REPORT OF THE INSPECTION CONDUCTED AT THE NOUPOORT CHRISTIAN CARE CENTRE ON 17 AND 18 JUNE 2004

PART ONE

1. INTRODUCTION

1.1 In July 2003, the Noupoort Christian Care Centre ("the Centre") brought an application in the High Court of South Africa [Transvaal Provincial Division], for an order compelling the Department of Social Development ("the Department") to grant the Centre's permanent registration. In the ensuing exchange of pleadings, the Centre amended its papers, effectively seeking new relief for an order compelling the Department to decide on the Centre's application for permanent registration within 30 days.

1.2 On 21 May 2004, the High Court handed down judgment in the matter and made an order in the following terms:

1.2.1 Ordered the Department to decide on the Centre's application for registration in terms of section 9(3) of the Prevention and Treatment of the Drug Dependency Act of 1992, within 1 (one) calendar month from the date of the judgement.

1.2.2 To enable the Department to decide as in paragraph 1.2.1 above, the Court Ordered the Centre to provide the Department unrestricted access to conduct an inspection at the Centre, which access will include the right to interview patients and staff.

1.3 The findings and recommendations contained herein below are based on the observations made by the Inspection Team at the Centre, including interviews with staff and patients of the Centre, and constitute

the overall assessment of the environment, programmes and operations at the Centre.

1.4 This report does not propose to capture all aspects of concern observed by the Inspection Team at the Centre. It highlights details of the inspection, in line with its terms of reference, its findings and recommendations regarding the Centre's application for permanent registration, as well as possible remedies for the consequences that will emerge from the recommendations of the Inspection Team and the final decision by the Director General and the Minister of Social Development.

2. BACKGROUND

2.1 The Centre was established 1991 as a rehabilitation centre to provide long-term treatment for people with chronic drug and substance abuse addiction. It is located in a small, isolated Karoo town of Noupoort, about 30 kilometres from Colesburg in the Northern Cape and about 30 kilometres from Middleburg in the Eastern Cape.

2.2 The Centre first applied for registration in 1992, in terms of the old legislation [Act No. 41 of 1971] with the erstwhile Cape Provincial Administration in Kimberly. Reportedly, amidst allegations of financial irregularities against the Centre, the erstwhile Provincial Administration declined the Centre's application for permanent registration.

2.3 Post 1994, the new Provincial Department of Social Development in the Northern Cape, misgivings about the way the centre was run continued, with officials, in 1996, pointing out at the absence of audited statements and the lack of medical examinations and treatment programmes.

2.4 In November 2000, Mr Ernest Coetzee, son of General P.J. Coetzee, reportedly died at the Centre. Following the incident, teams from the National and Provincial Departments of Social Development visited the Centre and recommended improvements.

2.5 Realising that the administration of the Act was the responsibility of the Department, in December 2000, the Northern Cape Provincial Department referred the Centre's application for registration to the Department for processing. Following the referral, in or about March 2001, the Department sent to the Centre a team, of officials from both the Department and the Northern Cape Provincial Department of Social Development to conduct an inspection in terms of section 12 of the Act in order to determine whether or not the Centre was operating in compliance with the relevant provisions of the Act. At the end of the inspection, the team of officials compiled a report, which observed that the Centre was not in full compliance with the provisions of the Act. The report also pointedly observed that the Centre was not suitable for children and recommended that the centre not be permitted to admit any children for treatment at the Centre.

2.6 Before the Department could deal with the report of the team of officials, on 15 May 2001 Logan Klingenberg (16 years old) died at the Centre, having been found chained by the neck to the door of a cell in the punishment wing. A media outcry followed and a Human Rights Commissioner visited the Centre and subsequently called for a full criminal investigation. Consequently, the Minister appointed a team that heard complaints from children placed at the Centre, including allegations of food deprivation, assault, isolation and lack of medical treatment.

2.7 On 25 May 2001, the Minister of Social Development publicly announced his decision to close the Centre. Consequently, in a bid to prevent the Minister from closing the Centre, the Centre brought an urgent application to the High Court. The matter was resolved by mutual agreement in an out of court settlement.

2.8 In terms of an out of court settlement, which was subsequently made an Order of Court, the parties agreed to, amongst others, the following:

2.8.1 That the Minister and Director General of the Department of Social Development would permit the Centre to be managed and maintained as an institution as contemplated in Section 9(1) of the Prevention and Treatment of Drug Dependency Act, 20 of 1992, pending a decision as to the registration or otherwise of the Centre in terms of Section 9(3) of the said Act.

2.8.2 The Centre should engage the services of professional staff as opposed to the utilisation of unqualified staff and patients to render professional services to patients.

2.8.3 The Midlandia facility previously used as disciplinary barracks for patients at the Centre shall not be used as disciplinary barracks and that the Centre must develop an appropriate and holistic treatment programme for the patients.

2.9 Subsequently, various delegations from the national and provincial departments as well others such as the South African Human Rights Commission visited the Centre. Criminal investigations also ensued regarding the circumstances surrounding the death of Logan Klingenberg.

2.10 Meanwhile, another teenager from the Centre, Theo Hurley, died at Middleburg Hospital in the Eastern Cape on 29 June 2001. The Minister ordered that an investigation be conducted into the circumstances surrounding the teenager's death. The Inspection Team established that the cause of death was reported as diabetes.

2.10 Early October 2001, a team of officials from the national and provincial Departments of Social Development, led by the Northern Cape Member of the Executive Council, the Hon. Mr Wyngaardt, met with the management of the Centre in Kimberly with a view to facilitating the Centre's compliance with the necessary requirements for registration. In this regard, the parties entered into an agreement in terms of which the Department would grant temporary registration to the Centre, in terms of Section 9 of Act 20 of 1992 for a period of 3 months, subject to certain conditions.

2.11 In turn, the Centre undertook to attend to all outstanding compliance issues, including the appointment of a qualified professional staff and the submission of a revised treatment programme. After 3 months of such temporary registration, the Department would visit the Centre to assess progress made in respect of compliance with the conditions of temporary registration, read together with the terms of the agreement aforesaid.

2.12 Following the agreement aforesaid, on 16 October 2001, the Director-General granted temporary registration to the Centre.

2.13 In January 2002, in pursuance of the agreement aforesaid, the Centre submitted documentation, inclusive of a revised treatment programme, rules, daily routines and the disciplinary systems and other features.

However, the Centre had still not been able with all the requirements of registration, including the appointment professional staff as required.

2.14 In April 2002, the Department sent a team of officials to the Centre to conduct an inspection in terms of section 12 of the Act. The team reported that the Centre had not yet fully complied with the conditions stipulated in the temporary registration certificate.

2.15 Meanwhile, the Director General received copies of affidavits deposed to by former patients of the Centre, in which they alleged instances of human rights abuses taking place at the Centre. Consequently, the Director General decided not to grant permanent registration to the Centre at that stage and, therefore, extended the temporary registration until 31 July 2002. The Director General also indicated that the Department would institute an investigation into the allegations of human rights violations at the Centre.

2.16 On the night of Sunday 5 May 2002, two patients at the Centre returned from the village where they had been drinking. They were handcuffed to a truck at the Midlandia punishment centre, drenched with cold water, nearly electrocuted and forced to listen to gospel music for ten hours. The two men laid charges against Richard Elridge, the man in charge of the punishment centre. An outcry in the press followed the incident and the Minister announced that he was appointing a high level team to investigate.

2.17 On 26 July 2002 the Minister appointed an Investigation Team led by Chief Magistrate of Umtata, Mr Ncapayi, together with a team of officials and experts on substance abuse, to investigate allegations of human rights violations at the Centre. Unfortunately, the Investigation Team was refused access to the Centre by the Centre's management.

2.18 Consequently, the Department could still not grant permanent registration to the Centre until it was satisfied that the allegations of human rights violations were fully investigated and dealt with. The Investigation Team then recommended the institution of a Commission of Enquiry into the matter.

2.19 Pending the appointment of a Commission of Enquiry, the Department granted temporary registration certificates to the Centre, the last of which expired on 18 April 2004.

2.20 In July 2003, the Centre brought an application in the High Court of South Africa [Transvaal Provincial Division], for an order compelling the Department to grant permanent registration to the Centre.

3 THE INSPECTION

Pursuant to the Court Order, the Department appointed an Inspection Team to make a final assessment of the functioning of the Centre. Furthermore, the Inspection Team would advise on factors to be taken into account in considering the Centre's application for permanent registration. Amongst other things, the Inspection Team would advise on the Centre's compliance with the following:

- Constitutional imperatives, especially those relating to human rights and children's rights;
- Legislative requirements of the Child Care Act, as well as norms and standards for the care and treatment of children in out of home care facilities;
- Prescripts of the Prevention and Treatment of Drug Dependency Act, 1992.

4. COMPOSITION OF THE INSPECTIION TEAM

4.1 The Inspection Team consisted of the following members:

(a) Ms NE Kela, the Chief Director of Welfare Services Transformation (National Department of Social Development) Team Leader;
(b) Ms C Nxumalo (Department of Social Development - Substance Abuse);
(c) Ms LL Pemba (Department of Social Development – Legal Services);
(d) Mr M Nkasana (Department of Social Development – Internal Audit);
(e) Mr P Viviers (Department of Social Development – Substance Abuse);
(f) Mr H Mooketsi (Department of Social Development – Northern Cape);
(g) Ms M Allsopp -(Child and Youth Care Expert – NACCW);
(h) Ms E Smith (In-patient Drug Expert);
(i) Ms C Isaacs (Department of Health – Northern Cape)
(j) Ms E van Schoor - (In-patient Drug Expert);and
(k) Mr D Bayever (Central Drug Authority)

4.2 Mr M Musi, the Chief Director of Communications in the National Department of Social Development and Advisor to the Minister, also accompanied the team.

5. TERMS OF REFERENCE OF THE INSPECTION TEAM

5.1 The terms of reference of the team are outlined in Annexure A of the report. The key elements of the terms of reference of the Inspection Team can be summarised as follows:

- Management and Human Resource issues
- Financial management of the centre
- Appropriateness of treatment programme utilised by the centre
- Suitability of environment and programmes of treatment centre for children
- Health and Safety issues, including the physical environment, as well as other health related issues

5.2 The Inspection Team was divided into the above mentioned work streams and the inspection, including interviews, visits and all other activities were structured in accordance with these streams.

6. METHODOLOGY AND PROCESSES

6.1 Preparation for the Inspection

The Inspection Team met on the 16 June 2004 for a briefing to develop a common understanding of the terms of reference; to define roles and responsibilities, and to define work processes for the entire duration of the inspection.

It was agreed that the work would entail the following:

- Briefing session to outline the terms of reference and expectations of the Inspection Team with the management of the centre
- Visit various areas that cover the whole spectrum of the work of the centre
- Interview management and staff of the centre
- Conduct observations
- Gather all relevant documents relating to the operation of the centre
- Interview all relevant people including the local magistrate, the SAPS and other significant persons that may add value to the entire process
- Hold a debriefing session during and after the day's work to evaluate progress and to plan accordingly
- Manage and brief the media accordingly noting the sensitivity of the process.

The Inspection Team was then allocated different work streams in which they had to focus, based on the terms of reference. They were also provided with the framework for the report as well as time frames for all processes.

6.2 Briefing of the Centre Management

A briefing session was held with the management and staff of the centre to outline the terms of reference and expectations of the Inspection Team from the management of the centre. The leader of the delegation Ms. Nomathemba Kela, outlined the purpose of the visit, the High Court Order, the terms of reference and the expectations of the task team. The whole delegation was then introduced. Ms Kela noted the lack of cooperation experienced by previous teams and referred to the court ruling granting the department unrestricted access for purposes of conducting the inspection, which access will include the right to interview patients and staff. She also emphasized the need for cooperation and non- interference as well as the need to work with a sense of urgency. The delegation also brought the attention of the meeting to high public and media interest to the issue and the need to work with a sense of urgency and public accountability in this regard.

In turn the legal representative of the centre, Mr Werner Prinsloo, concurred with the sentiments expressed. He was followed by the Director of the centre Pastor Nissiotis who also outlined their expectations from the process and reiterated their willingness to fully cooperate to ensure that the matter at hand be brought to its logical conclusion. He noted that this matter was long overdue and cautioned the team about the nature of some of the patients. The delegation of the centre management and board members present were also introduced.

The centre management provided the team with documentation which was prepared for the inspection, and which consisted of two volumes, one of which would be provided to the Inspection Team later. The

documents will form part of the report and contents will be evaluated against other methods of inspection that will be used by the team.

Both parties agreed that there will be open communication and feedback on process issues, and the departmental work streams would be provided with escorts to the various places in which facilities and projects are located in Noupoort, including the treatment centre, orientation centre, disciplinary centre, the various offices, etc.

Debriefing sessions were held with team members during the course of the first day as well as between the inspection team and centre management on the second day. Ms. Kela expressed the team's appreciation for the cooperation received and outlined outstanding areas to be pursued. The director of the centre in turn reaffirmed his commitment to ensure cooperation throughout the inspection. Additional documents were provided and teams were reassembled. None of the teams experienced difficulty except one, which received immediate assistance.

The teams proceeded with their work and the findings will be outlined in the next section of this report.

PART TWO

1. INTRODUCTION

1.1 This section will focus on the centre and its operations. It will also deal with the findings of the Inspection Team regarding the inspection. It will highlight findings both in terms of the different work streams and in terms of other significant observations and information provided to the Inspection Team members.

1.2 The report should be seen on the context that the Inspection Team conducted the inspection over a period of two days. This means that it is not necessarily exhaustive, but it covers essential elements of the terms of reference. The Inspection Team is satisfied that the report represents a fair reflection of the situation at the centre.

2. BACKGROUND

2.1 The centre was established in 1992 by Pastor Sophocles (known as Pastor Sophos) and his wife Gladys Nissiotis, as a substance abuse prevention and treatment programme of thirty two (32) weeks in Noupoort, which, according to the management of the centre may be followed by a (16) sixteen-week reintegration programme at the newly established Christian In Action Reintegration Academy (CIARA) in Middleton in the Eastern Cape. It is important to note that the scope of this investigation was limited to the centre.

2.2 The treatment and rehabilitation programme of the centre is based on Christianity, more specifically, the power of Jesus Christ and the

importance of establishing a relationship with God. The mission of the centre is “to provide youth, adults and families (with) an effective and comprehensive faith based solution to drugs and alcohol addiction and other life controlling problems”. Their objective is “to enable students/residents to find freedom from addictive behaviour, and to become socially and emotionally healthy, physically well and spiritually alive. With committed staff and effective programmes the centre’s programme and staff wish to produce graduates who function responsibly and productively in civil society, and who have healthy relationships in the work place, family, church and community” (Centre One Step Model).

2.3 The inspection will amongst other things, measure the extent to which the Centre is able to align its services and programmes to ensure achievement of its mission and objectives.

2.4 As indicated earlier in this report, the team conducted a final inspection to determine whether or not the centre should be permanently registered. The findings of the Inspection Team follow hereunder.

3. MANAGEMENT AND HUMAN RESOURCE ISSUES

3.1 Board of Management

The team, in line with the terms of reference, started by analysing and evaluating the composition and functioning of the board. According to the documentation provided by the centre, the main purpose of establishing the board was to ensure the overall functioning and management of the institution. It is therefore the board’s mandate to oversee the overall functioning of the centre. The board consists of the following members:

- Chairperson: Mrs. Nellie van Rooyen
- Vice chairperson: Mr. Gert van Rooyen
- Managing Director of centre: Pastor Sopphocles Nissiotis
- Treasurer: Mr. Henry Visser
- Secretary: Mrs. Margareth Visser (and also school principal at the centre)
- Chief of Staff: Mr. Cornelius van Wyk
- Member: Prof P. Roumanoff
- Member: Johnny Johannes
- Member: Ms Mnweba (not in documents provided by management, but introduced as a board member to the team on the first day)

Annual general meetings are held as stipulated in the constitution of the centre. It is reported that members of the board are elected at the annual general meetings. The term of office for members of the board is one year, renewable. It is not clear how many times membership may be renewed. However, some of the members have been serving on the board for long periods, e.g. Mr and Mrs Rooyen have been serving for five years. It is also important to note that four of the members are on the staff establishment. This raises serious questions of conflict of interest and accountability. According to members of the board and the constitution, the board must hold meetings once a month. However, according to the board members interviewed, meetings are held on a very irregular basis and at short notice. One member reported that last monthly meeting of the board was held in January 2004.

The team had occasion to view the minutes of the board's monthly meetings. The minutes do not reflect any discussions around the financial matters of the organization. The minutes were also not signed

as is required by the Act. The managing director seems to be the one who makes decision on the agenda items. This was also confirmed during interviews.

The treasurer, when interviewed, clearly indicated that he was neither involved in the financial activities nor the preparation and presentation of financial statements to the board. This is contrary to the provisions of section 5(6) of the constitution of the centre.

The managing director, when interviewed, confirmed the lack of active participation of the board members in the overall management of the institution. To quote his own words: “Maybe since I have managed to raise this organization from nothing to what it is today, that is worth R10 million worth of assets, the board has become very lax”.

3.2 Organisational Structure

The following staff members constitute the senior management of the centre:

- Pastor Sophocles Nissiotis: Director
- Pastor Wayne Lester: Assistant Director (on sabbatical leave)
- Mr Cornelius van Wyk: Chief of Staff
- Ms Gladys Nissiotis: Financial Manager
- Mr C. Lindeque: Financial Secretary
- Mr L. Rostron : Office/Hotel Administration
- Ms Y. Krigsman: Multi disciplinary team manager (social worker)
- Mr Derek Matthews: Pastoral Counsellor
- Ms Chantal Norton: Psychological Counsellor

The bulk of the staff component, are inmates who have achieved some degree of stability and rehabilitation (refer to Section 4: Noupoort One Stop Centre manual).

3.3 Communication

During interviews, we were informed that the communication strategy is functional but not perfect, and that staff members are always fully informed of developments through regular meetings. Meetings for inmates are held regularly on Wednesdays and these meetings are normally chaired by the Chief of Staff or by the head monitor. These meetings are informal and are intended to address minor issues affecting the residents. Leadership meetings, which involve permanent staff, project leaders and monitors are held every Friday and are chaired by either the Director or the Chief of staff. These meetings are intended to address operational matters and issues of discipline.

3.4 Recruitment And Placement Of Staff

The organization does not have a staff recruitment strategy, and depends heavily on rehabilitated patients to serve as counsellors and support staff for the organization. Most of the personnel on the staff establishment are temporary workers or volunteers, who were former patients. The director and the chief of staff base the screening and placement of staff on the assessment of the patient's progress. The director and chief of staff seem to feature in most of the work streams of the centre.

The patients manage and work in most of the other facilities that are linked to the centre, amongst which are a restaurant in town, which

allegedly belongs to the centre, the farm, and the kitchen, the staff component, including supervisors.

3.5 Training

During interviews held with the chief-of-staff, the financial secretary and one of the monitors, it became apparent that the organisation does not have a training programme for personal growth and development of staff.

3.6 Remuneration and Conditions of Service

The chief of staff provided the team with a payroll of the institution (See attached payroll). The personal files of some of the personnel were perused and job descriptions and employment contracts were in the file. It is important to note that this was the case only with permanent and temporary staff. The employment contract also included the salaries the parties agreed to.

3.7 Employment Status

Almost 70% of the staff are temporary workers and volunteers who received stipends.

3.8 Qualifications and Experience

From the samples of files assessed, the team could not find the qualification certificates of professionals, i.e. the social worker and staff nurse. However, the application forms did indicate previous experience.

2.9 Summary of Findings on Management and Administration of the Centre

From the foregoing it would seem that the board of management is not functional and is particularly not involved in the financial affairs of the centre. The treasurer seems not to be playing a meaningful role in the management of the finances. There are two married couples in the board. The director, who seems to take all the responsibility for the finances of the centre, has a wife who is the financial manager of the whole programme. The board of management is not representative of the demographics and has one black member (according to records). The situation of board members also being staff members reflects conflict of interest on numerous issues including remuneration and decision-making.

During observation visits and interviews, patients and other members of the community, including a board member alleged that most board members own guest houses that parents/families of patients are expected to stay in during visits to Noupoort. These allegations could not be substantiated and would require other forms of investigation that will be recommended at the end of this report.

4. TREATMENT PROGRAMME

The team was expected to assess the treatment programme and the environment within which adults are treated at the centre. Specific issues to be assessed were in line with the approved terms of reference:

4.1 Procedure for Applications:

During interviews with the Social Worker and patients, and with desktop analysis of the information provided, it became clear that the following procedures are followed:

(i) A potential patient/family member/sponsor makes contact with centre's administrative department to indicate that the person is interested in the treatment program.

(ii) The Social Worker is not involved in this application procedure.

(iii) The administration clerk then sends the application forms to the potential patient to be completed. The patient sends/faxes the application forms back to centre.

(iv) No admission takes place without the treatment fee being paid into the bank account upfront.

When long-term treatment is involved, it is normal procedure at all registered treatment centres in South Africa that such a report be sent to the treatment centre prior to admission, as this is the first phase of the screening process. It is also essential particularly for medical purposes. During the visits to the local clinic it emerged that this becomes a critical problem, as they have to phone places of origin of patients to obtain their medical history before providing them with assistance. This is further exacerbated by the fact that on admission many of the patients might be psychotic or have other chronic illnesses, which require long-term treatment that the clinic has to administer.

4.2 Definition of Target Group:

No policy is available indicating the target group that the centre provides services to. All patients, irrespective of their level of addiction or types of substances they use, are subjected to the same treatment programme.

According to the social worker, during an interview and with observation, centre admits patients of all ages with heroin and crack addiction, as well as any other type of addiction. They admit both male and female patients. The current age group mainly varies between the age of 15 years and 26 years, as well as other age groups.

The centre does not make provision for patients with physical disabilities. The physical structure and the ground layout are not accessible for people in wheel chairs or blind people. They also do not make provision for people with a hearing disability. The work placement-system is also not accessible for people with disabilities. Although, according to the social worker, the Centre makes special arrangements for people who cannot pay, most of the patients either are paid for by their parents, or sponsors are found for them by the church (particularly those from Gauteng and Western Cape).

Through observation it is significant that the majority of patients are white, and are alleged to be from well to do families.

4.3 Screening Process:

No structured screening process exists. The social worker, 'monitors' and voluntary staff members indicated that the screening process serves no purpose as everybody can enter into the program, as long as they pay the treatment fee and are able to do physical work.

4.4 Introduction/Orientation of Patients:

According to the social worker and patients, and through desktop analysis, it appeared that prior to admission, potential patients receive house rules to familiarize themselves with what they can expect at the centre.

On admission, patients are subjected to a two-week orientation programme, irrespective of their psychological, emotional and physical condition. During this process, patients are familiarized with the rules of the centre and participate in religious oriented (Christian) group sessions. These discussions also focus on providing information to patients regarding the house rules, disciplinary actions, expectations of the centre, etc.

Although the social worker is available and is more equipped to conduct group work sessions, she is neither involved nor participates in these sessions. 'Monitors' and/or a voluntary staff member, who would themselves be former patients at different stages of the hierarchical arrangement established for patients, lead and conduct these sessions. It is significant that no professional person intervenes during these sessions to assess the readiness of patients for the programme and

there is no individual treatment plan that addresses the specific needs of individual patients, which emerges from these group sessions.

The social worker is only utilized to address the day-to-day needs of the patients, such as linking them with their parents telephonically or helping with practical chores such as the purchasing of clothing. This was confirmed in interviews with her and patients. The monitor/voluntary staff member indicates to the social worker when a patient may have a need to discuss a matter with the social worker. The social worker herself admitted that she has a limited role in the orientation programme. What she is supposed to do is managed by either the Chief of Staff or monitors, etc., who focus on praying for those patients who are experiencing problems.

No specific attention is given to patients during this two-week orientation period with regard to withdrawal symptoms, emotional distress, etc. The patients who experience these symptoms are not referred to the hospital but are attached to a monitor who "him/herself has experienced this and is therefore able to assist the other patients". It is not clear what happens in this situation and the team was not able to see any of the patients in this phase. None of the patients interviewed indicated that they were referred even though they indicated the severity of their withdrawal symptoms. According to the manual of the centre however, this is standard procedure.

The social worker mentioned that there were two other social workers but they absconded because of their disagreement with the treatment programme used at the centre. She however has a son who is a patient and feels the centre is successful in helping him. She indicated however that she would not be able to do what is expected of her namely, to address the needs of 160 patients!!!! She however knows

what is expected as she has 35 years of experience in the substance abuse environment.

4.5 Assistance and Support to Patients with Practical Domestic Arrangements:

During interviews with the social worker and patients it became clear that the social worker helps with practical arrangements such as the buying of clothes (see par. 3.4 above).

4.6 Assessment – Initial and Ongoing:

One of the critical roles of a social worker is to conduct the initial assessment of newly admitted patients. The purpose of this assessment is to develop an individualized treatment plan for each patient. It facilitates preparation of the patient for treatment and assists the patient's adjustment to the facility. Assessment provides patients with the opportunity to review their past and present situation under the guidance of a professional person. It facilitates preparation for a broader assessment by a multidisciplinary team that then develops a comprehensive and holistic treatment programme for the patient, to ensure that all the patient's needs are met.

In this facility, there is no professional multidisciplinary team that assesses the needs of patients. All patients, irrespective of their medical, psychological, physical or other needs, are treated in exactly the same manner through non- professional personnel. The social worker gathers information during one session with the patient, regarding his/her drug history, family composition, etc. This information remains in the files and is not utilized for the treatment programme. As

a result, no feedback is given to the patient regarding his/her therapeutic progress, areas of concern, future planning, etc.

4.7 Placement of Patients in Therapeutic Groups:

No structured plan-orientated placements are done at centre. The only partially structured placement is the first two-week orientation period. The fact that all the patients in the group are new admissions is the only criterion used. No other therapeutic group placements are done, except for the religious groups where all new patients participate.

4.8 Work Placement:

After the two-week orientation period a patient is placed in a specific work group according to his/her talents, training background, predilections, etc. This work placement varies from providing care for the dogs, sheep watching, cooking, farm work or any other labour required in terms of the needs of the centre.

NOTE: The great concern here is that at centre they regard these working groups, together with the spiritual groups, as the sum total of "therapy".

4.9 Individual Treatment Plans for Patients:

Please see paragraph 3.6 above in this regard.

4.10 Individual Sessions:

No structured individual sessions take place during the course of the treatment period. The one session with the social worker indicated

above, is the only individual session. During interviews with patients at centre there was an outcry for structured individual sessions with a professional person. Heroin and crack addicts normally have enormous emotional distress, which they need to discuss with a professional person in individual sessions.

Patients also mentioned that they could request an individual session with the social worker but the process to get access to the social worker is a frustrating and dragged-out process. They need to motivate to their monitor why they need to see the professional person, then the monitor needs to discuss it with the voluntary staff member who then decides whether it is necessary that the patient see the professional person or not.

According to patients this can take up to two weeks. Because there are no individual treatment plans for patients the social worker does not schedule individual sessions.

4.11 Group Work:

After the first two-week orientation period, patients receive life skills training in-group sessions. These are held once a week. These group work sessions are however not therapeutic groups where patients can address therapeutic needs, areas of distress that might hamper effectiveness of therapy and emotional problem.

Patients also attend spiritual sessions in groups and this is the major focus of group work.

4.12 Interventions by Different Professionals:

As was already mentioned, the social worker is the only permanent professional staff member. There are therefore no interventions by different professionals or if there are professionals available as indicated in the centre document, they, like the social worker are not fulfilling their roles, as borne by the interviews, which revealed information to the contrary. None of those interviewed had ever been exposed to a psychologist.

There have been referrals to the clinic for different ailments. However, the staff in charge revealed that even though referrals are made, after all the trouble of obtaining medical history of patients, treatment is not followed up as patients do not come for treatment and/or the centre does not allow them to take medication e.g. for epilepsy even though the attending doctor might have revealed that it has no bearing on the treatment regime followed at the institution.

4.13 Involvement of Family and Significant Others

Family members and significant others do not form part of the planning of the treatment plan of patients, as there are no individual treatment plans for patients. According to documentation and interviews with the social worker and patients, family/significant others may visit patients six weeks after admission. These visits can however only be initiated from the side of the family/significant others. No formal structured interventions take place during this visit. According to the social worker family and significant others contact with the head of staff, Mr Van Wyk, if they want to discuss matters concerning the patient. The social worker plays no role in this whatsoever.

4.14 Placement by Court Order

According to information received there are presently six patients who were admitted by court order.

The social worker is not informed that these admissions are in terms of court order. Chief of Staff informs her when a progress report is needed, and she would then compile the report.

When patients abscond she is often requested to compile a report in terms of section 22 of Act 20 of 1992, so that the patient can be returned to Noupoort by court order. In interviews with the magistrate he indicated that he has been asked to issue court orders when in fact these can only be issued by the magistrate that first issued the order.

4.15 Preparation for Leave or Discharge

The social worker is not directly involved in this process. When patients reach the stage of completing their 32 weeks they are encouraged to do an additional 16 weeks reintegration programme. This reintegration programme is not part of the normal programme of the centre and it requires that parents or sponsors pay additional fees for the programme. It is also located in the Eastern Cape town of Middleton. It is therefore optional and not open to all patients. For those who are due for discharge in the centre, there is no reintegration programme in place that holistically prepares patients for returning to communities. When time expires they leave without any special preparation by the multi disciplinary team (MDT).

According to the social worker patients are prepared for discharge by the "family members" (volunteer staff) and by the house parents. These volunteer staff members have little or no formal training. Their "qualification" is that they graduated through the programme. The lack of preparation is borne by a large number of patients who are ‘rehabilitated’ but stay in the programme because they are ‘scared to go back to their community because they will not be able to withstand the temptation to go back to drugs or peer group pressure’. A large number of ‘staff’ falls in this category.

4.16 Liaison with other Professionals Outside the Centre

The social worker has limited contact with other professionals. Family members and churches mostly refer patients. She does not see a function for herself in this regard.

She assumes that the chief of staff is communicating with referral sources regarding progress of patients.

4.17 Social Work Processes

According to the knowledge of the social worker, no written policy on confidentiality exists. Her own files on patients are kept in her office and there is restricted access to this information. These files have no proper record of her interaction with the clients as per the prescripts of the Council for Social Service Profession’s Code of Conduct for the social work profession. She herself admits that she would rather focus on the daily interaction with patients rather than focus on administration. She is however aware of consequences hereof and possible disciplinary action if she does not comply.

These files however contain reports of some of the project leaders or monitors of the patients, who themselves are patients who have graduated to higher levels of rehabilitation and therefore functionality, in terms of positions they occupy.

The social worker obtains the verbal consent of patients prior to sending out a report.

The MDT discusses patients (case studies). This team consist of the social worker, (a voluntary staff member), and the psychological counsellor. She completed an honours degree in psychology and started working at centre in March 2004. She is not registered with any professional council and should not be practicing.

Another team member (Adele) is a project leader. She was admitted 10 months ago for crack addiction. She is a qualified social worker and according to her she is registered with the professional council. She runs orientation sessions with new patients. She is however in the centre as a patient and should not be used for professional services. She is not "promoted" to volunteer staff as she is still smoking. For this reason she is excluded from MDT discussions.

The tendency to utilise people that are currently in treatment, irrespective of which phase, to render services to other patients is unethical and unprofessional. The boundary between professional services and the arrangements are blurred, as the services of project leaders are preferred over those of a qualified social worker.

The above mentioned is however also contrary to what is contained in the document of the centre, which reports meetings every Friday with

social workers, pastoral counsellors, teachers and a medical doctor, for the purpose of planning the treatment approach and specific needs of individual students. There is no individualised treatment programme in this facility.

4.18 Impact Studies or Research

A report was made available in the handout received on a survey done to establish the effectiveness of centre's programme. The methodology used for this research is not clear. It reflects a 76% success rate.

The MDT is not involved in studies or research, mainly because of time constraints.

4.19 Aftercare Services

The Centre and the MDT are not involved in aftercare services. They do link patients with existing groups like "Tough Love" and "U can". Links with these groups are reinforced during parent's retreats. The chief of staff does referrals to groups.

4.20 Period of Treatment

The duration of treatment is 32 weeks after which patients are encouraged to stay another 16 weeks in the centre. The centre believes that a protective environment over an extended period of time is necessary to abstain from drugs like heroin. It is not clear how institutionalisation is prevented; but seems to be encouraged. In fact

many patients prefer to stay on because they are afraid that they will not be able to function after discharge.

4.21 Re-admissions after Relapses

Patients who relapse and who are re-admitted repeat the programme as any other patients. There is no distinction between minor or major relapses.

4.22 Sport and Cultural Activities

Information on facilities was made available in the handout. There was no opportunity to observe sport and recreational activities as residents were in workstations most of the time during the two-day visit. The only other planned programme was the church service that was planned for 3 hours on Thursday after work.

4.23 Self-help or Support Groups

The "families" are supposed to serve as a support group. It is seen as a forum where patients can discuss problems. Patients interviewed said that it is another Bible study event and they do not experience it as sufficient to deal with problems.

4.24 Social Interaction

There is very little social interaction between men and women, and it is actually prohibited. Two young men aged 23 and 26 years, complained that it is difficult not to have any type of relationships, even normal friendships with the opposite sex. Their infringement of this right has

led to them being detained at the disciplinary facility, where they are sometimes kept in solitary confinement for up to 5 days.

Relationships are allowed at the highest rung of the hierarchical arrangement at the centre. These have to be blessed by the pastor and sometimes lead to engagements and marriages. Relationships with the outside world are not tolerated except with parents. During detention all privileges are withdrawn. An inmate complained about lost contact with his wife and child, which led to her leaving him.

4.25 General Observations

- There is no functional multi-professional team. There is only one professional person employed. A pastor does pastoral counselling, which as with other programmes, is based on religious doctrine. Some members of the team are themselves patients.

- Patients in general complain about rules that are too strict and sometimes inhuman. Whilst they agree that discipline is necessary, they see no purpose for all the stringent rules and regulations. The lack of healthy contact between genders is regarded as a huge concern.

- Limited telephonic contact with family members has a negative impact.

- Individual counselling is voiced as a huge need. Many patients have personal issues they need to deal with in therapy.

- Numerous complaints about the quality of the food were received.

- Patients also complained about medical care and the way in which doctor's orders are followed.

- Some patients feel that the spiritual part of the programme should be voluntary and not forced on them.

Substances like “malpitte”, dagga and even crack are available in town, and possible to obtain. Alcohol is freely available. The concern is not the availability, but the fact that staff believes they work in a drug-free environment.

4.25 Findings

- No evidence was found that a multi-disciplinary team exists or that it functions effectively. Only one professional person (social worker) is a permanent staff member. The psychological counsellor is not registered with a professional board. The second social worker who is utilized is an in-patient. Nursing services are not viewed as part of the MPT.

- It seems as if the centre is not committed to the appointment of a MPT.

- A group therapy programme exists on paper. Group sessions presented are not of a therapeutic nature, but only of a spiritual nature. Substance abuse related issues are not dealt with holistically. Whilst the important role of spiritual groups was

acknowledged, therapeutic groups presented by qualified professional staff should supplement it.

- There is a need and strong outcry for well-structured, professional individual therapy. The extent of trauma and emotional difficulties drug patients need to deal with is common knowledge. Only registered professional staff functioning within their scope of practice can deal this with.

- The therapist/patient ratio in terms of the minimum standards document is 1:20, meaning that at least 8 professional people should serve 160 patients.

- The centre is delivering a service, and is running a unique programme that cannot be compared to other rehabilitation centres. It is however clear that the centre is not compliant with minimum standards for treatment programmes.

5. CHILDRENS ISSUES

5.1 Compliance with Prescripts in Relation to Children

Thirteen young people were interviewed over a period of approximately seven hours. Five of them were male and eight female. All were under the age of twenty, and nine of them were under the age of eighteen and are thus classified as children. The framework guiding the interviews was the United Nations Convention on the Rights of the Children (the UNCRC) and the Minimum Standards for Residential Care. The latter forms part of the regulations pertaining to the Child Care Act of 1983. However, given the age of interviewees and the vulnerable nature of their current situations, interviews were not structured and all young people were asked to give their particular impressions of centre. It was explained that the delegation was aware of controversy surrounding the facility but wished to gather a wide range of impressions to guide further decision-making in respect of centre. It was explained that given the large number of young people at the facility, as many as possible would be interviewed to ensure that a representative sample of views were obtained. All young people were thus aware that their individual perspective would form part of the overall impression gained.

5.2 General Observations

There appears to be no significant difference between the way in which adults are handled and the manner in which children are treated at centre. The social worker does not have files for children kept separately from others, and a list of children was not readily available. After asking for a list of children, a list of scholars was produced,

including one young person of the age of 27. The social worker was not even in possession of this list.

No special provision is made for children in that there is no distinction made between them and any other resident. It appears that the legal framework pertaining to children is given minimal attention in the design of centre. Children are not separated from adults in their living environments, and no special provision for the rights of children could be discerned in the manner in which the facility is run. No one in charge could identify children committed through court order, including the social worker and it eventually transpired after the 'chief-of-staff' looked through the files that in fact there were no children currently placed there on court order.

The young people interviewed generally felt that they had benefited from being at centre. Of significance however is the fact that not one of them attributed their success to the centre 'program'. The reason for their success was generally attributed to the fact that they felt that they had reached 'rock bottom', and that they had realized that they had to make a personal decision to change - or would die as a result of their addictions and/or their behaviour surrounding their addictions. Many indicated that they saw centre as their last chance. They felt that "making it" through the program was a significant achievement on their part as a result of it being "hard". Most did consider that the discipline afforded by centre had also been good for them.

On the second day of the interview, a number of young people indicated that they were intimidated by staff because of interviews held with them the previous day. The interviewers assured the interviewees of the anonymity of the interviewee's information. However most young people anticipated retribution of some kind as a result of having been

candid. Most also indicated that they had been told that the delegation "wanted to close Noupoort down". Of significance is the fact that most young people interviewed spoke of "living in fear" at the centre. This fear is connected to a highly authoritarian management structure that lacks accountability and transparency.

5.3 United Nations Convention on the Rights of Children

Most young people complained that they had no say in any aspect of the functioning of centre. They indicated that they were not consulted at all and that there were no structures to allow for their participation - one of the four central pillars of the United Nations Convention on the Rights of children (NCRC). On the contrary they volunteered concern about the fact that they are unable to impact on the decisions of staff and residents with more senior status (termed monitors and project leaders). Most felt that they had no voice at all, and that the main achievement at the centre had been in respect to managing themselves in such a situation.

They felt that they had little control over their lives or the happenings at centre, and that decisions were made about them, without them. They said that decisions made by those in authority frequently were made without full consideration of the matter at hand and that there was no recourse to appeal such decisions "that would be called disrespect". A senior resident or staff could "write up" (issue punishment duties or withhold privileges) at any point in an idiosyncratic way.

Many expressed concerns that decisions were made not in their best interests but in the best interests of centre. They were concerned that Pastor Nissiotis often recommended to their families that their stay at the centre should be extended without consulting them and for reasons

of financial benefit. Most felt unable to protest this recommendation with their families because of their poor relationships with their families after a history of drug abuse. It is certainly questionable whether this pillar of the UNCRC is in operation at the centre. A ‘one size fits all’ approach appears to be in place with strict rules being uniformly applied with little consideration to individual circumstances or possible extenuating circumstances.

It is also questionable as to whether the rules as they stand serve the best interests of young people. An example of this is the rule that prohibits even ordinary social contact between members of the opposite sex. All young people interviewed said that they found this unnatural, and that while they agreed with separate living quarters, they felt that they should be able to interact with one another under adult supervision.

A large number of the admissions to the punishment units appear to be occasioned by the breaking of this rule, with young people being severely punished for actions such as writing notes to one another and talking to one another.

At times the best interests of young people are profoundly compromised by the interaction between unnatural rules and the indiscriminate application of such rules. One instance in which a child was admitted to the punishment unit on two separate occasions was reported as consequences for interacting with boys on a social level. The two three-week sessions in the punishment unit resulted in her missing out on so much of her schoolwork that she is now not able to catch up for the year and will only begin again next year. This clearly illustrates the lack of application of the ‘best interests’ principle.

5.4 Minimum Standards for Residential Care

5.4.1 Prohibited behaviour management measures

The following were reported to be in use:

- **Group punishment for individual behaviour**: one young person described being assigned extra exercises because of a peer's failure to complete his own exercise regimen when in the punishment unit.
- **Humiliation and ridicule**: young people are sent to a punishment unit for contravening rules. They are made to "skoffel" which amounts to doing demeaning garden work and are made to sing, "prison songs" about their offences. It is reported that the males are made to walk on all fours and bark like dogs in front of others when the daily dog walk is in progress.

- **Deprivation of access to parents and family**: a common practice is to place people, including children "on hold" which means that they are prevented from contact with anyone outside of centre including family members. This can be instituted for a number of weeks or "indefinitely". Decisions regarding home visits appear to be taken by 'Pastor Sofos' with the criteria used for this assessment being unknown to the children. Consequently they feel that their access to their families depends on the whim of 'Pastor Sofos'. No evidence of any professional process being undertaken in this regard appeared on the files.

- **Isolation**: whilst in the punishment facility children are permitted only to address the staff member of that facility, and may not talk

to anyone else for the assigned period - which may be for 21 days at a time.

- **Assignment of inappropriate work or excessive exercise:** it was reported that the punishment units included a humiliating and onerous work component, and a stringent exercise program. The precise nature and extent of this could not be ascertained, but a number of young people spoke of having to work in the kitchen until the early hours of the morning. It also involves physical and military type training for prolonged periods of up to three hours continuously.

- **Undue influence by service providers regarding their religious or personal beliefs**: all young people interviewed were at once appreciative of what they felt to be a divine presence in their lives, and concerned about the extent to which the Christian religion took centre stage at centre. They felt that there was too much influence on this aspect and that 3 weekly church services, one of which lasted for 4 hours was excessive. Entries on files reveal a major thrust of the attention paid to people (including children) is in the area of the behaviour in respect of religion. Documentation provided by the centre also bears this out, where a life skills curriculum is predominantly one of religious instruction. Young people also report being made to read from the Bible whilst on the punishment unit and being cajoled into reading the Bible on a daily basis in the program. The form of Christianity encouraged appears to be fundamentalist in nature and not connected in to any particular denomination. Many experience it as indoctrination and brainwashing.

5.4.2 Minimum Standards

- **Engagement/Admission:** children are exposed to an orientation program in which they are mixed with adults. This is run by two graduates of the program (known as volunteer staff) who are untrained in any form of social service. They are provided with a mattress and made to remain in the group program during this phase when they may be undergoing severe withdrawal.

- **Safety:** children report feeling physically safe, but emotionally and socially unsafe in the program. There is widespread mistrust of staff, as well as more senior program participants who are assigned roles of authority without being trained for these roles. Residents report that the residential staff are often not readily available, and must be called from their quarters often if there is a need for intervention.

- **Rights of Young People:** uniformly young people expressed that they felt that they were without rights in the centre. They felt stripped of all rights. No discussion of children's rights appears to take place.

- **Complaints:** no complaints procedure is in place and most young people appeared to consider such a suggestion to be ludicrous in the context of centre.

- **Reportable Incidents or Actions**: rather than having a list of concerning incidents that would require staff intervention, young people report that they are encouraged to report on one another

in respect to the breaking of rules. This leads to an atmosphere of tension and sense of isolation and mistrust of one another.

- **Physical Environment**: the boys' living unit is malodorous, dank and inappropriate for use as bedrooms. The building was obviously not designed for housing so many persons in the area currently occupied and the atmosphere is inhospitable as well as run down. Even so, young people reported having engaged in a concerted spring clean lasting several days prior to the visit by the delegation. Ablution facilities are vastly inadequate and boys report having to queue to use the single toilet available. The girls unit is pleasant and clean, although some of the rooms lack windows that face outside and are therefore unacceptably dark. The showers are pleasant but the toilets are closed with glass sliding shower doors according to the housemother "because we got a donation". The 'centre' is scattered throughout the town, which mitigates against the creation of a sense of unity on one campus.

- **Transitional Planning:** young people expressed being uninvolved in the process of planning their lives.

- **Privacy and Confidentiality:** concern was expressed about the lack of confidentiality on the part of many staff that was reported to gossip. Mail is read and incoming mail is at times refused after being read. Young people are body searched by members of their own gender on arrival and males are made to squat and cough.

- **Emotional and Social Care:** children and young people alike describe being unable to communicate with adults in the centre

with trust. When asked what she would change about the centre one young person said that she would make sure that there was "compassion". One young person described the staff as "unapproachable". They considered staff to be frequently disrespectful in their speech, to "shout and scream", to have favourites, to look down on them, and to punish without consideration of the circumstances. Those (two) staff members that were considered trustworthy and able to listen were seen to be too busy to have time for them, including the social worker. One young person respectfully described centre as a "self-help program". Young people are also discouraged from becoming too friendly with members of the same sex as this is seen as fostering dependence. In such a situation children are prevented from interacting with one another for a period of time to destroy the emotional "dependence". Many young people expressed having emotional difficulties that they felt unable to share with any one at the centre. Their lack of trust in the decision-making of the authorities whilst they themselves suffer from having made poor choices placed many of them in a very uncertain and vulnerable situation, not being able to rely on either themselves or those around them. Many of the young people said that the programme was designed to "break you down".

- **Health Care:** young people described being admitted without any medical attention even though they may have been addicted to dangerous substances, and receiving no medical examination during their stay in the facility. Detoxification was undertaken without medical supervision. They reported that they received no information on the matter of HIV/AIDS. They uniformly expressed concern on the matter of the unhygienic kitchen conditions and the food. The latter was reported to be not only

unpalatable but often prepared even though it was past its sell-by date by up to a year.

- **Behaviour Management:** rule infringements are dealt with in a disciplinary hearing where the child must stand before three seated adults. The offence is read out and the child is asked to plead. The head of the panel then confers a punishment without the child being given the opportunity to plead in mitigation. Forms on files corroborate this description. In the punishment unit young people are locked into rooms, and one young person reported having a bucket in which to excrete in the room.

- **Developmental Milieu and Climate**: young people expressed feeling that their spirit and dignity is not respected at the centre. One young person said that there was more concern for the programme than the individual. Many expressed some level of suspicion in relation to the possible making of money through the various undertakings at the centre. Interestingly, although some level of respect and warmth was expressed towards the "chief-of-staff", not one young person volunteered any fondness for 'Pastor Sophos'. Many young people expressed concern that the staff was people who simply could not cope in the world outside. The presence of menacing dogs outside of every building housing young people destroys what peace the atmosphere of a small town may have offered. As one walks towards the buildings dogs strain at their chains and bark threateningly. This in itself is a very disturbing phenomenon. It was noted that centre is physically isolated and has created a particularly closed environment through the idiosyncratic use of language and the authoritarian application of rules. Young people speak of being "rebuked', of "re-hab romances", of being

"written up", of "wordly music", of being "put on hold", of "the outside" for instance.

- **Care Plans, Individual Development Plans and Reviews**: no developmental assessments are done, although there are uncompleted forms on some of the files pertaining to this process. Family re-unification and family work in general appears not to be an element of the programme. Children could not report on any activities designed to assist them to re-integrate with their families. Many spontaneously offered that they were suffering about issues regarding families and were unable to access assistance with these issues.

- **Development Opportunities and Programmes**: there are no programmes for young people. One young person said, "they don't build you up to live on the outside". Church services, the purchasing of provisions at the (centre-owned) coffee bar, and attending the restaurant (also centre-owned) are the only activities available to young people outside of the school program. Some young peopled suggested that they should be offered the opportunity to engage in programmes that build self-esteem and help to make up for the development time that they have lost out on while drugging.

- **Therapeutic Programmes**: there is no evidence of any therapeutic programmes taking place at the centre. The daily lining up of residents to walk a fearsome dog in unison with others is termed "dog therapy". Whilst it may be conceivable that some residents may find this activity pleasant, it would be hard with even the wildest stretch of the imagination to term this therapy. Even the most well disposed of young people tended to

laugh at the mention of the dogs, suggesting that others may be able to explain their role. The report offered by the centre on the effectiveness of this form of therapy neglected to mention the impact of dog therapy on young people and how young people perceive and experience this practice. It further does not mention that whilst others walk the dogs, others follow with shovels and buckets, to clean up the faeces. Although it does mention the dog bites and minimises the impact hereof, it does not consider the delay in taking the young people to the clinic to receive tetanus injections. Young people interviewed expressed concern about the fact that three days had lapsed before they could receive this medication for the dog bite.

- **Education**: schooling is offered from grade 10 to grade 12. Young people expressed satisfaction with the education on offer and felt respected in the school environment. However they are excluded from this programme if their parents are unable to fund the service, or if they are transferred into the punishment unit. One young person said “if people aren’t at school there is nothing for them.”

- **Disengagement**: criteria for the recommendation of disengagement or extension of stay are not clear and could not be established. It appears that the decision is made by Pastor Sophocles, and is then communicated to the resident and parents. At times the young people report hearing that they have been recommended to stay on for a longer period of time from their parents. During this time they pay extra fees. Residents felt it was a money making scheme.

5.4.3 General Remarks

Whilst many of the young people at the centre appear to be benefiting from being placed in a facility that is isolated and far from their homes, and where there is strict control of their behaviour, the violation of human rights and disregard of the legal and policy framework, that occur on a daily basis cannot be countenanced. Acceptance of the practices outlined above would make a mockery of the country's commitment to building a Child Rights culture, and open the Department of Social Development to applications for registration of a range of programmes operating outside of the policy and legislative framework.

Although the focus was children and their rights and other legislative imperatives pertaining to children, older residents raised similar issues. This is plausible given the fact that there is no distinction between children and adult programmes in the centre.

6 HEALTH AND SAFETY ISSUES

The team assessed the centre on the value of dog therapy, control measures and safety of patients. The physical environment was inspected focusing on the living quarters, kitchen, recreational areas, school environment, facilities for individual and group sessions, storage space for refrigerated and non-refrigerated food, medical clinic, and laundry facilities. The team also assessed the health related issues such as detoxification, dental care, initial medical assessment of patients, psychiatric and psychological interventions, emergency medical procedures, monitoring of health conditions and other general health and safety issues. The policies and prescripts for health and

safety were used as benchmarks during the inspection, and were compared with observations made and what the centre documented.

- ***Detoxification***

There is one unregistered enrolled nurse who commenced duty five months ago at the centre. She is employed for 3 hours per day. She also has neither special training nor experience in substance abuse. There is no one on call after hours. The project manager who is not a health professional is in charge of the health services at the centre and also supervises the staff nurse. This practice poses serious risks for the residents and is in violation of the code of practice for the nursing profession.

There is neither detoxification treatment nor any staff member who is trained in detoxification at centre. According to the social worker, when the patients experience withdrawal symptoms there is a mattress to lie on in the group session area, and should there be a need for medical treatment the patient is referred to the clinic. The clinic and the hospital reported that they have never received patients for detoxification.

Patients only receive treatment for medical emergencies at the hospital. After being stabilized at the hospital, they are referred back to the centre for further health care with no professional nurse. The scope of practice for the professional nurse allows him/her to provide any independent health interventions. Neither the project leader nor the enrolled nurse can provide such health interventions. The current practice at the centre places the patient's life at risk.

- ***Initial medical assessment of patients***

There are no medical assessments done on admission. Arrangements are made with the doctor in Middleburg to do the initial assessment on Thursdays. Should the patient's condition warrant medical intervention he/she is referred to the doctor or hospital. Although the admission criteria state that those patients with medical conditions will not be admitted and must be detoxified, withdrawal symptoms can and do occur after admission. Many patients who have a drug dependency problem may have another medical condition- a dual diagnosis- such as patients with a substance use related disorder and a psychiatric disorder. Therefore the initial assessment should be done on admission.

Female patients reported that no gynaecological examination was given on admission, in spite of her having been a prostitute to support her drug habit prior to admission.

The nurse has no referral notes or reports on the history of the patient, other than what was provided by the patient's sponsor. If questions were left blank, no follow up was done.

Dental care appears to be adequately provided for and regular visits are conducted.

In general the services of a doctor in Middleburg are used by medical aid patients, and state facilities used by non-paying patients. Psychiatric patients are referred to a psychiatrist in Bloemfontein or De Aar.

- ***Administration of prescribed medication***

Management of prescribed medication is of great concern at the centre because expired medication was found in the cupboard indicating that patients are not receiving their medication on time or not at all. Insulin should be kept in a refrigerator but is stored in the cupboard with other medications. According to the staff nurse all the medication goes to the project manager first before she gets it. No prescriptions are given to her, but only the medication. Communication was identified as one of the shortcomings because all health-related issues are not communicated or referred to her. Patient records and recordings are poor, and thus have major medico-legal implications. The centre has no policy on confiscation of medication. Confiscation should be done according to legislation.

- ***Dental care***

Dental services are available to patients on Tuesdays and Thursdays and patients really make use of these services, which is encouraging because drugs causes many oral problems such as dental caries, halitosis, mouth ulcers etc.

- ***Psychiatric and psychologist interventions***

Assessments and referrals to both health professionals are inadequate. Presently there is a qualified counsellor who has to complete her psychology studies to become a qualified clinical psychologist. All patients should be referred for a psychiatric evaluation after several

weeks of abstinence. Currently medical aid patients are referred to the psychiatrist in Bloemfontein and State patients are referred to the state psychiatrist only when the need arises. The monitors and project leaders of the centre provide counselling services to the patients.

- ***Emergency medical procedures/ interventions***

All emergencies are referred to the hospitals. The centre relies on the local paramedic staff and ambulances to stabilize and transport the patient in emergencies. As these ambulances are servicing the surrounding areas, they may not be available when needed and the centre does not have a contingency plan. Back referral to the centre is very unsatisfactory. The medical clinic is not equipped to deal with any emergencies. There are no basic emergency equipment such as a first aid box, oxygen cylinders, ambu-bag, rubber spatulas for epileptic seizures and dressing packs. No staff member trained in first aid except the part time staff nurse. The team was told that the first aid kit is in the project manager's office. It was mentioned that random drug testing is done at the centre as the need arises.

Although injections are administered, there is no sharps bin. There is no procedure in place for disposal of needles and expired medicines. No gloves are available for open wound treatment.

Diabetic patients recognised that there is no member of staff trained to help them in an emergency. During a hypoglycaemic episode the patient was expected to explain what needed to be done as nobody could assist. He was eventually rushed to hospital.

There is no multidisciplinary medical team approach as services are provided by outside doctors. There is no registered psychologist

available only the services of project managers with a basic knowledge but no formal training. An inmate with a psychology degree is used but could not ascertain if she was qualified or registered.

There is a written HIV/AIDS policy but the nurse was unaware of it. Chronic medication prescribed for patients are kept by the patient and it is not monitored for compliance.

- ***Monitoring of health risk conditions***

Management of health risk conditions such as HIV/AIDS is only on paper and not implemented at the centre. According to the staff nurse there is no one who is HIV/AIDS positive but she is also not sure. Neither herself nor any other person underwent training. No health promotion or awareness programmes are available. The team could not find any disease profile or statistics on other communicable diseases such as STI, TB etc. Monitoring of women's health especially the girl child is another major issue that needs attention. Many of the health issues could improve by appointing a registered professional nurse with a psychiatric qualification and others staff members trained in other health issues such as first aid, counselling, HIV/AIDS, etc.

- ***Health and safety***

According to one of the monitors they do fire drills, but there is no written disaster plan for all the buildings yet. The fire extinguisher at the centre has last been checked in 1997. The centre has no injury on duty and infection control policies.

7. FINANCIAL MATTERS

7.1 Payment Services

The majority of payments are done electronically and no proof could be provided that information is verified after or before it is captured.

7.2 Financial Management

There is no proper segregation of duties in place. This was evidenced by the fact that one official (Mr C Lindeque) is preparing a payment advice form whilst at the same time is also signing the cheques.

7.3 Financial Statements

In terms of Section 17 and 18 of the Non-Profit Organisation Act (Act No 71 of 1997) all registered organisations must submit audited financial statements to the Directorate: Non-Profit Organisations, within nine months after the end of the financial year. However, the review of copies of financial statements kept by the centre revealed that although the financial statements for 2001/02 were submitted to the department, it was not audited as required by the Act. Furthermore, interviews held with Pastor Nissiotis, revealed that their accountant had not yet compiled financial statements for the periods ending 28 February 2003 and 2004.

The director also confirmed that no financial statements have been submitted for the past two years. The team regards this as non-compliance by the centre with prescribed procedures. Given that this

has for a number of years been a condition for temporary registration of the facility, compliance would have been expected.

Attempts to get the letters of appointment of the previous and current auditors proved to be unsuccessful. The view of the Inspection Team is that no registered accounting firm as required by the Act, was appointed. Although the centre appointed an accountant and an auditor, the team could not distinguish between the work conducted by the two. The normal practice will be that the accountant will compile the financial statements and the auditor will perform an audit of the statements. As mentioned previously in this report, the auditor did not audit the financial statements presented to the team.

7.4 Control Measures

Although limited control measures are in place, no documented evidence could be found supporting the approval of these control measures by the board. In the absence of approval by the board, it could be difficult to affix responsibility.

Furthermore, interviews held with Pastor Nissiotis revealed that the following persons have the signing powers:

Mr C Lindeque – Financial Secretary
Pastor Nissiotis – Director
Ms G Nissiotis – Financial manager
Ms van Rooyen – Chairperson of the Board of Management
Me Visser – Secretary of the Board of Management
Mr G van Rooyen – Member of the Board of Management

It should be mentioned that three of the signatories are members of the board of Management. This is viewed to be an unhealthy practice as the board is supposed to play an oversight role and not get involved in the daily activities of the centre.

7.5 Reporting to the Board of Management

It is normal practice for a board to play an oversight role over the management of an organisation. This includes financial management.

Interviews with the Treasurer of the board, Mr Visser, revealed that the board is not actively involved in financial matters. For example, financial matters are a standing agenda item but often nothing is reported at these meetings in this regard. In fact, it became evident, during the interview, that there is no board member with any knowledge or experience in financial matters. The general impression obtained was that the board is not in control of the financial matters of the centre and as a result may not be aware of the financial status of the centre.

7.6 Approval of Expenditure

The delegation of powers for approval of expenditure is not clearly defined. For example, it was noted that the signatories were not aware of the maximum amount of expenditure that they are supposed to approve.

The review of cheques presented to the bank revealed cases where the Director and his wife signed cheques for the payment of services. In terms of generally accepted accounting practices it is not a healthy practice. The team regards this to be a high risk in terms of financial management.

7.7 Budgeting

There is no proper budgeting process in place. Expenditure is dealt with on an ad hoc basis. Such practices can result in purchasing of services or items that are not in the interest of the centre or which the Centre cannot afford. This could also result in mismanagement of funds and become a risk to the viability of the organisation.

7.8 Financial records and bookkeeping

The financial accounting system that is used by the centre is Pastel Accounting System. All the receipts and payments are captured on the Pastel System. However, no documented evidence could be found that the bank reconciliation is done on a monthly basis. It could be difficult to identify irregularities at the earliest possible time.

7.9 Management of cash flow

The cash flow records were not available to be assessed by the task team. Apparently 'all the records are kept by the accountant who is based in Johannesburg'.

It therefore seems that financial management systems are not adequate and even though there is a treasurer, a financial manager (who is also the director's wife), as well as the financial secretary. There are no books of account in the centre. It would be interesting to see what their role in the centre is.

8. FACILITIES OF THE CENTRE

The task team, visited amongst others, the kitchen, which is also a workplace where the residents do their work, orientation centre, and the punishment centre (as called by the residents) or the discipline facility (as management prefers to call it). The dog walking exercise was also observed.

During the visits, the team conducted random interviews with staff members, inmates, management and monitors. It must be noted that this inspection was done by the team that was overseeing the process and needed to have an overarching view of the centre and its functioning; as well the specific team allocated this area of work.

The facilities of the centre are situated in a number of houses and other buildings, which seem to belong to the centre. These facilities are scattered all over the town of Noupoort.

8.1 Orientation Centre

On arrival the team was welcome and taken around the area. At the time there was a religious sermon that formed part of the orientation programme. About six newly arrived inmates were being orientated about the rules and regulations of the centre. The leader/monitor/staff member read out all regulations and kept reminding all the people to listen and understand otherwise they would be punished if they failed to obey and the might be ‘’beaten’ up if they did not comply. This confirms earlier assertions that the centre instils fear and threatens residents to ensure that compliance and obedience. Orientation itself took place outside the building in the veranda and some of the other group were inside the building. The office of the social worker is

situated in the orientation centre, which is housed in a separate building. This centre is also utilised as a medial facility.

The facility for individual and group session is neat and clean, but the group session room the team saw was overcrowded and the group was too large. The team was also informed that the place is still being refurbished. It was also indicated by the Social worker that patients who are experiencing withdrawal symptoms during orientation sessions lies on mattresses. The team picked up that the individual sessions is not structurally done, but only done per appointment with the Social Worker.

8.2 Disciplinary Facility

The facility is located in one of the houses that belong to the centre. It is further removed from the rest of the facilities. It consists of a number of rooms, including one without furniture but a number of mattresses that have been made up on the floor. Upon enquiry it was indicated that the beds were not being provided for the safety of residents. This could not be explained further.

Generally this is a place run by a former military officer who confessed that he was never formally trained on any rehabilitation programmes and uses military means and methods to punish people. The main thrust of the centre is to inculcate fear in order to get obedience from the so-called culprit. This place terrifies almost everybody as it entails hard labour and alleged humiliation of those who are offenders.

Many residents who were interviewed expressed fear of the place and told horrifying stories of hard labour, solitary confinement, and cells that were not shown to the delegation as their existence was denied. The

nature of offences warranting detention in this facility ranged from abscondment, interacting with girls, and others. The officer in charge was asked if those who do have not been placed on court order are allowed to leave if they want to, he indicated that they couldn't leave. When questioned further on this issue he changed his response.

Residents are subjected to the same punishment irrespective of the nature and severity of the offence. There is no register of residents in the facility and the requirements of the Treatment and prevention of Substance Abuse Act are not adhered to, in terms of endorsement of all disciplinary procedures by the local magistrate.

Interviews with one of the inmates revealed that he had slashed his wrists previously but had come back voluntarily because he relapsed and hit rock bottom, and he felt that this was better than dying in the street. The other had appeared on television the previous day and indicated that he said what he did because the staff was there.

8.3 Living quarters

Males and females are accommodated in separate facilities. Each patient has his own bed and the areas shown to us did not appear to be overcrowded, although very basic. The ablution areas seemed to be inadequate. In some cases especially in the children's area, there were five toilets and six showers for about 45 children. Some of the taps had no handles. The children's section is on the basement, and this section and all others are extremely cold. There seem to be no heaters or a heating system. If anyone wants to use a heater, the parent/ sponsor must buy it and the centre is paid R50.00 per month for each electrical appliance that must be plugged on the wall socket. Temperatures in Noupoort are reported to be extreme, with summer

being extremely hot and winter extremely cold. No provision is made for this.

The centre building is deteriorating but management says they are currently busy negotiating with Spoornet to purchase the building before they will do any refurbishing.

8.4 Kitchen and Cooking Facilities

Cooking facilities appear adequate but there is concern about general housekeeping. The floors and wall have damaged, broken and missing tiles which therefore make cleaning and rodent control difficult.

There does not appear to be a procedure in place for an insect or rodent control.

There is no facility for washing hands and the regular basins that are used for washing utensils are used. There are also no towels for drying the hands after washing and dishcloths are used. No hand soap or gloves are provided for workers.

The kitchen staff compile the menus and there does not appear to be any input from a dietician in respect of specific needs for special patients. Fruit is only provided once a week, if available. This was of particular concern with regards to special dietary needs of diabetic patients. There is no provision for special dietary requirements, particularly where it concerns management of chronic medical conditions such as hypertension, diabetes and others.

The storage facilities in the kitchen are poor with both raw cleaning materials and foods stored together.

The kitchen has one fire extinguisher, which was last inspected in 2001. One other fire hose reel was located on an outside wall but the hose itself was missing.

8.4 Sports and recreational facilities

There was no time to examine the sport facilities but patients were questioned about participation in sporting and recreational activities.

The inspection team was told that there are various recreation activities such as rugby, soccer, darts volleyball, a well equipped gym and each lounge has a television set. This information is also mentioned in the documentation from the centre given to the team. Arrangements were made by the centre with the local school management to use their sports field. Centre teams also compete with other scholars. The purchase of the swimming pool fell through but another possibility is being explored. A female patient told the team that recreation for females are very limited. The females are not allowed to use the gym.

Mention is made of female sporting teams and it would appear as if this is a regular activity. In reality only one game has been played in the entire year. All recreational facilities are hired from the school.

8.5 School environment

The school has got three classrooms that are well ventilated for grade 10,11 and 12. There is also a computer room. The other part of the building is used as accommodation for one of the teachers. The ablution facilities are satisfactorily and need some renovations.

8.7 Counselling and Orientation Area

There is a room provided for group sessions, which during the inspection was overcrowded and it was emphasised that it was being refurbished.

During orientation if a patient is not feeling well or is experiencing withdrawals they are allowed to lay on a mattress but in a common area with no real privacy.

8.8 Laundry

This is run by patients and on inspection appears to be adequately equipped.

8.9 Storage space for Refrigerated Food

There are two refrigerators in the main building, one in the office and one cool storage room, two cool storages in another building near the laundry and two cold storages [freezers] at the old closed down Malandia building. The two freezers are filled almost to capacity one with polony and other meat [meat in boxes had expiry dates of April 2004] and one with meaty soup bones.

8.10 Storage for non-refrigerated Food

The storage room is cleaned on ad hoc basis. Cleaning detergents are stored in the same room with edible items.

8.11 Medical Clinic

The clinic is one small room in the NCC centre where health intervention by the nurse and storing of medication takes place. There is no sick bay for patients, who are not feeling well, to be observed.

9. INTERVIEWS AND CONTACTS WITH SIGNIFICANT OTHERS

9.1 Department of Justice (Magistrate)

The interviews were held at the local magistrate's office where we were welcomed by the only magistrate of Noupoort, magistrate. Magistrate informed the team that he has been the sole magistrate of Noupoort for the past eight (8) years – responsible for both civil and criminal matters. During that period he had occasion not only to preside over a number of cases involving the centre, but also to interact closely with some of the staff members and inmates at the centre.

Worth mentioning at the outset is the overwhelming sense of relief that was apparent in the way magistrate was responding to the interview. He related a number of emotive anecdotes relating to the centre. Listening to him immediately got a sense that a great portion of his time is spent dealing with centre–related matters, which he confirmed. The complaints range from petty theft to murder. In some of these cases the centre feature as a complainant. The team was, however, informed that that is usually the case where the centre presses criminal charges against inmates they perceive recalcitrant, in order to "soften" them. This is later confirmed by the two police officers who were interviewed.

The magistrate was more than willing to give the team access to information, including documents which are of a public nature, but

which go a long way towards corroborating his allegations. So immense is the magistrate's frustration with the irregular manner in which the centre is operated, that on 14 May 2004 he addressed a letter to chief magistrate in Kimberly in which he complained, amongst others, about the gross violation of human rights at the centre.

Magistrate narrated a number of cases he handled involving the centre, some of which relating to children. In one case he informed the team that he had to intervene where a baby was kept in a cell with the mother. It should also be mentioned that there are no facilities for mothers with children.

In a quest to circumvent jurisdictional requirements, the centre has, in the past, misrepresented itself to the magistrate as a registered treatment centre, by bringing persons for admission to the centre before him in terms of section 21 of the Act. This section provides for the procedure for bringing persons eligible for admission to a treatment centre or registered treatment centre, before a magistrate.

It is the magistrate's opinion that inmates at the centre are forced to 'quit drug addiction rather than being treated and rehabilitated'.

9.2 South African Police Services

The anecdotes related by the two police officers were a further corroboration of the centre's blatant disregard for the law and gross violation of human rights. They informed the team that they receive a number of complaints relating to refusal of the centre to hand back personal belongings to inmates who wish to abandon the programme. They related a case of a Zimbabwean who had himself committed to the centre for treatment and rehabilitation and who, after a period of

about eight months, left the centre for another one. When requesting for his personal belongings, the centre laid a criminal charge in terms of the immigration laws against the man.

The team was informed that between January 1997 and June 2004 about seventy two (72) complaints involving the centre were reported to and investigated by the Noupoort police station, most of which eventuated in criminal prosecution. About twenty six (26) of these are assault (common and GBH); seventeen (17) theft; fourteen (14) house breaking and theft; three (3) culpable homicide; three (3) possession of dependence producing substances; three (3) defeating the ends of justice two (2) child abuse; one (1) crimen injuria; one (1) abduction; one (1) intimidation and one (1) contempt of court. The Department is in possession of the case numbers of these cases.

The police officers are indicated that they are just as tired of and frustrated by the under handed ways of the centre. Much as they are aware of the criminal activities taking place at the centre, they can only act if and when there has been a complaint. His account relates to his sojourn as a patient in the centre

9.3 Department of Health - Clinic

A visit was made to the community health clinic in Noupoort. The findings of the team in this regard are integrated into the health and safety section of the report. What is significant however, is the fact that the clinic sisters reported an unprecedented inflow of patients from the centre on the last day of the inspection, the majority of whom came for minor ailments. The reason for this is not known.

the name of Donovan who was very traumatised. He reported that they had been intimidated by the Chief of Staff of the canter and alleged that his friend had been assaulted for having spoken to us about what was happening in the centre.

The previous day Donovan had volunteered information to Ms. Kela and Mr. Musi about the fact that there had been an attempt to cover up the atrocities allegedly taking place and the abject conditions pertinent at the centre. He even gave a seemingly rotten cabbage they had been given to eat for lunch to illustrate that the food being provided was unhealthy.

The nurses also expressed a concern about how the patients were being treated by the centre contrary to health policies and practices and cited several incidences.

The team arranged that the police provide protection for Donovan and also went to state to the Chief of Staff of the centre about their concerns about allegation of assault and intimidation. They also met with a 22-year-old youngster from Randfontein, who confirmed that there was intimidation done that morning.

11. EVALUATION

The inspection was done on the basis of the court order, which required the department to take decisions thirty days, whether or not to register the centre.

The inspection team that went to the NCCC managed to do what was expected of them with minimal disruption. Although there were some isolated incidents of intimidation, where some young people were

victimised for providing information to the team, the team was given the scope and space to collect the relevant information.

Regarding the terms of reference, which were used to guide the inspection, the team managed to establish that in spite of various recommendations from previous inspections, no improvement was made in most of the recommended aspects. The centre therefore failed to take advantage of the time allocated to it throughout the period that they were temporarily registered, to correct deficiencies that were identified by the centre, jointly with the department.

Broadly the findings of the Inspection Team were as follows:

11.1 Management and Human Resource Issues

The structures that are responsible for the management of the centre are dysfunctional. Members of the Board do not fulfil their respective roles and the operation of this structure is not satisfactorily. The treasurer has no control over finances and there is conflict of interest, for example as board members are also employees of the organisation. This conflict of interest is also reflected in some board members being direct beneficiaries of the programmes. There are two married couples in the board that seems to occupy the major positions in the board of management. This is against the standard practice for cooperate governance. The board of management is also not representative of the demographics and has one black member (official records)

11.2 Treatment Programme

Whilst it is acknowledged that the programme is unique, and has a different approach to treatment and rehabilitation of its patients, it does not justify the serious contravention of prescripts and minimum standards for treatment centres in the country. There is no structured screening process; the centre uses unqualified and unregistered 'professionals' to provide services that should be rendered by recognised and registered professionals. The centre is operating without the multi-disciplinary team. . It seems as if the centre is not committed in appointing the multi-disciplinary team.

There is only one professional staff employed, which is the Social Worker. There is a one-size-fits all approach to therapy, which does not take into consideration, the individual needs of the patient. The entire treatment program is based on religious doctrine, which is forced on all patients at the centre. In general most patients complained about the strict rules of the centre and the sometimes-inhumane discipline, which leads to them to live in fear.

10.3 Children's Issues

There is no compliance with the United Nations Commission on the Rights of Children. Children are not involved in their own development and growth. There are gross violations of children's rights and a lack of compliance with minimum standards for children in

residential facilities. There are amongst others, deprivation of access to parents, and family; assignment of inappropriate work and excessive style exercise for prolonged periods of up to three hours at a time, lack of emotional and social care and lack of social interaction with others.

The centre appears to be treating adults the same way as children. They do not keep files separately and could not provide statistics for children easily. While many young people appear to be benefiting from the being placed at a centre that is isolated from their homes, and where there is strict control of their behaviour, this is attributed to personal resolve rather than the programme of the centre. The violations of legal framework occur on daily basis, and can lead to children becoming more vulnerable.

10.4 Health and Safety Issues

It is clear that without proper medical care of patients, the health of patients can be compromised. The fact that the centre does not allow any medication in its facilities, even for chronic ailments such as epilepsy, which doctors have indicated will not have a negative impact on the treatment programme, leaves patients vulnerable. Failure to store medication appropriately e.g. insulin that is used for diabetics, makes the administration of such medicines risky for the patient. This medication is also not administered in the prescribed times leading patients to unnecessary medical complications.

The facility has no emergency tray, first aid kit, dressings or oxygen supplies which are critical in a facility where 160 people are cared for. There are no mechanisms for the disposal of needles and expired medicines. Medical records are not kept and there is no monitoring of the administration of medicines. There is no HIV and AIDS policy for the centre, even though the residents are high-risk group. There is no detoxification protocol at the centre and a project leader who is not qualified in this regard manages this.

10.5 Physical Environment

The centre is scattered in many different buildings. The patients complain of unhygienic condition, exposure to extreme weather conditions without appropriated heating or cooling systems. The buildings, particularly where young people are house, are not suitable for them, and therefore require renovation. The most worrying factor is the kitchen that is unhygienic, storage facilities that are not appropriate and food that, on the day of the inspection, had expired two months ago.

The dreaded disciplinary facility where both youth and adults are punished for transgressions of the rules is not properly managed. The disciplinary programme is militaristic and excessive, and is often not matched to the type and severity of offences committed.

10.6 Finances

The centre has failed, in spite of numerous opportunities provides through temporary registration, to improve on their management of finances of the centre. There are six signatories of the accounts of the centre, some of which are board members. However, they do not have a say in the management of finances of the centre. It would seem that the director and his wife, who is a financial manager, take financial decisions.

There is no proper budgeting system in place and the expenditure is managed on an ad hoc basis. This practice can result in the mismanagement of funds and can become a risk to the viability of the organisation. The financial statements are not audited and none have been submitted to the department in line with the generally accepted management practice and requirements of the NPO Act, Administration and Management of the Centre.

10. RECOMMENDATIONS

Following the inspection as well as the findings of the task team, it is recommended that:

- the Centre not be registered in terms of Section 9 and 12 of Act 20 of 1992.

- consideration be given by the Minister of Social Development to the possible closure of the Noupoort Christian Care Centre

- In order to effect this closure, the following measures be considered

    - The Centre be given a period of six months to phase out the programme;
    - A moratorium be placed on admission of new patients;
    - Patients who have completed the eight months treatment program should be released to their families

- The provincial department through its district office should regularly monitor the functioning of the Centre and human rights violations on weekly basis with the involvement of police and provincial department of health.

- That a communication strategy be developed including an urgent meeting with the parents, sponsors and other stakeholders be held to brief them about the government concerns on matters related to violation of human rights at the center

- That norms and standards for such centres be finalized as a matter of urgency and a programme for the effective implementation and constant monitoring and evaluation be pursued for all treatment facilities in the country.

- SARS and other law enforcement agencies be requested to do further investigations within the recommended period of six months.

HANDED UNDER SIGNATURE OF

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MS N KELA(TEAM LEADER)