



CHILDREN'S ACT GUIDE for Drop-in Centre Managers

November 2012

Lucy Jamieson and Lizette Berry

Children's Institute, University of Cape Town

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CONTENTS

Summary of forms	5
Acronyms	6
Key words	7
1 Who is this guide for?	11
2 What is the Children's Act?	12
3 Why is the Children's Act important for drop-in centre staff and volunteers?	16
4 Who does the Children's Act apply to?	17
5 What are the general principles of the Children's Act? Why are they important?	18
6 How are drop-in centres defined in the Children's Act?	24
7 What programmes can a drop-in centre run?	25
8 How are drop-in centres registered?	33
9 What staff and staff training are required for drop-in centres?	41
10 What does the Children's Act say about funding of drop-in centres?	43
11 How are drop-in centres assessed?	44
12 What must I do if there is an accident or a child is injured or abused while in my care?	45
13 What must I do if I suspect that a child has been abused or deliberately neglected?	47
14 What are the government's obligations according to the Children's Act?	48
15 What are the norms and standards for drop-in centres and prevention and early intervention programmes?	49
Forms	59

SUMMARY OF FORMS

These forms are required in terms of the Children's Act. Some of them cover the registration of a drop-in centre, others relate to reporting requirements. This guide explains how and when they should be used. All forms are reproduced in full at the end of the guide.

FORM 22	Reporting of abuse or deliberate neglect of child
FORM 29	Inquiry by employer to establish whether person's name appears in Part B of the National Child Protection Register
FORM 52	Application for the registration/conditional registration/renewal of registration of a drop-in-centre
FORM 53	Certificate of registration/conditional registration/renewal of registration of a drop-in-centre
FORM 54	Rejection of an application for the registration/conditional registration/renewal of registration of a drop-in-centre
FORM 56	An appeal against a decision of a provincial head of social development in terms of Section 223 of the Act in respect of a drop-in centre
FORM 57	An appeal against a decision of a municipal official in terms of Section 225(6) of the Act in respect of a drop-in centre

ACRONYMS

DSD	Department of Social Development
HSD	Head of Social Development
ID	Identity document
MEC	Member of the Executive Council
NCPR	National Child Protection Register
UNCRC	United Nations Convention on the Rights of the Child

KEY WORDS

Key terms	Definition
Caregiver	<p>A caregiver is anyone who cares for a child, and includes:</p> <ul style="list-style-type: none">• grannies, aunts and other relatives who care for the child with the consent of the parents or guardian of the child;• a foster parent;• someone offering temporary safe care;• the head of a shelter or child and youth care centre;• a child and youth care worker supporting children in the community;• a child (16 years and older) heading a child-headed household.
Children's Act and Children's Amendment Act	<p>Parliament split the Children's Bill into two parts in 2003. The first half was called the Children's Bill, and the second half was called the Children's Amendment Bill. The Amendment Bill covers services that are provided by provincial governments (e.g. child and youth care centres, early childhood development programmes and protection services). It was approved by Parliament and the President and is known as the Children's Amendment Act 41 of 2007. The two Acts have now been combined into one Act called the Children's Act 38 of 2005 (as amended by Act 41 of 2007).</p>
Child(ren) in need of care and protection	<p>Section 150 of the Children's Act says that the government has to take action to protect children if a child:</p> <ul style="list-style-type: none">• has been abandoned or orphaned and is without any visible means of support;• displays behaviour which cannot be controlled by the parent or caregiver;• lives or works on the streets or begs for a living;• is addicted to substances causing dependence and is without any support to obtain treatment for such dependency;• has been or is at risk of serious physical or mental harm; or• has been abused, neglected, or exploited. <p>If a child is found to be a victim of child labour or is living in a child-headed household, a social worker must investigate to find out if the child is in need of care and protection.</p>

Chronic	Long-lasting, ongoing.
Designated child protection organisation	A child protection organisation that has been given written approval by the Director-General or provincial Head of Social Development to perform child protection services.
Enabling documents	These are documents (such as birth certificates, identity documents and the road-to-health book) that children need to access important services.
Exploitation	Some people take advantage of children and treat them unfairly. Children can be exploited in different ways. Child pornography and child prostitution are examples of sexual exploitation. Child labour and using children to commit crimes are examples of economic exploitation. ¹
Family environment	The environment in which the child lives including the relationships between the child and family members. The word 'family' means different things to different people. In South Africa, children may be cared for by different caregivers, and move between these different caregivers.
Fit and proper person	The Act does not give a definition of a 'fit and proper person', but it does give some examples of people who are unsuitable to work with children. For example, people whose names appear on Part B of the National Child Protection Register (NCPR). A 'fit and proper' person should also have the required skills and qualifications.
Inter-sectoral approach	An inter-sectoral approach means working closely with different sectors such as health, education and social development to ensure that children's needs are met. ²

¹ Wright JH (2006) *What is child exploitation?* <http://ezinearticles.com>.

² Evans J (1997) *Breaking down the barriers: creating integrated early childhood development programmes*. Keynote address at the Conference on the Holistic/Integrative Concept in Early Childhood Education and Development. Larnaca, Cyprus, February 15 – 18.

Multi-disciplinary approach	A multi-disciplinary approach involves drawing on the skills of people from different disciplines. This allows people to understand problems from different perspectives. By working with people who have different skills, training and experience, teams are able to find new solutions to complex problems.
Non-discrimination	This means treating people fairly or equally.
Person who has rights and responsibilities in respect of the child	The parent, guardian or caregiver of the child.
Positive discipline	Positive discipline teaches children how to behave well without hurting them or making them feel belittled. Positive discipline also builds children's self-confidence by praising good behaviour and showing children how to do things right.
Prescribed	Required by law. For example: the provisions and forms contained in the regulations of the Children's Act.
Psychological programmes	Promote children's mental and emotional health.
Re-zoning	In residential areas, if a drop-in centre is based in a house or private residence, the local municipality may ask the centre manager to apply to have the premises re-zoned. A re-zoned premises means that the land is no longer considered suitable for residential use and is now classified as a 'business'. Once the re-zoning application is approved, centres should receive a re-zoning certificate. There is usually a cost for applying for the certificate. The certificate may be needed for the centre's registration.
Registration holder	The person whose name is on the registration certificate: Form 53.

Rehabilitative programmes	Help children experiencing certain problems to cope with or recover from those difficulties. These programmes aim to help children return to a healthy and independent life.
Repealed	A law that is repealed is no longer in force and cannot be used anymore.
Secondary disabilities	A child with a disability is more prone to illness and health-related complications. If precautions are not taken or if prompt treatment is not given at the first signs of a health condition or illness developing, then a child with an existing disability is at risk of developing a secondary health condition.
Social assistance	Government provides support to people who are unable to provide for their basic needs or those of their dependants. This is usually in the form of a cash grant. ³
Social service professional	The definition in the Children's Act lists only probation officers, development workers, child and youth care workers, youth workers, registered social auxiliary workers and social security workers, but social workers are also social service professionals.
Stage of development	As children grow up, they pass through different stages of development. For example, children usually learn to crawl before they can walk. Children learn certain skills (known as milestones) during each stage. Children also have different needs at different stages of development.
Substantiate	Have proof, or be able to give good reasons.
Therapeutic programmes	Help children with their problems by treating the problem, and by promoting emotional and physical healing and wellness.

³ Olivier M & Jansen van Rensburg L (2001) Perspectives on the concept of social security. In: Olivier M, Kalulua E, van Steenberge J, Jorens Y & van Eeckhoutte W (eds) *The extension of social security protection in South Africa. A legal inquiry*. Claremont: Siber Ink.



1 WHO IS THIS GUIDE FOR?

This guide is written for drop-in centre managers and focuses on the parts of the Children's Act that are most useful to them. Some of the sections are also relevant to staff and volunteers.



This guide should be read in conjunction with the relevant sections of the Act and it is not intended to replace the Act. All social service providers responsible for the care and protection of children are strongly encouraged to read the Act and attend a training course on the Act.

Visit www.ci.org.za for a copy of the Act and its Regulations. Contact your provincial Department of Social Development to find out about training on the Act.

2 WHAT IS THE CHILDREN'S ACT?⁴

The Children's Act provides for a range of social services for children and families. The aim of the Act is to support families to promote their children's well-being, prevent abuse and neglect, and to ensure appropriate care for **children in need of care and protection**. The social services include:

- early childhood development programmes and partial care services;
- prevention and early intervention programmes (including home-based care for families affected by **chronic** illnesses such as HIV/AIDS, parenting programmes, child and family counselling, and providing families with the basic necessities);
- drop-in centres;
- protection services (identifying, reporting and supporting abused and vulnerable children);
- foster care and cluster foster care;
- adoption; and
- child and youth care centres (children's homes, schools of industry, places of safety and shelters for street children).

It also regulates who provides these services, and how, by setting out the norms and standards for these services.

Child(ren) in need of care and protection: Section 150 of the Children's Act says that the government has to take action to protect children if a child: has been abandoned or orphaned and is without any visible means of support; displays behaviour which cannot be controlled by the parent or caregiver; lives or works on the streets or begs for a living; is addicted to substances causing dependence and is without any support to get treatment for such dependency; has been or is at risk of serious physical or mental harm; or has been abused, neglected, or exploited. If a child is found to be a victim of child labour or is living in a child-headed household, a social worker must investigate to find out if the child is in need of care and protection.

Chronic: long-lasting, ongoing.

⁴ Abridged and adapted from Mahery P, Jamieson L & Scott K (2011) *Children's Act guide for child and youth care workers*. Edition 1. Children's Institute, University of Cape Town, & National Association of Child and Youth Care Workers. Available: www.ci.org.za.

The original **Children's Act 38 of 2005** was amended by the **Children's Amendment Act 41 of 2007**—some of the provisions came into force on 1 July 2007 and the rest of the provisions and the associated regulations on 1 April 2010.



Children's Act and Children's Amendment Act: Parliament split the Children's Bill into two parts in 2003. The first half was called the Children's Bill, and the second half was called the Children's Amendment Bill. The Amendment Bill covers services that are provided by provincial governments (e.g. child and youth care centres, early childhood development programmes and protection services). It was approved by Parliament and the President and is known as the **Children's Amendment Act 41 of 2007**. The two Acts have now been combined into one Act called the **Children's Act 38 of 2005** (as amended by Act 41 of 2007).

2.1 Children's rights and the Children's Act

The Act aims to give effect to children's constitutional rights to:

- family care, parental care or appropriate alternative care (when removed from the **family environment**);
- social services;
- protection from maltreatment, neglect, abuse or degradation; and
- have people put the child's best interests first in every matter concerning the child.

The Act reinforces the rights that children already have in the South African Constitution and introduces new rights such as children's right to participate in decisions affecting them.

Everyone working with children must respect, protect, promote and fulfil the rights of children set out in the Children's Act. They have a duty to:

- **Respect children's rights.** People must not interfere with children's enjoyment of their rights. For example, all **caregivers** must respect children's right to be free from violence by not smacking them.
- **Protect children's rights.** The government must take active steps to prevent other people from interfering with (or violating) children's rights. For example, the government must run programmes to prevent people from abusing children, and anyone caring for children must protect children from abuse.
- **Promote and fulfil children's rights.** The State must take action and put programmes in place to make these rights a reality. For example, the State must provide prevention and early intervention programmes to fulfil children's right to protection from abuse.

Family environment: The environment in which the child lives including the relationships between the child and family members. The word 'family' means different things to different people. In South Africa, children may be cared for by different caregivers, and move between different caregivers.

Caregiver: A caregiver is anyone who cares for a child, and includes grannies, aunts or other relatives who care for the child with the consent of the parents or guardian of the child; foster parents; someone offering temporary safe care; the head of a shelter or child and youth care centre; a child and youth care worker supporting children in the community; and a child (16 years and older) heading a child-headed household.

2.2 Putting the Children's Act into practice

The Children's Act took over 10 years to write and put into practice. During this time, the context in which children live and in which services are delivered has changed. For example, the number of orphans has grown. The Children's Act was not designed to meet this particular challenge, so some parts of the Act need to change.

Some of the services in the Act are new, and are being implemented for the first time, so you may come across things that do not work in practice. This is to be expected with any new law.

At the time of writing, the Department of Social Development (DSD) was talking to practitioners to find out about their experiences and what they recommend changing in the Children's Act. These changes will be outlined in an Amendment Bill that the DSD hopes to take to Parliament by end 2014.

It is important to see the Children's Act as a living document that will change over time in order to best meet children's needs. The information in this guide was accurate at the time of publication, but for the latest updates please check the DSD or the Children's Institute websites.

TAKE ACTION

You should write down any challenges you experience in implementing the Act and any suggestions on how to improve it. Contact Lucy Jamieson at the Children's Institute for information on how to make a submission to the DSD.

CASES FROM THE FIELD

Tom Hewitt, Umthombo (KwaZulu-Natal)

Umthombo engages in advocacy on key issues that relate to street children. Through campaigns it aims to educate society about the realities that street children face and to impact on policy and decision-making in relation to street children. Umthombo has been an active participant in the development of a new national policy on street children with the Department of Social Development.

Umthombo has also engaged in working groups that are assisting policy-makers on the Children's Act and the Sexual Offences Act. In both instances former street children testified about their experiences.



3 WHY IS THE CHILDREN'S ACT IMPORTANT FOR DROP-IN CENTRE STAFF AND VOLUNTEERS?⁵

The Children's Act is a comprehensive law on matters affecting children. It has **repealed** various other laws affecting children including the:

- Child Care Act of 1983;
- Children's Act of 1960;
- Age of Majority Act of 1972;
- Children's Status Act of 1987;
- Guardianship Act of 1993;
- Natural Fathers of Children born out of Wedlock Act of 1997; and
- Section 4 of the Prevention of Family Violence Act of 1993.

The Children's Act provides a legal framework to guide anyone involved in the care, development and protection of children, in order to promote children's rights and well-being. The Act describes, among other things:

- the definition of drop-in centres;
- the legal requirements that drop-in centre managers need to meet, for example, it tells you how to register a centre; and
- the programmes drop-in centres can run.

Drop-in centre managers, staff and volunteers are required to perform their duties and responsibilities according to the Act.

Repealed: A law that is 'repealed' is no longer in force and cannot be used anymore.

⁵ Abridged and adapted from Mahery P, Jamieson L & Scott K (2011) *Children's Act guide for child and youth care workers*. Edition 1. Children's Institute, University of Cape Town, & National Association of Child and Youth Care Workers, pp. 17–20. Available: www.ci.org.za



4 WHO DOES THE CHILDREN'S ACT APPLY TO?

The Act applies to individuals (parents or caregivers of children and people working with children), civil society organisations, companies and all organs of state. Organs of state are government departments (such as the Department of Social Development) and people who work for government such as educators, social workers, doctors and other officials. Government institutions such as public schools must also apply the general principles and requirements of the Act to everything they do that affects children.





5 WHAT ARE THE GENERAL PRINCIPLES OF THE CHILDREN'S ACT? WHY ARE THEY IMPORTANT?

The Act sets out general principles to guide the implementation of the Children's Act and all other laws that apply to children. According to the general principles, all proceedings, actions and decisions concerning a child must:

- respect, promote, protect and fulfil children's constitutional rights, the child's best interests, and the rights and principles set out in the Children's Act;
- respect the child's dignity and treat children fairly and equitably;
- protect the child from unfair discrimination—including discrimination based on the health status or disability of the child or his or her family;
- recognise the child's need for development—including the need for play and recreational activities that suit the child's age; and
- recognise a child with a disability and respond to his or her special needs.

The general principles also say that, in any matter concerning the child:

- the child's family should be given an opportunity to express their views (if that would be in the child's best interests);
- conflict should be avoided and people should work together to resolve their differences;
- people should try to avoid delays in taking actions or making decisions; and
- the child (depending on his or her age, maturity and **stage of development**) and the **person who has rights and responsibilities in respect of the child** must be informed of any actions or decisions that will significantly affect the child, and be made part of the decision-making process.

The United Nations Convention on the Rights of the Child (UNCRC) has four general principles on: survival and development, participation, **non-discrimination** and best interests. These principles underpin everything we do for children. The Children's Act gives more guidance on the implementation of three of them.

Stage of development: As children grow up, they pass through different stages of development. For example, children usually learn to crawl before they can walk. Children learn certain skills (known as milestones) during each stage. Children also have different needs at different stages of development.

Person who has rights and responsibilities in respect of the child: The parent, guardian or caregiver of the child.

Non-discrimination: This means treating people fairly or equally.

5.1 The best interests principle

Section 9 of the Children's Act says that, "the child's best interests is of paramount importance" in all matters concerning the care, protection and well-being of a child. This means that the child's best interests is the most important factor people must consider when making decisions about any service, care, or other form of support provided to the child and his or her family.

How do I know what a child's best interests are?

There is no easy answer to this question. Each case will be different and practitioners will have to make their own decision. The Children's Act describes the factors that have to be balanced. Section 7 contains a long list of factors to consider when deciding on the best interests of the child. The following factors are most relevant for drop-in centre staff:

- the child's age, maturity and **stage of development**;
- the child's gender;
- the child's physical and emotional security and his or her intellectual, emotional, social and cultural development;
- any disability or **chronic** illness that a child may have;
- the child's personal relationships with the parents, family or caregivers;
- the attitude of the parents, or any specific parent, towards the child;
- the capacity of the parents, or of any other caregiver, to provide for the needs of the child;
- the likely effect on the child of any change in the child's circumstances; and
- the need to protect the child from any physical or psychological harm, or witnessing harmful behaviour towards another person.

Please consult the Act for the full list.

EXAMPLE

Umthombo's street educators identify children on the streets, build a relationship of trust with them, provide for their basic needs but also engage with them around alternatives to living on the streets. Listening to the children is the starting point of good outreach work.

5.2 Children's participation

The UNCRC and the African Charter on the Rights and Welfare of the Child are international laws that apply in South Africa. They both include provisions that protect children's right to participate in actions and decisions that affect them. These rights include:

- the right to be heard;
- freedom of expression;
- the right to information; and
- the principle that the best interests of the child should be put first in every matter affecting a child (or a group of children).

Following in the footsteps of international law, Section 10 of the Children's Act states:

*Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child **has the right to participate** in an appropriate way and views expressed by the child must be given due consideration. [Emphasis added]*

Children's right to participate is one of the principles of the Children's Act. That means that it should be respected whenever a section of the Act is being put into practice. This principle allows for the child's opinion to be heard and taken into account in all matters that would affect the child. This goes hand in hand with the general principle that the child must be informed of any action or decision taken that would significantly affect the child.

It is important to think about the age and development of individual children. Allowing children to communicate and express their views and wishes in a manner that they are comfortable with is vital. This often needs creativity, the use of play and various forms of self-expression. Paying attention to children's body language, facial expressions and gestures is as important as listening to what they say.

5.3 Children with disabilities and chronic illnesses

The rights of children with disabilities are protected by international and regional laws. The UNCRC, especially article 23, recognises children with disabilities as a vulnerable group requiring special protection. And the United Nations Convention on Persons with Disabilities calls for the full and effective inclusion of children with disabilities in society, equal opportunities, respect, dignity, non-discrimination and the accessibility of services and programmes. This means children with disabilities should have access to and be included in all services and programmes offered to children.



The Children's Act also recognises the needs of children with disabilities and chronic illnesses. Section 11 says that consideration must be given to:

- providing the child with parental, family or special care (as and when appropriate);
- creating conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community;
- providing support services to the child and his or her caregiver; and
- creating opportunities for the child to participate in social, cultural, religious and educational activities.



CASES FROM THE FIELD

Moira Simpson and Sam Mokgopa, Kids Haven (Gauteng)

Phelisa* is 5 years old. She attends an ECD programme at a drop-in centre. Her mother, Zolani, is unemployed. Phelisa is quite thin, and is always hungry. For the past week she has hung around the centre, not really wanting to go home. When asked, she says everything is fine, but it is clear from her body language and actions that something is wrong. She became quite distressed when it was suggested that the care worker call her parents for a visit, but agreed that the care worker speaks to her mom.

The following day the care worker met with Zolani, and it was discovered that the stepfather refuses to support Phelisa in any way as she is not his child, but spoils his own children in front of her. Phelisa is not allowed to eat his food, and has to sleep on the floor. Also, he is very confrontational and aggressive towards Zolani at the moment, particularly when he is drunk.

When Phelisa joined the discussion she was comforted by the fact that Zolani was aware of what was going on, and was able to say that she is very scared of her stepfather. Zolani and Phelisa agreed to see a social worker to look at different solutions. The care worker continued to monitor Phelisa's school performance and emotional state.

*Not her real name

CASES FROM THE FIELD

Sam Mokgopa and Moira Simpson, Kids Haven (Gauteng)

Thulani*, aged 10, arrived at the Twilight drop-in centre. He is hearing impaired and, because he has never been to school, he cannot speak very well, or read and write. His mom lives on the street; she is drunk most of the time and does not pay much attention to his well-being.

Intake needed to be done to get his background information, but none of the staff had any knowledge of sign language. What were they going to do? Thulani has a right to receive quality service from the drop-in centre like any other child. On the street Thulani had developed his own form of sign language, in order to survive. A care worker noticed that he was indicating to them, so she approached him and communicated in a simple way that she cared for him and would like to help him. He showed her that he was hungry, and wanted to play with a ball. Later, she walked with him to see where he was going, and he led her to his mother. Arrangements were made for Thulani to attend the drop-in centre programmes. The care worker contacted DEAFSA, who assisted the centre with his care, and later when he was more stable, Thulani was placed at a residential school for the deaf. Intervention was also done with his mom and, although she never changed her ways, contact was made with Thulani's maternal aunt who was caring for his siblings.

*Not his real name

Section 11 of the Act aims to ensure that children with disabilities or chronic illnesses are treated with dignity and that their right to participation is respected. It also aims to provide the children and their families with the necessary support services to prevent further discrimination or neglect. Children with disabilities or chronic illnesses also have the right not to be subjected to medical, social, cultural or religious practices that are harmful to their health, well-being or dignity.

Section 11 is one of the general principles, which means that it should guide all proceedings, actions and decisions involving children with disabilities or those with chronic illnesses.

While programmes and services to support children with disabilities are important, prevention is equally important. Giving parents, caregivers and communities useful information about how to prevent disability is a crucial step.



6 HOW ARE DROP-IN CENTRES DEFINED IN THE CHILDREN’S ACT?

What is a drop-in centre?

According to the Children’s Act⁶ a drop-in centre is a facility which provides “basic services aimed at meeting the emotional, physical and social development needs of vulnerable children”. The basic services provided must include one of the following: food, homework support, laundry or personal hygiene—homework clubs and soup kitchens would count as drop-in centres.

CASES FROM THE FIELD

Jenny McConnachie, Itipini (Eastern Cape)

Itipini (from the Xhosa word for ‘dump’) is located just outside Mthatha. It is a community that sprung up around a municipal water tap in the city dump where people use cast-off scrap metal, cardboard, sticks, and other discarded materials to build shanty-homes to stay in. School drop-out rates in the Eastern Cape are very high, and especially in Itipini. Home environments are not helpful to studying (no electricity, lack of privacy, sometimes little or no parental support) and school environments are also challenging (few textbooks, teacher-less classrooms, no school transport, socio-economic discrimination). This makes the path to passing the matric examination in twelfth grade a daunting task for many. The Itipini Community Project seeks to bridge those gaps and helps to provide some of those resources that are lacking.

One way that this is done is through study skills sessions. Three days a week, after school, high school students come to the project for these sessions. It provides a space for students to work together on homework problems and get help from volunteers. Beyond providing a place for them to work, these sessions are also a safe place where students can talk freely about what is going on in their lives at school and at home.

Volunteers listen to the teens and help them to resolve problems; for example, accompanying a student to talk to their teachers when a parent has died or having discussions about how to deal with peer pressure. More than a place to study or socialise, the high school room (a storage container painted by the students) is a place where students are free to be themselves, a place that they can call their own and where they can take ownership, and a place where they can meet challenges head-on with the support of friends and volunteers.

⁶ Section 213(1)



7 WHAT PROGRAMMES CAN A DROP-IN CENTRE RUN?

In addition to providing one of the basic services, a drop-in centre can offer any of the **prescribed** programmes which are appropriate for the developmental needs of the children attending the centre.

These are programmes like:

- counselling and psychological support;
- 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**;
- and
- prevention and early intervention programmes.



Prescribed: Required by law. For example: the provisions and forms contained in the regulations of the Children’s Act.

Social service professional: The definition in the Children’s Act lists only probation officers, development workers, child and youth care workers, youth workers, registered social auxiliary workers and social security workers, but social workers are also social service professionals.

The street children sector has been running drop-in centres for a long time. Traditionally drop-in centres for children working, living and begging on the streets offer more than just basic services; they can include outreach services and family preservation and reunification programmes.

CASES FROM THE FIELD

Moira Simpson and Sam Mokgopa, Kids Haven (Gauteng)

Four boys were found sitting under a bridge next to the dam making plans for the day. An outreach worker approached the boys, introduced himself to them and began to talk to them in a simple and kind way. Two of them were found to be very high on glue. Siswe* is their leader and he has a very negative, controlling influence over the other boys. The outreach worker decided to focus on Siswe, knowing if he wins his trust the rest will follow him.

Soon it became obvious that Siswe had begun to trust the outreach worker, as he told the other boys that they should go check out the drop-in centre. On arriving there, they had a shower and a meal. They were given a change of clothing, and their clothing was taken to the laundry.

They agreed to speak to a social worker and an initial intake was done. One boy, Tebogo*, was found to be sick and injured. The child and youth care worker took him to the clinic for treatment. The other two boys, Thulani* and Leon*, admitted to having a drug problem, and through counselling agreed to be referred to a rehabilitation centre for substance abuse treatment. Siswe was included in a lifeskills programme, and his leadership qualities identified while on the street began to be channelled more positively. In time he became a peer counsellor to other children living on the street.

*Not their real names

7.1 Prevention and early intervention

In addition to providing one of the basic services, drop-in centres can offer prevention and early intervention programmes. Prevention programmes aim to strengthen and support families with children and help them address and prevent problems. For example, building relationships with significant people in a child's life, such as a school teacher, can support a child who has scholastic problems and prevent the problem from escalating.

Early intervention programmes are provided to families where children have been identified as vulnerable, or at risk of harm (or removal) from their family environment.

Early intervention is particularly important for children with disabilities to promote their maximum development and prevent **secondary disabilities**. For example, an outreach worker plays an important role by identifying children with health problems and making appropriate referrals.

The Act describes the kinds of activities that prevention and early intervention programmes should focus on. These include:

- Strengthening family relationships.
- Developing parenting skills and caregivers' ability to protect the well-being and best interests of their children, especially children with disabilities. Such programmes should promote **positive discipline**.⁷ See the case study on the next page.
- Promoting healthy relationships within the family.
- Providing **psychological, rehabilitation and therapeutic programmes** for children. Such programmes offer support to children who may be experiencing psychological or behavioural problems.

Secondary disabilities: A child with a disability is more prone to illness and health-related complications. If precautions are not taken or if prompt treatment is not given at the first signs of a health condition or illness developing, then a child with an existing disability is at risk of developing a secondary health condition.

Positive discipline: Positive discipline teaches children how to behave well without hurting them or making them feel belittled. Positive discipline also builds children's self-confidence by praising good behaviour and showing children how to do things right.

Psychological programmes: Promote children's mental and emotional health.

Rehabilitative programmes: Help children experiencing certain problems to cope with or recover from those difficulties. These programmes aim to help children return to a healthy and independent life.

Therapeutic programmes: Help children with their problems by treating the problem, and by promoting emotional and physical healing and wellness.

⁷ See for example: Siers M (2008) *A teacher's guide to positive discipline*. Cape Town: RAPCAN. Available: <http://www.rapcan.org.za>

- Preventing the neglect, **exploitation**,⁸ abuse of children and other failures to meet children's needs.
- Preventing family problems from recurring, so that they do not harm children or interfere with their development.
- Stopping problems getting so bad that children need to be removed from the family and placed in child and youth care centres or foster care.
- Keeping children and families together.

The case study below provides an example of a programme offering parent support and developing the capacity of parents to nurture their children's development.

CASES FROM THE FIELD

Sandra Morreira, Homestead (Western Cape)

The Homestead has been working with street children since 1982. They take an holistic approach to tackling the root problems facing families and children. One of their programs is Ubunye Beadworks, a job creation programme that targets the mothers, aunts and sister of the children in the Homestead's projects. Ubunye Beadworks aims to alleviate poverty and improve the coping mechanisms of the families. The women are taught how to produce beaded jewelry and other crafts. By selling these goods the women earn a weekly income and are able to provide for their children's basic needs.

The women also receive life skills training in nutrition and wellness, saving on a limited budget, appropriate nutrition for those on antiretroviral treatment, growing vegetables in containers, and good parenting skills. The Homestead team also helps the women with housing, and even getting false teeth in order to improve their chances of finding employment!

Exploitation: Some people take advantage of children and treat them unfairly. Children can be exploited in different ways. Child pornography and child prostitution are examples of sexual exploitation. Child labour and using children to commit crimes are examples of economic exploitation.

⁸ See for example: Wright J (2006) What is child exploitation? <http://ezinearticles.com>

EXAMPLE OF SUPPORT PROGRAMMES

Children who are experiencing trauma, such as violence in their environment, may need psychological support.

Children with physical disabilities will benefit from referral to appropriate health and other services.

Prevention and early intervention activities include:

- assisting families to meet their basic needs;
- empowering families to meet their basic needs for themselves;
- providing families with information to enable them to access services;
- supporting and assisting families with a chronically ill or terminally ill family member;
- and promoting the well-being of children and the realisation of their full potential.

CASES FROM THE FIELD

Sam Mokgopa and Moira Simpson, Kids Haven (Gauteng)

The Kids Haven drop-in centre noticed that many children on the street were coming from the Mogoba informal settlement. Outreach workers visited the community. They were saddened by the level of poverty they saw. There was no electricity or running water. Roads were muddy and pot-holed. Families were living in cardboard or rotten corrugated iron shacks. There was an absence of food in some of the homes, and many children were malnourished. Some families said they had not eaten for three days. The need for a soup kitchen was identified. Children played in the dirt, or walked 3 km to fetch water. Mothers found it impossible to keep their children clean or wash their clothing because there was dust or mud everywhere.

The outreach workers looked at what resources were available, and found that service delivery was fragmented. They visited non-governmental organisations working in the area, and also the ward councillor to establish what the strengths and challenges were in the area. Volunteers were found to be doing home-based care and running an informal crèche.

Primary health care awareness programmes were arranged for the community and food parcels were issued to the affected families as a short-term plan to provide families with nutritious meals. In the long term, land was identified for a food garden and the Department of Agriculture was requested to train people to plant vegetables in their backyards and on communal land.

7.2 What is the difference between partial care services and drop-in centres?



Partial care is defined as any person (whether or not the person is paid) taking care of children on behalf of their parents or caregivers when:

- the total number of children cared for is more than six,
- care is provided during set hours of the day or night, or for a brief period, and
- the terms of care are agreed to by the parent or caregiver and service provider.

There does not need to be an agreement between the drop-in centre and parents for children to access services, children can just 'drop in'. As there is no express agreement with the parents or caregivers the services that can be offered by drop-in centres are limited.

7.3 Can drop-in centres run early childhood development programmes?

To run centre-based early childhood development programmes the centre must be registered as a partial care facility and comply with the norms and standards for partial care facilities.

An ECD programme does not have to be centre-based, for example, children and caregivers can gather at community play parks or in family homes for regular ECD activities. If they meet the requirements a drop-in centre could run community-based ECD programmes. For more information about ECD programmes please consult the *Children's Act Guide for Early Childhood Development Practitioners*.⁹

7.4 Services for children with disabilities and chronic illnesses

The Children's Act says that drop-in centres and prevention and early intervention programmes should make an extra effort to include children with disabilities and chronic illnesses, and families who lack the means to meet their children's basic needs.



⁹ Berry L, Jamieson L & James M (2011) *Children's Act guide for early childhood development practitioners*. Children's Institute, University of Cape Town and LETCEE. Cape Town: University of Cape Town. Available: www.ci.org.za



Drop-in centres should be accessible to children with disabilities. For example, there should be enough space for children with physical disabilities to move around freely. All programmes offered must meet the needs of participating children, including children with disabilities and chronic illnesses. For example, visual aids and learning materials should be bold and in large print to assist children who struggle to see. (See case studies below for more examples of how services can respond to children's needs.)

CASES FROM THE FIELD

Moira Simpson and Sam Mokgopa, Kids Haven (Gauteng)

Lwasi*, a physically disabled boy of 14 who struggles to walk arrived at the Akani drop-in centre in Johannesburg, looking for assistance. His parents were deceased and he recently came to live with his elderly grandmother. There were five other children in the house, and they all relied on their grandmother's pension to survive. Lwasi has not been in school for a while, but he has heard there is a chess club at the drop-in centre and was hoping to join the programme.

The centre is in a double-story building. While the feeding scheme takes place on the ground floor, all other programmes take place upstairs. The kitchen, laundry and bathrooms are downstairs, but the rooms are small and crowded and Lwasi struggled to get around. The children saw him struggling and started to laugh, mocking him and being sarcastic.

The caregiver noticed this and immediately stopped the children from teasing him and told them to behave more kindly to him. Later on she talked to them privately about their behaviour. As it was a lovely day she arranged for the chess teacher to take the class under the tree in the garden. Lwasi had played chess before, so he soon gained the respect of the other children when he beat them in a game. With the care worker's intervention Lwasi fitted in and had a lovely afternoon. Soon the other children were assisting Lwasi to go upstairs.

The care worker spoke to her supervisor about the problem physically disabled children have with the building and plans were made to convert some outbuildings into more suitable accommodation for disabled children. She also walked home with Lwasi to meet with his grandmother to see how she could help the family. The supervisor contacted various schools for the disabled and, in the new year, Lwasi's new school started transporting him to and back from school every day.

*Not his real name



8 HOW ARE DROP-IN CENTRES REGISTERED?

All drop-in centres are legally required to register. There are different kinds of registration for drop-in centres, but the same registration process is followed if you wish to apply:

- for first-time registration;
- for conditional registration;
- to renew your registration that is due to or has expired; or
- to have a cancelled registration reinstated.

For simplicity, we will refer to all these processes as 'registration' in the rest of this guide.

8.1 Who do I register with?

The Department of Social Development (DSD) is the lead department responsible for implementation of the sections of the Children's Act that deal with drop-in centres. The Act states that the provincial Head of Social Development (HSD) is responsible for the registration of drop-in centres, but it allows the provincial HSD to hand over some or all of the registration duties to a municipality. Drop-in centre managers should therefore register their centre with:

- the provincial HSD; or
- the municipal manager for the area where the service is located (if registration duties have been assigned to the municipality).

Managers should contact their nearest regional or district Social Development office to find out whom to register with.

Drop-in centres must meet the national norms and standards and other requirements to register fully.

8.2 Registering a drop-in centre (Sections 217 and 218)

Before you apply to register your drop-in centre, you must screen all staff against the National Register for Sex Offenders and Part B of the National Child Protection Register (NCPR). For more information on the screening process, see p. 42.

Once you have received the clearance certificates, submit your application on **Form 52** to the provincial HSD or municipal manager. It should be submitted with all the supporting documentation including:

- **A business plan** containing the business hours of the centre, the staff composition, the disciplinary policy and rules, and the organisational structure. Supporting documents should be attached, including copies of staff members' identity documents and qualifications.¹⁰
- **Clearance certificates** certifying that the names of the applicant and staff members do not appear in the National Register for Sex Offenders or in Part B of the National Child Protection Register. See p. 42 for details on the screening process.
- **A copy of the approved building plans** or a copy of the building plans that has been submitted for approval if the plans have not yet been approved.
- **A health certificate** issued by the local municipality where the centre is or will be located, confirming that the centre meets the health requirements of that municipality. Centre managers should ask an environmental health practitioner from the local municipal office to visit the centre.
- **Report by a social service professional.** Request that your centre is assessed before you submit your application. A social service professional must assess the centre to see if it meets the norms and standards and that you are providing appropriate programmes.

The provincial HSD or municipal manager can also request additional information relating to the application. For example, in rural areas a letter from the tribal authority may be needed to confirm that the tribal authorities agree to the use of a specific piece of land for the establishment of a drop-in centre.

Applications for renewal of drop-in centres must be made at least 90 days before the registration is due to expire, but the provincial HSD or municipal manager can allow a late application on good grounds. If the application was submitted at least 90 days before the registration was due to expire, then the provincial HSD or municipal manager must renew the registration before it expires.

Form 52: Application for the registration/conditional registration/renewal of registration of drop-in centre.

¹⁰ Regulation 95

What about centres that existed prior to the new Children's Act?

If a drop-in centre was registered in terms of the Child Care Act on 1 April 2010, when the Children's Act came into force, then that centre is regarded as being registered as a drop-in centre in terms of the Children's Act. Such centres are regarded as registered from 1 April 2010 for a five-year period, unless the registration is cancelled within that period.

This registration process is not a once-off requirement. Once the five-year period has ended, such centres will need to renew their registration.

All drop-in centres are required to re-register every five years.

8.3 Responding to applications for registration of drop-in centres

The provincial HSD or municipal manager must respond within six months and either refuse your application or register your centre (with or without conditions).

All relevant factors must be taken into account when considering your application. For example:

- Does the drop-in centre adhere to the norms and standards and other requirements? Section 217(1)(c)(iii) states that drop-in centres need to meet the structural, health and other requirements of the municipality in which the centre is located. Such requirements would include municipal by-laws which may include applying for **re-zoning**.
- The applicant is a **fit and proper person** to operate a drop-in centre and has the necessary skills.
- The applicant has the necessary funds and resources available to operate a drop-in centre.
- Each person employed at or involved in the drop-in centre is a **fit and proper person** to assist in operating the drop-in centre.
- Each person employed at or involved in the centre has the required skills and training to assist in operating a drop-in centre.

Re-zoning: In residential areas, if a drop-in centre is based in a house or private residence, the local municipality may ask the centre manager to apply to have the premises re-zoned. A re-zoned premises means that the land is no longer considered suitable for residential use and is now classified as a 'business'. Once the re-zoning application is approved, centres should receive a re-zoning certificate. There is usually a cost for applying for the certificate. The certificate may be needed for centre registration.

Fit and proper person: The Act does not give a definition of a 'fit and proper person', but it does give some examples of people who are unsuitable to work with children. For example, people whose names appear on Part B of the NCPR. A 'fit and proper' person should also have the required skills and qualifications.



The provincial HSD or municipal manager must consider a report of a **social service professional** before deciding on a registration application.

The Act states that a provincial HSD or manager may assist an owner or manager of a drop-in centre to meet the required norms and standards and other requirements.¹¹

If the application is granted, the person who applied for registration must receive a certificate of registration on **Form 53**. The certificate must also state the time period for which the registration is valid. In terms of Regulation 93(2), the application is valid for a maximum of five years.

If the application is refused, the provincial HSD or municipal manager must inform the applicant of the refusal on **Form 54** as set out in Regulation 93(3).

Form 53: Certificate of registration/conditional registration/renewal of registration/reinstatement of a drop-in centre.

Form 54: Refusal to grant an application for the registration of a drop-in centre.

¹¹ Section 219(5)

8.4 What if I do not meet all the requirements for registration?

The Act states that the provincial HSD or municipal manager can grant registration on certain conditions, including:

- specifying the type of services that may (or must) be provided;
- stating the period for which the conditional registration will remain valid; and
- spelling out any additional requirements.



Conditional registration

When Parliament was processing the **Children's Amendment Bill**, Members of Parliament were very concerned that many services, drop-in centres, crèches and ECD programmes would not be able to meet the norms and standards set by the Children's Act. So they introduced "conditional registration" to give organisations the opportunity to work towards meeting the norms and standards. Drop-in centres that do not meet the full norms and standards can apply for registration *on condition* that they have a plan to meet the norms and standards. The intention of Parliament was very clear—members wanted all centres and programmes registered so that the provincial Departments of Social Development could support organisations to meet the norms and standards and monitor them.

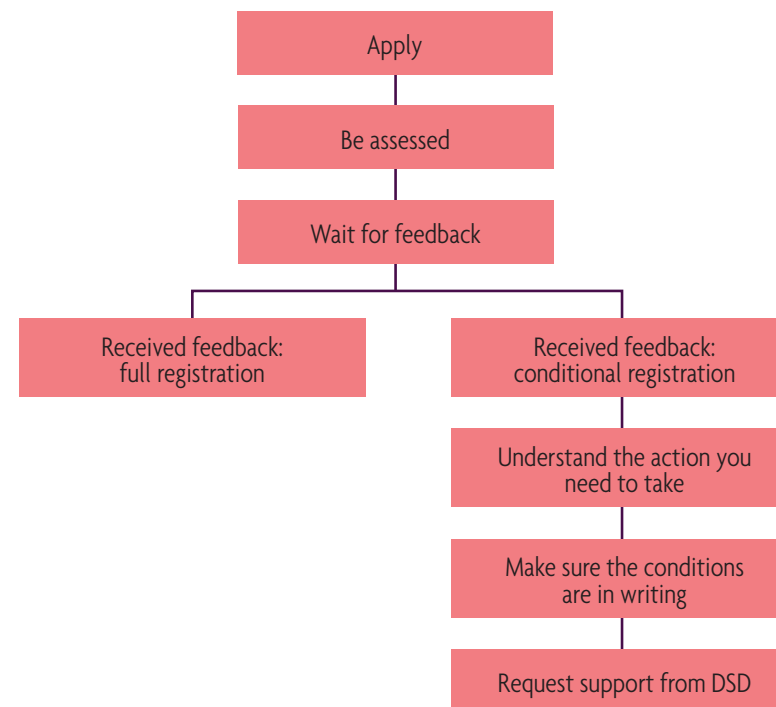


If you think that your drop-in centre may not meet all the requirements for registration, you should follow this process:

- Apply for your centre to be registered using the relevant form and supporting documents (see p. 34 for more details) – this is a legal requirement.
- A **social service professional** will visit your centre or programme to assess it.
- After the assessment, government officials will let you know if your centre meets the requirements or not.
- If your centre meets all the requirements, your centre will be granted full registration.
- If your centre does not meet all the requirements, your centre will be granted conditional registration, or told to stop operating until you meet the specified norms and standards.
- A government official will explain to you—and provide in writing:
 - What the conditions for registration are and the steps you need to take for your centre or programme to be fully registered.
 - How much time you have before the period of conditional registration ends.
- Your copy of **Form 53** (the certificate for registration of a drop-in centre) should clearly list the conditions for registration.
- DSD officials should support you in taking the steps needed to make sure that your centre or programme is fully registered. *Ask for help from the DSD when you need it.*

The flow chart on the next page shows the different steps in this process and the action you need to take at each step.

Conditional registration process: steps to follow



8.5 Cancellation of registration

The registration (or conditional registration) of a drop-in centre may be cancelled by written notice to the **registration holder** (see Section 221). Registration can be cancelled if:

- the centre is not maintained according to the required national norms and standards and other requirements;
- the centre breaks any of the conditions on which the original registration was granted;
- the registration holder or the management of the centre fails to adhere to the provisions of the Act;
- the registration holder becomes a person who is not a fit and proper person to operate a drop-in centre; or
- a person who is not fit and proper is employed at or assists in the operation of the centre.

Registration holder: The person whose name is on the registration certificate: Form 53.

If the registration was cancelled because the registration holder could not meet the requirements, then the provincial HSD or municipal manager can help the registration holder to meet the norms and standards, and other requirements of the Act. The provincial HSD or municipal manager can postpone the cancellation for a period of time to allow the registration holder to solve the problem that caused the cancellation and reinstate the registration if the holder puts things right within that period. However this rule does not apply when registration is cancelled because the registration holder is no longer considered a fit and proper person to operate a drop-in centre.

8.6 Appealing a decision about registration

The Act allows **registration holders** to appeal to the Member of the Executive Council (MEC) for Social Development against a decision of a provincial HSD within 90 days. This application must be submitted on a **Form 56**.

Registration holders can appeal to the MEC for Social Development against a decision of a municipal manager within 90 days, on a **Form 57**.

If the appeal to the MEC fails then the applicant or the registration holder can ask the High Court to review the decision.

Form 56: An appeal against a decision of a provincial HSD in terms of Section 223 of the Act in respect of a drop-in centre.

Form 57: An appeal against the decision of a municipal official in terms of Section 225(6) of the Act in respect of a drop-in centre.



9 WHAT STAFF AND STAFF TRAINING ARE REQUIRED FOR DROP-IN CENTRES?

9.1 Staffing and training needs for drop-in centres (Regulation 95 and Annexure B, Part Four)

The Children's Act puts in place specific requirements about the qualifications of staff working in drop-in centres. The regulations state that all staff must provide a certified copy of their ID and proof of skills and training. All staff working directly with children must have the skills to:

- implement a development programme;
- write reports;
- identify irregular and dysfunctional behaviour in a child;
- conduct basic numeracy;
- apply knowledge on child development;
- communicate with the child in a language that the child understands, including sign language;
- use the first-aid kit at the centre;
- implement positive discipline;
- report cases of physical abuse causing injury, sexual abuse and deliberate neglect to the relevant authorities.

There are no norms and standards for the development programme referred to in Regulation 95. The DSD recognises this as a gap. Until new regulations are published DSD advises drop-in centre managers to look at Regulation 75 and norm 3 relating to child and youth care centres. These say that every child in a child and youth care centre must have a development plan that is adapted to their personal needs and the child should participate in making the plan. Development programmes include life skills, independent living, victim empowerment, family preservation, after care, children's rights awareness, and income generating activities. Drop-in centres staff should be able to run these kinds of programmes and adapt them appropriately for individual children.

If the centre provides services to children with special developmental and behavioural needs, someone with specialised skills must be available. They do not need to be employed by the centre but the centre must be able to secure their services when necessary.

All staff working in drop-in centres must be screened against both the NCPD and the Sexual Offences Register. Everyone must be screened – including volunteers and people who do not work directly with children such as cooks or gardeners. The manager of a drop-in centre should complete **Form 29** and send it to the Director-General of Social Development to check if the names of staff or volunteers are on the NCPD.

It is an offence, punishable by up to 10 years in prison, or a fine, or both, to allow someone access to children if the person has been declared unsuitable to work with children. A person found unsuitable to work with children¹² could be dismissed if he or she does not disclose that information to an employer.



Form 29: Inquiry by employer to establish whether person's name appears in Part B of the NCPD.



10 WHAT DOES THE CHILDREN'S ACT SAY ABOUT FUNDING OF DROP-IN CENTRES?

The provisioning clauses for some services say that the MEC for Social Development “must” provide and fund these services. But the provisioning clauses for partial care, ECD, and drop-in centres say the MEC “may” provide these services. This means that MECs can decide not to fund these services at all, or to fund them only partially. It also means that people operating drop-in centres are expected to raise money in other ways, for example, by charging fees, applying to donors, and organising fund-raising events.



The Act states that, where government does provide funding for these service areas, priority must be given to:

- communities where families lack the means to provide for their children's basic needs; and
- making services accessible to children with disabilities.

The provincial Departments of Social Development (DSD) are the main source of funding for drop-in centres and prevention and early intervention programmes.¹²

¹² For a detailed analysis of the provincial government budgets for Children's Act services, see www.ci.org.za



11 HOW ARE DROP-IN CENTRES ASSESSED?

The Children’s Act¹³ says that the provincial HSD must keep a record of all drop-in centres in the province, and conduct regular inspections in collaboration with the local municipality. Centres should be assessed and monitored to make sure the centre and any programmes it runs are in line with the regulations and the national norms and standards for drop-in centres (see pp. 49-57 for more details on the norms and standards).

The assessment for drop-in centres is done at the time of first registration and every subsequent registration. The provincial HSD selects the person who conducts the assessment and monitoring. There is no specified monitoring and assessment procedure.

A centre can be assessed at any time if the provincial HSD or municipal manager orders it following a written complaint.



¹³ See Section 224(1)(b).



12 WHAT MUST I DO IF THERE IS AN ACCIDENT OR A CHILD IS INJURED OR ABUSED WHILE IN MY CARE?

12.1 Can I take the child to a doctor or the hospital?

Section 32 of the Act says that anyone caring for a child must do all they can to safeguard a child’s health, well-being and development. If a child needs urgent medical treatment and it is not possible to contact the child’s parent or guardian, then the person looking after the child can consent to medical examination or treatment. Make every effort to contact the parent or guardian before you take the child to a clinic or hospital, but do not delay treatment unnecessarily. The best interests and care of the child always comes first.

Only the parent or guardian can consent to an operation, but the hospital will know how to deal with an emergency.



It is helpful to record accidents and injuries that happen to children in a drop-in centre. These records should include information about: the child, the date of the incident, a description of the incident and location, the name and detailed response of the staff member attending to the incident. These records should be filed for safe-keeping, either in an “accident book” and/or in children’s individual files.



12.2 Compulsory reporting required by drop-in centres

If a child is seriously injured, abused, or dies, then the manager or a staff member must immediately report the incident to the provincial HSD and other authorities (see Section 226). Failure to report such incidents is a criminal offence, so it is important to know what to report, when to report it, to whom, and how.

Reporting of serious injuries

There is no specific form for reporting accidents and injuries that take place in drop-in centres in terms of Section 226. The absence of a form should however not prevent you from reporting. The information needed on other Children's Act forms is helpful for the reporting of serious accidents and injuries in drop-in centres. The serious accident or injury report could include:

- Details of the child: name and surname, date of birth, gender and age.
- Date and place where the injury or abuse occurred.
- The type of serious injury or abuse.
- A brief explanation of how the injury or abuse occurred.
- Description of the medical treatment.
- Details of the person running the drop-in centre.
- Details of the person making the report.
- Declaration by the person making the report that it is true to the best of his/her knowledge.

In cases of suspected or known abuse, you should complete **Form 22**.

Reporting the death of a child

If a child dies while attending the centre, or because of an incident that happened at the drop-in centre, a staff member of the centre must immediately report the child's death to:

- the caregiver of the child;
- a police official, who should make sure that the death is investigated if an unnatural cause of death is suspected; and
- the provincial HSD.

When the provincial HSD receives a report of an incident he or she must arrange for an investigation to be done.

Form 22: Reporting of abuse or deliberated neglect of child.



13 WHAT MUST I DO IF I SUSPECT THAT A CHILD HAS BEEN ABUSED OR DELIBERATELY NEGLECTED?

The Children's Act states that any staff member or volunteer at a drop-in centre who, based on sound reasons, suspects that a child has been physically or sexually abused or deliberately neglected, must report this to a **designated child protection organisation**, the provincial DSD or a police official on **Form 22** (see Section 110). Some of the key indicators of abuse and neglect are outlined in Regulation 35. The manager of a drop-in centre should be familiar with these.

Any person, who has sound reasons to believe that a child is in need of care and protection, should report those concerns to the provincial DSD, a designated child protection organisation or a police official.

The person reporting abuse or neglect should be able to **substantiate** their beliefs and a person who reports abuse or neglect in good faith will not be liable to civil action.



Designated child protection organisation: A child protection organisation that has been given written approval by the Director-General or provincial Head of Social Development to perform child protection services.

Substantiate: have proof, or be able to give good reasons.



14 WHAT ARE THE GOVERNMENT'S OBLIGATIONS ACCORDING TO THE CHILDREN'S ACT?

The national Minister of Social Development must consult with interested persons and other relevant departments to produce a national strategy for drop-in centres. Provincial MECs for Social Development must develop a similar provincial strategy. These strategies should aim to:

- ensure an appropriate spread of drop-in centres throughout the country or province; and
- give special attention to the inclusion of children with disabilities and chronic illnesses in such centres (see Sections 214, 215 and 225).

As part of the provincial strategy, the provincial HSD must include a plan to negotiate with municipalities so they can assist in identifying and providing suitable premises for drop-in centres. This is an important role since many centres based in residential areas need to get re-zoned, which may lead to extra costs and delays in the registration process. Social Development's negotiation with municipalities can be very helpful to support centre managers through the re-zoning process.

The Children's Act allows the provincial HSD to hand over provincial functions to a municipality. This includes the registration of drop-in centres and ensuring compliance with the Act and the norms and standards. This agreement must be in writing and the provincial HSD must be satisfied that the municipality has the capacity to perform the agreed functions. If such an agreement has been made, the provincial HSD has a responsibility to monitor the municipality's performance.



15 WHAT ARE THE NORMS AND STANDARDS FOR DROP-IN CENTRES AND PREVENTION AND EARLY INTERVENTION PROGRAMMES?

The regulations to the Children's Act set out detailed national norms and standards for drop-in centres. A centre must meet these norms and standards to get full registration and qualify for funding.¹⁴ Norms and standards for prevention and early intervention programmes are also provided and those most relevant for drop-in centres are included below. This section provides the norms and standards in a summary table. Consult the regulations for the full set of norms and standards.

15.1 Norms and standards for drop-in centres (Regulation 94, Annexure B, Part VI)

A safe environment for children

These standards include making sure that:

- Children are safe and cared for while at the centre
- Premises and equipment are safe, clean and well-maintained and the structure or building is safe and weatherproof
- Children are protected from the risk of fire, accidents and other hazards
- Corporal punishment (smacking) and other forms of inhumane and degrading punishment and treatment are prohibited
- If anyone suspects that a child has been abused, a report must be made, and the child referred to a child protection organisation
- There is adult supervision at all times
- A first aid kit should be available in every centre

¹⁴ Centres can apply for conditional registration and receive assistance to meet the norms and standards.



Safe drinking water

- Safe and clean drinking water must always be available
- Where piped water is not available, water should be made safe and treated according to the approved national health guidelines for treating water
- Water storage containers should be covered at all times

Hygienic and adequate toilet facilities

- There must be safe and hygienic toilet and hand-washing facilities
- Centres should meet the requirements of the local authority regulations and by-laws regarding the building or structure and the health requirements
- Where a sewerage system is available, there should be one toilet and one hand-washing facility for every 40 children
- Where no running water is available, there must be a minimum of 25 litres of drinkable water per day
- Instead of washbasins, one suitable container for every 20 children can be used if the container is cleaned, kept closed, and the water changed regularly

Safe storage of harmful substances and objects

- Medicines and other dangerous substances or dangerous objects should be kept out of reach of children, in locked or child-proof cupboards
- Dangerous substances should not be used near children

Access to adequate means of refuse removal

- Where possible, refuse must be disposed of according to municipal regulations
- Waste must be kept out of children's reach, and methods of waste disposal must be safe and covered
- Waste disposal areas should be sanitised



A hygienic area for the preparation of food for children

There must be:

- A specific, clean and safe area for the preparation of food and for cleaning after food preparation, enough clean water and cleaning agents
- A specific, clean and safe area for serving food to children
- Cooling and storage facilities for perishable food
- Facility for the storage of food

Record keeping at the drop-in centre

Records should be kept on each:

- Child—including name, gender, date of birth, contact details for parents or caregivers; attendance details; disabilities, special needs and dietary requirements. Updates on the child's health and behaviour or any injuries sustained or observed
- Records on each child should be kept for three years after they stop attending the centre
- Staff and volunteers—including copies of identity documents and qualifications (where relevant)
- A discipline register must be kept
- Where the parents or caregivers are contactable:
 - they must be given quarterly reports
 - told immediately about any irregular or dysfunctional behaviour



15.2 Norms and standards for Prevention and Early Intervention Programmes (Regulations, Annexure B, Part IV)

Outreach services

Outreach services should:

- Be aimed at reaching out to especially vulnerable children and families to meet the needs of the children, in the context of family and community
- Promote the identification of children who are at high risk of requiring child protection services
- Be aimed at developing community-based services and facilities to promote the safety and well-being of children in communities
- Provide opportunities to children to identify their needs in their communities
- Use community strengths and resources to promote neighbourhoods that enable the safety and well-being of children. Be aimed at addressing community risk factors including violence, substance abuse and crime
- Ensure that children and families are able to access **enabling documents** to help with access to **social assistance** and other services
- Make sure that children in different settings (such as home, school and partial care) are able to access outreach services
- Make sure that children and their families have access to resources that build on strengths and develop new capacities that promote resilience.
- Teach communities to recognise the signs of child abuse and deliberate neglect and the linked risk factors

Enabling documents: These are documents (such as birth certificates, identity documents and the road-to-health book) that children need to access important services.

Social assistance: Government provides support to people who are unable to provide for their basic needs or those of their dependants. This is usually in the form of a cash grant.



- Be based on a **multi-disciplinary** and **inter-sectoral approach**¹⁵
- Be delivered in a non-discriminatory manner and with sensitivity to language, religion and the culture of communities.
- Include home-based care, community-based care and community outreach to especially vulnerable children and families, including persons affected by HIV/AIDS.



Multi-disciplinary approach: A multi-disciplinary approach involves drawing on the skills of people from different disciplines. This allows people to understand problems from different perspectives. By working with people who have different skills, training and experience, teams are able to find new solutions to complex problems.

Inter-sectoral approach: An inter-sectoral approach means working closely with different sectors such as health, education and social development to ensure children's needs are met.

¹⁵ Evans J (1997) *Breaking down the barriers: creating integrated early childhood development programmes*. Keynote address at the Conference on the Holistic/Integrative Concept in Early Childhood Education and Development. Larnaca, Cyprus, February 15 – 18.



Education, information and promotion programmes

Education, information and promotion programmes should:

- Provide education and awareness on children's rights and responsibilities and promote support for children's rights
- Promote the importance of the early years, especially ECD
- Provide children and families with information and assistance on how to access the full range of government and civil society services available
- Provide information and support to high risk families, families affected by HIV/AIDS and other chronic illnesses and families of children with disabilities
- Provide information on the nature and type of services available to children, families and communities
- Use available media and other communication measures
- Be delivered in the language of the target groups and be sensitive to the cultural values and norms of communities
- Promote values aimed at protecting children in their communities
- Promote opportunities for community talks on matters affecting children
- Provide information on community risk factors and resources to address them



Therapeutic programmes

Therapeutic programmes should:

- Provide psychosocial care and support to children and families and promote the emotional well-being and growth of children
- Be delivered according to children's stage of development and should be based on a needs assessment of individual children and their families
- Be delivered in an emotionally and physically safe environment and not be harmful to children
- Be run by service providers who have suitable training, support, supervision and mentoring
- Assist children and families to use their strengths and be conducted in a non-discriminatory manner
- Include children, their families and significant persons in the programme
- Make sure that recipients receive the service provider's name and contact number and make sure that proper records are kept and data captured
- Be aimed at reducing secondary abuse and trauma
- Allow recipients to express dissatisfaction with service providers and concerns and complaints should be taken seriously
- Be reviewed regularly according to the needs of the recipients
- Be sensitive to the language needs, religious and cultural norms and values of children and their families



Skills development programmes

Skills development programmes should:

- Be aimed at —
 - developing parenting skills and capacity development programmes;
 - improving children's and adults' ability to read and write
 - alleviating poverty and its effects on children;
 - creating employment and improving family income;
 - providing skills to enable families to care for sick and chronically ill children.
- Be sensitive to the language needs, religious and cultural norms and values of children and their families

Assessment of programmes

Assessment of programmes:

- Should be done by service providers who have the suitable training, support and abilities to conduct such assessments
- May be conducted by a multi-disciplinary group
- Should be done annually
- Should be done in response to a report or complaint submitted to the provincial HSD and should help programme managers to develop quality services
- Should focus on the strengths of the programme, be holistic and suitable to the programme's cultural context
- Should be aimed at protecting and promoting the rights of children, and promoting decision-making about future programmes
- Should monitor adherence to the national norms and standards and ensure that suitable action is taken where norms and standards violations exist. They should result in the development of a plan for capacity building and improved service delivery, within 30 days of the assessment taking place
- Should be done with the participation of programme staff and children
- Should encourage the participation of families and communities, promote children's safety and well-being and make sure that programmes promote positive social values



- Assessments should aim to address the developmental needs of children and to build community support for programmes.
- Programme assessments should consider:
 - the extent to which the programme is reaching the intended children and families;
 - the profile of the population the programme intends to reach;
 - whether the programme is of a good quality;
 - the impact of the service on children, families and communities;
 - the availability and efficient use of programme resources;
 - quantitative and qualitative data on children and families and services provided;
 - whether the programme is viable in the long term;
 - the ability of staff to run the programme;
 - the roles, abilities and skills of management;
 - whether the programme meets registration conditions and the requirements of national financial regulations.





In conclusion

The United Nations Committee on the Rights of the Child¹⁶ encourages us to recognise that children are also rights holders. As such, governments must put in place policies, laws and programmes to promote and enable the realisation of rights for all children.

The Children's Act has been written in line with the United Nations Convention on the Rights of the Child, other international laws, and the South African Constitution. It is an important piece of legislation that sets out new requirements and opportunities for practitioners working in child care and development. All staff and volunteers working in drop-in centres should be aware of and apply the Children's Act in the delivery of services to children.



¹⁶ United Nations Committee on the Rights of the Child (2006) *Convention on the Rights of the Child. General Comment No. 7 (2005)*. Implementing child rights in early childhood. Geneva: UNCRF.

FORM 22

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD

(Regulation 33)

[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT,
DESIGNATED CHILD PROTECTION ORGANISATION OR POLICE OFFICIAL

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: THE HEAD OF DEPARTMENT

Pursuant to section 110 of the Children's Act, 38 of 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/sexually abused/deliberately neglected or is in need of care and protection.

Source of report (do not identify person)

Victim Relative Parent

Neighbour Friend

Professional (specify) _____

Other (specify) _____

Date reported to child protection organization:

DD

MM

CCYY

1. CHILD: (COMPLETE PER CHILD)						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
School Name:			Grade:		Age/Estimated Age:	
* ID no:			* Passport no:			
Contact no:						

2. CATEGORY OF CHILD IN NEED OF CARE/PROTECTION	
<input type="checkbox"/> Child abuse	<input type="checkbox"/> Child labour
<input type="checkbox"/> Child trafficking	<input type="checkbox"/> Street child
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children
<input type="checkbox"/> Child abduction	

3. OTHER INTERVENTION—CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number :	

(*) = Complete if available or applicable

4. CAREGIVER INFORMATION (If not same as trusted person or parent(s) of child)	
Surname	Full Name(s)
Physical Address:	Postal Address:
Relationship with child:	
Telephone number:	Mobile:

5. ALLEGED ABUSER	
5.1) Surname	Full Name(s)
Date of Birth: DD MM CCYY	Gender: M F
ID No:	Age:
* Passport No:	* Drivers license:

PHYSICAL:

- Abrasions
- Fractures
- Welts
- Injury to internal organs
- Poisoning (specify)
- Other Behavioural or physical (specify)
- Bruises
- Other physical illness
- Repeated injuries
- Head injuries
- Burns/Scalding
- Cuts
- Fatal injury (date of death)
- No visible injuries (elaborate)

EMOTIONAL:

- Withdrawal
- Self destructive aggressive behaviour
- Deprivation of affection
- Exposure to family violence
- Parent or caregiver negative mental condition
- Humiliation
- Threats
- Oppression
- Accusations
- Lack of cognitive stimulation
- Mental, emotional or developmental condition requiring treatment (specify)
- Depression
- Corruption through exposure to illegal activities
- Exposure to anti-social activities
- Inappropriate and continued criticism
- Isolation
- Development Delays
- Rejection
- Anxiety

SEXUAL:

- Contact abuse
- Masturbation
- Non contact abuse (flashing, peeping)
- Other indicators of sexual molestation or exploitation (specify)
- Rape
- Oral sex area
- Irritation, pain, injury to genital
- Sodomy
- Molestation

DELIBERATE NEGLECT:

- Malnutrition
- Educational
- Neglectful supervision
- Medical
- Refusal to assume parental responsibility
- Abandonment
- Physical

7.3) Indicate overall degree of Risk to child:

- Mild
- Moderate
- Severe
- Unknown

7.4) When applicable, tick the secondary type of abuse or multiple abuse:

- Yes
- No

Physical	Emotional	Sexual	Deliberate neglect
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Brief explanation of occurrence(s) including a statement describing frequency and duration

8. MEDICAL INTERVENTION (*)

Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Treatment received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Where (name of hospital, clinic, private doctor):	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As temporary safe care (place of safety)
Contact person:	Contact person:	Contact person:	Contact person:

Telephone Number:	Telephone Number:	Telephone Number:	Telephone Number:
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9. CHILDREN'S COURT INTERVENTION (*)

Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
	DD	MM	CCYY

10. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)

Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
		DD	MM	CCYY
CASE Nr	Police Station	Telephone Nr		
Name of Police Officer		Rank of Police Officer		

11. CHILD KNOWN TO DESIGNATED CHILD PROTECTION ORGANISATIONS (DCPO)/ SOCIAL DEVELOPMENT (DSD)?

11.1) Child known to DCPO/DSD office:	Contact number	Reference number

12. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse in terms of Section 110 (1))

CAPACITY (OF INFORMANT)

Caregiver	Correctional officer	Child and Youth Care Centre	Dentist	Doctor	Drop in Centre
Homeopath	Labour Inspector	Legal Practitioner	Midwife	Member of staff—partial care facility	Medical Practitioner
Minister of Religion	Nurse	Occupational Therapist	Psychologist	Police Official	Physio-therapist
Religious Leader		Social Service Professional		Social Worker	
Speech Therapist		Shelter		Traditional Leader	
Teacher		Traditional Practitioner	Health	Volunteer Worker—Partial Care Facility	
Other (specify)					
Surname of informant		Name of informant		Name of employer	
Employer Address		Work Telephone Nr		Fax Number	
Email Address					

(*) = Complete if information is available or applicable

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of informant: _____

Date: _____

Official Stamp

FORM 29

INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON'S NAME APPEARS
IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 44)

[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director- General
Department of Social Development
Private Bag X901
PRETORIA
0001

Dear Sir / Madam,

In terms of section 126(1) / 126 (2)* of the Children's Act, (No. 38 of 2005), I,(full names and surname) wish to inquire whether the name of a certain person is included in Part B of the National Child Protection Register. The particulars of the person are:

(* - Delete which is not applicable)

1. EMPLOYEES DETAILS:

Surname		Full Name (s)				
Gender:	M	F	Date of Birth	DD	MM	CCYY
* He / she is known as:			Driver's licence no:			

Alias (also known as):	
* ID no:	* Passport no:
Physical Address:	Postal Address:
Telephone no:	Mobile no:
The above-mentioned person will be / is currently * employed in the following position:	

2. DETAILS OF EMPLOYER – (My/ our details are the following:)

Employee's name or name of NPO	NPO Registration number:
Employers Physical Address:	Employer's Postal Address:
Employer's telephone no/s:	Other contact details:

3. ATTACHED DOCUMENTS

A certified copy of the following documents is attached as verification of identity:

- authentic signed letterhead of employer or prospective employer
- certified copy of birth certificate, identity document or passport of person who signed letterhead
- certified copy of birth certificate, identity document or passport of person to be screened

Please note that section 126(5)(a) of the Act requires you to respond to this inquiry within 21 working days.

Your sincerely

(Signature)

(Designation)

(Date)

Official Stamp of employer / Organisation

FORM 52

APPLICATION FOR REGISTRATION /CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION OF A DROP-IN CENTRE

(* Delete which is applicable)

(Regulation 29)

[SECTION 218 OF THE CHILDREN'S ACT 38 OF 2005]

(A) PARTICULARS OF APPLICATION

Name of drop-in centre: _____

Physical Address _____

_____ Postal Code _____

Postal Address: _____

_____ Postal Code _____

Name of person or body who manages the drop- in centre or who wishes to establish it:

Physical address of person or body: _____

Telephone: _____ Cell Phone: _____

Fax number: _____ E-mail: _____

The number of children that will be accommodated in the drop in centre in respect of which application is made: _____

(B) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- a business plan containing the information prescribed by regulation 92(3); and
- clearance certificates that the name of the applicant and the names of all the staff members do not appear on 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;

(C) GENERAL REMARKS

Any additional remarks by the applicant in support of the application:

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 53

CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION OF A DROP-IN CENTRE

(*Delete which is not applicable)

(Regulation 93)

[SECTION 219 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:

- the following drop-in centre has been registered in terms of section 219 of the Act;
- the following drop-in centre has been conditionally registered in terms of section 220 of the Act; or
- the registration of the following drop-in centre has been renewed in terms of section 219 of the Act.

on _____ (insert date)

Name of Drop-in facility: _____

Physical address of drop-in centre:

The validity of the registration expires on: _____
(insert date)

The drop-in centre is registered subject to the condition that the maximum number of children that may be accommodated is: _____

The registration or renewal of registration is subject to the following additional conditions:

PROVINCIAL HEAD: SOCIAL DEVELOPMENT/
MUNICIPAL OFFICIAL

PROVINCE/MUNICIPALITY: _____

DATE OF ISSUE: _____

FORM 54

REJECTION OF AN APPLICATION FOR THE REGISTRATION/ CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION OF A DROP –IN CENTRE

(* Delete which is not applicable)

(Regulation 93)

[SECTION 219 OF THE CHILDREN’S ACT 38 OF 2005]

Name of applicant: _____

Name of drop-in centre: _____

Physical address of drop-in centre:

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL OFFICIAL

PROVINCE/MUNICIPALITY: _____

DATE OF ISSUE: _____

FORM 56

AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 223 OF THE ACT IN RESPECT OF A DROP-IN CENTRE

(Regulation 97)

[SECTION 223 OF THE CHILDREN’S ACT 38 OF 2005]

Name of appellant: _____

Name of drop-in centre: _____

Physical address of drop-in centre:

This appeal against a decision of the provincial head of social development of _____ insert name and province) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (indicate yes or no)	Grounds on which appeal is lodged
	Section 219: Consideration of application for registration
	Section 219: Consideration of application for conditional registration
	Section 219: Consideration of application for renewal of registration
	Section 220: Conditions on which registration was granated
	Section 221: Cancellation of registration
	Other grounds of appeal

The reasons provided by the provincial head of social development for his or her decision are attached. My reasons for appealing against the decision are attached.

APPLICANT/REGISTRATION HOLDER

DATE

NOTE: The appeal must be lodged with the MEC for social development in the province where the decision was taken by the provincial head of social development.

FORM 57

AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 225(6) OF THE ACT IN RESPECT OF A DROP-IN CENTRE

(Regulation 97)

[SECTION 225(6) OF THE CHILDREN'S ACT 38 OF 2005]

Name of appellant: _____

Name of drop-in centre: _____

Physical address of drop-in centre:

This appeal against a decision of the municipal official of _____ (insert name of municipality) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (indicate yes or no)	Grounds on which appeal is lodged
	Section 219: Consideration of application for registration
	Section 219: Consideration of application for conditional registration
	Section 219: Consideration of application for renewal of registration
	Section 220: Conditions on which registration was granted
	Section 221: Cancellation of registration
	Other grounds of appeal

The reasons provided by the municipal official for his or her decision are attached.
My reasons for appealing against the decision are attached.

APPLICANT/REGISTRATION HOLDER

DATE

NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was taken.



This guide is written for drop-in centre managers and focuses on the parts of the Children's Act that are most useful to them. Some of the sections are also relevant to staff and volunteers.

The guide answers questions such as:

- Why is the Children's Act important for drop-in centre staff and volunteers?
- How are drop-in centres defined in the Children's Act?
- What programmes can a drop-in centre run?
- How are drop-in centres registered?
- What staff and staff training are required for drop-in centres?
- What are the norms and standards for drop-in centres?

The **Children's Act Guide for Drop-in Centre Managers** aims to equip service providers with the necessary knowledge and understanding of how to interpret and apply the new law when delivering services to vulnerable children and youth.

Children's Institute, UCT

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