An introduction to sex offender treatment programmes. Willan Publishing.
- v. Holtzhausen, L. 2004. "What Works?" Core Knowledge Required in Social Work With the Offender. Acta Criminologica 17(1)

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[http://www.d.umn.edu/~jmaahs/Delinquency%20and%20Juvenile%20Justice/Community%20Corrections/bonta\\_effective\\_intervention.pdf](http://www.d.umn.edu/~jmaahs/Delinquency%20and%20Juvenile%20Justice/Community%20Corrections/bonta_effective_intervention.pdf)

Connolly, A. 2001. What Works in Reducing Re-Offending: It's Application to the Council of Accreditation.

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Keeny, B. P. 1983. Aesthetics of Change. New York: Guilford Press.

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World Health Organisation. 1994. Life Skills Education for Children and Adolescents in Schools. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes. (Document distributed in draft form.) Geneva: WHO. (Unpublished.)

- vi. Andrew Day, Kevin Howells and Debra Rickwood, Current Trends in the Rehabilitation of Juvenile Offenders, October 2004.
- vii. Richard Harrington & Sue Bailey, The Scope for preventing Antisocial personality Disorder by intervening in adolescence
- viii. Improving the effectiveness of correctional programmes through research. The presentation is done by Edward J. Latessa. Center for Criminal Justice Research, Division of Criminal Justice, University of Cincinnati
- ix. Gendreau, P., French, S.A., and A. Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project
- x. Harrington, R. & Bailey, S. 2003. The Scope for Preventing Antisocial Personality Disorder by Intervening in Adolescence. Report from the National Programme on Forensic Mental Health R&D Seminar. March, Manchester

- xi. Gornik, M. Date Unknown. Moving from Correctional Program to Correctional Strategy: Using Proven Practices to Change Criminal Behavior
- xii. Fretz, R. 2006. What makes a correctional treatment program effective? Do the risk, need and responsivity principles make a difference in reducing recidivism?
- xiii. Andrews, D.A., & Bonta, J. (2003). The psychology of criminal conduct. (3rd ed.) Cincinnati, OH: Anderson.
- xiv. Gendreau, P., & Andrews, D.A. (1990). Tertiary prevention: What a meta-analysis of the offender treatment literature tells us about 'what works'. Canadian Journal of Criminology, 32, 173–184.
- xv. Gendreau, P., Goggin, C., Cullen, F.T., & Andrews, D.A. (2000). The effects of community sanctions and incarceration on recidivism. In L. L. Motiuk, & R. C. Serin (Eds.), Compendium 2000 on effective correctional programming (pp. 18–21). Ottawa: Correctional Services Canada.
- xvi. Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! Criminology, 34, 575–607.
- xvii. McGuire, J. (2002). Criminal sanctions versus psychologically-based interventions with offenders: A comparative empirical analysis. Psychology, Crime, and Law, 8, 183–208.
- xviii. Ogloff, J.R.O., & Davis, M.R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. Psychology, Crime, and Law, 10, 229–242.
- xix. In terms of the existing minimum standards, it is HIGHLY recommended that these be reviewed when becomes more inclusive rather than just focusing on post-arrest assessment which enforces the the perception that assessment is a once-off activity.
- xx. The phrase of and to the extent possible have to be removed – these are essential the criminogenic needs and risks which is the core of effective intervention. Reviews of these standards are necessary, as some of the points mentioned do not reflect on important criminogenic factors.
- xxi. Referrals must always be formal – on the relevant referral form of the organization to provide the service – otherwise no track record and paper trail which will complicate matters later.
- xxii. The minimum standards will have to be reviewed in terms of this programme. Proper narrative descriptions of the differences in sex offending behaviour and inappropriate sexual behaviour displayed by pre-sexualized, abused children and children lacking social skills have to be included. Sex offending has a very specific cognitive process that needs to be addressed and there is a fine line between a child being sexually reactive (due to abuse or exposure to pornography) and a child that has already assimilated inappropriate sexual responses as a way of life.
- xxiii. Inciardi J.A. Heroin use and street crime. *Crime and Delinquency*. 1979; 25: 335–346.
- xxiv. Johnson, B.D., Goldstein, P.J., Preble, E., Schmeidler, J., Lipton, D.S., Spunt, B., and Miller, T. Taking Care of Business: The Economics of Crime by Heroin Abusers. Lexington, MA: Lexington Books, 1985.
- xxv. Chaiken, M.R. Crime rates and substance abuse among types of offenders. In: Johnson, B.D., and Wish, E.D., eds. Crime Rates Among Drug-Abusing Offenders: Final Report to the National Institute of Justice. New York: Narcotic and Drug Research, 1986
- xxvi. Anglin, M.D., and Hser, Y.I. Treatment of drug abuse. In: Tonry, M., and Wilson, J.Q., eds. Drugs and

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- xxvii. Centre for Substance Abuse Treatment. The National Treatment Improvement Evaluation Study (NTIES). Substance Abuse and Mental Health Services Publication No. SMA-97-3156. 1997
- xxviii. American Academy of Pediatrics, Committee on Substance Abuse. Indications for Management and Referral of Patients Involved in Substance Abuse. *Pediatrics* Vol. 106 No. 1 July 2000
- xxix. Simpson D D, Joe G W, Broome K M. A national 5-year follow-up of treatment outcomes for cocaine dependence. *Archives of General Psychiatry*. 2002; 59(6): 538–544. [PubMed]
- xxx. Hubbard R L, Craddock S G, Flynn P M, Anderson J, Etheridge R M. Overview of 1-year follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*. 1997; 11(4): 261–278.
- xxxi. Substance Abuse and Mental Health Services Administration Centre for Substance Abuse Prevention. 2001. Principles to Substance Abuse Prevention. Guide to Science-Based practices 3. National Clearinghouse for Alcohol & Drug Information, Rockville. Available on: [http://www.nrepp.samhsa.gov/pdfs/pubs\\_Principles.pdf](http://www.nrepp.samhsa.gov/pdfs/pubs_Principles.pdf) Accessed on 2 June 2010.
- xxxii. Bauman, K.E.; Foshee, V.A.; Ennett, S.T.; Pemberton, M.; Hicks, K.A.; King, T.S.; and Koch, G.G. The influence of a family program on adolescent tobacco and alcohol. *American Journal of Public Health* 91(4):604–610, 2001.
- xxxiii. Larimer, M. & Crouce, J. (2002). Identification, prevention and treatment: a review of individual-focused strategies to reduce problematic alcohol consumption by college students. *Journal of Studies on Alcohol*, Supplement 14, 148-163.
- xxxiv. U.S. Department of Education, (2000). Key School-Linked Strategies and Principles for Preventing Substance Abuse and Violence [http://notes.edc.org/HHD/MSD/mscres.nsf/0/5044870fadcb56d6852568e800532418/\\$FILE/Topic3-Strategy.doc](http://notes.edc.org/HHD/MSD/mscres.nsf/0/5044870fadcb56d6852568e800532418/$FILE/Topic3-Strategy.doc). Accessed 3 June 2010.
- xxxv. Drug Strategies (1999). Making the grade: A guide to school drug prevention programs. Washington, D.C.: Levine and Associates, Inc
- xxvi. Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocol (TIP) Series 34. <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A59497>
- xxxvii. Principles of drug addiction treatment: A research-based guide available <http://www.drugabuse.gov/podat/Evidence2.html>
- xxxviii. John Braithwaite Standards for Restorative Justice <http://www.restorativejustice.org/10fulltext/Braithwaite>

## LEGISLATION

1. Child Justice Act 75 of 2008
2. Children's Act 41 of 2007
3. Further Education and Training Act 98 of 1998
4. Higher Education Act 101 of 1997
5. Non-profit Organisation Act 71 of 1997
6. Probation Services Act 35 of 2002
7. Public Finance Management Act 29 of 1999
8. Skills Development Act 97 of 1998
9. Social Service Professions Act 110 of 1978
10. South African Constitution Act 108 of 1996 (Section 28)
11. South African Qualifications Authority (SAQA) Act 58 of 1995

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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