- 6. 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.
- (b) Programmes must ensure that parents and care-givers are involved in the development of children.
- (c) Programmes must provide education and support to parents, caregivers and families to fulfil their responsibilities towards child-rearing and the holistic development of their children.
- (d) Programmes must be accessible to especially vulnerable children in their homes.
- (e) For children up to three years of age, programmes should, as much as possible, include household visits for increased accessibility to children.
- (f) Programmes must promote cognitive development in children.
- (g) Programmes must promote the development of fine sensory and motor skills in children.
- (h) Activities must promote a positive relationship between the centre, families and the community.
- (i) Programmes must teach age appropriate self control and independent behaviour.
- (j) Existing community resources and strengths must be utilised in promoting the development of children.
- (k) The emotional needs of children must be addressed and children must be encouraged to express their emotions in a safe, supportive and protective environment.
- (I) Parents, care-givers and families of vulnerable children, children with disabilities and child-headed households must be provided with information, knowledge and skills to promote the development of their children.
- (m) Children must be enabled to develop a positive sense of identity and self worth.
- (n) Programmes must be based on an integrated approach.
- (o) Children should feel valued and respected when participating in activities.

#### **PART III**

#### NATIONAL NORMS AND STANDARDS FOR CHILD PROTECTION

For the purposes of section 106(2) of the Act, the following are national norms and standards for child protection:

#### 1. Prevention and early intervention programmes

Prevention and early intervention programmes must—

- (a) strengthen and support family structures and build capacity;
- (b) be aimed at the improvement of the well-being of families and children;
- (c) if applicable, reunify and reintegrate family members;
- (d) be aimed at the identification of high risk families and children;
- (e) be family centred with family members seen as the main focus;
- (f) focus on the strengths and capabilities of family members;
- (g) if applicable, provide for the development of family plans in participation with family members;
- (h) enable family members to take responsibility and accountability for their involvement in programmes;
- (i) take the needs of children into account and the safety of the children in particular;
- (j) if applicable, provide for assessment and permanency planning;
- (k) if applicable, be based on a multi-disciplinary and inter-sectoral approach;
- (I) be sensitive to the linguistic needs, religious and cultural values of children and their families;
- (m) be home-based and community based;
- (n) make provision for the training, support and supervision of service providers; and
- (o) if applicable, ensure that early intervention decisions are based on developmental assessment.

#### 2. Assessment of children who have been abused or deliberately neglected

Assessment of children who have been abused or deliberately neglected must be—

(a) undertaken by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to conduct assessments;

- (b) undertaken within 48 hours of receipt of reports on abuse or deliberate neglect of children;
- (c) done in accordance with the broad risk assessment framework contemplated in regulation 35;
- (d) conducted by service providers who have appropriate knowledge of indicators of abuse or neglect and an understanding of the multi-disciplinary approach;
- (e) followed by informing the child, his or her parents, guardians or care-givers of the outcome of the assessment and any decisions affecting them;
- (f) conducted in a manner that involves the child, his or her family and any significant other persons and must be conducive to their participation;
- (g) sensitive to the linguistic needs, religious and cultural values of children and their families;
- (h) conducted in such a manner that the persons involved can understand the assessment and the implications thereof;
- (i) aimed at the provision of sufficient and helpful information to the child, his or her family and significant other persons;
- (j) aimed at securing an appropriate care plan and individual development plan for the child;
- (k) conducted in a safe and protected environment; and
- (I) sensitive to the child's need for support and assistance during assessment, especially for children with disabilities.

#### 3. Therapeutic programmes

Therapeutic programmes must -

- (a) be conducted by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such programmes;
- (b) take account of the assessment framework, the assessment report and any other relevant information:
- (c) be based on a multi-disciplinary and inter-sectoral approach;
- (d) be sensitive to the linguistic needs and religious and cultural values of children and their families:
- (e) be aimed at meeting the needs of the recipient as indicated during assessment;

- (f) ensure that the recipients feel emotionally and physically safe in the therapeutic situation and that information is kept confidential;
- (g) ensure that the goals, time periods and expected outcomes of all therapeutic interventions are discussed and agreed upon and that recipients understand their rights and have sufficient information to make informed choices;
- (h) assist recipients to use their strengths while they are assisted to deal with trauma;
- (i) be conducted in a non-discriminatory manner and in a comfortable, friendly and safe environment that is conducive to the best interests of recipients;
- (j) make provision for the involvement of the child, his or her family and significant other persons during therapy;
- (k) ensure that recipients are provided with the name and contact number of the case manager or social worker;
- (I) provide adequate opportunity for additional consultation and counselling;
- (m) monitor the growth and progress of recipients;
- (n) ensure that records are kept and data captured;
- (o) be aimed at the minimisation of secondary abuse and trauma;
- ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously; and
- (q) be reviewed on a regular basis according to the needs of recipients.

## 4. After care services

After care services must—

- (a) be provided by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such services;
- (b) be based on a multi-disciplinary and inter-sectoral approach;
- (c) be sensitive to the linguistic needs, religious and cultural values of children and their families;
- (d) be rendered in a non-discriminatory manner;
- (e) ensure that recipients are provided with the name and contact number of the case manager or social worker;
- (f) ensure that after care programmes are sufficiently monitored and regularly reviewed;

- (g) ensure that records are kept and data captured on programmes available to children and on the number and identifying particulars of children attending the programme;
- (h) be aimed at the identification of high risk situations and behaviour and the appropriate minimisation of risk;
- (i) focus on the strengths and capacity of recipients; and
- (j) be home based and community based.

#### 5. Family reunification and integration services

Family reunification and integration services must—

- (a) be provided by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such services;
- (b) be based on a multi-disciplinary and inter-sectoral approach;
- (c) be sensitive to the linguistic needs, religious and cultural values of children and their families;
- (d) be rendered in a non-discriminatory manner;
- (e) strengthen and support family structures and render capacity building;
- (f) improve the well-being and resilience of families and children;
- (g) be aimed at the identification of high risk families and children;
- (h) focus on the strengths of families;
- (i) ensure that family plans are developed with the participation of all family members;
- enable families to take responsibility and accountability for their involvement in programmes;
- (k) provide for the referral of recipients to other appropriate programmes;
- (I) if applicable, provide for family development, family skills training, family group conferencing and mentorship;
- (m) if applicable, address parenting skills, conflict management, role clarification, gender and partner abuse, unemployment, substance abuse and deviant behaviour;
- (n) prevent and deal with out-of-home placements with the purpose of keeping families together except where this would not be in the best interests of the child;
- (o) ensure the provision of family centred programmes; and

(p) facilitate the participation of family members and be aimed at the empowerment of families.

#### 6. Foster care services

Foster care services, supervision and arrangements around such supervision must—

- (a) be based on a care plan and an individual development plan for the child concerned;
- (b) where applicable, include participation of the child and his or her family during the placement process;
- (c) take account of the need for maximum appropriate access to information to enable the child and his or her family to participate in decisions;
- (d) ensure support and capacity building with regard to the child and his or her foster parents;
- (e) allow foster parents to participate in the planning and drafting of a care plan and individual development plan and to be consulted and informed of plans;
- (f) be conducted in a manner that makes the child, his or her family and the foster parents aware of what is expected from them, their rights and responsibilities;
- (g) be sensitive to the religious, cultural, and linguistic background of the child;
- (h) take account of the child's physical, emotional and social needs;
- be appropriate to the child's developmental needs and be based on respect for the child's individuality, strengths, dignity, cultural, religious and linguistic heritage;
- (j) encourage, ensure and provide the opportunity for choice, decision-making and the building and strengthening of rapport and relationships;
- (k) ensure that basic needs are appropriately met;
- ensure that the care plan and individual development plan are based on a proper developmental assessment of the child;
- (m) allow the child to observe his or her religion, to meet with others of similar background, to dress in accordance with his or her religion and to observe dietary requirements without difficulty, ridicule or embarrassment;
- (n) ensure the provision of support and strengthening services to foster parents and the monitoring of their roles to ensure outcomes around placement;
- (o) be based on a clear written policy and procedures regarding foster care services;
   and

(p) ensure that care plans and individual development plans are reviewed regularly by the social worker managing the foster care with the participation of the child and foster parents, within their respective abilities.

#### 7. Integration into alternative care services

Integration into alternative care services must—

- (a) be rendered by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render integration programmes;
- (b) be based on a multi-disciplinary and inter-sectoral approach;
- (c) be sensitive to the linguistic needs, religious and cultural values of children and their families;
- (d) be aimed at meeting the needs of recipients as indicated during assessment;
- (e) ensure that the recipients feel emotionally and physically safe in the therapeutic situation and that information is kept confidential;
- (f) be conducted in a non-discriminatory manner;
- (g) make provision for the involvement of the child, his or her family and significant other persons;
- (h) ensure that recipients understand their rights and responsibilities and are provided with sufficient information to make informed choices;
- (i) ensure that recipients are provided with the name and contact number of the case manager or social worker;
- (j) ensure that a comfortable, child-friendly and safe environment is available for children;
- (k) ensure that programmes are conducive to the best interests of recipients;
- (I) provide adequate opportunity for additional consultation and counselling;
- (m) monitor the growth and progress of recipients;
- (n) be aimed at the minimisation of secondary abuse and trauma;
- ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously;
- (p) allow for the review of programmes according to the needs of recipients;
- (q) be based on a care plan and an individual development plan for the child concerned:

- (r) include participation of the child and his or her family during the placement process;
- (s) take account of the need for maximum appropriate access to information to enable the child and his or her family to participate in decisions;
- (t) be conducted in a manner that takes account of the child's physical, emotional and social needs;
- be appropriate to the child's developmental needs and be based on respect for the child's individuality, strengths, dignity, cultural, religious and linguistic heritage;
- (v) encourage, ensure and provide the opportunity for choice, decision-making and the building and strengthening of rapport and relationships;
- (w) ensure that basic needs are met appropriately;
- (x) ensure that the care plan and individual development plan are based on a proper developmental assessment of the child; and
- (y) ensure that care plans and individual development plans are reviewed regularly.

#### 8. Adoption services

Adoption services must—

- (a) be rendered by relevant service providers;
- (b) take the child's needs into account;
- (c) provide for assessment of the child;
- (d) include awareness campaigns to promote adoption as part of child protection services;
- (e) be based on appropriately formulated and implemented policy and procedures;
- (f) ensure that the child and his or her family, within their respective abilities, are actively involved in all stages of the adoption process;
- (g) be based on an inter-sectoral and multi-disciplinary approach;
- (h) take account of and address the changing social, physical, cognitive and cultural needs of the child and his or her family throughout the intervention process before and after adoption;
- ensure that all avenues to maintain the child within his or her own family are explored before adoption is considered;
- ensure that the child's family has access to a variety of appropriate resources and support;

- (k) be based on permanency planning for children qualifying for adoption;
- (I) ensure that adoption is dealt with by expert adoption social workers functioning within a statutory accredited adoption system;
- (m) ensure that children who are to be adopted are not discriminated against with regard to race, gender, language, religion, disability or any other status and that the biological parents of children who are to be adopted are not discriminated against;
- (n) ensure that the child is involved in the decision-making process during adoption procedures;
- ensure that inter-country adoption is considered as an alternative means of permanent care for a child when a suitable adoptive or foster family cannot be found nationally;
- (p) ensure that the standards of inter-country adoption conform with the Hague Convention on Inter-country Adoption;
- (q) ensure that inter-country adoption does not result in financial gain for those involved;
- (r) ensure that inter-country adoption is effected by the Central Authority;
- (s) provide for the recruitment, assessment and preparation of adoptive parents;
- (t) provide for the counselling of the child, his or her biological parents and the adoptive parents;
- (u) provide for after-care services to the adoptive family;
- (v) provide for the management of enquiries and interpretation of issues regarding descent and origin, accompanied by counselling of all parties;
- (w) provide for the tracing by an adult adopted person of his or her biological parents;
- (x) ensure that the particular needs of the child are matched with the special strengths of the adoptive family through appropriate assessment and preparation of the parties involved;
- (y) provide for assistance to prospective adoptive parents to assess their capacity to adopt and helping them to understand what parenting of an adopted child entails;
- (z) provide for assistance to adoptive parents to develop their personal and parenting skills; and
- (aa) provide for services to biological parents focusing on crisis intervention and life skills.

#### 9. Permanency plans

Permanency plans must—

- (a) be designed by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to develop such plans;
- (b) clearly identify the reasons why the child is unable to remain with his or her own family, or is being placed under court-ordered supervision with that family, at the time when the plan is being drafted;
- (c) clearly specify what it is that needs to be achieved in order to terminate courtordered supervision or restore the child to the care of his or her family, and what services will be offered for that purpose and by whom;
- (d) give priority to enabling the child to remain in or be restored to his or her own family, while also providing for other permanent solutions such as adoption, foster care or independent living arrangements, should this not be achieved despite genuine efforts to provide the necessary services to achieve permanent placement within the child's own family;
- (e) take account of the assessment framework, the assessment report and any other relevant information;
- (f) be family centred and focused on the strengths and capacities of family members:
- (g) be based on a multi-disciplinary and inter-sectoral approach;
- (h) be sensitive to the linguistic needs, religious and cultural values of children and their families:
- (i) make provision for the involvement of the child, his or her family and significant other persons;
- (j) provide sufficient and helpful information to the child, his or her family and significant other persons;
- (k) provide assistance to cope with changes in circumstances and environment and include a specific plan for preparing, supporting and monitoring such changes;
- (I) be based on approved policy and procedures;
- encourage children to identify and express emotions appropriately and empower them to find effective and positive ways to express and manage emotions;
- (n) encourage positive interaction with service providers;

- (o) encourage children to build and maintain appropriate relations with friends, service providers, family members and significant other persons;
- (p) include support to children when relations break down to cope with the impact of having contact or not having contact with family members and significant other persons;
- (q) provide for adequate health care and education opportunities;
- (r) provide such capacity and support as may be required to enable constructive and effective behaviour:
- (s) include measures for preparing children for reintegration into their families and communities;
- (t) include measures allowing children to participate in and understand changes to the permanency plan, which should only happen if it is in the best interest of the child concerned;
- (u) be reviewed regularly; and
- (v) be clear on goals and expectations.

#### 10. Education and information programmes

Education and information programmes must—

- (a) be rendered by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such programmes;
- (b) be based on a multi-disciplinary and inter-sectoral approach;
- (c) be rendered in an appropriate and intelligible language;
- (d) include fact sheets, pamphlets, guidelines, policies and procedures;
- (e) encompass awareness-raising, training and provide access to programmes;
- (f) promote the development of a human and children's rights culture;
- (g) be aimed at the early identification of high risk families and children;
- (h) promote gender sensitivity;
- (i) promote responsible values, attitudes and behaviour; and
- (j) be based on accepted policies, legislation and programmes.

#### 11. Child-headed households

#### (a) General

(i) Siblings in a child-headed household should, as far as is reasonably possible and practicable, remain together.

- (ii) The right to family life of any child-headed household should be promoted in accordance with the objectives of the Act.
- (iii) The independent functioning of a child-headed household must be promoted as far as is reasonably possible.
- (iv) Support to child-headed households must be aimed at enhancing the capacity of the children living in the child-headed household to function as a family.

#### (a) Safe and nurturing environment for children

- (i) Children must experience safety, support, security and feel cared for while living in a child-headed household, and have their basic needs met.
- (ii) Adequate nutrition, water and means for preparing food must be available to meet the basic needs of the children in a child-headed household.
- (iii) Adequate care of the health of children living in child-headed households must be undertaken.
- (iv) Children living in child-headed households must be able to benefit from the right to rest, leisure and play.
- (v) A child-headed household must respect and nurture the culture, spirit, dignity, individuality, language and development of each child living in that household and children must be encouraged to develop positive social values.
- (vi) The resources available to the household must be used equitably to promote the well-being of all children living in a child-headed household.
- (vii) Children living in child-headed households must have access to psychosocial support.

# (c) Birth registration, social assistance, social and community services, access to education and the development of skills

Children living in a child-headed household—

- (i) must benefit from official registration of their births in terms of the Births and Deaths Registration Act,1992 (Act No. 51 of 1992);
- (ii) must benefit from social assistance, as provided for in the Social Assistance Act, 2004 (Act No.13 of 2004), where the relevant criteria for access to such social assistance are met;
- (iii) may benefit from emergency assistance or aid, as may from time to time be available, including food, goods or transport assistance;

- (iv) who are of school going age, must attend school regularly, and receive any necessary assistance to enable them to access education;
- (v) must have access to social services and community services generally and to resources which promote their capacities and increase their ability to participate in community life; and
- (vi) must be enabled to develop the skills necessary to participate in social and economic life.

#### (d) Property

Children living in a child-headed household must be—

- enabled to assume responsibility for any property or possessions belonging to that household; and
- (ii) assisted to maintain and preserve any property belonging to the household, where such children wish to preserve such property, but may freely dispose of property in the best interests of the household.

#### (e) Exposure to harm

Children living in a child-headed household-

- (i) should not be exposed to violence, abuse, maltreatment or degradation, sexual abuse or harmful or hazardous forms of child labour; and
- (ii) must as far as is reasonably possible be protected from community risk factors.

#### (f) Disability, chronic illness and vulnerability

Child-headed households in which a child with a disability or a chronic illness resides,

- (i) must be assisted to obtain any special grants, assistance devices, educational or
- (ii)- vocational programme or other form of support necessary to ensure the optimal development of such child.

#### (g) Participation and consultation

Children living in a child-headed household must—

- (i) participate in all matters affecting the functioning of the household; and
- (ii) be consulted in any investigation by a designated social worker contemplated in section 150(2) and (3) of the Act.

#### (h) Monitoring and supervision

Children living in a child-headed household-

- (i) must be encouraged to report any change in living arrangements to a designated social worker, an adult appointed in terms of section 137(2) of the Act or any other suitable adult; and
- (ii) in respect of whom an adult has been appointed in accordance with section 137(2) of the Act, or in respect of whom an investigation has been concluded in terms of section 150 of the Act, where no finding has been made that the child or children are in need of care and protection, are entitled to be visited on a regular basis, and not less than once every two weeks, for the purposes of monitoring and supervision.

#### (i) Child heading the household

The child heading the household must give effect to the norms and standards contained in this Annexure to the maximum extent reasonably possible, bearing in mind the child's age, maturity and stage of development, to ensure that other children living in the child headed-household are assured of their rights to survival and development and to protection from harm.

#### **PART IV**

## NATIONAL NORMS AND STANDARDS FOR PREVENTION AND EARLY INTERVENTION PROGRAMMES

For the purposes of section 147(2) of the Act, the following are national norms and standards for prevention and early intervention programmes:

#### 1. Outreach services

Outreach services must—

- (a) be aimed at reaching out to especially vulnerable children and families in order to meet the needs of the children;
- (b) be aimed at meeting the needs of children in the context of family and community;

- (c) be aimed at the development of community-based services and facilities to promote safety and well-being of children in communities;
- (d) ensure that children and families are able to access documents, including birth certificates, to facilitate access to social security and other social services;
- (e) be accessible to children in different settings, including homes, schools and partial care facilities;
- (f) ensure that children and their families have access to resources that maximise strengths and develop new capacities that promote resilience and increase their ability to benefit from existing developmental opportunities;
- (g) provide opportunities for children to identify their needs in their communities;
- (h) be based on a multi-disciplinary and inter-sectoral approach;
- promote the identification of children at high risk of getting into the child care or criminal justice system;
- (j) include home-based care, community-based care, home visitation and community outreach support to particularly vulnerable children and families, including children and family members infected and affected by HIV/Aids and other chronic illnesses, children with disabilities and orphans;
- (k) teach communities to recognise the signs of abuse and deliberate neglect of children and the risk factors associated with abuse and neglect;
- (I) utilize community strengths and resources to promote neighbourhoods that enable the safety and well-being of children;
- (m) be aimed at addressing community risk factors including abuse, violence, substance abuse and crime;
- (n) be conducted in a non-discriminatory manner; and
- (o) be sensitive to language, religious, cultural norms and beliefs of communities.

#### 2. Education, information and promotion programmes

Education, information and promotion programmes must—

- (a) provide education and awareness on children's rights and responsibilities;
- (b) promote the importance of the early years, particularly early childhood development;
- (c) promote advocacy for the rights of children as well as for the needs of the most vulnerable children and families;

- (d) provide children and families with information and assistance on how to access the full range of government and civil society services available to vulnerable families and children; including health, social services, education, housing, water, electricity, food parcels, disaster relief and social assistance;
- (e) provide information and support to high risk families;
- (f) provide information and support to families affected by HIV/Aids and other chronic illnesses;
- (g) provide information and support to families of children with disabilities;
- (h) use available media and other communication measures;
- (i) be delivered in the language of the target groups;
- (j) provide information on the nature and type of services to children, families and communities;
- (k) promote values aimed at protecting children in their communities;
- (I) be provided in the language of particular communities and be sensitive to the cultural values and norms of such communities;
- (m) promote opportunities for community dialogue on matters pertaining to children; and
- (n) provide information on community risk factors and available resources to address them.

#### 3. Therapeutic programmes

Therapeutic programmes must—

- (a) provide psychosocial care and support to children and families;
- (b) promote the emotional well-being and growth of the child;
- (c) be appropriate to the developmental needs as well as the developmental stage of the child;
- (d) be delivered in an emotionally and physically safe environment and not harmful to the child:
- (e) must be conducted by service providers with appropriate training, support, supervision and mentoring;
- (f) be based on the assessment of the particular needs of each individual child and family;
- (g) assist recipients to use their strengths whilst they are assisted with their psychosocial needs;

- (h) be conducted in a non-discriminatory manner;
- (i) involve the child, his or her family and significant persons;
- (j) ensure that recipients are provided with a name and contact number of the service provider;
- (k) provide additional consultation and counselling;
- (I) ensure that proper records are kept and data captured;
- (m) be aimed at minimisation of secondary abuse and trauma;
- (n) ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously;
- (o) be reviewed on a regular basis according to the needs of the recipients; and
- (p) be sensitive to the linguistic needs, religious and cultural norms and values of children and their families.

#### 4. Family preservation

Family preservation must—

- (a) be aimed at the identification of high risk families and children;
- (b) be aimed at preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;
- (c) address factors that put children at risk of imminent removal from their environment;
- (d) address the particular needs of families in their diverse forms;
- (e) be rendered by service providers with appropriate training, support and supervision to maximise their abilities and capacity to conduct assessments and appropriate interventions;
- (f) be intensive in nature and delivered by a multi-disciplinary team within six months; seek to strengthen and support family support structures and render capacity development;
- (g) be aimed at improving the well-being and resilience of families;
- (h) be home-based and family-centred with family members seen as the main focus;
- (i) focus on and utilize the strengths of families;
- (j) ensure that family plans are developed with the participation of family members;
- (k) teach skills and develop capacity of parents, care-givers and families to address family risk factors;

- (I) enhance positive family relations and promote a family climate that promotes the care, protection and development of children;
- (m) ensure that children are safe from harm whilst in the family;
- (n) promote communication and positive relationships within families;
- (o) strengthen extended family as well as neighbourhood and community networks in promoting the well-being of the child;
- (p) promote reunification of children with their families;
- (q) ensure the participation of children, family members and other significant people in the child's life;
- (r) be based on a multi-disciplinary and inter-sectoral approach;
- (s) enable families to take responsibility and accountability for their involvement in programmes;
- (t) be sensitive to the linguistic needs, religious and cultural norms and values of children and their families; and
- (u) have a system for monitoring and assessing impact of programme.

#### 5. Skills development programmes

Skills development programmes must be-

- (a) aimed at improving children's and adult literacy;
- (b) aimed at alleviating poverty and its adverse effects on children;
- (c) aimed at creating employment and improving family income;
- (d) aimed at providing skills to enable them to care for sick and chronically ill children and children with disabilities:
- (e) sensitive to the linguistic needs, religious and cultural norms and values of children and their families; and
- (f) aimed at parenting skills and capacity development programmes.

#### 6. Diversion programmes

Diversion programmes must—

- (a) promote the child's dignity, well-being, development of sense of self-worth and ability to contribute to society;
- (b) be appropriate to the age and maturity of the child;

- (c) be based on an assessment of the particular needs of the child, using an approved developmental assessment framework which covers—
  - (i) detail on risk factors present in the child's life, including—
    - (aa) social relationships, including family and peer relationships;
    - (bb) education, including school grade, attendance and performance;
    - (cc) history of antisocial behaviour;
    - (dd) substance abuse;
    - (ee) medical or psychiatric history;
    - (ff) whether the child has been found in need of care; and
    - (gg)- the child's developmental areas that the programme is designed to address: and
  - (ii) strength assessment;
- (d) not interfere with the child's schooling;
- (e) impart useful skills;
- (f) not be exploitative, harmful or hazardous to a child's physical or mental health;
- (g) include a restorative justice element which aims at healing relationships, including the relationship with the victim:
- (h) include an element which 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;
- (i) involve parents and care-givers where available;
- (j) be presented in a location which is reasonably accessible to the child;
- (k) ensure that a child who cannot afford transport in order to attend selected diversion programme should, as far as it is reasonably possible, be provided with the means to do so:
- (I) promote the participation of children in decision-making;
- (m) be provided by suitably trained persons, with regular supervision;
- (n) have a system for monitoring the child's progress, including his or her compliance with the conditions of a diversion order;
- (o) have a system for monitoring the quality of programme delivery;
- (p) adhere to national policy guidelines; and
- (q) be sensitive to the linguistic needs, religious and cultural norms and values of children and their families.

## 7. Temporary safe care

- (a) Placement of a child in temporary safe care must be based on the assessment of the needs of the child.
- (b) Temporary safe care must promote the safety, security, dignity and well-being of the child.
- (c) Temporary safe care service providers must be properly screened and approved in the manner contemplated in regulation 57.
- (d) Temporary safe care service providers must demonstrate the ability to deliver an effective and efficient service to the child.
- (e) Temporary safe care may not be disruptive to the child's life and regular routine.
- (f) Temporary safe care must allow access to the child by relevant persons, including the parent, guardian, care-giver, next of kin or other professional as the need may be, if it is in the best interest of the child.
- (g) The identity and location of temporary safe care may not be revealed to the alleged offender or any person not acting in the best interests of the child for the protection of the child.
- (h) Temporary safe care must be sensitive to the linguistic needs, religious and cultural norms and values of children and their families.
- (i) There must be continuous monitoring and assessment of the well-being of a child in temporary safe care.

#### 8. Assessment of programmes

#### Assessment of programmes must—

- (a) be undertaken by service providers who have the appropriate training, support and competencies to conduct such assessments;
- (b) be conducted annually;
- (c) be undertaken in response to any well-founded report or complaint submitted to the provincial head for social development;
- (d) enable and facilitate sustained quality service delivery through support, guidance and capacity building;
- (e) be strength-based, holistic and appropriate to the cultural context of the programme;
- (f) be aimed at promoting decision-making about future programmes;

- (g) result in the development of a plan for capacity building and improved service delivery within 30 days of assessment;
- (h) be aimed at protecting and promoting the rights of children as contained in the Constitution of the Republic of South Africa, 1996, this Act and other relevant statutes;
- (i) 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;
- (j) be done with the participation of children and programme staff;
- (k) consider the following factors:
  - (i) The degree to which the programme reached the intended target;
  - (ii) the demographic profile of the target group;
  - (iii) whether recipients are receiving quality services;
  - (iv) the impact of the intervention on children, families and communities;
  - (v) the availability and efficient utilisation of programme resources;
  - (vi) quantitative and qualitative data on targets and services rendered as required by regulatory bodies;
  - (vii) sustainability of programme efforts;
  - (viii) ability of staff to implement the programme;
  - (ix) management function, ability and competency; and
  - (x) compliance with registration conditions as well as current national statutory financial regulations;
- (I) ensure participation of families and communities;
- (m) ensure the safety and well-being of children;
- (n) be aimed at addressing and meeting the developmental needs of children;
- (o) be aimed at building community support for programmes;
- (p) ensure that programmes promote positive social values; and
- (q) may be conducted by a multi-disciplinary panel.

#### **PART V**

#### NATIONAL NORMS AND STANDARDS FOR CHILD AND YOUTH CARE CENTRES

For the purposes of section 194(2) of the Act, the following are national norms and standards for child and youth care centres:

#### 1. Residential care programmes

- (a) Children must be received in a manner and a climate which is caring and safe, and which minimises trauma and maximises developmental opportunity during engagement or admission processes.
- (b) Children must receive services in a safe environment in which they are protected from physical, social and emotional harm.
- (c) Children must be accommodated in a safe, healthy, well-maintained environment, which provides appropriate access to the community and which meet their needs in terms of privacy, safety and wellbeing..
- (d) All reasonable measures must be taken to ensure that children and staff are safe from the risk of fire, accidents and other hazards..

## 2. Therapeutic programmes

- (a) The privacy and confidentiality of children must be respected and protected.
- (b) A child must have access to legal or other assistance to prepare for any court process that he or she is involved with.
- (c) Children must receive emotional and social care which enables quality interaction with adults and peers, and which promotes positive, sustained relationships at school and with families, significant others and friends.
- (d) Every child and youth care centre must offer a residential care programme that provides a therapeutic environment for the care and development of children.
- (e) Every child must receive an effective and appropriate developmental assessment and referral service which should lead to appropriate placement.
- (f) Every child must be provided with the capacity and support which enables constructive and offensive social behaviour.
- (g) Therapeutic programmes must be conducted by service providers with appropriate training, support, supervision and mentoring.

- (H) Therapeutic programmes must be conducted in a non-discriminatory manner.
- (i) Therapeutic programmes must minimise secondary abuse and trauma.
- (i) Therapeutic programmes must ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously.
- (k) Therapeutic programmes must be reviewed on a regular basis according to the needs of the recipients;
- **(l)** Therapeutic programmes must be sensitive to the linguistic needs, religious and cultural norms and values of children and their families.

#### 3. **Developmental programmes**

- (a) A child's development plan and programme must be based on an appropriate and competent assessment of his or her developmental needs and strengths.
- (b) Every child in a child and youth care centre must have a plan and programme of care and development.
- (c) Every child in a child and youth care centre must participate in formulating their care and development plans and must be informed of those plans.

#### 4. Permanency plans for children

- (a) Every child in a child and youth care centre must have a permanency plan based on a developmental assessment of the child.
- (b) The child must participate in the development of the permanency plan and be informed about the plan and any changes to it.

#### 5. Individual development plans

- (a) Children must receive services in accordance with their individual development plan which facilitates their well-being within a temporary programme and which enables them, where necessary, to make a successful transition to new circumstances.
- (b) Every child in a child youth care centre has the right to a permanency plan,

- which include reunification, security and life-long relationships.
- (c) Every child has the right to participate in formulating his or her individual development plan and to be informed about their plan, and to be involved in decisions to make changes to their plan.
- (d) The individual development plan must be based on an appropriate and competent assessment of their developmental needs and strengths and, where reasonably possible, be in the context of their family and community environments.
- (e) The family of the child, or other persons with bonds to the child, must be involved in the child's individual development plan unless it is shown that this would not be in the best interests of the child.
- (f) There must be a review of each child's placement and individual development plan at least once every six months while the child remains in the centre.

#### 6. Temporary safe care

- (a) Every child and youth care centre must provide temporary safe care to children if appropriate and if the centre allows for it.
- (b) Every child should be placed in temporary safe care for the shortest period possible and for the minimum number of days per week appropriate to their needs.
- (c) After reception of a child, a developmental assessment must take place to evaluate a more permanent placement of the child.
- (d) Children in conflict with the law must be offered the option of diversion in a manner which protects their rights and involves them and their families in decision making.
- (e) Children must be given information about their rights and responsibilities within the programme in a manner and form which takes into account their age.

#### 7. Protection from abuse and neglect

- (a) Children in child and youth care centres should be received in a caring and safe climate which minimises trauma and maximises developmental opportunity.
- (b) The environment should protect children from physical, social and emotional

- harm, and threats of harm from themselves and others.
- (c) Children must be given information about their rights and responsibilities within the programme.
- (d) Children must be informed about policy and procedure regarding reportable incidents or actions and must be provided with information and knowledge which ensure that they can use these procedures effectively when needed.

#### 8. Assessment of children

- (a) Assessment of a child in a child and youth care centre must be undertaken by a multi-disciplinary team.
- (b) The initial assessment must take place within 48 hours of the child's admission to the centre, and there must be regular reviews of the process.
- (c) Assessment must be strengths-based, holistic and appropriate to the child's culture, language and developmental stage.
- (d) Assessment must be done with the participation of the child and, as far as it is reasonably possible, with the child's family.
- (e) The assessment process must aim to increase insight and competency and must include shared decision-making.
- (f) Assessment processes and documentation must be of such a nature that they can be used at the point of reception, and do not need to be repeated.

#### 9. Family reunification and reintegration

Every child should have a care plan which aims to provide life-long relationships with their family or appropriate alternative and re-integration in the family and community within the shortest possible time-frame.

#### 10. Aftercare

Children should receive after care programmes focussing on support in terms of training and education, employment, independent living, family and community integration and psychosocial support.

#### 11. Access to and provision of adequate health care

All children in child and youth care centres must have access to health care services, and where the centre is registered to provide-

- (i) care for children with disabilities and chronic illnesses in terms of section 191(3)(a) of the Act; or
- (ii) treatment for children addicted to dependence producing substances in terms of section 191(3)(c) of the Act, such care or treatment.
- (iii) where there are a large number of babies in a centre, such care or treatment.

#### 12. Access to schooling, education and early childhood development

- (a) All children in child and youth care centres must have access to schooling, education, other appropriate training, skills programmes or early childhood development programmes where appropriate.
- (b) The education must as far as possible, be accessed at a school or other training facility in the community.
- (c) Where children cannot access education or other appropriate training in the community, such education or training must be provided at the child and youth care centre.

#### 13. Security measures for child and youth care centres

- (a) Children must experience safety and feel cared for.
- (b) Premises must be safe.
- (c) There must be adult supervision at all times.
- (d) All reasonable precautions must be taken to protect children and staff from the risk of fire, accidents or other hazards.
- (e) A first aid kit must be available and maintained.
- (f) Where obvious signs of injury or trauma are detected, a child must be referred to a hospital or clinic for further assessment and treatment, and his or her parents or care-giver be informed thereof as soon as possible, if their whereabouts are known.
- (g) Where it is suspected that a child may have been abused and in need of child protection services, such child must be referred to a designated child protection organisation.

# 14. Measures for the separation of children in secure care programmes from children in other programmes.

- (a) Children in secure care programmes must as far as reasonably possible be kept separately from children in other programmes. Such children must be separated at night, and where they are not separated during the day this must be managed as part of a residential care programme that provides appropriate containment.
- (b) Children in secure care programmes who are awaiting trial and children in secure care programmes who have been sentenced may be housed in the same facility, provided that the child and youth care centre is registered to provide appropriate programmes for such children, and that the residential care programmes provide for appropriate containment.

#### **PART VI**

#### NATIONAL NORMS AND STANDARDS FOR DROP-IN CENTRES

For the purposes of section 216(2) of the Act, the following are national norms and standards for drop-in centres:

#### 1. A safe environment for children

- (a) Children must experience safety and feel cared for while at a drop-in centre.
- (b) Premises inside and outside must be clean, safe and maintained to a reasonable standard.
- (c) Equipment used must be safe, clean and well maintained.
- (d) There must be adult supervision at all times.
- (e) All reasonable precautions must be taken to protect children and staff from the risk of fire, accidents or other hazards.
- (f) A first aid kit must be available and maintained, and persons providing services at a drop-in centre must be trained to administer it.

- (g) Any substances, cleaning materials or dangerous objects must be safely stored and kept out of reach of children.
- (h) Where obvious signs of injury or trauma are detected, a child must be referred to a hospital or clinic for further assessment and treatment, and his or her parents or care-giver informed as soon as possible, if their whereabouts are known.
- (i) Where it is suspected that a child may have been abused and in need of child protection services, such child must be referred to a designated child protection organisation.
- (j) Inhumane and degrading treatment and punishment of children in a drop-in centre is prohibited..

#### 2. Safe drinking water

- (a) Safe and clean drinking water must always be available.
- (b) Where water is not from a piped source, it must be treated and made safe using approved national guidelines for the treatment of water by adding one teaspoon of bleach to 25 litres of water.
- (c) All water containers must be covered at all times.

### 3. Hygienic and adequate toilet facilities

- (a) There must be safe and hygienic toilet and hand washing facilities.
- (b) Where sewerage systems are available, there must be one toilet and one hand washing facility for every 40 children.
- (c) Where no running water is available, there must be a minimum of 25 litres of drinkable water per day, bearing in mind the period of time for which the drop-in centre is open.
- (d) Where no washbasins are available, one suitable container for every 20 children must be made available, provided that such container is cleaned regularly and closed.

## 4. Access to refuse disposal services or other adequate means of disposal of refuse

- (a) Where possible, refuse must be disposed of according to municipality regulations.
- (b) Waste must be kept out of reach of children.

- (c) Waste disposal areas must be regularly disinfected.
- 5. Hygienic area for the preparation of food
- (a) There must be a separate, clean and safe area for the preparation of food as well as for cleaning up after food preparation.
- (b) There must be a separate space for the serving of food to children.
- (c) There must be a cooling facility for the storage of perishable food.
- (d) There must be a facility for the storage of food.

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#### **ANNEXURE A**

## THE CHILDREN'S ACT 38 OF 2005

CONSOLIDATED FORMS
IN TERMS OF THE REGULATIONS UNDER
THE CHILDREN'S ACT, 2005

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## FORM 1 CONSENT TO A VIRGINITY TEST BY A CHILD (Regulation 3(1)) [SECTION 12(5) OF THE CHILDREN'S ACT 38 OF 2005]

#### Part 1: Particulars of child and of person performing virginity test

[Child to be aged 16 years or older]

Full name of child	
Date of Birth/ID number	
Residential address of child	
Telephone contact details:	
Cell phone number	
Age of child (16 or older)*	
* Proof of age to be attached	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Particulars of person administering virginity test	
·	
Name	
ID No (where applicable)	
Residential Address	
Telephone contact details	
Cell phone number	
Part 2: Pre-test counseling, and acquisition of vo	oluntary and informed consent
I confirm that the child to undergo the virginity test ha	is received proper counseling about the risks, benefits and
social implications of a virginity test.	
,	
I confirm that I have received sufficient proof that the	child to undergo virginity test is 16 years or older.
I have explained to the child consenting to treatmen	t the following in a language that is understandable to the
child: -	
The nature of the virginity test and method to	be followed
<ul> <li>Any risks associated with a virginity test</li> </ul>	
The social implications of virginity test	
<ul> <li>Any other implications or possible conseque</li> </ul>	nces of a virginity test
The confidential nature of the results of a vir	ginity test,
The voluntary nature of the test	
,	
I have given the child an opportunity to ask questions	relating to the above.
Signature of person performing the virginity test	
• • • • • • • • • • • • • • • • • • • •	
Date:	Place:
	PLEASE SEE REVERSE HEREOF

l,	(insert child's name)
۵	understand that a virginity test is going to be performed on me, and that I am voluntarily undergoing this test
	understand the risks and possible consequences of a virginity test that have been explained to me
G	confirm that I have been given an opportunity to ask questions about a virginity test and the results of such a test
	consent to a virginity test but understand that I may at any time before the procedure withdraw my consent
l unders disclose	stand that the results of the virginity test will be confidential unless I give my consent for the results to be ed.
believe	e that I have sufficient information to give this informed consent.
Signatu	re of child
Date	
Place	**************************************
Signatu	re of witness
Date	
Place	

Part 3. Consent by child

## CONSENT TO SOCIAL OR CULTURAL CIRCUMCISION (Regulation 5) [SECTION 12(9) OF THE CHILDREN'S ACT 38 OF 2005]

#### PART A: PARTICULARS OF CHILD

Full name of child	
Date of birth /ID number	
Residential address of child	
Telephone contact details	
Cell phone number	
PART B: MEDICAL PRACTITIONER OR	R PERSON ADMINISTERING CIRCUMCISION
Name	
Address of practice	
ID number	
HPCSA registration number (in the case	
of a medical practitioner)	
Telephone contact details	Phone :
	Fax :
	E-mail :
Cell phone number	
Medical diagnosis requiring	
circumcision	
Date of circumcision	
Necessary (if administered by a medical pra-	nent has been used and a circumcision is medically
□ The nature of a circumcision. □ The different methods to perform a circumcis □ The method to be followed □ Any risks associated with a circumcision □ Any complications associated with a circumc □ Any other implications or possible consequer □ Other information (if any):	ision nces of a circumcision
I have given the child an opportunity to ask questions.	
That given the only an opportunity to don questions.	
Signature of person administering circumcision/medic	al practitioner
Date:	

PLEASE SEE REVERSE HEREOF

PART C: CONSENT BY CHILD	
I,(insert	name)
<ul> <li>understand that a circumcision is going to be performed on me, and tha this surgical procedure.</li> </ul>	at I am voluntarily undergoing
<ul> <li>understand the nature and implications as well as any risks and p circumcision that have been explained to me.</li> </ul>	possible consequences of a
<ul> <li>confirm that I have been given an opportunity to ask questions.</li> </ul>	
<ul> <li>consent to a circumcision but understand that I may at any time before consent.</li> </ul>	e the procedure withdraw my
<ul> <li>confirm that I have been given the opportunity to refuse the circumcision the Act.</li> </ul>	in terms of section 12(10) of
Signature of child	
Date:	
Signature of witness Date:	
PART D: ASSISTANCE BY PARENT OR GUA	RDIAN
(TO BE COMPLETED IN THE CASE OF A MALE CHILD OVER 16 YE	ARS BUT UNDER 18 YEARS)
I, (insert name) have assisted	the child to consent to a circumcision and
declare that the child is over the age of 16 years but under the age of 18 years sufficient maturity and has the mental capacity to understand the benefits, ricircumcision.	and is, to the best of my knowledge, of
I confirm that the child has been given the opportunity to refuse the circumcision in	terms of Section 12(10) of the Act.
Parent / guardian Date:	

### CONSENT TO RELIGIOUS CIRCUMCISION (Regulation 6)

#### [SECTION 12(8) OF THE CHILDREN'S ACT 38 OF 2005]

#### PART A: PARTICULARS OF CHILD

F		
Full name of child		
Date of birth/ID number		
Residential address of child		
Postal address		
Telephone Contact details	Phone:	
	Fax:	
	E-mail:	
Cell phone number		
Age of child		
PART B: MEDICAL PRACTITIONER OF	R PERSON ADMINISTERING CIRCUMCISION	
Name		
ID number		
Address of practice		
LIDOCA registration number /in the case		
HPCSA registration number (in the case		
of a medical practitioner)  Contact details	Phone :	
Contact details	Fax :	
	E-mail :	
Date of circumcision	L-mail .	
Date of circumcision		
I have explained to the person consenting the following	na.	
Thave explained to the person conserting the lonovin	··9·	
☐ The nature of a circumcision		
☐ Any risks associated with a circumcision		
Any complications associated with a circumo	cision	
<ul> <li>Any other implications or possible conseque</li> </ul>	ences of a circumcision	
☐ Other information (if any):		
· · ·		
	. A	
I have given the person giving consent an opportunity	y to ask questions.	
I confirm that appropriate anesthesia will be used		
Signature of * medical practitioner / person administer	ring the circumcision	
Signature of Theulear practitioner / person administer	any ne ordinosion	
Date:		
Date.		
	DI EASE SEE DEVERS	SE LIEDE

#### PART C: CONSENT BY PARENTS OR GUARDIAN WHERE CHILD IS UNDER THE AGE OF 16

<u>We/I, \_\_\_\_\_</u>

Signatu Date:	re of witness
Parent Date:	/ guardian
•	consent to a religious circumcision but understand that I/we may at any time before the procedure withdraw my/our consent.
•	confirm that I/we have been given an opportunity to ask questions.
•	understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me/us.
. •	understand that a religious circumcision is going to be performed.

### GENERAL REQUIREMENTS REGARDING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT (Regulation 7)

#### [SECTION 22 OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Particulars of mother of child/children or other holders of parental responsibilities and rights/ Particulars of father or person(s) upon whom parental responsibilities and rights are being conferred

Mo	ther	or	Hol	der	1
14101	11101	u,	ııvı	ucı	1.

Father or person(s) upon whom parental responsibilities and rights are being conferred

Surname	
Full Names	
ID No/Date of Birth/Passport no	
Residential Address	
Home telephone no	
Cell phone no	
Email address	
Work Address	
Work telephone no	
Relationship to child/children	

Details of further co-holders of parental responsibilities and rights in respect of whom this parental responsibilities and rights agreement applies must be furnished on a separate page and attached to this **Form** as an annexure.

Part B: Details of child or children in respect of whom parental responsibilities and rights agreement has been concluded

#### First Child

Surname	
Full names	
ID No/date of birth/Passport no	
Residential address	
Contact no	

Second (	Child
Surnam	ne
Full nar	nes
ID No/d	ate of birth/Passport no
Resider	ntial address
Contact	t no
Third Ch	
Surnam	
Full nar	
	late of birth/passport no
	ntial address
Contact	
	f additional children in respect of whom this parental responsibilities and rights agreement applies must hed on a separate page and attached to this Form as an annexure.
Please fii	Supporting Documentation  Ind the following supporting documentation attached:  Particulars relating to guardianship of the child/children (NB: agreement then to be made an order of the High Court)
	Particulars relating to the care of the child/children
	Particulars relating to contact with the child/children
	Particulars relating to the financial responsibilities for the maintenance of the child/children
	Particulars relating to other matters incidental to the exercise of parental responsibilities and rights
Part D: A	Agreement
ſ	(being the mother of/person having
parental names)_	responsibilities and rights in respect of (insert child or children's hereby agree to confer those parental
responsit upon_	oilities and rights as set out in the attached documents  (insert name of father/other person having an
. —	n the care, well-being and development of the child).
	, mo em o, non com g and compression or and compression of the compres
Details o	of parental responsibilities and rights conferred (optional)
******	

## Part E: Details of application for registration of parental responsibilities and rights agreement to be made an order of court

TO: The Family Advocate/Clerk of the Court/ Registrar of the	High Court
Place: Date:	
We,	
(initials and surnames)	
hereby apply for registration of the attached parental respor Family Advocate to be made an order of the honorable court.	-
Signed (Mother/other person)	Signed (Father/other person)
 Date	
Particulars of Family advocate (where applicable)  Official stamp	Name of Family Advocate
	Signature of Family advocate
	Place
	Date

## STATEMENT OF FAMILY ADVOCATE CONCERNING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT (Regulation 7)

#### [SECTION 22(5) OF THE CHILDREN'S ACT 38 OF 2005]

I				
and				
(insert names of parties)  was prepared with my assistance (tick if applicable) complies with the best interests of the child (insert names of children).				
I confirm that information about the contents of this parental responsibilities and rights agreement have been furnished to the child or children, bearing in mind the child/children's age, maturity and stage of development				
I confirm that the child or children been given an opportur been given due consideration	•			
Signed				
Date Particulars of Family advocate	Name of Family Advocate			
Official stamp	Signature of Family advocate			

File No:

#### FORM 6

## STATEMENT OF OUTCOME OF MEDIATION (Regulation 8)

#### [SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]

1. I cert	ify that the Section	n 21(3) mediati	ion betw	een:							
(Applica	ant)										
and											
(Respo	ndent)		•••••	••••••	• • • • • •	•••••	************	••••			
concerr	ning the minor child	dren:									
1				(ins	ert na	ame, g	ender and	date of	birth)		
2				(in	sert r	name g	jender an	d date of	birth)		
3				(i	insert	пате	, gender a	and date	of birth)		
	solved	************									
	s unresolved										
2. Copy	of parental respo	nsibilities and	rights aç	greem			•	): (to be	attached)		
Offi	cial stamp							Nam	e of Famil	y Advoc	ate
								 Sign	ature of Fa	amily ad	vocate
								 Plac	e		
								Date	·		
3.2 Deta	ails of social worke	er, social servi	ces prof	essior	nal or	other	suitably q	ualified p	erson:		
	Social worker	registered	as	such	at	the	Social	Work	Council	(give	practice
	number)										
	Psychologist reg						ental Cou	ncil (give	practice		

	Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*
Fu	I name
Sig	nature
Da	<del></del>

## FORM 7 CONFIRMATION OF NON-ATTENDANCE OF MEDIATION (Regulation 8 [SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]

File No	):	
l confir	m that as regards the Section 21(3) mediation between:	
(Applic	eant)	
and		
(Respo	ning the minor children:	
	(insert name, gender	and date of birth)
	(insert name gender	
	(insert name, gende	
(A) the	Respondent was notified of the mediation session to be held on -	(ive date and time) by means of:
Details	Respondent failed to attend the mediation session.  of Family Advocate (where applicable)	
	ncial starrip	Name of Family Advocate
		Signature of Family advocate
		Place
		Date
Details 🗅	of Social worker, social service professional or other suitable qua Social worker registered as such at the Council for Social number)	al Services Professions (give practice
	Psychologist registered to practice at the Medical and Dental C number)	

	Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*
*Annex	supporting documentation where necessary
 Ful	 I name
 Sig	 inature
 Da	

## APPLICATION FOR REGISTRATION OF A PARENTING PLAN OR FOR PARENTING PLAN TO BE MADE AN ORDER OF COURT

#### (Regulation 9)

#### [SECTION 34(2) OF THE CHILDREN'S ACT 38 OF 2005]

### Part A: Particulars of holders of parental responsibilities and rights to whom the attached parenting plan applies

Hol	der	1.

Surname	
Full Names	
ID No/Date of Birth/passport no	
Residential Address	
Home telephone no	
Cell phone no	
Email address	
Work Address	
Work Telephone no	
Relationship to child/children	

#### Holder 2.

Surname	
Full Names	
ID No/Date of Birth/passport no	
Residential Address	
Home telephone no	
Cell phone no	
Email address	
Work Address	
Work telephone no	
Relationship to child/children	

#### Holder 3.

Surname	
Full Names	
ID No/Date of Birth/passport no	
Residential Address	
Home telephone no	
Cell phone no	
Email address	
Work Address	
Work telephone no	
Relationship to child/children	

Details of further co-holders of parental responsibilities and rights in respect of whom this application applies to be furnished on a separate page and attached to this Form as an annexure.

#### Part B: Details of child or children in respect of whom parenting plan applies

First Child	
Surname	
Full names	
ID No/date of birth/passport no	
Residential address	
Contact no	
Second Child	
Surname	
Full names	
ID No/date of birth/passport no	
Residential address	
Contact no	
Third Child	
Surname	
Full names	
ID No/date of birth/passport no	
Residential address	
Contact no	
attached to this Form as an annexure.	n application applies to be furnished on a separate page and of parenting plan or for parenting plan to be made an order
TO: The Family Advocate/Clerk of the Court/ Reg	viotros of the High Court
Place:	Jouan of the High Court
Date:	
We,	
(initials and surnames)	
	enting plan at the Office of the Family Advocate/ hereby apply der of the honorable court (delete whichever is not applicable).*
Signed:	 Signed:

Date	
* Attach written copy of parenting plan signed by the parties to the agree	ement/ attach copy of Form 7
Part D: [Note to Applicants: This Part to be completed only where a parassistance of a family advocate, social worker or psychologist, or after suitably qualified person in instance where co-holders of parental responses exercising their responsibilities and rights [section 33(2) and (5) of the Complete Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities and rights [section 33(2) and (5) of the Co-holders of parental responsibilities	r mediation by a social worker or other nsibilities have experienced difficulties in
Attached to this application is:	
□ Form 10 (Tick whichever is applicable)	
Signature of applicant	Signature of applicant
Date	

## STATEMENT OF FAMILY ADVOCATE, SOCIAL WORKER OR PSYCHOLOGIST THAT PARENTING PLAN WAS PREPARED AFTER ASSISTANCE

#### (Regulation 10)

#### [SECTION 33(2) AND (5) OF THE CHILDREN'S ACT 38 OF 2005]

I(Name and surname)				
□ Family Advocate at the abovementioned High Court/ Divor □ Social worker registered as such at the Council for number	social services professions (give practice			
Psychologist registered to practice at the Medic	cal and Dental Council (give practice			
hereby confirm that the parenting plan referred to in Form 8 between and	en			
(insert names of parties) was prepared after assistance by myself and complies with the best				
I confirm that the child or children have been given an opportunity been given due consideration	to express their views, and their views have			
	Name of Family Advocate/ Social worker/Psychologist			
Signed	Signature of Family Advocate/Social worker/Psychologist			
Date				
Particulars of Family advocate (where applicable)	Place			
Official stamp	Date			
	Telephone number			
	Address: Name of organization:			

## STATEMENT OF SOCIAL WORKER OR OTHER SUITABLY QUALIFIED PERSON THAT PARENTING PLAN WAS PREPARED AFTER MEDIATION

#### (Regulation 10)

#### [SECTION 34(3) OF THE CHILDREN'S ACT 38 OF 2005]

i(Name and surname)						
	Social worker registered as such at the Council for social number	· .				
	Other suitably qualified person (details of reasons why suitably qualified below)*	qualified to be furnished in the space				
	ex supporting documentation where necessary					
and	by confirm that the parenting plan referred to in Form 8 between					
(insert n	(insert names of parties)  was prepared after mediation by myself and complies with the best interests of the child/children					
-	parties confirm that information about the contents of this parenting ren bearing in mind the child or children's age, maturity and stage of d					
-	parties confirm that the child or children have been given an opporture these views due consideration	-				
	Telephone o	contact details:				
Signed	ed Address:					
 Date	Organisation	n:				
	ature of Parties:					
1						
2						

# FORM 11 APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY (\* DELETE WHICH IS NOT APPLICABLE) (Regulation 14) [SECTION 81 OTHE CHILDREN'S ACT 38 OF 2005]

	(A)		NATURE OF APPLICATION	
This is a	an application in respect	of:		
	An educare centre, prov An after school centre, A private hostel, providi A temporary respite ca absence of their parents A place of care providin	viding partionoviding partial of partial of a partial of a partial of g partial can be seen the partial of a	r children from birth to an age of 3 years ial care for children from 3 years until school going a partial care for children attending a primary or secondary so a providing temporary full-time partial care during ent or care-giver of a child are for children with disabilities who require a high less in respect of which application is made)	dary school chool the temporary
		(-)		
Name o	f partial care facility:			_
Physical	l address:			_
Postal a	address:			<u>-</u>
			Postal code:	<del></del>
Name o	f person or body who m	anages the	e partial care facility or who wishes to establish it:	
Physical	l address of person or b	ody:		
Telepho	one :		Cell phone:	<del></del>
Fax num	nber:		E-mail:	_
The nun	nber of children that will	be accom	modated in each category of partial care in respect o	of which application is made:
-				

(C) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the partial
  care facility including a copy of any qualification which would enhance partial care of children;
- A report by a social service professional on the viability of the application as prescribed by section 81(1)(c) of the Act;
- a business plan containing the information prescribed by regulation 14(4)(a);
- the constitution containing the information prescribed by regulation 14(4)(b);
- an original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration
- · the emergency plan; and
- clearance certificates that the name of the applicant and the names of all staff members do not appear in the
  National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related
  Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of
  Chapter 7 of the Act;

(D) GENERAL REMARKS
Any additional remarks by the applicant in support of the application:
certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.
SIGNATURE OF APPLICANT CAPACITY DATE

PLEASE SEE REVERSE SIDE

#### FORM 12

## CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY (\* DELETE WHICH IS NOT APPLICABLE) (Regulation 15) [SECTION 82 0F THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:								
Ale e Cellerrine e estis								
	the following partial care facility has been registered in terms of section 82 of the Act							
the following partia	al care facility has been conditionally registere	ed in terms of section 83 of the Act;						
the registration of	the following partial care facility has been re	enewed in terms of section 82 of the						
Act								
the registration of	the registration of the following partial care facility has been conditionally renewed in terms of							
section 83 of the A	· <del></del>							
the reinstatement	of the following partial care facility has been a	approved in terms of section 84						
on	(insert date).							
Name of partial care facility	y:							
Physical address of partial	care facility:							
Triyologi addiooo of partici	outo ruomy.							
The validity of this registrat	tion expires on:	(insert date)						
The validity of this registra	and expires on:	(moort date)						
	registered subject to the following conditions	indicating the maximum number of childre	n that may					
be accommodated:								
Indicate registration	Type of partial care facility	Maximum number of children						
(Yes or No)	lypo or partial data lability	that may be accommodated						
	Crèche							
	Educare centre							
	After school centre							
	Private boarding hostel							
Temporary respite care facility  Place of care providing partial care for								
children with disabilities requiring a high								
level of support								

The registration or renewal of registration	on is subject to the folk	owing additional condit	ions:
Provincial Head: Social Development Municipal Manager Province/Municipality: Date of issue:			