

Blue print, Minimum Norms and Standards for Secure Care Facilities in SOUTH AFRICA

August 2010



Building a Caring Society Together.

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social development

Department:
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FOREWORD BY THE DIRECTOR-GENERAL



Mr Vusi Madonsela

The Bill of Rights in the Constitution of the Republic of South Africa 1996, addresses the protection of children, including the protection of the rights of children in conflict with the law. Various international instruments like the United Nations Convention on the Rights of the Child (UNCRC) and other pieces of legislation such as the Child Justice Act, 75 of 2008 and the Children's Act 38 of 2005 also provide specific set of regulations for dealing with children in conflict with the law.

Social Development is amongst the leading government departments in the provision of services to children in conflict with the law and their families. In 1996 Cabinet appointed an Inter-Ministerial Committee (IMC) on Young

People at Risk to lead the process of developing national legal framework that is consistent with national, regional and international instruments.

One of the key recommendations of the IMC was the development of minimum norms and standards for secure care facilities to ensure the best interest of children during correction, rehabilitation and reintegration into the family and community, as provided for in the Constitution and other pieces of legislation.

The prime objective of the minimum norms and standards for secure care facilities, as the name denotes, is to provide standardized and uniform services for children in conflict with the law in secure care facilities. The minimum norms and standards put forward ways by which different sectors of society can work together effectively to uphold the principles of child justice and restorative justice system. This is central to the promotion of the best interest of children in conflict with the law and to prevent offending and re-offending.

It is without question that addressing issues of children in conflict with the law requires a holistic and integrated approach. The minimum norms and standards contained in this booklet direct both government and NGO's in a coordinated approach to provide services to children in conflict with the law, and to adopt a child rights approach that promotes diversion programmes and community based sentences.

As the Department pursues its work of building a caring society, our interventions should be grounded on the principles of upholding the best interest of children in the context of family, community and broader society. Our interventions should also explore underlying contributory factors which predispose children to the risk of offending.

I wish to thank the staff of the Department at both national and provincial levels and representatives of civil society organizations for working together fruitfully in producing the blueprint, minimum norms and standards for secure care facilities. I urge you all to continue working together in the same spirit of cooperation to realize the full implementation of this policy

A handwritten signature in black ink, appearing to read 'Vusi Madonsela', written over a light-colored background.

Mr Vusi Madonsela
DIRECTOR-GENERAL
DEPARTMENT OF SOCIAL DEVELOPMENT

I Introduction

I.1 Background

I.1.1 Definition

A secure care is a residential facility and/or programme of intervention which ensures the appropriate physical, behavioural and emotional containment of young people who are charged with crimes and who are awaiting trial or sentenced. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities.¹

I.1.2 Secure care

²The concept “secure care” was coined during the transformation process of the child and youth care system. This term was used to distinguish those children who because of coming into conflict with the law would need a programme that would ensure that they take responsibility for their wrong doing, that recidivism is prevented, as well as contain them, restrict their movements and ensure the safety of the community. The intention was to ensure that there is a “place” where these children are contained, as well as an “intervention” during their containment. Therefore with time, Secure care as a concept has been used interchangeably – to mean a facility and a programme.

I.1.3 Secure care facilities

³All secure care facilities (government and non-government) should be established and maintained according to national regulations, minimum standards, and practice guidelines, which are based on international instruments and internationally accepted child and youth care practice.

Secure care facilities should provide differentiated programmes or units according to ages and the degree of danger which the young person may pose to peers, staff and society in general. For example, a facility may have a high security unit and a minimum-security unit, each offering a range of programmes. Choice of placement should be based on an assessment and not on arbitrary decisions related to the crime, or a reward/ punishment system. Where a province has sufficient secure care facilities to

choose from, each facility could provide a different programme.

Children who have been appropriately assessed to require secure care should not be accommodated in facilities or units which accommodate children in need of care and protection. Children in need of care and protection should be accommodated in a safety unit or facility. This differentiation accommodates the different programmes, staffing, training and security requirements. It is possible that both groups of children could be housed at one facility provided the staffing and buildings provide for this in line with the ‘differentiated programmes’ approach set out above.

The secure care programme should also be accessible to children at risk as an intensive short term programme of intervention based on a developmental assessment by a multi-disciplinary team. This means that children can access the secure care programme, where appropriate and where applicable, as day programme, week programme, and short term programme as to meet their developmental and therapeutic needs.

I.2 Guiding principles and values⁴

- **Accountability:** Everyone who intervenes with children/young people and their families should be held accountable for the delivery of an appropriate and quality service.
- **Age appropriate:** Every child should be addressed in a manner appropriate to his or her age and intellectual development and should be spoken to and be allowed to speak in his or her language of choice, through an interpreter, if necessary.
- **Appropriateness:** All services to children/young people and their families should be the most appropriate for the individual, the family and the community.
- **Best interest of the child:** refer to section 7 and 8 of Children’s Act.
- **Child-centred:** Positive developmental experiences, support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the child’s/young person’s development over time.

¹ Dept Social Development, Blueprint for Secure Care Centres, undated draft for discussion

² Ibid.

³ Ibid.

⁴ Ibid.

- **Community-Centred:** Services should be contextualised within the community environment, and support and capacity building to communities should be provided through regular developmental assessment and programmes which strengthen the community's development over time.
- **Confidentiality:** Principle according to which particulars which has been obtained from children and/or families within the professional relationship will not be disclosed without their permission.
- **Continuity of Care and Development:** The changing social, emotional, physical, cognitive and cultural needs of the child/ young person and their family should be recognised and addressed throughout the intervention process. Links with continuing support networks and resources, when necessary, should be encouraged after disengagement from the system.
- **Continuum of Care and Development:** Children/young people at risk (and their families) should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programme/s appropriate to their individual developmental and therapeutic needs.
- **Diversity:** Every child should be treated in a manner which takes into account his or her cultural values and beliefs.
- **Effectiveness and Efficiency:** Services to children/young people and their families should be delivered in the most effective and efficient way possible.
- **Empowerment:** The resourcefulness of each child/young person and their family should be promoted by providing opportunities to use and build their own capacity and support networks and to act on their own choices and sense of responsibility.
- **Equality:** Children must have equal access to available services and every effort should be made to ensure that children receive similar treatment.
- **Family-Centred:** Services should be contextualised within the family, the extended family and the community, and support and capacity building to families should be provided through regular developmental assessment and programmes which strengthen the family's development over time.
- **Family Preservation:** All services should prioritise the goal to have children/ young people remain within the family and /or community context wherever possible. When a child/young person is placed in alternative care, services should aim to retain and support communication and relationships between the person and their family (unless proven not to be in their best interests), and maximise the time which the person spends in the care of his/her family.
- **Integration:** Services to children/young people and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.
- **Non-discriminatory:** No young person should be refused admission to a centre on the basis of race, religion, sexual orientation, or cultural heritage and provision for an appropriate staff team who can understand and communicate with each young person should be made.
- **Normalisation:** Children/Young people and their family should be exposed to normative challenges, activities and opportunities, which promote participation and development.
- **Participation:** Children/young people and their families should be actively involved in all the stages of the intervention process.
- **Permanency Planning:** Every child/young person within the Continuum of Care and Development should be provided with the opportunity to build and maintain lifetime relationships within a family and/or community context within the shortest time possible.
- **Restorative Justice:** The approach to children/young people in trouble with the law should focus on restoring societal harmony and putting wrongs right rather than punishment. The child/young person should be held accountable for his or her actions and where possible make amends to the victim.
- **Rights-based:** The rights of children/young people as established in the South African Constitution and the various international conventions ratified by South Africa, shall be protected.
- **Strengths- based:** Services on all levels of intervention should, as a matter of priority, identify and build on strengths of the child and family.
- **Transitory programme:** Refers to residential care for children who are in trouble with the law and who are waiting for the finalisation of statutory process. This includes young people awaiting trial, awaiting sentence, awaiting transfer, awaiting designation, awaiting placement on the Continuum of Care and awaiting placement with family or friends.

1.3 Requirements for an ideal facility

The core model could have the following elements:

- Living quarters - Living quarters should be safe, clean and functional and in good state of repair. Rooms should be inward facing and open onto an entertainment area. Five children should be accommodated per room. Provision should also be made for a single room that may be utilised for children with special needs.

- Offices within living quarters – Provision should be made for office space for a social worker and child and youth care worker.
- Ablution facilities – Rooms should have en-suite bathrooms.
- Recreation area within the living quarters - This area may be used as a lounge/ TV room, group work facility or venue to complete homework.
- Outdoor multipurpose quad – The quad may be utilised for the playing of games or meetings with all the children.
- Indoor multipurpose recreation facility (hall) - There is adequate and appropriate indoor facilities in the centre for treatment activities, relaxation, recreation and exercise.
- Gymnasium.
- Out-door recreation facility – The out-door facilities should provide for standardised soccer, cricket, rugby, volleyball, soft ball, hockey fields as well as for an obstacle course.
- Pool - The swimming pool should be fenced off and the area locked and the pool covered when not in use. Ablution blocks should be provided around the area.
- Dining room - The dining area should provide for a serving area as well as adequate seating arrangements.
- Medical facilities – The medical facility should consist of an admission room, medication room, examination room, sick bay and isolation room.
- Visiting area – The visiting area must be private and comfortable.
- Accommodation for families - The center has facilities to house families, travelling from far, when they visit their children.
- Administration block – Provision should be made of adequate office space for personnel.
- Library and resource centre.
- School – The school should provide for classrooms, adequately equipped workshop facilities and a computer training centre.
- Kitchen – A separate delivery entrance to the kitchen should be provided. Change rooms with lockers for kitchen staff, ablution facilities and an office for the supervisor should be available.
- Laundry – Office space should be provided for the supervisor's office and change rooms.
- Store rooms.
- Garages for government vehicles.
- Vehicle vault – A secure area should be provided for the delivery of children.
- Record room

All residential care facilities should structurally make provision for children with disabilities.

The Center must be located within communities and no further than 100km or 1 hour travelling time from the court and/or SAPS. A radius of 1 km, but not exceeding 5 km, should be maintained from the residential area. No other service, other than those to children in conflict with the law, should be provided from the same premises. The Centre should be on a transport route for easy access.

The centre should have certain basic infrastructure and equipment in order to function successfully:

- Independent living equipment.
- Emergency equipment – Fire extinguishers and first-aid kits.
- Living quarters - Each child has his/her own sturdily constructed bed and locker/cupboard.
- Ablution facilities - 2 showers, 1 basin and 2 toilets for boys; 1 bath, 1 shower, 2 basins and 2 toilets for girls; 1 Bath, shower and toilet for disabled children.
- Recreation area within the living quarters – Lounge furniture and tables.
- Kitchen – The following should be provided: 4-plate industrial stoves with ovens, warmers, deep fryers, microwave oven, hydroboils, boilers, dishwasher, water coolers, food processors, extractor fans, cold room with shelves and storing pellets, walk in fridge/freezer, pantry, cupboards, dry store, chemical store, store room for kitchen utensils and crockery, bain-maris with inserts, serving bowls, trays and serving trolleys.
- It is essential that there is compliance with Health, Safety, and Hygiene standards e.g. fire extinguishers and first aid kits, fly screens, mounted hand wash system, sterilising containers, etc.
- Dining room - There should be enough crockery and cutlery for every child and extra eating utensils should be available upon need. Crockery & cutlery should be made from melamine. Stainless steel frame tables and chairs covered with fibreglass should be mounted to the floor.
- Laundry - The laundry should be fully equipped with industrial washing machines, tumble dryers and shelves. Space should be provided for lockers, ablution facilities and a small storeroom for chemicals and detergents.
- Administration office – The complex should be equipped with IT and telephone infrastructure and a dedicated server room.
- The following infrastructure should be provided: Computers, printers, fax machines, a commercial grade photocopier, cellular telephones, laptop with 3G connection and data projector per facility.
- Indoor facilities – Children have access to pool tables and board games.

- Hall - The hall must have a capacity to accommodate 200 individuals. It should be equipped with a stage, a stage curtain, a fitted sound system and fitted chairs.
- Out-door recreational facilities - Children have access to soccer-, rugby-, netball- and basket balls, baseball balls and bats and cricket sets.
- Pool - Life jackets should be provided to children who cannot swim.
- Medical facilities – Fully equipped admission room, lockable cupboard for medication, fridge, sterilisation equipment, fully equipped dressing room, emergency equipment and beds.
- Client waiting area – Comfortable tables and chairs.
- School – fully equipped workshop facilities.
- Computer training room – Equipped with computers, desks and chairs.
- Library and resource centre – Recreational and educational reading material should be provided.
- Classrooms - fully equipped classrooms to facilitate a conducive learning.

1.4 Design Principles

1.4.1 Regulatory

Adherence to regulatory frameworks and guidelines

- Building regulations
- Occupational health and safety
- SABS codes

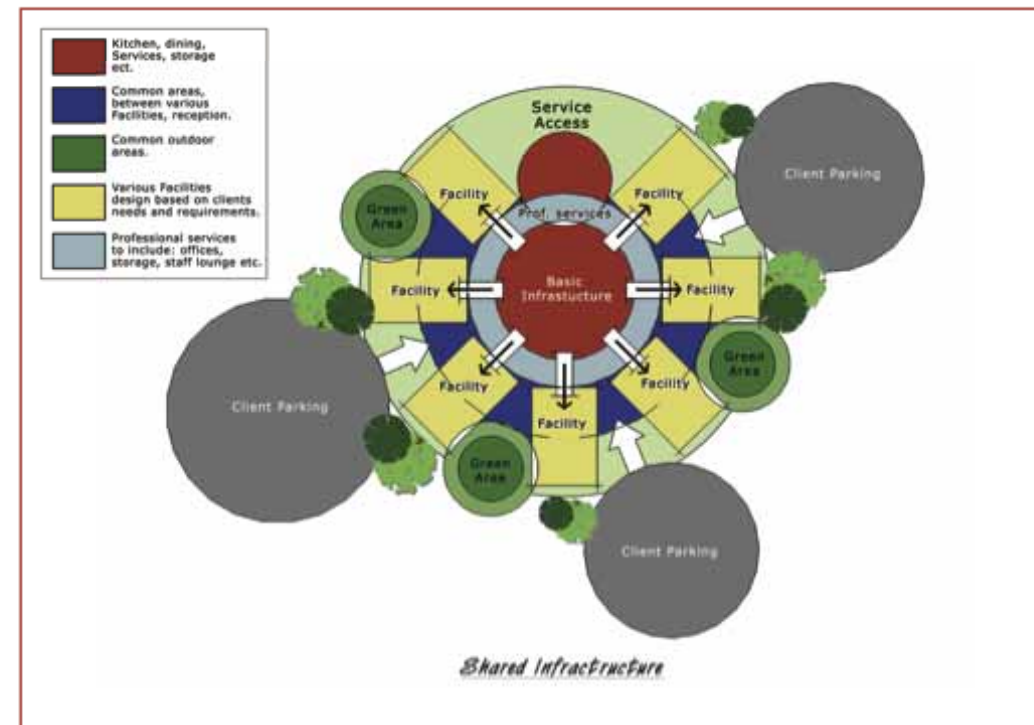
1.4.2 Architectural design principles

- Form follows function. It is an expression of the philosophy in terms of building and to create a living space
- Create an environment for staff, children, educators and support staff within a secure area.
- Emphasis on rehabilitation rather than punishment.
- The facility is designed as a subtle containment or confinement complex and will create a non-institutionalised environment, more domestic or homelike in nature.
- Protect building against vandalism without barriers such as prison bars.
- Strive towards an environment with open spaces, colour, gardening and green recreational areas.
- Circulation in the facility to follow the business processes and programmes.

1.5 Facilities concepts

Social development facilities could be arranged in precincts, which could facilitate the shared use of infrastructure.

Figure 1: Shared infrastructure / precinct



The facility would be designed so that the arrangement of the elements or components is aligned with the processes to be undertaken at the facility.

2.2 Administration block



Figure 3: Administration block

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC001 OFFICE BLOCK

Ref No	Accommodation	Area	Rate	Cost	Type
SCC001-1	Office space	216	R 6 000.00	R 1 296 000.00	Functional
SCC001-2	Waiting area	23	R 6 000.00	R 138 000.00	Support
SCC001-3	Lobby	23	R 9 000.00	R 207 000.00	Core
SCC001-4	Toilets	19	R 10 000.00	R 190 000.00	Support
SCC001-5	Kitchen	5	R 10 000.00	R 50 000.00	Support
SCC001-6	Records room	5	R 5 000.00	R 25 000.00	Support
SCC001-7	Planters	5	R 3 000.00	R 15 000.00	Core
SCC001-8	Vent shafts	6	R 2 000.00	R 12 000.00	Core
SCC001-9	Disabled toilet	4	R 10 000.00	R 40 000.00	Support
SCC001-10	Passages	66	R 5 500.00	R 363 000.00	Core
SCC001-11	Cleaners store	2	R 5 000.00	R 10 000.00	Support

INTERNAL AREA	374 m²		
Functional	223 m²	3.72	m ² per client
Support	97 m²	43.50%	of functional space
Core	106 m²	47.53%	of functional space
Structural	57 m²	15.24%	of internal space
TOTAL AREA	483 m²	8.05	m ² per client
TOTAL COST			R 2 346 000.00
Building Cost per Sqm			R 6 272.73
Building Cost per Person			R 39 100.00

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.3 Bedroom Blocks



Figure 4: Dormitory

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility 20 Persons

SCC002 DORMITORY BLOCK

Ref No	Accommodation	Area	Rate	Cost	Type
SCC002-1	Dormitories	184	R 7 500.00	R 1 380 000.00	Functional
SCC002-2	Lounge and study area	108	R 6 500.00	R 702 000.00	Functional
SCC002-3	Special bedrooms	24	R 7 500.00	R 180 000.00	Functional
SCC002-4	Bathrooms	86	R 11 000.00	R 946 000.00	Support
SCC002-5	Care workers offices	20	R 6 500.00	R 130 000.00	Support
SCC002-6	Care workers offices	4	R 6 500.00	R 26 000.00	Support
SCC002-7	Store rooms	4	R 3 500.00	R 14 000.00	Support
SCC002-8	Lobby	45	R 6 000.00	R 270 000.00	Core

INTERNAL AREA	475 m²		
Functional	316 m²	15.80	m ² per client
Support	114 m²	36.08%	of functional space
Core	45 m²	14.24%	of functional space
Structural	87 m²	18.32%	of internal space
TOTAL AREA	562 m²	28.10	m ² per client
TOTAL COST			R 3 648 000.00
Building Cost per Sqm			R 7 680.00
Building Cost per Person			R 182 400.00

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.4 Dining



Figure 5: Dining / lounge / kitchen

DSD INFRASTRUCTURE PLAN

YOUTH CARE CENTRE

Number of Person in Facility **64** Persons

YCC004 KITCHEN

Ref No	Accommodation	Area	Rate	Cost	Type
SCC004-1	Lounge	55	R 7 000.00	R 385 000.00	Functional
SCC004-2	Dining room	105	R 7 000.00	R 735 000.00	Functional
SCC004-3	Stoep	17	R 3 500.00	R 59 500.00	Core
SCC004-4	Kitchen	46	R 12 000.00	R 552 000.00	Support
SCC004-5	Kitchen yard	35	R 2 000.00	R 70 000.00	Support
SCC004-6	Garage	19	R 3 500.00	R 66 500.00	Support
SCC004-7	Toilets	20	R 11 000.00	R 220 000.00	Support
SCC004-8	Laundry	10	R 4 500.00	R 45 000.00	Support
SCC004-9	Workshop	10	R 3 500.00	R 35 000.00	Support
SCC004-10	Staff room	23	R 7 000.00	R 161 000.00	Support
SCC004-11	Court	19	R 2 000.00	R 38 000.00	Core

INTERNAL AREA	359 m²		
Functional	160 m²	2.50	m ² per client
Support	163 m²	101.88%	of functional space
Core	36 m²	22.50%	of functional space
Structural	43 m²	11.98%	of internal space
TOTAL AREA	402 m²	6.28	m ² per client
TOTAL COST			R 2 367 000.00
Building Cost per Sqm			R 6 593.31
Building Cost per Person			R 36 984.38

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.5 Activity



Figure 6: Activity centre

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC006 ACTIVITY CENTRE

Ref No	Accommodation	Area	Rate	Cost	Type
SCC006-1	Activity 1	49	R 7 000.00	R 343 000.00	Functional
SCC006-2	Activity 2	49	R 7 000.00	R 343 000.00	Functional
SCC006-3	Activity 3	55	R 7 000.00	R 385 000.00	Functional
SCC006-4	Computer learning	30	R 8 000.00	R 240 000.00	Functional
SCC006-5	Therapy office	15	R 6 500.00	R 97 500.00	Functional
SCC006-6	Boys toilets	4	R 11 000.00	R 44 000.00	Support
SCC006-7	Girls toilets	4	R 11 000.00	R 44 000.00	Support
SCC006-8	Entrance	14	R 6 500.00	R 91 000.00	Core
SCC006-9	Store 1	4	R 3 500.00	R 14 000.00	Support
SCC006-10	Store 2	4	R 3 500.00	R 14 000.00	Support
SCC006-11	Store 3	5	R 3 500.00	R 17 500.00	Support

INTERNAL AREA	233 m²		
Functional	198 m²	3.30	m ² per client
Support	21 m²	10.61%	of functional space
Core	14 m²	7.07%	of functional space
Structural	30 m²	12.88%	of internal space
TOTAL AREA	263 m²	4.38	m ² per client
TOTAL COST			R 1 633 000.00
Building Cost per Sqm			R 7 008.58
Building Cost per Person			R 27 216.67

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.6 Sport



Figure 7: Sport centre

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC003 SPORT CENTRE

Ref No	Accommodation	Area	Rate	Cost	Type
SCC003-1	Girls Changeroom	30	R 11 000.00	R 330 000.00	Support
SCC003-2	Boys Changeroom	30	R 11 000.00	R 330 000.00	Support
SCC003-3	Store	30	R 5 500.00	R 165 000.00	Support
SCC003-4	Recreation area	135	R 12 000.00	R 1 620 000.00	Functional
SCC003-5	Disabled toilet	6	R 11 000.00	R 66 000.00	Support
SCC003-6	Office	15	R 6 500.00	R 97 500.00	Support
SCC003-7	Sport Hall	416	R 8 000.00	R 3 328 000.00	Functional

INTERNAL AREA	662 m²		
Functional	551 m²	9.18	m ² per client
Support	111 m²	20.15%	of functional space
Core	0 m²	0.00%	of functional space
Structural	41 m²	6.19%	of internal space
TOTAL AREA	703 m²	11.72	m ² per client
TOTAL COST			R 5 936 500.00
Building Cost per Sqm			R 8 967.52
Building Cost per Person			R 98 941.67

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.7 Pavilion

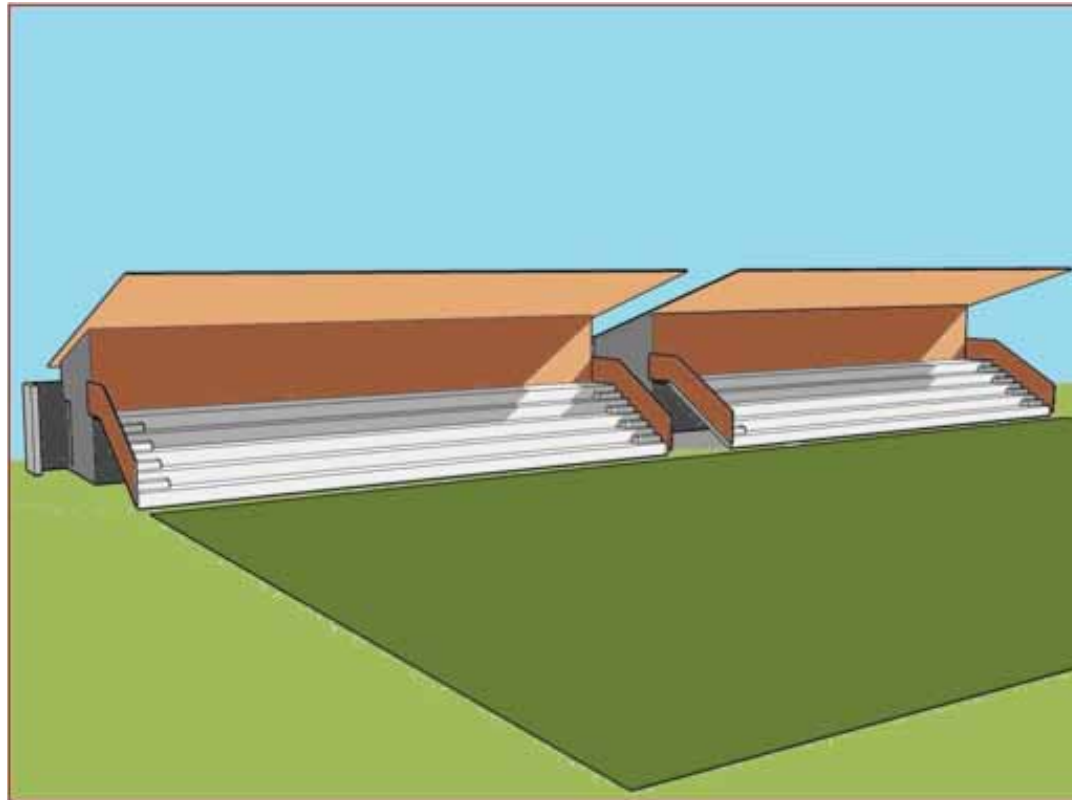


Figure 8: Pavilion

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC011 PAVILLION

Ref No	Accommodation	Area	Rate	Cost	Type
SCC011-1	Pavillion A	90	R 7 000.00	R 630 000.00	Functional
SCC011-2	Pavillion B	90	R 7 000.00	R 630 000.00	Functional
SCC011-3	Players dressing room A	33	R 8 000.00	R 264 000.00	Support
SCC011-4	Players dressing room B	33	R 8 000.00	R 264 000.00	Support
SCC011-5	Girls toilets	21	R 11 000.00	R 231 000.00	Support
SCC011-6	Boys toilets	18	R 11 000.00	R 198 000.00	Support
SCC011-7	Kiosk	14	R 7 000.00	R 98 000.00	Support
SCC011-8	Office	11	R 6 500.00	R 71 500.00	Support

INTERNAL AREA	310 m²		
Functional	180 m²	3.00	m ² per client
Support	130 m²	72.22%	of functional space
Core	0 m²	0.00%	of functional space
Structural	57 m²	18.39%	of internal space
TOTAL AREA	367 m²	6.12	m ² per client
TOTAL COST			R 2 386 500.00
Building Cost per Sqm			R 7 698.39
Building Cost per Person			R 39 775.00

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.8 Medical



Figure 9: Medical facility

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **64** Persons

SCC006 MEDICAL FACILITY

Ref No	Accommodation	Area	Rate	Cost	Type
SCC006-1	Reception	13	R 6 500.00	R 84 500.00	Support
SCC006-2	Consulting Room	13	R 6 000.00	R 78 000.00	Functional
SCC006-3	Sick room	9	R 6 500.00	R 58 500.00	Functional
SCC006-4	Bathrooms	7	R 11 000.00	R 77 000.00	Support

INTERNAL AREA	42 m²		
Functional	22 m²	0.34	m ² per client
Support	20 m²	90.91%	of functional space
Core	0 m²	0.00%	of functional space
Structural	11 m²	26.19%	of internal space
TOTAL AREA	53 m²	0.83	m ² per client
TOTAL COST			R 298 000.00
Building Cost per Sqm			R 7 095.24
Building Cost per Person			R 4 656.25

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.9 Security



Figure 10: Security

DSD INFRASTRUCTURE PLAN

YOUTH CARE CENTRE

Number of Person in Facility **64** Persons

SCC010 SECURITY

Ref No	Accommodation	Area	Rate	Cost	Type
YCC010-1	Unsecure lobby	6	R 7 500.00	R 45 000.00	Functional
YCC010-2	Secure lobby	8	R 7 500.00	R 60 000.00	Functional
YCC010-3	Office	8	R 6 500.00	R 52 000.00	Support
YCC010-4	Toilet	2	R 11 000.00	R 22 000.00	Support
YCC010-5	Stoep	15	R 4 000.00	R 60 000.00	Core

INTERNAL AREA	39 m²		
Functional	14 m²	0.22	m ² per FTE
Support	10 m²	71.43%	of functional space
Core	15 m²	107.14%	of functional space
Structural	6 m²	15.38%	of internal space
TOTAL AREA	45 m²	0.70	m ² per FTE
TOTAL COST			R 239 000.00
Building Cost per Sqm			R 6 128.21
Building Cost per Person			R 3 734.38

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.10 Library



Figure 11: Library

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC008 LIBRARY

Ref No	Accommodation	Area	Rate	Cost	Type
SCC008-1	Office workroom	15	R 7 000.00	R 105 000.00	Support
SCC008-2	Counter area	15	R 7 000.00	R 105 000.00	Support
SCC008-3	Library	16	R 9 000.00	R 144 000.00	Functional
SCC008-4	Reading	16	R 6 500.00	R 104 000.00	Functional
SCC008-5	Stoep	7	R 4 000.00	R 28 000.00	Core

INTERNAL AREA	69 m²		
Functional	32 m²	0.53	m ² per client
Support	30 m²	93.75%	of functional space
Core	7 m²	21.88%	of functional space
Structural	10 m²	14.49%	of internal space
TOTAL AREA	79 m²	1.32	m ² per client
TOTAL COST			R 486 000.00
Building Cost per Sqm			R 7 043.48
Building Cost per Person			R 8 100.00

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.11 Social work services/ Outpatient Diversion Centre/Court



DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC009 COURT

Ref No	Accommodation	Area	Rate	Cost	Type
SCC009-1	Court room	35	R 8 500.00	R 297 500.00	Functional
SCC009-2	Judges room	12	R 6 500.00	R 78 000.00	Support
SCC009-3	Office	9	R 6 500.00	R 58 500.00	Support
SCC009-4	Lobby	14	R 7 000.00	R 98 000.00	Core
SCC009-5	Toilets	17	R 11 000.00	R 187 000.00	Support

INTERNAL AREA	87 m²		
Functional	23 m²	0.38	m ² per client
Support	47 m²	204.35%	of functional space
Core	17 m²	73.91%	of functional space
Structural	19 m²	21.84%	of internal space
TOTAL AREA	106 m²	1.77	m ² per client
TOTAL COST			R 719 000.00
Building Cost per Sqm			R 8 264.37
Building Cost per Person			R 11 983.33

Figure 12: Social Work service/Outpatient Diversion centre/court

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

2.12 Stores and ablutions



Figure 13: Cleaners

DSD INFRASTRUCTURE PLAN

SECURE CARE FACILITY

Number of Person in Facility **60** Persons

SCC007 STORES AND ABLUTIONS

Ref No	Accommodation	Area	Rate	Cost	Type
SCC002-1	Locker room	19	R 6 000.00	R 114 000.00	Functional
SCC002-2	Stores	11	R 3 500.00	R 38 500.00	Support
SCC002-3	Wash room	7	R 9 000.00	R 63 000.00	Support
SCC002-4	Staff rest room	16	R 6 000.00	R 96 000.00	Support

INTERNAL AREA	53 m²		
Functional	19 m²	0.32	m ² per client
Support	38 m²	200.00%	of functional space
Core	0 m²	0.00%	of functional space
Structural	11 m²	20.75%	of internal space
TOTAL AREA	68 m²	1.13	m ² per client
TOTAL COST			R 311 500.00
Building Cost per Sqm			R 5 877.36
Building Cost per Person			R 5 191.67

Footnote: "These are costs as per 2009/2010 rates which are subject to change annually."

3 Facility

Figure 14: Site layout

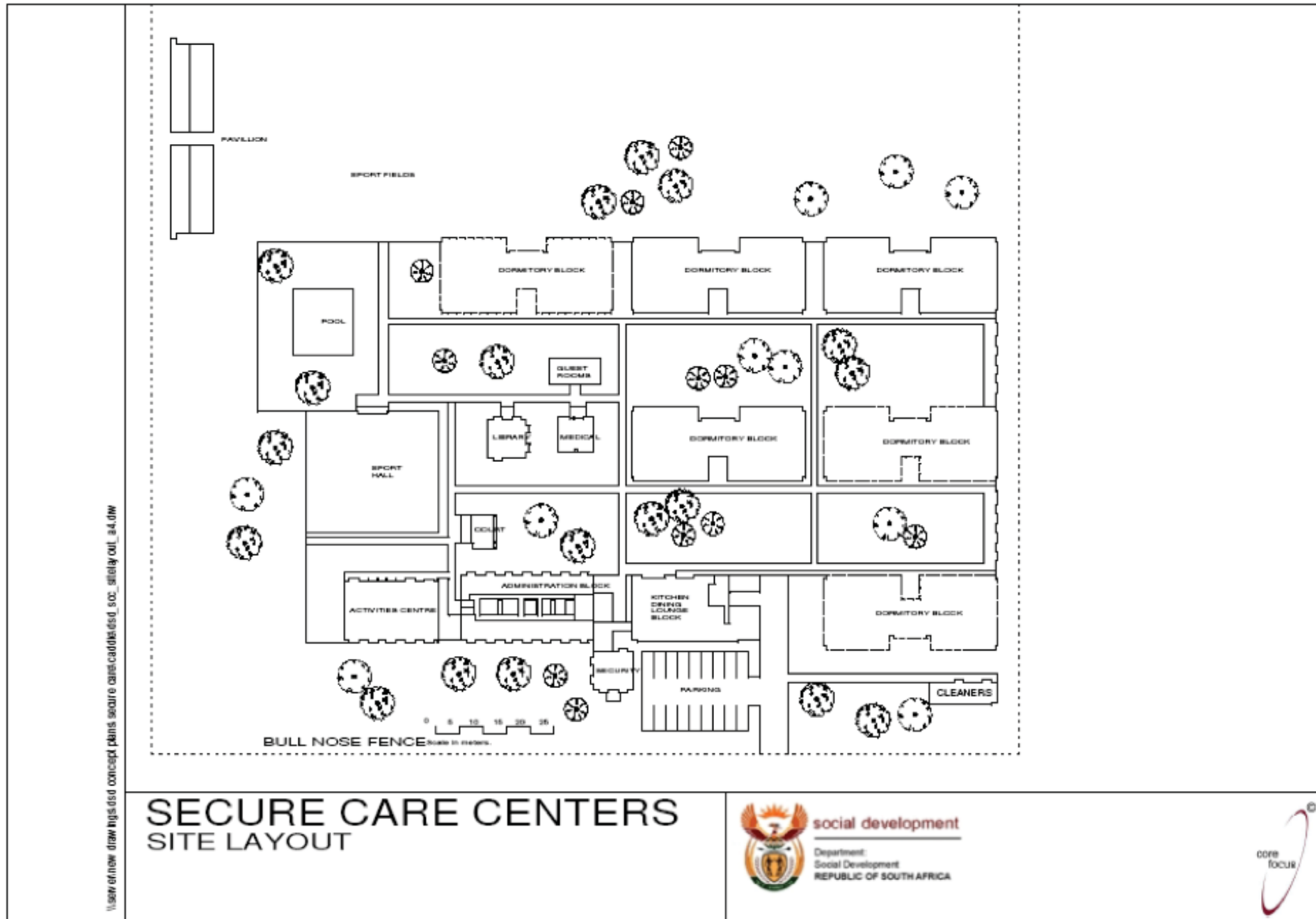


Figure 15:Aerial perspective

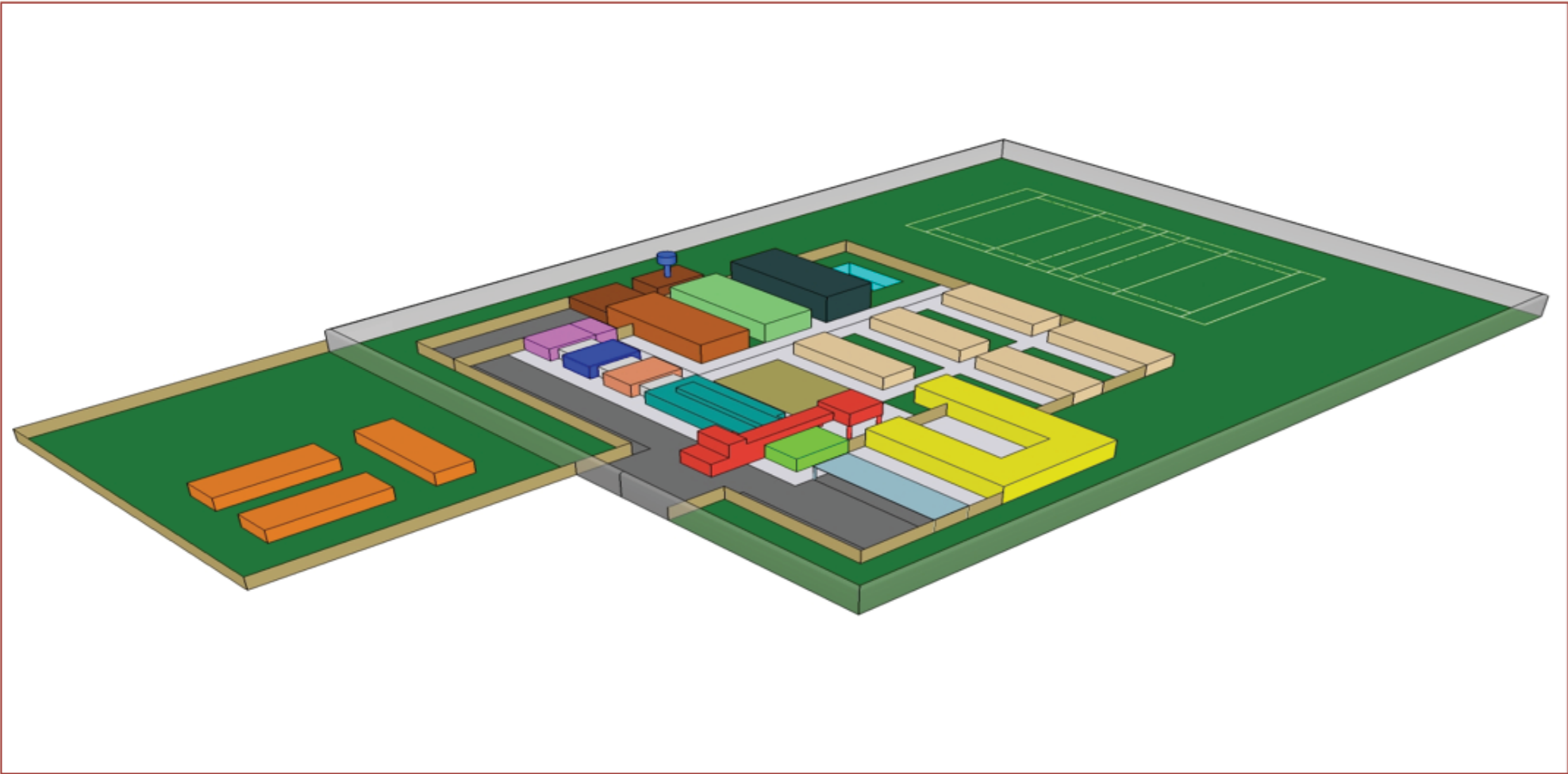


Figure 16: Bedroom Blocks

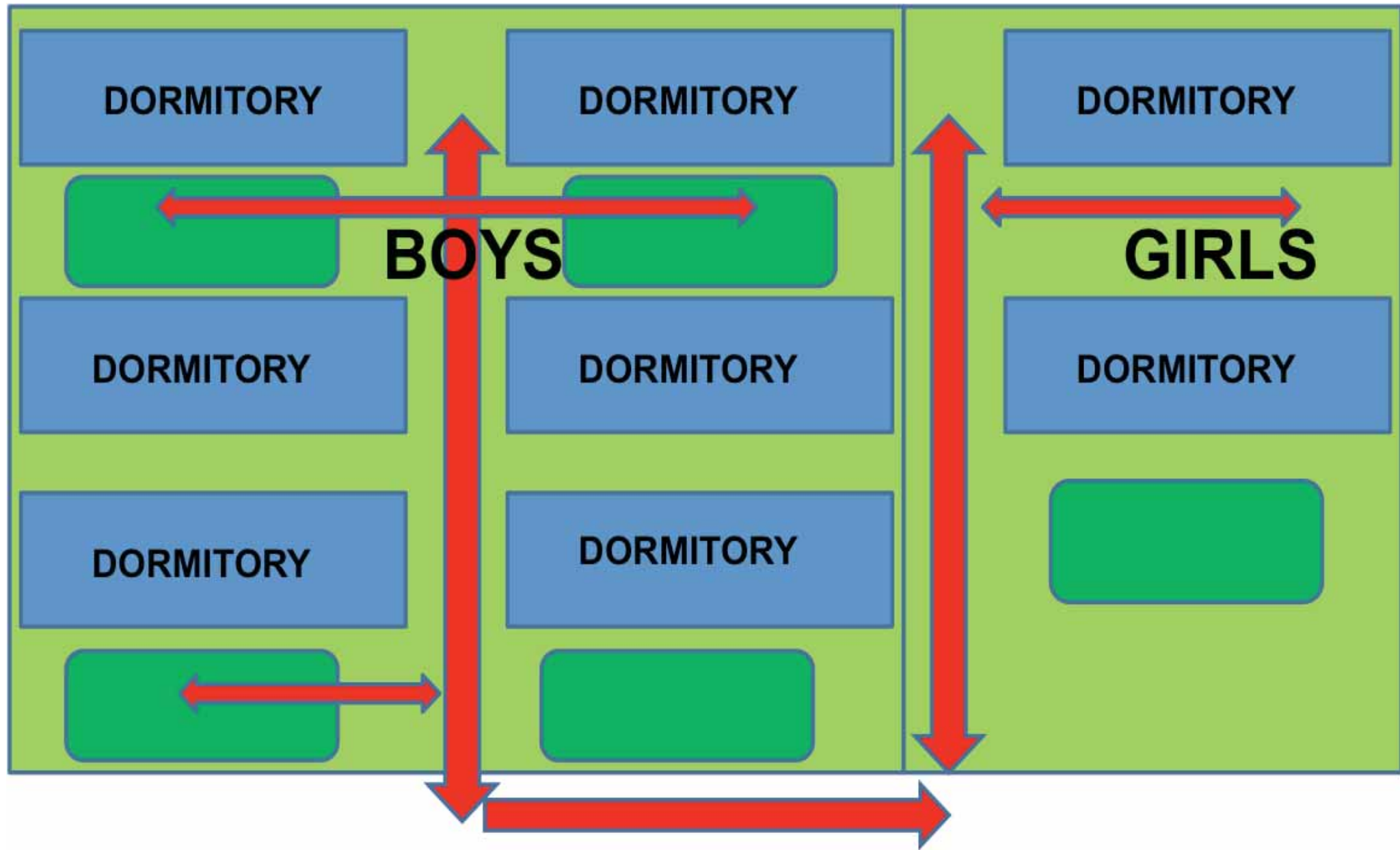


Figure 17: Administration layout

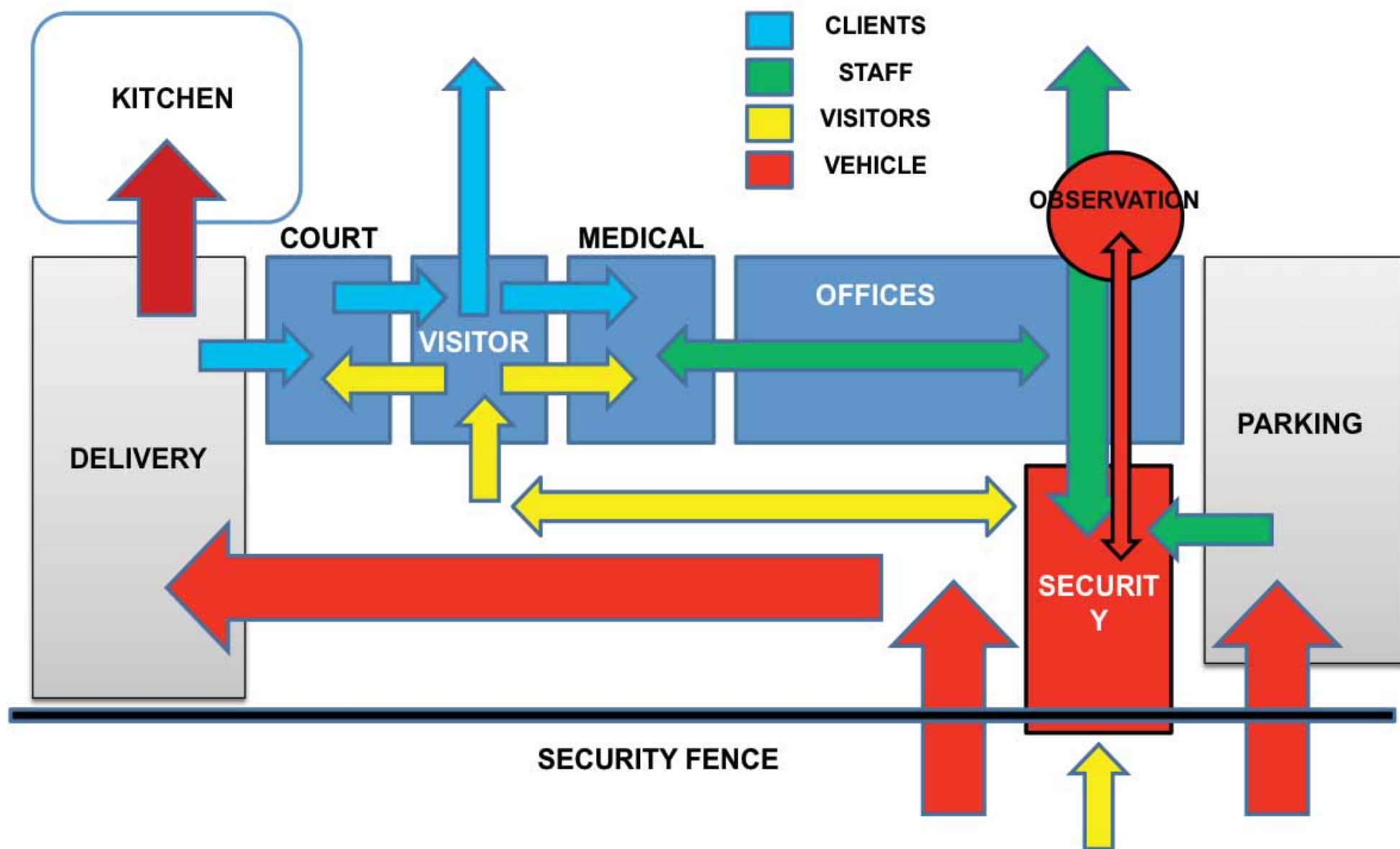


Table 2: Summary costs

DSD INFRASTRUCTURE PLAN
 SECURE CARE FACILITY
 Number of Person in Facility 60Persons
 TOTAL DEVELOPMENT

Ref No	Blocks	Area	Units	Rate	Cost
SCC001	SCC001 OFFICE BLOCK	483	1	R 6 539.91	R 3 158 774.65
SCC002	SCC002 DORMITORY BLOCK	562	3	R 7 680.00	R 12 948 480.00
SCC003	SCC003 SPORT CENTRE	703	1	R 8 967.52	R 6 304 168.43
SCC004	SCC004 LOUNGE DINING ROOM AND KITCHEN BLOCK	402	1	R 5 888.06	R 2 367 000.00
SCC005	SCC005 MEDICAL FACILITY	55	1	R 5 854.55	R 322 000.00
SCC006	SCC006 ACTIVITY CENTRE	263	1	R 6 209.13	R 1 633 000.00
SCC007	SCC007 STORES AND ABLUTIONS	64	1	R 4 867.19	R 311 500.00
SCC008	SCC008 LIBRARY	79	1	R 6 151.90	R 486 000.00
SCC009	SCC009 COURT	106	1	R 6 783.02	R 719 000.00
SCC010	SCC010 SECURITY	45	1	R 5 311.11	R 239 000.00
SCC011	SCC011 PAVILLION	363	1	R 6 574.38	R 2 386 500.00

INTERNAL AREA	3653		
Functional	2375	39.58	m2 per client
Support	957	40.29%	of functional space
Core	321	13.52%	of functional space
Structural	542	14.84%	of internal space
TOTAL AREA	4195	69.92	m2 per client
TOTAL	4195		R 27 666 500.00
Building Cost per Sqm			R 6 595.11
Building Cost per Person			R 461 108.33
Building Cost			R 27 666 500.00
Site works			R 2 213 320.00
Total development			R 29 879 820.00
Professional fees			R 5 975 964.00
Total Cost			R 35 855 784.00
Cost per person			R 597 596.40
say			R 600 000.00

4 Space and cost norms

Proposed space planning norms and standards for social development immovable assets are based on either:

- Norms as prescribed by the National Department of Public Works; or
- Space norms developed from model plans for social development facilities, which norms are to be benchmarked against existing facilities so that they may be finalised.

4.1 Offices

The following table is an extract of workspace norms as prescribed by the National Department of Public Works. The workspace norms are applicable to all office space used by government including leased space. The norms have a minimum and maximum range for workspace area.

4.1.1 Workspace area per function			
Applicable to: All office space used (includes leased space) by government			
Function	Spatial requirements	Norm	Notes
Administration	Open-plan. Some local storage.	Workspace area should be between 6-8m ²	1. Standard hard wearing modular furniture should be used. 2. All workspaces should have a daylight factor of at least 10%. 3. Refer to definition of "open-plan" in glossary.
Technical & Management	Open-plan. Some layout space and or space for large equipment such as drawing boards.	Workspace area should be between 8-16m ²	
Senior Management	Open-plan or cellular offices. Requirement for some privacy and space for small meetings.	Workspace area should be between 16-20m ²	
Executive Management	Cellular offices. Requirement for privacy and space for small meetings.	Workspace area should be between 20-25m ²	

Workspace norms must also be complemented by other supporting forms of spatial requirements for office accommodation. Additional requirements like meeting rooms, storage space, circulation, parking etc must also be planned for by the department. Below is a table that shows guides for additional space requirements on workspace area.

4.1.2 Structural space per internal area			
Applicable to: All office space used (includes leased space) by government			
Structure	Example	Guide	Notes
Structure	External walls, internal walls, structural columns	Structural space should not exceed 10% of (workspace, workspace support, core space areas)	1. Building must be designed to enable a range of different office layouts, allowing change to be accommodated.

4.1.3 Support space per workspace area			
Applicable to: All office space used (includes leased space) by government			
Structure	Example	Guide	Notes
Workspace support	Meeting rooms, rest rooms, catering, storage, information management, tea rooms, crèches and parking	Support space is usually between 55% to 65% of workspace area	Executive management such as Ministers and Director Generals has additional spatial requirements in the form of additional storage and large meeting spaces.

4.1.4 Core space per workspace area			
Applicable to: All new buildings, either owned or leased by government			
Structure	Example	Guide	Notes
Organisation support	Circulation, technical support and facilities management	Core space is usually between 65% to 85% of workspace area	Centralized meeting areas: Should be easily accessible to both building users and visitors. They are likely to be near main entrance on ground floor.

4.1.5 Gross construction area per FTE	
Applicable to: New office buildings procured by government	
Measure	Norm
Gross construction divided by number of FTEs	Average gross construction area per FTE should not exceed 24m ²

4.1.6 Workspace area per FTE	
Applicable to: All office space used (includes leased space) by government	
Measure	Norm
Workspace area divided by number of FTEs	Average workspace area per FTE should not exceed 12m ²

Once departments have applied and calculated the workspace area norms, support space norms and the core space norms for their accommodation requirements, departments must test and measure these calculations against overall office space norm guides. These guides include:

The level of utilisation of accommodation is measured against Space Planning Norms and Standards as prescribed by the Minister of Public Works. The approach of the utilisation assessment is to first determine the required space in terms of the organisational structure as informed by the Space Planning Norms and Standards. This indicator is then measured against the actual space occupied by the organisation that is expressed as a percentage.

Step 1: Determine the overall space required, in terms of the organisation's structure, aligned with the Space Planning Norms and Standards as prescribed by the Minister of Public Works. The following process should be used to this effect:

Divide the organisational structure into the following functional areas:

- Executive management
- Senior management
- Technical/Management
- Administration

Step 2: Determine the amount of space currently occupied by the organisation. Building plans should be used to this effect.

Step 3: Divide the required space in terms of the Space Planning Norms and Standards into the space currently occupied and express it as a percentage. A percentage under 100% indicates that the organisation has too much

4.2 Secure Care Centre Components

Norms and standards may be developed from the model plans.

4.3 Space norms

	Structural space per internal area	Support space per function specific area	Core space per function specific area	Gross construction area per client	Function specific area per client
Office block	15%	43%	48%	32.20	14.87
Dormitory block	18%	36%	14%	28.10	15.80
Sport centre	6%	20%	0%	11.72	9.18
Kitchen	12%	102%	23%	6.28	2.50
Medical facility	26%	91%	0%	0.83	0.34
Activity centre	13%	11%	7%	4.38	3.30
Stores and ablutions	21%	200%	0%	1.13	0.32
Library	14%	94%	22%	1.32	0.53
Court	22%	204%	74%	1.77	0.38
Security	15%	71%	107%	0.70	0.22
Pavillion	18%	72%	0%	6.12	3.00

4.4 Cost norms

	Cost / m ²	Size	Cost	No. Clients / users
Office block	R 6 272.73	483	R 2 346 000.00	15
Dormitory block	R 7 680.00	562	R 3 648 000.00	20
Sport centre	R 8 967.52	703	R 5 936 500.00	60
Kitchen	R 6 593.31	402	R 2 367 000.00	60
Medical facility	R 7 095.24	53	R 298 000.00	60
Activity centre	R 7 008.58	263	R 1 633 000.00	60
Stores and ablutions	R 5 877.36	68	R 311 500.00	45
Library	R 7 043.48	79	R 486 000.00	60
Court	R 8 264.37	106	R 719 000.00	60
Security	R 6 128.21	45	R 239 000.00	60
Pavillion	R 7 698.39	367	R 2 386 500.00	60

PART TWO

Blueprint model for Secure care in South Africa

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I Glossary of terms

Alternative care: placement or confinement of child outside the family network for some clear and agreed purpose.

Behaviour management: The professional process of enabling a child to gain inner control of themselves and behave with dignity is called behaviour management. Professional behaviour management does not include any form of punishment. The elements of “influence”, relationship, respect, support, guidance and behaviour management strategies combine to provide the developmental strength they need.

Business plan: A business plan is a document that summarizes the operational and financial objectives of an organisation and contains the detailed plans and budgets showing how the objectives are to be realized.

Blueprint: A guide to develop and manage the secure care programme in South Africa.

Care: The safeguarding and promotion of the child’s physical, social and emotional safety and development at all times.

Care Plan: A plan which has been developed on the basis of a developmental assessment and which aims to provide life-long relationships within their family or appropriate alternative, and re-integration in the community within the shortest possible time-frame.

Care programme: The concept of “care” is quite frequently misunderstood to mean custodial care, i.e. feeding children, keeping them clean, and putting them to bed. As the very core of child and youth care work, it refers to the complex process of facilitating learning and improved function, e.g. while a young person or group of young people are eating, dressing, going to school, doing their homework, going to bed, playing, socialising, learning, or doing their chores etc., they are emotionally, physically, and socially safe and they are enabled to achieve their developmental goals and objectives. This is essentially the same process which lies at the heart of competent parenting.

Child: A person under the age of 18 years.

Child in conflict with the law: Children suspected of committing a crime (arrested), awaiting trial and awaiting designation to a reform school.

Child and youth care system: the range of services providing alternative care, education and therapeutic development for children and youth as well as providing care services.

Child and youth care centres: facilities that provide alternative care to children in need of care in a therapeutic, developmental milieu with focus on all the needs of the children in terms of their physical, spiritual, social, emotional and educational needs.

Community-based programme: A programme which allows a child to remain in the community whilst attending the programme.

Continuity of care: The continuum of care involves the various placement options for young people between the ages of 0 -18 years. These options range from the least restrictive (such as extended family or foster care), to slightly more restriction (such as shelters and child and youth care residential centres), to the most restrictive (such as secure care).

Disengagement: Young people are provided with the appropriate rituals, programmes, and support to enable their effective transition from one level of the system to another; from one relationship to another; from one setting to another; from one group to another; and/or to enable their integration into their family and community.

Developmental assessment: may be broadly described as the process of identifying strengths and the developmental needs of the young person and family from a strengths perspective, planning with the young person and referring the young person to the appropriate programmes (which is always the least restrictive and most empowering for the specific young person’s developmental and therapeutic needs) and resources within the boundaries of the legal requirements concerning that young person. Assessment should never be undertaken by fewer than 2 persons.

Development programme: Developmental programmes include the development of hard and soft skills that would assist the children to adjust in their different environments.

Diversion: diversion of a matter involving a child away from the formal court procedures in a criminal matter.

Individual development plan: The individual development plan indicates the types of services/programmes and specific interventions that the child should be exposed

to, the individual development goals, the child's strengths, interests and wishes, the family strengths, the estimated length of participation in the programmes, anticipated follow-up services and documentation of input from the young person, family and others involved.

Life space: Child and youth care workers work in the life-space of children and youth. The term "life-space" has a similar meaning to living environment, situation or context. There are many elements in young people's environments which impact on their lives in one way or another. Every event, object or person within the home environment, child and youth care programme, school or community can affect a young person's daily living and constitutes (makes up) part of her/his "life-space".

Operational plan: An operational plan is a description of how the work will be done and the flow of work from input to end results.

Probation officer: Person who is appointed by a minister, and has statutory authority to give evidence regarding children and adults to the children's and other courts, to make recommendations regarding sentence and/or treatment, to exercise supervision and control and to draw up measures to prevent crime.

Restorative justice: a conflict resolution model which focuses on healing and accountability rather than punishment, and which involves the participation of the community surrounding an incident (IMC) means an approach to justice that aims to involve the child offender, the victim, the families concerned and community members to collectively identify harms, needs and obligations through accepting responsibility, making restitution, taking measures to prevent a recurrence of the incident and promoting reconciliation.

Secure care: (as described in the Children's Act) A secure centre is a residential facility and/or programme of intervention which ensures the appropriate physical, behavioural and emotional containment of young people who are charged with crimes and who are awaiting trial or sentenced. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities.

Strategic plan: Strategic planning is a process of defining its direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.

Therapeutic programme: In the context of secure care programme a therapeutic programme focuses on the emotional and psychological needs of the client and is provided by a professional person with extensive training, using advance knowledge, specialised strategies and techniques.

2 ACRONYMS

BP -Blueprint
BPRIAM-Business processes, risk and immovable assets management
CSO- Civil Society Organization
CYCS -Child and Youth Care System
CYCC -Child and Youth Care System
DQA-Developmental Quality Assurance
FGC -Family Group Conference
IDP- Individual Development plan
IMC-Inter-ministerial committee on young people at risk
ISDM- Integrated Service Delivery Model
JDL-Juveniles Deprived of Liberty
NGO-Nongovernmental Organization
SAPS- South African Police Service
SCP-Social Crime Prevention
TCYCS- Transformation of Child and Youth Care System

3 INTRODUCTION

The care and protection of children awaiting trial is the responsibility of the Department of Social Development. Whilst huge strides have been made since 2000, by the Department to provide this service to as many children as possible to prevent their detention in police cells for more than 48 hours, the actual provision of services is not in accordance to the ethos of service delivery, the principles and rights of children. It is against this backdrop that a Department of Social Development (Social Crime Prevention Directorate) identified a need to develop a blueprint for secure care Facilities in South Africa.

South Africa is implementing a Children's Act, 2005 and it is the opportune time to bring about the changes that need to be made to fulfil the intentions of this Act in the care and protection of children. Secure care programme is seen as one of the programmes that make up the Child and Youth care system of South Africa.

The Child and youth care system transformation programme was one of the first reform programmes initiated in 1995. Considerable effort and resources were utilised to develop TCYCS an inter-sectoral Policy that would guide practice in all residential facilities, as well as for children placed in alternative care. This policy was strengthened with the development of minimum norms and standards. The expectation and outcome of the implementation of this policy together with the minimum norms and standards was the delivery of improved quality care services to the children in residential facilities and to those in alternative care. Secure care facilities were included in the Child and Youth Care System, and therefore were targeted as one of the programmes that had to transform according to this policy and implement minimum norms and standards for quality care.

During the first years of implementation it appeared that a systematic approach to implementation was being pursued. The capacity to transform and implement the policy was built through training programmes to all the provinces. Additional support staff were trained and employed to improve the programme. Additional funding to build new facilities was sourced and priority was given to this programme by all the provincial departments. However, the process lost momentum and minimum monitoring and evaluation took place, with the result that the current situation at provincial level shows an inconsistent picture with the intentions of the policy.

Whilst it was expected that all secure care facilities would be following the transformation agenda as outlined in the TCYCS Inter-sectoral Policy and implementing norms and standards to improve care to children, the care that children are receiving falls far short of the vision for secure care centres as outlined in the transformation agenda.

The blueprint is therefore an attempt to put forward a comprehensive model for secure care in South Africa. This blueprint contains all the elements that are needed in the development of a secure care programme.

- It outlines the concept of secure care in South Africa in order for all role-players to have the same understanding of the secure care programme.
- It identifies the origins of the programme and therefore outlines the legislative frameworks that give rise to the mandate of the Department to deliver such a service.
- It outlines the importance of inter-sectoral collaboration
- It recommends the design principles for the structure of a secure care facility
- It outlines the approach for the development of such a programme in terms of the development of such a service, the institutional framework to deliver on the service, the programme and its components that is necessary to ensure that a programme of such a nature has the capacity to deliver a quality service

to children awaiting trial.

- It concludes with the norms and standards with practise guideline against which service delivery can be standardised, measured and improved.
- An implementation plan framework forms part of this document.

4 APPROACH

In completing this exercise, a comprehensive data gathering exercise was embarked upon.

A literature review was undertaken to obtain the current situation of secure care as a programme in South Africa. This literature review also studied and analysed best practices in seven countries, namely New Zealand, Holland, Brazil, Canada, British Columbia, Quebec and Prince Edward Island. It was expected that this literature review would yield lessons that could be replicated within the South African context. The next step in the project was to develop a situational analysis of current secure care programmes. In order to undertake this research, a set of data collection tools were developed. A proforma set of norms and standards were generated to give us a sense of what the challenges were in terms of service delivery. As there are approximately 27 secure care facilities in the country, a criterion to guide the sampling process was developed by the National Department of Social Development, Directorate Social Crime Prevention to ensure that a range of programmes would be visited and audited. Eleven programmes straddling all the provinces were chosen as the sample.

A site visit was made to all the centres identified in the sample and these tools were used to guide the interviewing process as well as the collection of information. In order to have supporting information, photos of the different centres were also taken. From these site visits a situational analysis of all the facilities were compiled and a national report collating all the information was developed.

A report on the literature review and situational analysis was then presented at the workshop. This workshop was attended by provincial co-ordinators of the programme, physical planners, staff for all the secure care programmes in the country and the representatives from the national directorates. (Disability, Substance abuse, victim empowerment programme, Service standards, Child protection, policy and legislation monitoring and evaluation). In order to validate the norms and standards that were originally developed a consultative workshop was held looking at the norms and standards as well as the human resource structures necessary to manage a programme of this nature. From this workshop a first set of norms and standards were developed.

From site visits, we ascertained that the norms and standards would not be sufficient to turn the programme around and thus developed as is concept document that outlined definition, terms and concepts most widely used, but meaning different things to different people, a model outline was developed as well as the national vision and mission for this programme. This concept document was developed to start the debate and dialogue about a host of issues pertaining to secure care generally and the model specifically. This paper was debated with the national steering committee first, before being taken to the broader workshop for ratification. The workshop agreed on the vision, mission and guiding principles for the blueprint, and recommended what the roles and responsibilities are of all the role players and suggested an organogram for secure care programmes. A second draft of the norms and standards were debated and amended for finalization.

The outcomes of all these workshops with the provincial co-ordinators, lessons learnt from site visits and a discussion with Civil Society Organization have been used as a basis for the development of this blueprint. The manner in which children are detained in developing countries did not yield lessons for us, and therefore there was a need to look more inwardly at our situation and use these lessons as a basis for expanding on the philosophy of transformation which was initiated in 2000.

The Department through its Directorate is developing blueprints for all the residential facilities that the Department of Social Development is responsible for. They have thus made available the services of an architect, who after several discussions with the service provider, and using the specifications of the service provider, developed building specifications for a "model" secure care facility, together with state of the art infrastructure that will guarantee a child's safety in such a facility.

4.1 CURRENT SITUATION OF SECURE CARE IN SOUTH AFRICA

Crime in general in South Africa causes great concern. Of even greater concern though is that the number of children committing crimes especially crimes categorized as serious crimes is on the increase. Some of the serious crimes committed by children included rape, murder and violent assault. In May 2008 according to the statistics released by the Department of Safety and Security more than 3000 children were in different places of detention in the country.

Since the crisis in 1995, the management of children in conflict with the law is the mandate of the Department of Social Development. The provinces have established a number of new facilities to accommodate children awaiting trial, as the Correctional

Services Act stipulate that children and youth under the age of 18 years may not be kept in correctional service facilities. However in some provinces the demand for the service is high. Provinces have managed this demand by placing children awaiting trial with children in need of care and protection at Places of Safety. Whilst this may not be the best option, children have received improved care and protection since.

Secure care facilities are designed for short term accommodation of children awaiting trial and therefore programmes designed should address the needs of children for the time spent in the facility and add value to their rehabilitation process. The TCYCS (2000) document highlights the importance of programmes that meet the needs of children as per the following quotation "secure care facilities may be defined as a residential facility and/or programme of intervention which ensures the appropriate physical, behavioural and emotional containment of young people who are charged with crimes and who are awaiting trial or are sentenced. Such a facility provides an environment, milieu and programme conducive to the care, safety and healthy development of each young person while at the same time ensuring the protection of communities".

From the visits conducted to the different secure care facilities in the provinces, it was clear that there were no standardized procedures of managing secure care facilities. It was also evident that the guidelines provided by the document on the Transformation of the Child and Youth Care System (1996) were not implemented as envisaged.

Most of the secure care facilities visited still viewed the provision of accommodation for the children awaiting trial as priority and the primary function of the facility and completely underplaying the importance of programmes. The Children's Act 35/2005 emphasises that a secure care facility should provide programmes for the children awaiting trial. These programmes must include:

- Therapeutic programmes
- Developmental programmes
- Care programmes
- Spiritual/religious programmes
- Cultural programmes
- Recreational programmes

Having observed the different models and programmes which largely did not represent or meet the needs of the children awaiting trial, the need for a blueprint was seen as urgent to ensure and facilitate standardization and transformation of

services in secure care facilities. The purpose of the blueprint is to provide guidance in developing and managing secure care for South Africa.

A summary of findings from the sample visits conducted to the different secure care facilities in the provinces is presented. However, in order to have a greater understanding of the current situation of secure care in South Africa, the background which outlines where the programme has come from is also presented.

4.2 BACKGROUND

The blueprint cannot be developed outside the understanding of what gave rise to the conceptualization of secure care facilities in South Africa. It is because of this situation outlined below that the country had to undergo legislative reform and the mandate for protecting and caring for children who are awaiting trial was initiated. This history is presented in order that the same mistakes are not made by the current service providers, and to share the institutional memory in order for those that come after, add value to the programme based on what has been.

In the 1970's and 1980's the detention of children without trial was a major concern to non-governmental organisations, parents' committees and political activists in South Africa. Towards the end of the 1980s political detention of children drew to an end, but large numbers of children continued to be held in custody awaiting trial.

Running parallel to the issue of children in conflict with the law, the Care system for those children needing care and protection was also in need of urgent transformation. The residential child and youth care system had historically been inaccessible to the majority of children and young people in the country. By the early 1990s a crisis situation had developed within the system. The crisis was linked to the lack of adequate facilities for African children, poor salaries for child and youth care workers, the lack of adequately trained managers and staff in many facilities, the inadequate subsidization of non-government facilities, and the high ratio of children to staff.

In 1994 the Government of National Unity came into power, and one of its first actions was to draft legislation to prevent the holding of awaiting trial children in prisons and police cells. The Correctional Services Amendment Act no 17 of 1994 amended section 29 of the Correctional Services Act so that children under 14 awaiting trial could never be held for longer than 24 hours, and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The aim of the legislation was to ensure that in the majority

of cases young people would be released into the care of their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety. Because the success of the legislation depended on the infrastructure of Places of Safety being available, careful planning, preparation and training were necessary. However, due to the fact that there was very little inter-sectoral co-operation and planning in this field at the time, such preparation did not take place. On 8 May 1995 the legislation was promulgated with immediate effect. There were at the time 829 children in South African prisons awaiting trial, and approximately the same number in police cells. These children all had to be brought to court within 24 or 48 hours, and either released into the care of their parents or guardians or transferred to Places of Safety.

As children arrived in large numbers at the doors of the Places of Safety, the existing crisis deepened sharply. Staff was unable and in some cases unwilling to care for these children, and concerns were raised for the safety of other children already in Places of Safety for care and protection reasons.

Because Places of Safety are primarily designed for the temporary care and protection of children referred through the Children's Court, they were not able to make appropriate provision for secure care programmes, and many children referred there by the magistrates courts absconded shortly after having been left at Places of Safety. The government responded to this crisis by setting up of the Inter-Ministerial Committee on Young People at Risk (IMC).

The IMC had undertaken substantial empirical research pertaining to residential child and youth care in the form of a situational analysis of residential care facilities and an investigation into Places of Safety, Schools of Industries and Reform Schools requested by cabinet.

A situational analysis of state owned and run residential facilities were undertaken by the IMC in 1995. This situational analysis yielded the following information:

- Whilst many of children who had committed a crime were awaiting trial in correctional facilities, some of these children were placed in Places of Safety together with children who were placed there through the Child Care Act.
- There was no system in place that ensured that children were placed in facilities in the provinces where they lived. This resulted in further disintegration of families as in most cases parents did not have the means to visit their children. Reintegration and reunification processes were nonexistent.

- Children in residential facilities were being cared for by staff that was mostly not qualified in child and youth care, resulting in the quality of care being compromised.

- The ratio of staff to children was extremely poor. Professional staffs such as social workers, and psychologists were unevenly spread in residential facilities, with some facilities having no access to professional services.
A host of Human Rights Abuses were identified as well, some of these are:

- Inequality

Disparities were found in the treatment of children and youth in residential facilities relating to budgetary allocation, standard of care, methods of discipline, extent of freedom, length of stay in a facility, contact with families and communities, access to appropriate education, developmental and treatment programmes, human resources.

Most of these disparities relate to the racial divisions of the past.

- Lack of respect for Privacy and Human Dignity

Serious intrusions into privacy and human dignity of children and youth were found in relation to sanitary facilities, strip searches, and lack of privacy relating to phone calls and correspondence.

- Freedom and Security of person

Breaches in this regard related to widespread use of isolation cells, corporal punishment, and punishment /reward systems.

- Assaults and abuse

A number of children in all categories of the residential facilities claimed to be victims of emotional, physical or sexual abuse. As well as assaults by members of staff, children are also often the victims of assault by other young people in the facilities, due to lack of adequate programming and supervision.

- Race, language, culture and religion.

Language is also a problem, with therapeutic work by social workers and

psychologists having sometimes to be done through an interpreter. There is a lack of cultural sensitivity, and there is generally little awareness of the need for freedom of religion.

The evaluation of programmes offered to young people yielded that there was a dearth of appropriate developmental and therapeutic programmes in Places of Safety, Schools of Industry and Reform Schools. Very few facilities have individual treatment or development plans for children, and in many facilities children do not have access to a social worker or psychologist, with the roles of child and youth care staff being unduly limited.

The distance at which many children are placed away from home makes family preservation and reunification work very difficult. In addition, at some facilities there are no social workers, and at others the ratio of social workers to children renders reunification work impossible. Social Workers at the facilities also cited lack of communication with social workers in the communities who are or should be rendering services to the families.

- Difficulties within the system

Group discussions and consultative meetings at national and provincial level indicated that in many of the provinces appropriate child-centred services to young people and families at risk are under-developed. The efforts of personnel attempting to offer an appropriate service are often negatively impacted upon in the following ways:

- o The service system has been fragmented between and among Ministries, Departments and disciplines.
- o The system has generally been based on a pathology-oriented perspective and has thus not successfully drawn on inherent strengths within children, families and communities
- o The community plays little or no part in decision-making either before or after placement.

This background is an extract from a situational analysis completed in 1996, by the IMC. Secure Care facilities were not in existence then. It was this investigation and the crisis of children being kept in police cells and in prisons together with adults that precipitated the origins of this programme. The situational analysis described above was conducted on residential facilities for children in general. However the solutions to these problems were recommended in what is usually referred to as the Transformation of the Child and Youth Care System in South Africa. As secure care facility was a fairly new programme, it was used to pilot a number of these

recommendation. The expectation was that by 2005, all child and youth care services would have been transformed according to the policy framework as well as the minimum norms and standards for practice.

The general conditions and standard of care in the facilities visited fall short of standards set by the United Nations Instruments, the South African Constitution the Interim Policy, and the norms and standards. The situational analysis that was completed in February 2009, which is described below, does not describe a transformed service even though there has been approximately 13 years of implementation.

This background thus gives a perspective of the areas where change was imperative and non negotiable. Whilst the Department of Social Development rose to the challenge to put corrective action into place, the following situational analysis can be used as a barometer to see how this process of change was managed. The gap between what was done and what still needs to be done is part of the rationale to develop the blueprint together with an implementation framework.

The following is an exposition of the findings: The findings are presented according to the themes in the research methodology.

4.3 PROBLEM STATEMENT

Secure care facilities are intended for children in conflict with the law and are meant to add value to the rehabilitation programmes that are geared to prevent them from being involved in further criminal activities. The IMC policy document (1996) provided guidelines on the mission and vision for the child and youth care centers. From the site visits conducted, we deduced that there was very little standardization in terms of service delivery, no national strategy was driving implementation, neither was there sufficient monitoring and evaluation being conducted on the status of these programmes by either of the two spheres of government that hold this concurrent function.

Furthermore, there was little evidence of programmes that contributed to the empowerment and improvement of social functioning of children waiting trial. Neither was there evidence of an integrated approach to the programmes that were being offered. Parents of children who are supposed to participate in programmes to improve relationships when they are discharged to rejoin their families and communities were nonexistent. Therapeutic programmes, which are the backbone of a secure care programme as they are based on cognitive restructuring, were generally

lacking. Skills development programs were not available in some of the centers. This resulted in children being idle and sitting in the sun, and not kept constructively occupied.

The lack of formal or dysfunctional educational programs is a problem. The fact that this programme is the responsibility of the Department of Education created strained relationship between most centre managers and the educators/education department, as the centre managers found themselves impotent and unable to manage teachers who flaunted the law. Some facilities would have preferred not to have the education department's involvement in the centers but rather send the children to community schools.

From observation during the visits it was obvious that the draft policy for the transformation of the child and youth care system developed in 1996 by the IMC had not been implemented and as a result the transformation process was lacking and not visible.

The relationship that should exist between the spheres of government (national and provincial) appeared to be strained and provinces perceived the national office as not being supportive to the secure care programme. However, the critical relationship that should exist between the provincial office and the centre was minimal. The words of a centre manager describe this well. "We are the step children of the province – no one visits us, no one cares for us, only when they are looking for statistics then we get a call".

The management of the programme is the responsibility of the Centre Manager. In most cases there was no other management support to assist the manager with the operations. Insufficient allocations in terms of budgets compromised the care of children. Inadequate human resources were a source for concern in some facilities whilst in some facilities the number of staff outweighed the number of children.

It must be pointed out that the situation described above was not the same in the outsourced services managed by a private service provider. There seemed to be a vast improvement in terms of quality of care, capability of human resources to implement the programme and the management of the total programme as compared with state run. Evidence of the minimum norms and standards and the transformation policy in service delivery was notable.

4.3.1 Relationship with Provincial Office

The accountability and responsibility lines between the centre manager and the provincial structures were not the same in each province. The role of the provincial office is to advocate for budget and resources, interpret policy, provide guidance in terms of implementation, monitor and evaluate service delivery and mentor management to enable them to render an effective service. Some secure care facilities reported directly to the province whilst other provinces reported to the regional and district offices. However in most provinces the secure care facilities had no working relationship with the province. In some instances provincial office had never visited or made contact with the facility and had no idea of the functioning of the facility. Most of the provinces were not providing these services and where there was an attempt to provide the service, it was not consistent because it was not the priority of the provincial office. The only connection between the provincial offices and the secure care facilities was via the monthly statistics sent to the provincial offices by the facilities. It was clear that there needs to be a strategy/clear role definition put in place to ensure that the provincial offices support the secure care facilities and provide the supporting services as expected.

4.3.2 Current Utilization of Facilities

There was great concern around the utilization of the facilities. Most of the facilities were underutilized up to and over fifty percent. The other concern was that though the facilities were not fully utilized, the budget and other resources remained the same and though the number of children was less the service remained ineffective and the needs of children awaiting trial not adequately met.

In 1996 the government made an undertaking that no under-aged children will be left in correctional facilities or police cells for longer than 48 hours with the result that the Department of Social Development was tasked with the responsibility of ensuring that children awaiting trial were accommodated in facilities that would cater for their needs as children. Provinces upgraded current facilities and others built new ones in order to fulfill the mandate of providing facilities that cater for children awaiting trial.

In some provinces however it was reported that some children are still kept in police cells because SAPS personnel were not prepared to drive long distances to where secure care facilities were. It was also noted that some children are fetched approximately three days prior to their court appearance and kept in police cells to await the appearance. The distance of the facility from the nearest court or police

station was a big issue in some of the provinces. In some facilities the facility was not used to its optimum because some of the rooms were in an inhabitable state due to lack of cooperation from the Department of Public Works and lack of funds for renovations. All these factors impact on the number of children in the facilities.

4.3.3 Location of Facilities

Some of the facilities are located on the outskirts of town and far from the courts and local amenities like hospitals and towns. A few are located less than five kilometres from the nearest town/township and one was located within a township. There are a number of advantages and disadvantages with the present location of the facilities. One of the advantages of having a facility within the community was the increase in the participation of the community in the facility. One disadvantage though was the management of contrabands that were easily filtered into the facility via openings and inappropriate fencing of the security fence as well as some of the community members bringing in unacceptable items to the facility. The disadvantage with the facilities that were far from the communities was, the stigma attached to the facility, the labelling of the children and the inaccessibility of the facility via public transport which impacted on the visits to the facility by parents/relatives.

The location of the facility within communities increases the chances of community participation, accessibility to resources, possible reduction of stigmatization and the acceptance of children in conflict with the law as well as increasing the chances of feedback from the communities in terms of service provision.

4.3.4 Management of the facilities

The structure of the management of the facilities differed from facility to facility. There was an obvious lack of a middle management tier in most of the facilities which impacted on the rendering of supervision to the lower levels of staff. There is no standardized organogram for the secure care facilities and as a result most facilities developed their own structures according to resources at their disposal. The lack of the middle management tier has serious implications for the provision of leadership, effective management and supervision. Some of the implications relate to lack of continued management in the event of the centre manager's absence.

The management of other professions, for example nurses and educators, presented challenges as these professionals were not supervised by the centre manager and this presents a problem with their accountability and general responsibility. They (especially the educators) act as if they are not part of the centre and in their independence, ineffective services are rendered.

4.3.5 Competencies of Management of a secure care programme

There are no guidelines in terms of the qualifications for management and as a result the qualifications of managers varied from a child care qualification to a degree in social work or general degree. All managers expressed concern on the lack of training and development opportunities as well as ongoing in-service training. There is a need for standard criteria for management qualification because at the moment the different facilities have managers with different qualifications. Managers must have an understanding of the nature of the business, appropriate qualifications in management and leadership skills. In some facilities there were management conflicts in terms of professionals being supervised by a manager with a grade 12 certificate and basic qualifications in child care. It will also be important for managers to receive ongoing in-service training.

There was no national guide in terms of qualifications of managers in secure care facilities. This was viewed as a serious oversight in terms of the nature of the service and the calibre of manager to run such a facility. The expectations are high in running a secure care facility and there are a number of challenges in managing this type of service and therefore a certain type of leadership is required for effectiveness.

4.3.6 Children and staff ratio

Most facilities were underutilised over a long period. The result was that, in some instances the staff ratio was 5:1 in favour of staff. However, the staff did not provide a different service with the small numbers but the status quo remained the same. What was striking was that regardless of the number of the children in the facilities the resources remained the same which showed that there was not effective monitoring and efficient utilization of resources.

4.3.7 Human Resource Management

Although there are national performance evaluation systems, most managers' performance was not evaluated over a long period. Managers of facilities did not have standardized procedures of managing and evaluating performance. This largely contributed to the ineffectiveness of the service. Supervision was grossly lacking on all levels. Where there were service transgressions, no corrective action was taken and in instances where action was taken there were unnecessary delays in the finalisation of the matters.

There is a national delay in the finalization of professionalizing the child and youth care workers. There is no career pathing for the staff as well as inadequate financial resources for continuous training and developing the skills of workers. Many of the child and youth care workers are demoralised and have a major attitude which does not bode well for the care of the children.

Some facilities did not have social workers in their staff compliment for many years though there were social workers posts in the organogram. Where there were social workers, their roles were not very clear and there was dissonance between them and the child and youth care workers. This situation impacted on service delivery. With the lack of criteria on the qualification of staff in secure care facilities it is important that staff is selected on the basis of their skills and competencies.

4.3.8 Infrastructure

The infrastructure has improved over the years in most of the facilities according to the reports that were received. However, the relationship between the provincial office and the facility plays an important role in advocating for improved financial resources for the upgrading of the facility. This is not happening as it should be. The newly built facilities were quite advanced in terms of the infrastructure whilst, sadly, those that were converted into secure care facility were lagging behind. In some instances there were no communication networks for years and the facilities were struggling to communicate with the outside world because they could not send e-mails and the cell phones they had could perform the bare minimum tasks.

There is a great concern regarding the lack of cooperation from the Department of Public Works as well as the speed in which they undertake projects within facilities especially as children in the facilities are usually very destructive. The result is that some facilities have broken windows, doors and ceilings, exposing children to injury as well as contributing to escapes from the facilities.

4.3.9 Security

All the facilities have security personnel, some of which are outsourced and some in the staff structure of the facility. It was clear during the visits that there is no uniform briefing for the security. Security was found to be lax in most facilities. The most concerning fact was the lack of training of security personnel in terms of the type of child admitted in the facility.

All security was involved in the admission process of the child. However, some of the methods they used for searching the children were gross violations of the rights of the children's privacy and this was seen in a very serious light. It was also apparent that there was a need for security personnel to be trained in basic child care work so as to understand the nature of the work they were involved in regardless of whether they were private or in the staff structure of the facility.

4.3.10 Programmes

Therapeutic programmes are provided by the different professionals such as social workers, occupational therapists and psychologists. These programmes can be rendered to individuals and/or groups of children. These programmes mostly concentrate on cognitive restructuring, behaviour modification, self-awareness and positive self-concept. In some facilities however, social workers did not implement their basic social work skills and intervention to assist the child. Neither was group work used as a method of intervention. It is important that social workers in the facilities have clinical capability as this capability is needed in such a specialized service as in a secure care programme. These programmes were offered differently in the different facilities and lacking in most of the facilities. Some of the reasons were that there were no professionals to fill the posts. Social work services as well as probation officers' assessments were lacking in most of the facilities.

A few of the centers did not have other professional services including occupational therapists, psychologists and doctors. Developmental programmes include the development of hard and soft skills that would assist the children to adjust in their different environments. Some facilities had workshops to train the children on different skills including bricklaying, carpentry, computers, art, etc. Some facilities did not offer this to the children.

Care programmes are largely provided by child and youth care workers and these may include skills to respect the space and property of others, self-care and care for the immediate environment, homework supervision, rights and responsibilities towards chores and daily living responsibilities and respect for others. Different facilities offered different programmes and the effectiveness of these programmes depended on the dedication and calibre of staff in the facility. There are no guidelines for offering these programmes. Spiritual/religious programmes are usually provided by volunteers. There was no clear policy with regards to whether children are exposed to religions of their choice or they were all clubbed together for the convenience of child and youth care workers.

There seemed to be differing understandings of what was meant by cultural programmes. In some facilities this was defined by the type of menu they had or as open days to showcase their African art work. There is a need to have the same understanding of cultural programmes. Recreational programmes are often used to keep the children occupied whilst developing their physical and mental capacities through play and recreation. As with other programmes, some facilities had no equipment for the children to play with. The only recreational equipment available in all the facilities were television sets. The viewing thereof differed from centre to centre. In some facilities the children were left idle, especially at night, as there was no provision for in-door games or board games. The shortage of equipment was attributed to lack of financial resources. The lack of imagination in some instances was a problem, because child and youth care workers could not use whatever they had for the children's recreation.

It is expected that all secure care programmes must render therapeutic and life skills orientated programmes to children in conflict with the law, regardless of the time they spend in the facility. It was disheartening to find that most facilities, regardless of the advent of the transformation of the child and youth care system, were not engaging the children in constructive programmes. Some facilities still only offered accommodation to children and no life skills or therapeutic programmes. There were a few facilities where professional therapeutic services were rendered as well as advanced life skills programmes. There was a distinctive difference in the behaviour of those children who were constructively engaged and those who were not involved in programmes. A programme of any nature is the most important life-changing intervention. Children awaiting trial create the most opportune time for interventions to take place, as they are a captive audience. However, this paradigm is not evident in many of the facilities.

It is important that there is uniformity in the provision of services as these different programmes play an integral part in the rehabilitation process of the child awaiting trial.

The role of the probation officer in the secure care programme is not well understood, or there is total disregard for this role. The reasons for this may be many. The management of a child awaiting trial is both the responsibility of a resident social worker and the probation officer that admits the child. This understanding suggests that there should be a strong relation between the two social workers, one who assists the child in the centre, and the other who is the link between family and the child. This was not evident at all in the facilities that were visited. In many of the facilities

children were being accepted without the assessment reports and that makes one wonder on what basis the child was admitted in the first place.

A few of the facilities did not have other professional services, such as occupational therapists, psychologists and doctors. This does comprise quality of care.

4.3.11 Community participation

Community participation is important in normalizing the situation of children in secure care facilities as well as creating awareness on the role the communities can play in preventing children getting into criminal activities as well as offering them support when they eventually leave the facilities to be members of the community. In instances where the facilities were within communities there was a fair amount of community participation. However this was limited to church activities and playing soccer. There were no programmes designed to educate the communities about why the children were there and what roles they can play in prevention programmes. In situations where the facilities were situated far from communities, there was no community participation and there was also difficulty even for parents and relatives to access the facility due to transport problems and the distance to be travelled.

The problems outlined above are not dissimilar to those that were identified through the Transformation of the Child Care System process. Whilst a number of changes have been instituted, the need to continue this process in a systematic manner is paramount.

4.3.12 Lack of inter-sectoral collaboration

The child and youth care system straddles a number of sectors including welfare, education, police, health, the prosecuting authority, justice and public works. As children and families function as whole entities, their needs are not logically or best served through a fragmented approach.

To deliver an effective, integrated service to children and families, there must of necessity be a shared vision and strong inter-sectoral collaboration and support. Due to the blockages experienced within the system, it is clear that the vision for a transformed child and youth care system is not shared and that there is limited inter-sectoral collaboration.

Following is a brief breakdown of the blockages caused by the various departments:

- Department of Police

When a child is arrested every effort must be made by the police, as soon as possible, to notify parents or guardians about the fact that the child has been arrested. Hereafter, the parents should be notified of the time, place and date at which the child will appear in court. The arresting officer should also consider the release of the child to the parents or guardians. A further responsibility of the police is to obtain confirmation of the age of the child when notifying parents of the arrest. Very often, parents are not notified of the arrest of the child and are then not available at court, resulting in the containment of children because they cannot be released into an appropriate person's care. Due to the fact that the parents are not traced and notified, confirmation of age cannot be obtained and "over-aged" youth are referred to secure care facilities.

Where there are spatial challenges faced by the Police, it has been the experience of the secure care facilities that children who need to appear in court remain in police cells for extended periods of time. This is an unacceptable practice as there are implications for the secure care facilities in the event that something untoward happens to the child. The children have been placed in the care of the secure care facility and are without a "guardian" during this practice. Furthermore a child may be exposed to circumstances that are not in the best interest of the child.

When a child (contained in a secure care facility) needs to be hospitalised or should attend a funeral within the community, a police official should transport and guard the child. Efforts to contact the investigating officer are often futile and children are transported and "guarded" by child care workers. This causes an additional burden on the centre, as less child care workers are then available within the centre for the care of children.

- Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development should assist the Department of Social Development by ensuring that probation officers have easy access to all children appearing in the courts, designating one court within a district to deal with all youth matters, and as far as is reasonably

possible channelling of regional court cases involving children through one regional court. Adequate time should also be allowed for assessments to take place and if such assessments have not already been completed, notifying the probation officer if a child is due to appear in court and has not been assessed.

Probation officers, however, do not have easy access to children and are not informed that children are appearing in court for the first time. This leads to the fact that children are not assessed and are referred to secure care facility without an assessment report. Consequently, there is no probation officer appointed to monitor the child's case and act as link between the child, the court and the secure care facility.

At the first appearance in court, consideration must be given to the completed assessment form and the recommendation of the probation officer regarding release or suitable placement, including availability of places in the recommended facility. Often, children are referred to a specific secure care facility even if place is not available. This leads to overcrowding in facilities, whilst other facilities are not utilised to their full capacity.

- National Prosecuting Authority

After completion of the assessment, the probation officer must hand over the completed assessment form to the prosecutor. The prosecutor must familiarize him/herself with the contents of the completed assessment form, together with the docket and make a decision regarding whether or not to prosecute. If the matter is to be remanded for further investigation or for trial, the issue of placement will need to be considered. The probation officer will inform the prosecutor as to availability of places at the various facilities. If it appears likely that the child can be released into the care of the parent or guardian, but such persons are not present at the court, the matter should stand down, and the prosecutor must request the probation officer and investigating officer to make all reasonable efforts to ensure that the parents or guardians come to court. Due to limited capacity of both the police and the Department of Social Development, efforts cannot be made on the same day to trace parents. These children must then consequently be contained.

- Department of Education

The Department of Education is responsible for the speedy designation to a reform school after a child has been sentenced in terms of section 290 of Criminal Procedure Act, no 51 of 1977 (until 2012 as per Children's Act 35 of 2008). Children often wait for long periods before a school is designated. This results in the fact that children are left in limbo as they do not proceed to their next placement option. Some of these children may even abscond from the secure care facility.

- Department of Health

Where the age of a child is uncertain, and there is reason to believe that he or she may be over the age of 18 years, the magistrate may make an estimation of the age in terms of section 337 of the Criminal Procedure Act, 51 of 1977 and Child Justice Act, 75 of 2008. Information obtained by the probation officer during the assessment process will assist the court in this regard. The Child Justice Act makes a provision for the district surgeon or district medical officer to determine age, but this may be done if it is considered that it will be of value to the court in making a determination of age. Due to the unavailability of district surgeons or district medical officers, children cannot be referred for age assessment.

Some children display psychological problems after their admission to a secure care facility and should be referred for observation or treatment in a psychological ward or hospital. Challenges are often experienced in referring children for the said service. These children must then remain in the secure care centre that is not geared to handle this behaviour. These children are also at risk of being abused or influenced by the other children in the centre.

- Department of Public works

The maintenance of secure care facilities are to be done by the Department of Public Works. Maintenance is not done as a matter of urgency and leads to secure care facilities being totally vandalised and even uninhabitable.

5 THE PROPOSED FUTURE

5.1 MANDATE OF THE NATIONAL DEPARTMENT

Welfare is a concurrent function of both national and provincial departments. However there is a clear distinction between the two spheres in terms of the functions that they perform.

The national department is responsible to provide the framework for the identification, development and evaluation of programmes. The national department enables the provincial departments to deliver on their mandates by developing legislation that gives justification to programmes, policies that inform programme delivery, norms and standards for practice and inform the monitoring and evaluation for impact and for the improvement of services.

In order to provide the concurrent functions, there must be institutional arrangements in place at both national and provincial level that are responsible for specific programmes. The national Department under the Branch Welfare Services has a Chief Directorate responsible for Families and Social Crime Prevention, Substance Abuse and Victim Empowerment.

The mandate of the Chief Directorate is to “Develop, monitor and facilitate the implementation of policies, legislation and programmes to protect empower and support children, youth offenders and victims in the criminal justice system”. Within this Chief Directorate is a Directorate: Social Crime Prevention whose objective is to strengthen probation services, prevent social crime and integrate Child Justice Services.

The diagram in page 79 depicts the organogram of the Chief Directorate – Families, Social Crime Prevention, Substance Abuse and Victim Empowerment.

5.2 VISION

A secure care programme providing developmental and holistic intervention in an enabling, caring, safe and secure environment to ensure comprehensive and integrated services to children in conflict with the law.

5.3 MISSION

A secure care programme that provides an enabling, caring, safe and secure environment, and services which are integrated, holistic and developmental in nature for children in conflict with the law by all stakeholders.

5.4 GUIDING PRINCIPLES AND VALUES

- **Accountability:** Everyone who intervenes with children/young people and their families should be held accountable for the delivery of an appropriate and quality service.
- **African Renaissance:** As South Africans and Africans, all services to children/young people and their families should reflect an understanding of the African context in which they are based and should consciously support the African Renaissance.
- **Age appropriate:** Every child should be addressed in a manner appropriate to his or her age and intellectual development and should be spoken to and be allowed to speak in his or her language of choice, through an interpreter, if necessary.
- **Appropriateness:** All services to children/young people and their families should be the most appropriate for the individual, the family and the community.
- **Assessment:** Assessment is based on a developmental framework with the major focus on strengths and includes information gathered from the child's daily living environment, community environment and family environment.
- **Best interest of the child** (section 7 of Children's Act, 38 of 2005)
- **Care Plan:** Each child has a Care Plan which has been developed on the basis of a developmental assessment and which aims to provide life-long relationships within their family or appropriate alternative, and re-integration in the community.
- **Child-centred:** Positive developmental experiences support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the child's/young person's development over time.
- **Community-Centred:** Services should be contextualised within the community environment, and support and capacity building to communities should be provided through regular developmental assessment and programmes which strengthen the community's development over time.

- Confidentiality: Principle according to which particulars which has been obtained from children and/or families within the professional relationship will not be disclosed without their permission.
- Continuity of Care and Development: The changing social, emotional, physical, cognitive and cultural needs of the child/ young person and their family should be recognised and addressed throughout the intervention process. Links with continuing support networks and resources, when necessary, should be encouraged after disengagement from the system.
- Continuum of Care and Development: Children/young people at risk (and their families) should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programme/s appropriate to their individual developmental and therapeutic needs.
- Diversity: Every child should be treated in a manner which takes into account his or her cultural values and beliefs.
- Effectiveness and Efficiency: Services to children/young people and their families should be delivered in the most effective and efficient way possible.
- Empowerment: The resourcefulness of each child/young person and their family should be promoted by providing opportunities to use and build their own capacity and support networks and to act on their own choices and sense of responsibility.
- Equality: Children must have equal access to available services and every effort should be made to ensure that children receive similar treatment.
- Family-Centred: Services should be contextualised within the family, the extended family and the community, and support and capacity building to families should be provided through regular developmental assessment and programmes which strengthen the family's development over time.
- Family Preservation: All services should prioritise the goal to have children/ young people remain within the family and /or community context wherever possible. When a child/young person is placed in alternative care, services should aim to retain and support communication and relationships between the person and their family (unless proven not to be in their best interests), and maximise the time which the person spends in the care of his/her family.
- Integration: Services to children/young people and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.
- Non-discriminatory: No young person should be refused admission to a centre on the basis of race, religion, sexual orientation, or cultural heritage and

provision for an appropriate staff team who can understand and communicate with each young person should be made.

- Normalisation: Children/Young people and their family should be exposed to normative challenges, activities and opportunities, which promote participation and development.
- Participation: Children/young people and their families should be actively involved in all the stages of the intervention process.
- Permanency Planning: Every child/young person within the Continuum of Care and Development should be provided with the opportunity to build and maintain lifetime relationships within a family and/or community context within the shortest time possible.
- Restorative Justice: The approach to children/young people in trouble with the law should focus on restoring societal harmony and putting wrongs right rather than punishment. The child/young person should be held accountable for his or her actions and where possible make amends to the victim.
- Rights-based: The rights of children/young people as established in the South African Constitution and the various international conventions ratified by South Africa, shall be protected.
- Strengths- based: Services on all levels of intervention should, as a matter of priority, identify and build on strengths of the child and family.
- Transitory programme: Refers to residential care for children who are in trouble with the law and who are waiting for the finalisation of statutory process. This includes young people awaiting trial, awaiting sentence, awaiting transfer, awaiting designation, awaiting placement on the Continuum of Care and awaiting placement with family or friends.

5.5 DEFINITION OF CONCEPTS

5.5.1 Child and Youth Care

In terms of the Children's Act 38, 2005 a child and youth care centre is a facility for the provision of residential care to more than six children outside the child's family environment. These centres must offer a therapeutic programme and it includes programmes designed for:

- The reception, care and development of children other than in their family environment;
- The reception, care and development of children on a shared basis with the parent or other person having parental responsibilities;

- The reception and temporary safe care of children pending their placement;
- Early childhood development;
- The reception and temporary safe care of children to protect them from abuse and neglect;
- The reception and temporary safe care of trafficked or commercially sexually exploited children;
- The reception and temporary safe care of children for the purpose of observing and assessing those children, providing counselling and other treatment to them, or assisting them to reintegrate with their families and the community;
- The reception, development and secure care of children awaiting trial, designation, or sentence and sentenced;
- The reception, development and secure care of children with behavioural, psychological and emotional difficulties;
- The reception, development and secure care of children in terms of an order under the Criminal Procedure Act

The Minister and the MEC's for social development must provide for the establishment of Child and Youth Care Centres which is properly resourced, co-ordinated and managed. In addition, the Minister must determine national norms and standards for these centres which must relate to:

- A residential care programme;
- Therapeutic programmes;
- Developmental programmes;
- Permanency plans for children;
- Individual development plans;
- Temporary safe care;
- Protection from abuse and neglect;
- Assessment of children;
- Family reunification and reintegration;
- Aftercare;
- Access to and provision of adequate health care;
- Access to schooling, education and early childhood development;
- Security measures; and
- Measures for the separation of children in secure care programmes from children in other programmes.

5.5.2 Secure Care

Secure care forms one of the programmes included under the broad term of a child

and youth care centre and as such must comply with all the prescriptions as outlined for Child and Youth Care Centres in the Children's Act. The Act stipulates that a secure care centre must be established for:

- The reception, development and secure care of children awaiting trial or sentence;
- The reception, development and secure care of children with behavioural, psychological and emotional difficulties;
- The reception, development and secure care of children in terms of an order-
 - o under the Criminal Procedure Act, 1977 (Act no.51 Of 1977);
 - o In terms of section 156(1)(i) placing the child in a child and youth care centre which provides a secure care programme; or
 - o In terms of section 171 transferring a child in alternative care.
- *The reception, development and secure care of children awaiting designation of a reform school or school of industry.*

An existing state operated secure care facility established in terms of the Child Care Act must be regarded as having been established in terms of the Children's Act as a child and youth care centre providing residential care. Schools of industry and reform schools become the responsibility of the Department of Social Development within two years of the commencement of the Children's Amendment Act. All existing government secure care facilities, schools of industry and reform schools must be registered as child and youth care centres within two years of the commencement of the Children's Act.

The concept "SECURE CARE" was coined during the transformation process of the Child and youth care system. This term was used to distinguish those children who because of coming into conflict with the law would need a programme that would ensure that they take responsibility for their wrong doing, that recidivism is prevented, as well as contain them, restrict their movements and ensure the safety of the community. The intention was to ensure that there is a "place" where these children are contained, as well as an "intervention" during their containment. Therefore with time, Secure care as a concept has been used interchangeable – to mean a facility and a programme. For the purpose of the blueprint it is necessary to differentiate the "place" from the programme as a number of the current challenges are paradigmatic in nature as well as differentiate between other residential programmes within the child and youth care system.

- Secure Care as a programme

The programme of secure care is based on the understanding that some children in conflict with the law may need to be physically, emotionally and/or behaviourally contained. Just as the definition denotes there must be interventions that will assist the child to become aware of his behaviour, take responsibility for it and learn new behaviours that will help him/her to stay on the right side of the law. In addition, new life skills should be learned that would ensure that there is better utilization of time and choice of friends and peers.

The decision to refer a child to secure care should be based on (a) the fact that the child cannot be diverted or cannot await trial at home, and (b) the fact that he or she has been appropriately assessed to be a threat to society and/or him/herself and/or other children. Only children who have turned 14 years old and have not yet reached 18 years old (at the time of arrest) should be detained in Secure Care.

Containment of children in secure care should be effective whilst maintaining respect for the child's well-being and dignity. Interventions and physical structures should be of such a nature that children or staff cannot be physically, socially or emotionally hurt.

- Secure care as a "place"

All secure care facilities (government and non-government) should be established and maintained according to national regulations, minimum standards, and practice guidelines, which are based on international instruments and internationally accepted child and youth care practice.

Secure care facilities should provide differentiated programmes or units according to ages and the degree of danger which the young person may pose to peers, staff and society in general. For example, a facility may have a high security unit and a minimum-security unit, each offering a range of programmes. Choice of placement should be based on an assessment and not on arbitrary decisions related to the crime, or a reward/ punishment system. Where a province has sufficient secure care facilities to choose from, each facility could provide a different programme.

Children who have been appropriately assessed to require secure care should not be accommodated in facilities or units which accommodate children in need of care and protection. Children in need of care and protection should be accommodated in a safety unit or facility. This differentiation accommodates the different programmes, staffing, training and security requirements. It is possible that both groups of children could be housed at one facility provided the staffing and buildings provide for this in

line with the 'differentiated programmes' approach set out above.

Secure care facilities require well-trained staff that has been specially selected for their positive attitudes and willingness to work with very troubled young people. The majority of child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma.

The secure care programme should also be accessible to children at risk as an intensive short term programme of intervention based on a developmental assessment by a multi-disciplinary team. This means that children can access the secure care programme, where appropriate and where applicable, as day programme, week programme, and short term programme as to meet their developmental and therapeutic needs.

5.5.3 ISDM Levels of Service Delivery

The integrated model proposed is a multi-pronged approach aimed at addressing the social welfare and development needs of target groups in a holistic and integrated manner. This approach provides a basis upon which systems can be put in place to ensure that vulnerable people are assisted to access immediate short and long-term material support, including social security when necessary.

The developmental approach is therefore able to promote the meeting of emergency needs of vulnerable households, individuals and communities while assessing the cause and effect of their vulnerability, recognising their strengths, and developing appropriate strategies for sustainable socio-economic development.

In order to achieve the desired outcome, namely an improvement in social functioning, services are rendered at different levels. These levels are on a continuum, so while they may seem to follow a distinct hierarchy, a client may enter the system at any of the levels, and the levels may overlap in practice. The service provider and client must together determine the client's current social functioning and develop an intervention strategy that will enable the client to reach the optimum level of social functioning and be ready for reintegration into society.

The levels of intervention are as follows:

- Prevention

This is the most important aspect of social service delivery. Services delivered at

this level are aimed at strengthening and building the capacity and self-reliance of the client. At this level the client is functioning at an adequate level but there is a possibility of at-risk behaviour at a later stage.

- Early intervention (non-statutory)

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- Statutory intervention/residential/alternative care

At this level an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g. foster care), or placed in a residential facility.

- Reintegration and Aftercare

The previous intervention is aimed at providing alternative care which should wherever possible be a temporary measure, followed by reconstruction/aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning.

In terms of the secure care programme, the focus of services is on levels 3 and 4.

At level 3, the child has been removed from his/her normal place of abode by court and placed in a secure care. This level is applicable to services rendered to children awaiting trial and children referred to a diversion programme with a residential element. This level of service delivery is aimed at providing care which should wherever possible be a temporary measure, followed by reconstruction/aftercare service to enable the child to return to the family or community as quickly as possible. Services delivered at level 4 are aimed at reintegration and support services to enhance self-reliance and optimal social functioning. This level is applicable to services rendered to children sentenced to Child Care facilities.

The model espouses holistic and integrated delivery of services to the target group. Children awaiting trial must therefore be seen in the context of their families and the communities that they come from. Children will ultimately be reunified or reintegrated into the family and the community, therefore those significant others must be drawn into the management programme of the child concerned. The recidivism rate is extremely high as most children are not supported after release from the programme.

This programme also lends itself to offering interventions on levels 1 and 2. These interventions should be made available to all families of children who are awaiting trial. This could be made a condition of the probation officers report and could form part of the order for a parental or permanency plan as outlined in the Children's Act.

5.5.4 Development Assessment

Developmental assessment is firstly a methodology of assessment that moves away from the pathology based model to strengths based, developmental approach with the focus on the developmental and therapeutic needs of the child as well as his/her strengths. It is secondly, the underpinning philosophy for all who engage and work with children in the child and youth care system as to understand the child in his/her current context.

The goal of developmental assessment is to determine the least restrictive, most empowering environment and programme suitable to the child and/or family development needs at any given moment, and/or during the next steps of development, and/or in the long term.

For children awaiting trial in a child and youth care centre, assessment has the following objectives:

- To understand the child, as well as the immediate and medium term developmental issues.
- To take appropriate actions and/or provide and facilitate appropriate programme resources.
- To make an effective recommendation and/or decision with regard to the least restrictive, most empowering option for the child in terms of sentence, diversion, placement and programme resource.
- To establish a Care Plan, if the child is sentenced and/or placed in care.

Assessment of children sentenced to a child and youth care centre, focuses on the child in terms of their daily and long term development. Assessment has the following objectives:

- To understand the child, as well as the immediate and medium term developmental issues and to take appropriate actions and/or provide and facilitate appropriate programme resources based on an IDP.
- To effectively implement and regularly evaluate the Care Plan and IDP's with a view to achieving reunification and/or reintegration into the community in the shortest time possible.
- To make regular recommendations and/or decisions with regard to the least restrictive, most empowering option for the child in terms of transfer and programme resource.

Child friendly

Child friendly means that the rights of children are upheld in all spheres of service delivery. In the context of a residential service, the rights are interpreted to mean, but not limited to, the following:

Every child has the right-

- To a name and a nationality from birth – Children must be recognised by their names on their birth certificates and should be referred by this name and not by surnames and/or numbers.
- To family care or parental care, or to appropriate alternative care when removed from the family environment – Whilst secure care is a form of alternative care, children must be treated in a humane manner and receive the same level of care as would any “normal” child.
- To basic nutrition, shelter, basic health care services, education and social services – Children in a secure care programme must receive the same level of care services as would any “normal” child. In addition, the secure care programme must offer, at a minimum, medical, educational, developmental and therapeutic programmes on site.
- To be protected from maltreatment, neglect, abuse or degradation – Every child has inherent dignity and the right to have their dignity respected and protected. The staff at the secure care programme is custodians that must protect children from further abuse, neglect, maltreatment and degradation. Any person found guilty of violating this right must be managed by the appropriate disciplinary processes.
- Not to be required or permitted to perform work or provide services that are inappropriate for a person of that child's age or place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development – Chores outlined in the Child Labour Action Plan are permissible.
- Not to be detained excepts as a measure of last resort and has the right

to be kept separately from detained persons over the age of 18 years and treated in a manner and kept in conditions that take account of the child's age – Children in a secure care programme, are contained as a matter of last resort and should be exposed to appropriate child care, safety and guidance whilst being contained. The least restrictive behaviour management methods must be applied.

- To have a legal practitioner assigned to the child by the state and at state expense – The secure care programme has the responsibility to ensure that every child has access to the services of a legal practitioner.
- A child's best interests are of paramount importance in every matter concerning the child.

In addition to the rights, the principles that underpin the care and protection of children must be upheld.

5.6 SECURE CARE MODEL WITH OPTIONS FOR SOUTH AFRICA

The literature review conducted for this exercise did not yield a distinctive model for children awaiting trial, both on an inter-national and national level. Inter-nationally, both the terms and the processes used across systems are not consistent, making appropriate comparisons difficult. In some countries, secure care is referred to as locked facilities for youth who were at risk of harming themselves and others, rather than to custodial care for young offenders. Various terms are used to refer to secure care such as youth justice residences, juvenile justice residences, youth custody centres, youth detention facilities, youth rehabilitation centre, and youth detention centres. It is clear that the prevailing philosophy, in a particular country, regarding crime informs the construction of these facilities. Inter-nationally, the custodial care of children awaiting trial is equated to South African correctional facilities.

Nationally, the child and youth care system transformation programme was one of the first reform programmes initiated in 1995. Considerable effort and resources were utilised to develop an inter-sectoral Policy, 2000 that would guide practice in all residential facilities, as well as for children placed in alternative care. This policy was strengthened with the development of minimum norms and standards. The implementation of this policy together with the minimum norms and standards was expected to improve and standardise quality care services to the children in residential facilities and to those in alternative care. Secure care facilities were included in the Child and Youth Care System, and therefore were targeted as one of the programmes that had to transform according to this policy and implement minimum norms and standards for quality care.

From the visits conducted to the different secure care facilities in the provinces, it was clear that there were no standardized procedures of managing secure care facilities. It was also evident that the guidelines provided by the document on the Transformation of the Child and Youth Care System (1996) were not implemented as envisaged. In the development of this blueprint we originally defined a number of models, but in retrospect having a number of models within a blueprint defeats the objective of a blueprint. Therefore only one model exists for the secure care programme in South Africa. This model can be expanded with the addition of two options, i.e. services to sentenced children and diversion.

5.6.1 Secure care model

Following is a description of the model for the secure care programme in South Africa. The model comprises of a core and option. The application of the core model is static in its entirety and the options that are recommended must be informed by the need of the province. This model has its basis in the transformation of the CYCS as we believe there are a number of core elements that are still applicable today as they were in 2000.

The approach to the development of the model is drawn from a number of practices of which legislative reform, organisational development, human resource management, transformation practices, social work programmes and child and youth care services are but a few that undergird this model. The core comprises of the following components:

1. Legislative framework
2. Inter-sectoral collaboration
3. Service Development
4. Organisational development
5. Resources
6. Organisational enablers
7. Services to beneficiaries
8. Ethos of services
9. Transversal areas

Each of these components will be discussed in detail to inform conceptualisation and to guide practice.

I. Legislative framework

In 1994 the Government of National Unity came into power, and one of its first actions was to draft legislation to prevent the holding of awaiting trial children in prisons and police cells. The Correctional Services Amendment Act, No 17 of 1994, amended section 29 of the Correctional Services Act so that children under 14 awaiting trial could never be held for longer than 24 hours, and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The aim of the legislation was to ensure that in the majority of cases young people would be released into the care of their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety. Because the success of the legislation depended on the infrastructure of Places of Safety being available, careful planning, preparation and training were necessary. However, due to the fact that there was very little inter-sectoral co-operation and planning in this field at the time, such preparation did not take place. On 8 May 1995 the legislation was promulgated with immediate effect. There were at the time 829 children in South African prisons awaiting trial, and approximately the same number in police cells. These children all had to be brought to court within 24 or 48 hours, and either released into the care of their parents or guardians or transferred to Places of Safety.

As children arrived in large numbers at the doors of the Places of Safety, the existing crisis deepened sharply. Staff was unable and in some cases unwilling to care for these children, and concerns were raised for the safety of other children already in Places of Safety for care and protection reasons.

Because Places of Safety are primarily designed for the temporary care and protection of children referred through the Children's Court, they were not able to make appropriate provision for secure care programmes, and many children referred there by the magistrates courts absconded shortly after having been left at Places of Safety. In order for children awaiting trial to be comprehensively and successfully serviced it was critical for Government to review, align and develop practices and legislate in some cases. These were informed by both inter-national and national legislation, protocols and agreements.

All services to children must be rights-based and as South Africa is a signatory and therefore reports on these obligations, it is critical for these to form part of the legislative framework to inform practice. The following are the most appropriate for children awaiting trial:

We are aware that there are others that are not mentioned below, but they have been taken into cognisance in the development of this blueprint where applicable.

1.1 International obligations

In recognizing the fundamental importance of the need to ensure that children globally are entitled to care, assistance and protection, South Africa has ratified and signed various international agreements, protocols, declarations and conventions.

- **United Nations Convention on the Rights of the Child**

This Declaration aims to establish that a child by reason of his physical and mental immaturity needs special safeguards and care, including appropriate legal protection, before as well as after birth. These rights are also applicable to children awaiting trial.

- **United Nations Guidelines for the Prevention of Juvenile Delinquency**

The Riyadh Guidelines set out the roles of Government with regards to the following sections:

- General prevention
- Socialisation processes- Within Families, Education, Community, Mass media
- Social policy
- Legislation and juvenile justice administration
- Research, policy development and co-ordination

- **United Nations Standard Minimum Rules for the Administration of Juvenile Justice**

The Standard Minimum Rules provide a set of basic principles to promote the use of non-custodial measures, as well as minimum safeguards for persons subject to alternatives to imprisonment. The Rules are intended to promote greater community involvement in the management of criminal justice, specifically in the treatment of offenders, as well as to promote among offenders a sense of responsibility towards society.

When implementing the Rules, the State shall endeavour to ensure a proper balance between the rights of individual offenders, the rights of victims, and the concern of society for public safety and crime prevention.

The State shall develop non-custodial measures within their legal systems to provide other options, thus reducing the use of imprisonment, and to rationalize criminal justice policies, taking into account the observance of human rights, the requirements of social justice and the rehabilitation needs of the offender.

- **United Nations Rules for Juveniles Deprived of their Liberty (JDL Rules)**

The JDL Rules aims to establish minimum standards accepted by the United Nations for the protection of juveniles deprived of their liberty. The standards are set in sections, i.e.:

- Records
- Admission, registration, movement and transfer
- Classification and placement
- Physical environment and accommodation
- Education, vocational training and work
- Recreation
- Medical care
- Notification of illness, injury and death
- Limitations of physical restraint and the use of force
- Disciplinary procedures
- Inspection and complaints
- Return to community
- Personnel

1.2 National Legislation

- **The Constitution of South Africa Act 108 of 1996**

The Constitution clearly states in section 28(1) that every child has the right to not be detained except as a measure of last resort, kept separately from detained persons over the age of 18 years, and treated in a manner and kept in conditions that take account of the child's age.

- **The Children's Act No 38 of 2005 as amended and the draft regulations**

It should be noted that the Act speaks to secure care facilities for youth only to a limited extent, such facilities being included under the rubric of child and youth care centres.

This Act defines Child and Youth Care Centres as a facility for the provision of residential care to more than six children outside the child's family environment. Centres must offer a therapeutic programme for the residential care of children, which includes programmes for the reception, development and secure care of children awaiting trial or sentenced. School of Industries and Reform Schools are also considered to be forms of Child and Youth Care Centres.

The regulations relating to the Children's Act list general norms and standards pertaining to child and youth care centres. No specific mention is made of the secure care programme.

- **Criminal Procedures Act No 51 of 1977**

This Act describes the judicial procedures to be followed regarding criminal incidents. Very little mention is made regarding young offenders. In Section 71, it is stated that 'a Juvenile [a person under 18] may be placed in place of safety or under supervision in lieu of release on bail or detention in custody'. In Section 74 it is mentioned that a parent or guardian of an accused under eighteen years may attend proceedings.

The Act therefore does not provide guidance regarding secure care facilities.

- **Child Justice Act No 75 of 2008**

The Justice Act is inspired by restorative justice goals and aims to divert young people in conflict with the law from formal criminal proceedings. The focus is also on the rehabilitation and reintegration of children who have come into conflict with the law.

The Act notes that when considering placement, police officers must consider the least restrictive setting. In deciding on placement in a secure centre, the child's age and maturity, the seriousness of the offence and the degree to which a centre can reasonably ensure appropriate security as well as the risk that the child poses to him/herself and/or others must be considered. The child must also be assessed by a probation officer prior to a preliminary enquiry. As part of such an assessment, diversionary options must be considered.

Children who have come into conflict with the law would thus be referred to a secure care centre either to await trial or to serve their sentence, assuming that diversionary options as well as sentencing to a correctional facility have been precluded. A sentence to a secure centre may not be any longer than 5 years or the child's 21st

birthday, whichever occurs first. At the conclusion of the sentence, the head of the secure centre is required to submit a report to the court as to the extent to which sentencing objectives were met.

- **Probation Services Act as amended (No. 116 of 1991)**

According to the Probation Services Act, 1991 (Act 116 of 1991), probation officers have the task of screening, selecting and assessing persons awaiting trial. Probation officers are also required to prepare and present pre-sentence reports and undertake the supervision of sentenced offenders. In addition, probation officers and social workers are supposed to meet the needs of victims of crime.

The Act was amended so as to insert certain definitions and amend others, to make further provision for programmes aimed at the prevention and combating of crime, to extend the powers and duties of probation officers, to provide for the mandatory assessment of arrested children and to provide for the establishment of reception, assessment and referral services and centres.

- **Correctional Services Act**

The Correctional Services Amendment Act no 17 of 1994 amended section 29 of the Correctional Services Act so that children under 14 awaiting trial could never be held for longer than 24 hours, and those over 14 (but under 18) charged with serious offences (listed in a schedule to the Act) could only be held for 48 hours. The aim of the legislation was to ensure that in the majority of cases young people would be released into the care of their parents or guardians to await trial, and where this was not possible, they would be held in Places of Safety.

1.3 National Policy Directives

- **White Paper for Social Welfare,**

The White Paper deals with key substantive issues in the restructuring of social welfare services, programmes and social security.

The following principles and guidelines pertain to youth justice:

- The best interests of children and juveniles must be paramount in all actions.
- Children and juveniles are always in some way connected to their family or support network, community or culture. These ties will be strengthened, and

the capacity of such families and communities to provide support and care will be promoted.

- Every opportunity should be taken to ensure that children and juveniles coming into conflict with the law have access to all available services to avoid recidivism. This is vital and in the long run will lower the overall crime rate.
- Diversion from the legal system should be the preferred way of dealing with child offenders, and effective programmes should be developed.

The White Paper undertook to:

- Prevention targeted at children and juveniles.
- Develop an integrative programme of social upliftment that will be introduced in vulnerable communities.
- In the provision of statutory services, the communication, co-ordination and co-operation between all role players will be promoted at a national, provincial, regional and local level, including that between the Departments of Welfare, Justice and Correctional Services, the South African Police Services (SAPS), NGOs, CBOs, community members and parents.
- In line with the Beijing Rules and the Probation Services Act, 1991 (Act 116 of 1991), a dynamic child and juvenile offender prevention and care policy will be developed. The primary intention of this policy will be to keep child and juvenile offenders out of the criminal justice system for as long as possible.
- A management protocol, and mechanisms involving a multidisciplinary team, parents, volunteers and community members, will be developed to deal with children in the pre-trial phase, for example review panels operating on a 24-hour basis, the National Child Line, and community-based supervision programmes.
- A uniform strategy and procedures for the assessment of the needs of child and youth offenders will be developed and the most appropriate treatment options considered. The least restrictive and most empowering management option will be chosen. Children will be kept in custody only if it is absolutely necessary for the protection of society.
- Child and youth offenders and their families will receive counselling and should have access to legal aid if necessary. This will be at the discretion of the courts and should be means-tested. Detained children and juveniles will at all times and under all circumstances be separated from adults.
- A central register of children and juveniles awaiting trial and/or sentenced children and juveniles will be kept by provincial welfare departments in co-operation with the Department of Safety and Security. Children and juveniles

kept in secure and open facilities (including schools of industry and reform schools) will be the responsibility of specially trained personnel. Special support programmes presented within the therapeutic community model will be available.

- Programmes for offenders will be monitored, evaluated and adapted. Programmes of this nature will be piloted on a small, localised scale before being implemented nationally.
- Legislation and proper management protocols will be developed as a matter of urgency between the Departments of Justice and Welfare and other stakeholders.
- Where possible, children and juveniles will be diverted from the criminal justice system, in keeping with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules).
- Working arrangements regarding the development and rendering of diversionary services will be entered into with welfare and other organisations.
- The Department of Welfare will support the tabling of enabling legislation in order to make diversion an officially authorised option in all magisterial districts.
- Children and juveniles will only be held in custody as a last resort. Wherever possible they should be released into the care of their parents or guardians to await trial in their own homes. Support will be given to families. This will require interdepartmental co-operation.
- An adequate number of trained staff for existing places of safety and the development of other community-based placements will continue to be a priority. Secure places of safety are needed. There will be better linkages between places of safety, schools of industry and reform schools and more collaboration with the Department of Education in the management of these institutions.
- The possibility of smaller places of safety for children and youth, with the emphasis on a family-type of environment and individual attention, will also be explored. Temporary foster placements for child offenders are another option which will also be explored with the participation of communities.
- There should be greater involvement of communities in the supervision of sentenced children and juveniles through the development of special programmes for this purpose.

- **The Integrated Service Delivery Model**

This document, distributed by the Department of Social Development in 2005/6, aims to operationalise the White Paper on Developmental Social Welfare and attempts to reassert the developmental values and principles for service delivery.

With regard to secure care, the ISDM does note that a significant problem has been the 'large numbers of children who have to await trial in prison because of inadequate numbers of probation workers and lack of infrastructure such as places of safety and secure care facilities in communities'; the 'poorly developed protection services'; 'the loss of skilled personnel due to poor salaries and working conditions', and funding challenges. The lack of resources and infrastructure must be considered when developing norms and standards, as the latter must be workable in a situation where resources are tight.

The document identifies various levels of intervention, these being prevention, early intervention (non-statutory), statutory intervention/residential/alternative care, and reconstruction and aftercare. In this categorisation, residential care describes the placement of a client in a residential facility, this encompassing secure care. In a further classification, services are described as either promotion, prevention, protection, rehabilitation, continuing care and mental health and addiction services. Residential facilities are considered as part of rehabilitation or continuing care services. Further, children and youth are named as primary target groups alongside families, women and older people.

- **Interim Protocol for the Management of Children awaiting Trial (2002)**

This document is collaboration between four Departments, namely the Department of Justice and constitutional Development, the Department of Social Development, the Department of Safety and Security and the Department of Correctional Services. The purpose of the document is to clearly identify the roles and responsibilities of each department in the management of children awaiting trial from the point of arrest to sentence.

- **Interim Policy Recommendations, November 1996.**

In this policy document, the committee focussed its work on residential care, secure care being a subsection of this. It identified a range of challenges within residential care that needed to be addressed. Out of this review very clear recommendations were made, suggesting that a transformed child and youth care system should be developed and implemented.

The IMC took the radical step of recommending that human and financial resources be prioritised, at least in the short term, towards prevention and early intervention services and programmes with the intent of keeping as many children as possible out of care. Indeed, they recommend that residential care be focussed on 'those children who are orphaned and/or abandoned and who cannot be absorbed into communities, those who have serious emotional and/or behavioural problems and cannot be best served within their families or in foster care, and those who are seriously disabled and who cannot be best served in their families and foster care'. Residential care facilities are thus urged to not only provide care to their residents, but to ensure that there is a prevention and early intervention component to their service delivery.

Secure care and youth correctional services are identified as being the most restrictive in terms of a continuum of alternative care for children and youth. The IMC identified secure care as being extremely specialised and suggested that differentiated programmes (based on age and the 'degree of danger the young person poses to peers, staff and society in general) were required including short term assessment and containment programmes, therapeutic programming as a sentencing option, and work therapy programmes. The IMC also stated that young people in conflict with the law should 'wherever possible be kept in their families and communities'. Only where the young person 'cannot be diverted or cannot await trial at home' and has been 'appropriately assessed' should s/he be detained in secure care. The IMC does specify that this should be for 14 to 18 year olds. Further, 'international instruments and internationally accepted child and youth care practice' should guide the norms and standards in such facilities.

The IMC further make references to a restorative justice approach in the place of punishment. It is important to note that the IMC understands youth justice as straddling both welfare and justice. However, the 'treatment' component of welfare and the 'punishment' component of justice are to be replaced with 'restorative justice concepts which centre on conflict resolution and the involvement of young people, families and communities in decision-making processes'. The intention thus is to develop in youth a capacity to 'respect themselves and to play a meaningful role in society'. A restorative justice programme would ensure that most youth coming into conflict with the law are dealt with in the community and not placed in secure centres or youth correctional facilities. Community-based sentencing might, for example, engage youth in diversion programmes. 'Imprisonment of people under 18 should be used as a measure of last resort'. The IMC recommends that 'young people awaiting trial should only be held in secure care when a multidisciplinary assessment finds that this is the most appropriate option. The cases of young people in custody should be given absolute priority within the criminal justice system'.

The document asserts that in the case of secure care facilities, funding is expected to come entirely from the state.

The IMC suggests that an integrated inter-sectoral system of information that tracks the children within the system be established for child and youth care centres. This is a requirement that extends beyond secure care facilities but would impact them in terms of the extent and frequency of information that would need to be collected.

- **The Transformation of the South African Child and Youth Care System: An Intersectoral Policy. Final Draft, May 2000**

This document does not differ substantially from the earlier draft discussed above. In describing how residential care programmes should be 'multidimensional', it suggests family preservation, early intervention, educational bridging, drop-in shelter, five-day care, weekend treatment and community-family care as programming examples. Secure care facilities should also offer differentiated programmes, such as high or minimum security. It is recommended that reform schools be restructured as secure care facilities. This draft also notes that child and youth care workers, social workers and probation officers should form part of the staff team at schools serving youth in residential care.

- **Minimum Standards for the South African Child and Youth Care System**

This document describes various minimum standards for a transformed child and youth care system. These standards are discussed under the following standards statements:

- Engagement/Admission
- Safety
- Rights of Young people
- Complaints
- Reportable incidents or actions
- Physical Environment
- Emergency and Safety Practices
- Transitional Planning
- Privacy and confidentiality
- Access to legal counsel, court and court appearance
- Emotional and Social Care
- Health Care

- Behaviour management
- Developmental milieu and climate
- Care Plan
- Individual Development Plan (IDP)
- Reviews (of IDP and Care Plan)
- Development opportunities and programmes
- Therapeutic Programmes
- Education
- Disengagement

- **Minimum Norms and Standards for Diversion**

This document divides norms and standards for diversion into three sections.

The first, Organizational Infrastructure and Systems includes the following topics:

- legal structure
- management (which includes governance, a business plan, financial systems and financial management, record keeping, profit, code of conduct, working agreement, recruitment procedures, disciplinary procedures, performance appraisal procedure, grievance procedure, psychological debriefing and/or supervision, programme environment, material resources and safety procedures, overnight and away from home care,, drugs and controlled substances, protection of children's rights, promotional material, equipment and premises.

The second section, is Programme Facilitators Skills, including

- Generic knowledge and skills for all facilitators
- Additional knowledge and skills (wilderness or adventure therapy programmes; family group conferences, victim-offenders mediation and any other restorative processes; counselling and therapeutic programmes; sex offenders' programmes; and substance abuse/misuses programmes)
- Additional competencies for the hosting/implementing organisation
- Service level agreements

The third section has to do with Programme Standards, including

- Programme Outcomes (post-arrest assessment before referral)
- Diversion Programme Design and Delivery
- Restorative Justice Process
- Sex offender programmes

In each of these areas, indicators are provided of the standard, allowing an organization to identify if and the extent to which the standard is being met.

2. Inter-sectoral Collaboration

The secure care programme by its very nature demands an inter-sectoral approach. A number of departments must be involved in the statutory process otherwise the care of children is compromised. The role of the departments who have a critical role to play, are outlined briefly: (The complete roles and responsibilities is outlined in paragraph 4.8)

- Department of Police: The arrest and containment of the child prior to appearing in court is a function of South African Police. SAPS must also accompany the child to court and handover the child to the secure care programme.
- Department of Social Development: The Department of Social Development, in the form of a Probation officer, must assess the child and develop an assessment report in order for the Courts to make an informed decision about the placement of the child. The care of the child whilst awaiting trial falls within the mandate of the Department of Social Development to care and protect children.
- National Prosecuting Authority: The NPA takes the decision as to whether to prosecute or divert.
- Department of Justice and Constitutional Development: The Department of Justice and Constitutional Development makes out the order to await trial in a secure care programme. It is expected that, during this process, the child is assisted to access legal aid, which is also a function of this department.
- Department of Education: The Act also makes provision for the child to have access to education whilst awaiting trial. Therefore whilst the child is in a secure care programme, there is a need for the Department of Education to provide or the education of the child.
- Department of Labour: Many of the children awaiting trial, at the time of their arrest were no longer attending formal school. Therefore the Department of Labour also has a role to play in the vocational training programmes.

This programme will not be effective if these departments do not work collaboratively with one another. If one of these functions is not performed, the child will either languish in a police cell, the parent will not be informed of the whereabouts of the child, or the case of the child will continue over very long periods.

The Department of Social Development must sign Memorandums of Understanding with the Departments of Education, Police and Health to ensure the effective care and protection of children.

The one stop Justice Centre is an ideal model that favours inter-sectoral collaboration, as the management of the child is one smooth process. The purpose is to streamline the process from the arrest of a child to the formal court proceedings in a “child friendly” manner and to uphold the rights of the child. The outcome of this service for parents is that they have easier access to all the role players and also are aware of where their children will be placed whilst awaiting trial. Negotiations need to continue between the Department of Justice and Constitutional Development and the Department of Social Development to pursue the integration of the programmes.

3. Service development

The provision of secure care facilities and programmes lies in the domain of the State. Historically, services of this nature have been built by and remain assets of the State. However, the design of secure care facilities has been haphazard with each province designing and building according to their own frame of reference. This practice has been for all residential facilities within the country.

In order to standardise the construction of residential facilities the Department of Social Development has made the design of all residential facilities a function of the national department. This is to ensure that there is standardisation in terms of design principles, building specifications, infrastructure and optimal manner to manage children. In addition, these design principles were informed by an approach as how to best manage the movement of children within the centre. See Appendix I for the movement of children.

This is a positive approach as it allows for planning in terms of size of the site needed for the construction of secure care facilities, budgeting as the cost of constructing a centre will be available, as well as all infrastructure costs.

This means that for future services that need to be constructed, each province can access the basic design of the secure care facility from the national department.

The capacity may vary dependent on the need of the province. Provision should be made for a minimum of 60 beds and a maximum of 120 beds.

The design of a secure care programme must support the rights of children, the principles of care and protection of children and service delivery. The following design principles have been developed to inform the erection of secure care facilities:

- Uniformity in design
 - Branding for the DSD sector
 - Green buildings principle
 - Business processes to inform ergonomics and designs
 - Accessibility for people with disabilities
 - Form follows function
- Adherence to standard building requirements
 - Environmental and impact assessment
 - Building regulations
 - Occupational health and safety specifications
 - Municipal regulations
 - Space and cost norms
- Non-institutionalised setting
 - Warm, friendly and welcoming
 - Modern design: fit for purpose
 - Strive towards an environment with open spaces, colour, gardening and green recreational areas
 - Security standards without the “prison bars” emphasis on rehabilitation rather than punishment
- Adherence to norms and standards
 - Child friendly

The core model must have the following elements. These are discussed briefly below:

- Living quarters - Living quarters should be safe, clean and functional and in good state of repair. Rooms should be inward facing and open onto an entertainment area. Five children should be accommodated per room. Provision should also be made for a single room that may be utilised for children with special needs.
- Offices within living quarters – Provision should be made for office space for a social worker and child and youth care worker.
- Ablution facilities – Rooms should have en-suite bathrooms.
- Recreation area within the living quarters - This area may be used as a lounge/ TV room, group work facility or venue to complete homework.
- Outdoor multipurpose quad – The quad may be utilised for the playing of games or meetings with all the children.

- Indoor multipurpose recreation facility (hall) - There is adequate and appropriate indoor facilities in the centre for treatment activities, relaxation, recreation and exercise.
- Gymnasium.
- Out-door recreation facility – The out-door facilities should provide for standardised soccer, cricket, rugby, volleyball, soft ball, hockey fields as well as for an obstacle course.
- Pool - The swimming pool should be fenced off and the area locked and the pool covered when not in use. Ablution blocks should be provided around the area.
- Dining room - The dining area should provide for a serving area as well as adequate seating arrangements.
- Medical facilities – The medical facility should consist of an admission room, medication room, examination room, sick bay and isolation room.
- Visiting area – The visiting area must be private and comfortable.
- Accommodation for families - The center has facilities to house families, travelling from far, when they visit their children.
- Administration block – Provision should be made of adequate office space for personnel.
- Library and resource centre.
- School – The school should provide for classrooms, adequately equipped workshop facilities and a computer training centre.
- Kitchen – A separate delivery entrance to the kitchen should be provided. Change rooms with lockers for kitchen staff, ablution facilities and an office for the supervisor should be available.
- Laundry – Office space should be provided for the supervisor’s office and change rooms.
- Store rooms.
- Garages.
- Vehicle vault – A secure area should be provided for the delivery of children.

All residential care facilities should structurally make provision for children with disabilities.

The facility must be located within communities and no further than 100km or 1 hour travelling time from the court and/or SAPS. A radius of 1 km, but not exceeding 5 km, should be maintained from the residential area. No other service, other than those to children in conflict with the law, should be provided from the same premises. The facility should be on a transport route for easy access.

The centre should have certain basic infrastructure and equipment in order to function successfully.

- Independent living equipment.
- Emergency equipment – Fire extinguishers and first-aid kits.
- Living quarters - Each child has his/her own sturdily constructed bed and locker/cupboard.
- Ablution facilities - 2 showers, 1 basin and 2 toilets for boys; 1 bath, 1 shower, 2 basins and 2 toilets for girls; 1 Bath, shower and toilet for disabled children.
- Recreation area within the living quarters – Lounge furniture and tables.
- Kitchen –The following should be provided: 4-plate industrial stoves with ovens, warmers, deep fryers, microwave oven, hydro boils, boilers, dishwasher, water coolers, food processors, extractor fans, cold room with shelves and storing pellets, walk in fridge/freezer, pantry, cupboards, dry store, chemical store, store room for kitchen utensils and crockery, bain-marie with inserts, serving bowls, trays and serving trolleys.

It is essential that there is compliance with Health, Safety, and Hygiene standards e.g. fire extinguishers and first aid kits, fly screens, mounted hand wash system, sterilising containers, etc.

- Dining room - There should be enough crockery and cutlery for every child and extra eating utensils should be available upon need. Crockery & cutlery should be made from melamine. Stainless steel frame tables and chairs covered with fibreglass should be mounted to the floor.
- Laundry - The laundry should be fully equipped with industrial washing machines, tumble dryers and shelves. Space should be provided for lockers, ablution facilities and a small storeroom for chemicals and detergents.
- Administration office –The complex should be equipped with IT and telephone infrastructure and a dedicated server room.

The following infrastructure should be provided: Computers, printers, fax machines, a commercial grade photocopier, cellular telephones, laptop with 3G connection and data projector per facility.

- Indoor facilities – Children have access to pool tables and board games.
- Hall - The hall must have a capacity to accommodate 200 individuals. It should be equipped with a stage, a stage curtain, a fitted sound system and fitted chairs.
- Out-door recreational facilities - Children have access to soccer-, rugby-, netball- and basket balls, baseball balls and bats and cricket sets.
- Pool - Life jackets should be provided to children who cannot swim.
- Medical facilities – Fully equipped admission room, lockable cupboard for

medication, fridge, sterilisation equipment, fully equipped dressing room, emergency equipment and beds.

- Client waiting area – Comfortable tables and chairs.
- School – fully equipped workshop facilities.
- Computer training room – Equipped with computers, desks and chairs.
- Library and resource centre – Recreational and educational reading material should be provided.

4. Organisational Development

The secure care programme in our proposed core model must be conceptualised as an organisation. An organisation is a systematic arrangement of people brought together to accomplish some specific purpose.

There are three common characteristics that all organisations share. Every organisation has a purpose and is made up of people who are grouped together in some way. The purpose of an organisation is usually expressed in terms of a goal or a set of goals. Secondly, no goal can be achieved without people making decisions to establish the purpose and performing a variety of activities to make a goal reality. Thirdly, all organisations develop a systematic structure that defines and limits behaviour of its members. Developing structure may include, creating rules and regulations, giving some members supervisory control over other members, forming work teams and writing job descriptions so that the organisational members know what they are supposed to do.

The term organisation therefore refers to an entity that has a distinct purpose, has people or members and has a systematic structure. For the purpose of understanding the blueprint holistically the secure care programme, because of its residential nature and the services that it provides, can be referred to an organisation or an entity within the provincial government. It fits all the characteristics of the definition of an organisation, and in order for it to be effective, it must be managed as such.

This approach does not mean that it will not need the support of the provincial department. There is a symbiotic relationship that must be strengthened and maintained at all costs.

Thus in order for the secure care programme to be efficient, it must define its purpose, have capable groups of people to deliver on this purpose and ensure that there is an appropriate structure in place to define accountability and responsibility.

4.1 Strategy, vision and mission

In order for an organisation to achieve its goals (purpose), there is a need to have a strategy in place to guide the people on what needs to be achieved. This is usually referred to as the strategic management process and involves strategic planning, implementation and evaluation. In order to develop the strategy, organisational members must identify current mission objectives and strategies. The mission statement is usually the purpose of the organisation and answers the question of “what business are we in”. It is critical that the secure care programme undertake a strategic management process exercise periodically as there must be a constant improvement in the services that are rendered to the target group. This process will inform the relevancy of the programme, its impact and what changes need to be made to improve services.

The blueprint should serve as a basis for the strategy for the secure care programme nationally, and provinces will customise this strategy to meet their own needs. The important point is that all organisations must go through these processes in order to make them more effective.

4.2 Delivery mechanisms

The secure care programme cannot be delivered by either tier of government. The Constitution has made welfare a concurrent function of both national and provincial tiers of government. Secondly, the constitution also makes provision for intersectoral collaboration. The secure care programme by its very nature requires the concurrent application of roles and responsibilities of both the national and provincial departments of social development.

This programme is strengthened by other departments playing their collaborative role. This is reiterated in the Children’s Act 38.2005 (as amended).

The roles and responsibilities of the National Department of Social Development are spelt out in the White Paper for Social Welfare. The national Department of Social Development will be responsible for the following functions. For ease of reference, these are outlined below:

- Co-ordination: To harmonise central functions with those of other national departments, provincial governments and other national role players.
- National policy and planning: To determine and review policy and to conduct

integrated welfare and development planning which will be implemented inter-provincially, inter-sectorally and in collaboration with the RDP.

- Norms and standards for social services and development programmes, social security and facilities: To determine and regularly review basic guidelines for norms and standards.
- Legislation: To review existing national welfare legislation, to formulate comprehensive legislation, and to promote the synchronisation of the provinces’ statutory measures.
- Marketing: To promote awareness of social welfare issues at all levels within relevant sectors; to promote co-operation and involvement; and to consult with provinces.
- Social welfare governance structures: To develop and maintain appropriate consultative bodies; to represent the national department on other national structures; to establish inter-sectoral consultative structures; and to co-operate with, and facilitate where necessary, the development of provincial consultative structures in partnership with all role players.
- Human resource development: To undertake human resource management, planning and development; to set guidelines for professional standards and accreditation systems for all personnel; to facilitate the representation of personnel in appropriate industrial relations structures.
- National programmes: To design, finance, implement, evaluate and manage specific national programmes.
- Social welfare financing: To develop uniform financial management systems, plans and financing criteria for social service organisations, social development programmes, social security and a national fund-raising policy; to establish taxation policies for welfare organisations; to administer national relief funds; and to mobilise additional development sponsorship.
- National information system: To develop, maintain and co-ordinate a national welfare information system to undergird welfare planning; and to initiate and undertake operational research.
- Capacity and institution building: To facilitate capacity and institution building in all tiers of Government.
- Parliamentary liaison: To facilitate the parliamentary process.
- International liaison: To undertake international liaison.

The abovementioned responsibilities should remain as is, unless special agreement has been reached between a province and the national body. By virtue of the concurrent nature of the roles and responsibilities, the relationship is symbiotic, as one cannot deliver the service without the other. Whilst the roles and

responsibilities are generally understood, the relationship between the province and its structures in the secure care programme is not clearly defined. The White Paper for Social Welfare defines the role of Provincial departments as follows:

- Provincial policy and planning: To formulate, co-ordinate, maintain and review provincial policy and planning in consultation with all stakeholders.
- Legislation: To review, formulate and administer social welfare legislation within the framework of the national policy.
- Social welfare services: To plan, implement, co-ordinate and monitor the delivery of developmental welfare services; to implement and monitor programmes in accordance with national norms and standards; and to develop and render specific services.
- Social welfare governance structures: To initiate and facilitate the development and maintenance of social welfare governance structures.
- Funding: To negotiate for provincial funding and to maintain financial management systems; to administer disaster and relief funds; to regulate fundraising at the provincial level; to finance social welfare programmes provided by organisations in accordance with national policy; and to formulate and review the criteria for such funding.
- Information and research: To undertake, promote and co-ordinate appropriate operational research and to maintain a welfare information system in collaboration with all role players.
- Human resource development: To manage and plan a human resource development programme.
- Marketing: To promote awareness of welfare matters.
- Parliamentary liaison: To facilitate the provincial parliamentary process.
- Interprovincial relations: To promote interprovincial relations and to develop and maintain inter-sectoral and interprovincial working agreements.

These provincial functions will be implemented through a head office. In addition, regional, local and district formations and facilities may be established according to provincial needs.

In short, the National departments enable service delivery by providing the legislation, policies and strategies, norms and standards, and practice guidelines. In addition they coordinate all the programmes implemented at provincial level. Provinces on the other hand must formulate provincial policy and administer social welfare legislation. Furthermore, Provinces must plan, implement, coordinate and monitor the delivery of services, implement and monitor programmes in accordance with national norms and standards and develop and render specific services.

The relationship that exists between the national and provincial tiers of government must be replicated between the province and the secure care programme. The secure care programme is borne out of a legislative mandate that provinces have to deliver on. Therefore the development, maintenance, monitoring and evaluating of the programme must inform the relationship.

The proposed relationship structure is attached as Annexure 1.

It is a well known fact that most of the provinces do not have the capacity to implement the programme and have brought in a service provider to deliver the programme. Our understanding is that the service is provided for Government and therefore the service provider must abide by the same rules, regulations, policies, norms and standards and practice guidelines as prescribed for the programme that is being run by the State. Furthermore, a standardised service level agreement must guide the out-sourcing process.

The provision of secure care facilities and programmes lies in the domain of the State.

4.3 Organisational structure

Due to the concurrent nature of this programme, there is a need for a structure at a national level that will be solely responsible for the oversight of all these types of programmes nationally. The directorate- Social crime prevention is mandated to perform this function. This structure should be replicated on provincial level as the implementing arm. These structures demand that there should be a direct relationship between the directorate at national and at the provincial level. Provinces have to account to the national department, as well as their principles at a provincial level, on the success and failure of their programmes. The responsibility of the National Department is thus to coalesce all provincial programmes into a national perspective.

The provincial departments have decentralised service provision to provide greater access to beneficiaries of the service. The principle of accessibility is in line with the 10-point plan of the previous minister. However, decentralisation comes with its own challenges. The decentralisation model of each of the provinces must inform the relationship between programmes in the community and accountability structures.

4.4 Organogram

The strategy for secure care programmes informs the structure to deliver services.

The following diagram illustrates the type of structures that need to be in place in every organisation.

There is a need for managers and operatives. Managers are individuals who direct the work of others, whilst operatives are people who work directly on a job and have no responsibility for overseeing the work of others.

The staff establishment should consist of management-, middle management-, supervisory- and operational personnel.

The following posts are a minimum:

1. Management posts
2. Professional posts
3. Semi-professional posts
4. Operational posts
5. Supporting posts
6. Sessional posts
7. Contractual posts

A proforma organogram is attached as Appendix 2.

The posts will be discussed in more detail in point 5.1.

5. Resources

In order for organisations to achieve its purpose sufficient resources must be in place, these include human, financial and all other resources that will enable an operative or manager to deliver on his or her responsibility. Infrastructure, furniture, equipment and vehicles are also defined as resources. In addition to the resources, there are organisational enablers such as administrative systems, processes and procedures that must be in place to ensure an efficient and effective service.

5.1 Human resources

The secure care programme is made up of therapeutic, developmental, recreational, spiritual/religious, cultural and caring components. Therefore, the programme informs the type of staff that must be on the staff establishment. A proforma staff establishment (organogram) has been developed to guide provinces when they develop new services and to assist with re-structuring of current staff establishments for secure care programmes.

The staff establishment of a secure care centre should be according to a proforma organogram and provide for the following posts:

- Management posts
- Professional posts - types & registration
- Semi-professional posts
- Operational posts
- Supporting posts
- Sessional posts
- Contractual posts

The organogram should provide for the following personnel:

- Centre manager
- Center manager secretary
- Social workers
- Substance abuse specialist
- Nursing personnel
- Child & youth care workers
- Occupational therapist or assistant occupational therapists – could be sessional
- Finance personnel
- Administrative personnel
- Maintenance personnel
- Cleaning personnel

A medical doctor and psychologist can be employed on a sessional basis.

Security personnel may be appointed on a contractual basis.

5.2 Qualifications of personnel

- Centre manager - The manager must be a registered professional from an appropriate discipline, must have specialized knowledge of child and youth care, have proven leadership abilities, be able to demonstrate management and administration skills and have knowledge and experience of the secure care programme.
- Social workers - Social workers must have the necessary qualification, must be registered with the SACSSP and knowledge and experience in the context of

- residential care and the design of programmes for residential care.
- Nursing personnel – This category of personnel should include at least two registered nursing sisters of which one should have a qualification in psychiatry.
 - Child & youth care workers - Child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma.
 - Occupational therapist or assistant occupational therapists - The occupational therapist should have an appropriate qualification and be registered to an appropriate council.
 - Psychologist – The psychologist should have an appropriate qualification and be registered to an appropriate council.
 - Educators - The educators should have an appropriate qualification, be employed in terms of Public Service Act and be registered with their professional body

It is essential that all personnel, inclusive of sessional and contracted personnel, be trained in the basic qualification in secure care.

All personnel in the child and youth care system and supportive components should have access to appropriate and effective formal training, in-service training and developmental supervision. Supervision must be of a high standard, based on a developmental approach and accessible to everyone.

All staff working in a residential care centre, including senior personnel who manage the centre, should be held accountable to a child and youth care ethical code of conduct.

5.3 Financial resources

The budget must be informed by the strategic plan of the programme. A programmatic approach must be introduced into budgeting. The nature of this programme, especially if prevention and early intervention programmes be introduced, demands that the budget makes provision for out-reach programmes and other externalities, e.g. transport for parents to visit and overnight stay of parents. This approach will allow for all programmes to be allocated for. Managers can also be held accountable for their programme budget. This means that a holistic approach must be taken when developing this budget.

5.4 Infrastructure

This issue was discussed under point 2.

5.5 Furniture and equipment

This issue was discussed under point 2.

6. Organisational enablers

Organisational enablers are resources that make it possible to complete tasks, activities and process. The nature of this programme demands that the following policies and procedures are in place:

6.1 .Organisational policies and procedures

- Registration of centre.
- Safety procedures, i.e. emergency plan, evacuation plan, first-aid and pool safety.
- Health and safety, i.e. pest control, refuse disposal
- Supply chain management.
- Procedure manual for the laundry system.
- There is a documented procedure manual in place for administration processes.
- There is a documented procedure manual in place for human resource management.
- There is a documented procedure manual in place for the management of official vehicles.
- There is a documented HR policy and procedure manuals in place.

6.2 .Child specific policies and procedures

- Procedural guidelines on admission criteria and procedure.
- Procedural guidelines on individual, confidential files.
- Procedural guidelines on behaviour management.
- Procedural guidelines on reportable incidents.
- Procedural guidelines on temporary seclusion and physical restraint.
- Procedural guidelines on the release of children from the facility.
- Procedural guidelines on the re-admission of children to the facility. (Return from appearance in court proceedings and return after absconding.) Supply chain management to be executed in accordance with provincial policy.
- There is a documented policy and procedure in place relating to the health care of children.
- There is a documented policy and procedure in place relating to the transport of children.
- Procedural guidelines on compulsory registers, i.e. admission register, allocation

- register, behaviour management register, incident book and reportable incidents.
- Standardised forms for uniform service delivery, i.e. assessment form, process notes, care plan, IDP and progress reports.

7 Services to beneficiaries

Immigrant children and unaccompanied foreign minors must be awarded the same rights, and be exposed to the same programmes as any other child.

Regardless of the length of stay or the reason for admission, each child should have a developmentally appropriate plan and programme of care, education and therapeutic development and should participate in and review this plan.

All children admitted to a secure care centre must be developmentally assessed by a probation officer prior to admission. It is the responsibility of the multi-disciplinary team at the centre to build on this assessment and develop a care plan and individual development plan. Assessment within the centre is focussed on the child in terms of their daily and long term development. Family preservation principles and family/community reunification and integration are central. It is thus critical that assessment (and the subsequent individual developmental/therapeutic programme) includes the child, family and community in a meaningful partnership. The social worker should regularly and frequently seek the views of the child, his/her parents and the probation officer on the content and implementation of the IDP and take the views of the child into account in initiating and making changes to the plan.

All services and programmes, whether individually or in a group, should be based on the developmental assessment, care plan and individual development plan. The following programmes should be provided for:

- Therapeutic programmes - Programmes must be rehabilitative, improve social functioning and be restorative in nature. These programmes must be rendered by the social worker, psychologist and occupational therapist by means of individual and/or group sessions.
- Development programmes - Children have access to an educational or vocational programme which is suitable to their capacity, circumstances and developmental needs. Education for children under the age of 16 years is mandatory and plays a critical role in the lives of children. It should thus be seen as core components in an effective child and youth care system. Schooling should be holistic and not entirely focussed upon academic development. Schools

should have adequate human and material resources to ensure that children who experience emotional and/or behavioural difficulties are not victimised or marginalised. The education system and residential care centres should, in collaboration, make appropriate provision for children who might require informal schooling, bridging programmes, literacy and vocational training. The relationship between the Departments of Social Development and Education should be formalised. The roles and responsibilities of each department should be clearly outlined in a Memorandum of Understanding.

- Recreational programmes – Structured in-door and out-door programmes. These programmes must be rendered by the child and youth care worker by means of individual and/or group sessions.
- Spiritual/religious programmes - Children practice their right to observe and preserve their religious heritage. These programmes are rendered by volunteers.
- Cultural programmes - Children practice their right to observe and preserve their cultural heritage. These programmes must be rendered by the child and youth care worker by means of individual and/or group sessions.
- Care programmes - Developmental life skills and life space programmes. These programmes must be rendered by the child and youth care worker by means of individual and/or group sessions.

8 Ethos of services

The starting point for the care of children in conflict with the law is that they should wherever possible be kept in their families and communities. This applies throughout the pre-trial, trial and sentencing phases.

As a result of the South African Constitution and the ratification of various international conventions, South African children who are detained in a residential care centre have special protections and rights.

In line with international and local developments in child and youth care work and social work, the key to child and youth care is to move away from a medical model which focuses on weaknesses, categorising, labelling, helping and curing towards a developmental and ecological perspective which focuses on reframing problems as strengths, on competency building, and residential environments which empower children, families and communities.

The model described in this policy is a corporatist model which blends aspects of the Welfare and Justice models. The due process and prosecution orientated Justice Model is replaced or supplemented by an approach which places value on alternative programmes for children. These programmes prefer to keep them out of the formal justice system whilst at the same time assuring that they are held accountable for their behaviour. The “treatment” of the old Welfare model, and the “punishment” of the justice model, is replaced by restorative justice concepts which centre on conflict resolution and the involvement of children, families and communities in the decision-making process. The outcomes focus on the retraining of children to respect themselves and others and to play a meaningful role in society.

Elements that underpin the model:

- Developmental approach - A developmental approach or model in the context of the child and youth care system refers to:
 - o Focusing on strengths rather than pathology
 - o Building competency rather than attempting to cure
 - o Encouragement of trial-and-error learning
 - o Always taking the context into consideration
 - o Understanding and responding appropriately to developmental tasks and needs
 - o Working with the total person, not the so called “pathology” or problem.
 - o A strong belief (reflected in practice) of the potential within each child and family (regardless of the reason for referral). Work is aimed at maximising potential rather than minimising the problem.
 - o An emphasis on most of the “treatment” taking place in the daily living environment of the child
 - o A multi-disciplinary team (not a hierarchy) approach in which the child and family are recognised as full members of the team.
- Ecological approach (child in the family) – The ecological approach refers to the practice of understanding and viewing each person within the context of, and connected to, their family and community.
- Restoring and Rehabilitative in nature - The approach to children in trouble with the law should focus on restoring societal harmony and putting wrongs right rather than punishment. The child should be held accountable for his or her actions and where possible make amends to the victim.
- Programmes must be therapeutic in nature - No residential care facility, should merely offer custodial care to children. Any child, who needs only custodial care, would be inappropriately and unjustifiably placed within a residential care centre. Programmes and activities to promote and maintain healthy

development should be ensured.

- Programmes must restore dignity - Containment of children in secure care should be effective whilst maintaining respect for the young person's well-being and dignity. Interventions should be of such a nature that children cannot be physically, socially or emotionally hurt.
- Community participation must be encouraged – Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, early intervention, weekend treatment, community-family care, etc.
- Multi-disciplinary approach to programmes - A multi-disciplinary approach is strongly recommended, with no particular discipline in a dominant position, but recognises that in different settings a particular discipline may play the primary role or may lead the multi-disciplinary process.
- After care and follow up (where appropriate).
- Secure care facilities require well-trained staff that has been specially selected for their positive attitudes and willingness to work with children. All personnel must have a basic qualification in child care as minimum to entry.
- Continuous development - All personnel in the child and youth care system, and supportive components, should have access to appropriate and effective in-service training and developmental supervision.

9 Transversal areas

Quality assurance programmes should be implemented within a developmental perspective and by an independent and objective team comprising both NGO and government personnel.

5.6.2 Option 1: Services to sentenced children (Reform school)

All of the elements of the secure care core model remain the same, with the following differentiators:

- Care should be taken that the total capacity of the centre, inclusive of the secure care programme and the programme for sentenced children does not exceed 120 children. E.g. 20 girls for secure care; 60 boys for secure care; 40

- boys/girls in the reform school.
- In a 60-bed facility, only 1/3 (20 beds) should be utilised for the reform school programme.
- Sleeping quarters for sentenced children must be kept separate from children awaiting trial.
- Sleeping quarters for sentenced children are to be closed down during holiday season when children visit their families.

5.6.3 Option 2: Diversion programme

This option includes both a day and residential diversion programmes. Children can be ordered under the Child Justice Act to be subjected to a diversion programme. Diversion programmes are divided into two levels, where level 2 is applicable to diversion inclusive of a residential element. Where a diversion option from level 2 is selected in respect of a child who is under the age of 14 years, the order may not exceed 24 months in duration, and if the child is 14 years or older, the order may, not exceed 48 months in duration.

In the event that this option is implemented, all of the elements of the secure care core model remain the same, with the following differentiators:

- This programme is short term, over a fixed period.
- The programme could have a residential element or may be a day programme.
- This programme may be presented outside of formal working hours, e.g. weekends and after hours.
- Programmes have to be structured according to set steps and must be outcome based.
- Strict monitoring and evaluation systems need to be developed for the monitoring of the child's progress, including his or her compliance with the conditions of a diversion order.
- This programme must include an element which seeks to ensure that the child understands the impact of his or her behaviour on others, including the victim of the offence, and may include compensation or restitution.
- Children who cannot afford transport in order to attend the selected diversion programme should, as far as is reasonably possible, be provided with the means to do so.

5.7 HIGH LEVEL NORMS AND STANDARDS

The high level norms will be described in accordance to the following core components:

1. Legislative framework
2. Service Development
3. Organisational development
4. Resources
5. Organisational enablers
6. Services to beneficiaries
7. Ethos of services
8. Transversal areas

5.7.1 Legislative framework

- **Compliance with legislation and policy**

All residential care programmes for children should be registered with the appropriate authorities.

5.7.2 Service development

- **Infrastructure**

The infrastructure of a residential facility must be of a child friendly nature as well as meet the elements of safety, functionality, durability and aesthetically pleasing.

- **Security**

Security services should create a safe environment in which children are protected from physical harm, or threat of harm, from self and others in a non-intrusive manner.

- **Out-sourcing**

Out-sourcing of services within the secure care should be practiced with the understanding that provinces retain accountability and responsibility for service provision to children in conflict with the law.

- **Maintenance**

The building, infrastructure and all household equipment should be maintained and kept in good working order. The landscape and gardens must be cared for, neat and aesthetically pleasing at all times.

5.7.3 Organisational Development

- **Assessment of the Environment**

This refers to any assessment of the Social Environment to identify the need for the establishment of additional secure care facilities. The statistics of children committing crimes should also be used as an indicator when assessing the environment. Provinces should determine the size and location of the secure care programme based on these statistics.

- **Occupational Health Issues**

The facility must comply with all occupational health legislation in the pursuance of their functions, and ensuring the safety of the children.

- **Community Participation**

Secure care facility should become centres where children, youth and families from the surrounding communities can access a variety of programmes and resources on a daily, weekly, or ad hoc basis.

5.7.4 Resources

- **Human Resources**

At every level there will be appropriately trained personnel who will provide an integrated, innovative, effective, ethical and child-friendly service within a developmental culture/climate. Personnel will be committed to and model a developmental approach and they will value diversity of theory, strategies and programmes. There will be sufficient personnel at all levels; they will value and practice an inter-sectoral and team approach and because they value human resources they will give a high priority to continuous formal and informal professional and self development.

- **Professional services**

Services to children must be holistic and comprehensive, and inter-sectoral collaboration must be pursued in the upholding of the children's right to education and health services and any other service that a child may need, whilst being contained.

- **Management and Leadership**

The programme must be managed according to business principles. Leadership of the programme must be from a team perspective, but steeped in strong management discipline.

- **Stock**

The centre must have adequate and appropriate stock to meet at least the basic needs of children. Children must be given sufficient food, clothing and other essentials to meet their daily living needs.

5.7.5 Organisational enablers

- **Administration and management systems**

All policies and procedures must be documented and made available to all staff members.

- **Information Management**

In order for the system to be able to respond to changing needs it is necessary for the state to ensure that statistics are gathered pertaining to all aspects of the system. Through analysis of such data the system can "learn" and adapt.

5.7.6 Services to beneficiaries

- **Caring environment**

The environment and resources at a secure care centre should be of such a nature that it provides in the basic care of children.

- **Transitional Planning**

All services to children must be planned, and each stage of the process of planning must add value to the development of the child. An appropriate developmental assessment must be conducted as the key to decision making, programme referral and individual planning around the young person and his/her future.

- **Programmes**

Secure care facility must offer programmes which can and do meet the full range of developmental needs appropriate to the age, gender, disability and developmental phase of the young person, including emotional, physical, spiritual, intellectual, and social needs.

Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, prevention, early intervention, educational bridging, drop-in shelter, 5-day care, weekend treatment, community-family care, etc.

5.7.7 Ethos of services

- **Children's Rights**

The programme must be rights based and at all times, all children must be made aware of their rights and responsibilities within the programme, in a manner and form which takes into account their age, capacity and linguistic heritage.

5.7.8 Transversal areas

- **Monitoring and Evaluation**

All programmes and activities must be monitored effectively and is essential for measuring the success of service provision. This will assist service providers at all levels to manage their programmes and activities better by providing timely feedback on whether or not services provided respond to the needs of clients, and furthermore, whether they are consistent with the overall realisation of the objectives of the facility. The feedback provided can be used to improve current operations and to provide the basis for future strategic planning.

5.8 VALUE ADDING PROCESSES

Children in conflict with the law go through a variety of processes prior to their admission in secure care centres. These different processes are also handled by various service providers. Following is a description of the entire process as well as an indication of the responsible service provider.

5.8.1 The Child Justice Process

In the South African criminal justice system young people who are arrested on charges go from this contact with the system into a chain of events leading to conviction. The process can be explained as follows:

- **Children suspected of committing an offence**

The first opportunity for intervention comes when the child first comes into contact with the police. Where a police official has reason to believe that a child suspected of having committed an offence is under the age of 10 years, he or she may not arrest the child, and must immediately hand the child over to his or her parents or an appropriate adult or a guardian, or if it is not in the best interests of the child to a suitable child and youth care centre. The probation officer must immediately be notified.

If the child is suspected of committing a schedule 1 offence, the matter can be referred to the prosecutor who will decide whether diversion is appropriate. If the child is suspected of committing a schedule 2 or 3 offence, the child should attend a preliminary inquiry. The methods of securing the attendance of a child at a preliminary inquiry are:

1. A written notice.
2. A summons.
3. Arrest.

The child must appear for the first time at a preliminary inquiry within 48 hours after arrest.

- **Custody during the first 24 or 48 hours**

The general principle regarding custody in the period following arrest is that wherever

possible the child should be released into the care of his or her parent or guardian and be allowed to return home.

When considering the release or detention of a child who has been arrested, preference must be given to releasing the child prior to his/her first appearance at a preliminary inquiry. A police official must, where appropriate, release a child on written notice into the care of a parent, an appropriate adult or guardian.

A police official who releases a child from detention and places the child in the care of a parent or an appropriate adult or guardian, must, at the time of the release of the child, hand to the child and to the person into whose care the child is released, a written notice to appear at a preliminary inquiry.

- **Assessment**

Every child who is alleged to have committed an offence must be assessed by a probation officer, unless assessment has been dispensed with. Developmental Assessment is a fundamental component of the early intervention phase.

The probation officer must complete an assessment report with recommendations on the following issues:

1. The possible referral of the matter to a children's court.
2. The appropriateness of diversion, including a particular diversion service provider and a particular diversion option.
3. The possible release of the child into the care of a parent, an appropriate adult or guardian or on his or her own recognisance.
4. If it is likely that the child could be detained after the first appearance at the preliminary inquiry, the placement of the child in a specified child and youth care centre or prison.
5. In the case of a child under the age of 10 years, establish what measures need to be taken.
6. The possible criminal capacity of the child if the child is 10 years or older but under the age of 14 years, as well as measures to be taken in order to prove criminal capacity.
7. Whether a further and more detailed assessment of the child is required in order to consider the circumstances.
8. An estimation of the age of the child if this is uncertain.

- **Preliminary Inquiry**

If, during a preliminary inquiry or during proceedings before a child justice court, the age of a child at the time of the commission of the alleged offence is uncertain, the presiding officer must determine the age of the child.

A preliminary inquiry is an informal pre-trial procedure which is inquisitorial in nature and may be held in a court or any other suitable place.

The objectives of a preliminary inquiry are to:

1. Consider the assessment report of the probation officer.
2. Establish whether the matter can be diverted before plea.
3. Identify a suitable diversion option, where applicable.
4. Establish whether the matter should be referred in to a children's court.
5. Ensure that all available information relevant to the child, his or her circumstances and the offence are considered in order to make a decision on diversion and placement of the child.
6. Ensure that the views of all persons present are considered before a decision is taken.
7. Encourage the participation of the child and his or her parent, an appropriate adult or a guardian in decisions concerning the child.
8. Determine the release or placement of a child.

A preliminary inquiry must be held in respect of every child who is alleged to have committed an offence, except where the matter has been diverted by a prosecutor, the child is under the age of 10 years or the matter has been withdrawn. The preliminary inquiry must be held within 48 hours of arrest if a child is arrested and remains in detention.

The preliminary inquiry is a multi-disciplinary process. The decisions should not be taken by one person alone. Besides the police representative, prosecutor, probation officer, the young person and his or her parent or guardian, lay or community participation is recommended. Where possible the victim should be consulted in keeping with the principles of restorative justice. All decisions should be monitored to ensure consistency, accountability and effectiveness.

- **Diversion**

In line with the UN Convention on the Rights of the Child, the Beijing rules and other

international instruments, young people should be diverted from the criminal justice system into programmes where this is appropriate. All cases should be considered for diversion. Diversion is the channeling of prima facie cases away from the criminal justice system on certain conditions. These conditions are usually the participation in particular programmes and / or reparation where possible.

At present diversion services are rendered by NGO's and Departments of Social Development in the provinces.

Currently the decision to allow for diversion is made by the public prosecutor or inquiry magistrate.

When making a diversion order, the magistrate, inquiry magistrate or child justice court must identify a probation officer or other suitable person to monitor the child's compliance with the diversion order.

- **Children's Court inquiry**

The Children's Court should be central to the issue of Youth Justice. At assessment it will become clear if a child is in need of care and protection, and such children should be referred to the Children's Court.

- **Custody whilst awaiting trial**

There are circumstances where the release of a child is not immediately possible or not possible at all. When it becomes clear that the child has no parent or guardian or that such parent or guardian is unable or unwilling to take custody of the child, and this situation is unlikely to change, a decision will have to be taken regarding the most appropriate place for him or her to be held during the awaiting trial period. Taking into account the age of the child, his or her particular needs and the seriousness of the alleged offence, a decision must be taken regarding whether secure care is necessary. Consideration must also be given to the ability of the family to visit the young person during the awaiting trial period.

The decision to hold a young person in custody, even in a secure care facility must be regularly reviewed by the presiding officer of the case, as circumstances may change.

A presiding officer may also order the detention of a child in a prison, if:

1. An application for bail has been postponed or refused or bail has been granted but one or more conditions have not been complied with.

2. The child is 14 years or older.
3. The child is accused of having committed an offence referred to in Schedule
4. The detention is necessary in the interests of the administration of justice or the safety or protection of the public or the child or another child in detention.
5. There is likelihood that the child, if convicted, could be sentenced to imprisonment.

Where a child has been or is to be detained and placed in a child and youth care centre or prison, the presiding officer at a preliminary inquiry or child justice court must at every subsequent appearance of the child determine whether or not the detention remains necessary and appropriate.

- **Custody in a Secure Care facility**

It is the responsibility of the secure care facility to provide daily care and supervision to children ordered into their custody.

Upon arrival at the specific secure care centre, the child will be designated to his/her living quarters by a social worker or child and youth care worker. The social worker and care worker must assist the child in adjusting to the new environment. The child will also be issued with the relevant clothing and toiletries.

The child will be expected to attend an orientation programme. The orientation programme provides the following information:

1. Who their case manager is and information on access to the case manager.
2. Information regarding the centre's expectations.
3. Information regarding the centre rules, their rights, their responsibilities and resources available. (4 R's)
4. Information on routines of the centre.
5. Information regarding their present placement and the plan for their immediate future.

Children in need of health care, mental health care and occupational therapy will be assessed by the relevant professional and receive the appropriate therapy.

The social worker must ensure that there is continuity of services and must conduct a developmental assessment, as part of the multi-disciplinary team, and develop a care plan and individual development plan. Individual and group therapy, by the social worker, child and youth care worker, psychologist, occupational therapist and nursing

staff, is based on these plans. The plans must be reviewed regularly. It is of utmost importance that there is ongoing interface between the residential care facility and the probation officer. The probation officer must remain in contact with the child, his/her family and the secure care centre. The probation officer therefore forms part of the multi-disciplinary team and should attend the reviews of the care plan.

The children will also be exposed to educational-, recreational-, sport-, religious- and cultural programmes.

- **Trial in Child Justice Court**

Any child whose matter has been referred to the child justice court must appear before a court with the requisite jurisdiction. A child justice court must apply the relevant provisions of the Criminal Procedure Act relating to plea and trial of accused persons.

- **Sentencing**

A child justice court imposing a sentence must request a pre-sentence report prepared by a probation officer prior to the imposition of sentence.

The following sentencing options can be imposed:

1. Community-based sentences - A community-based sentence is a sentence which allows a child to remain in the community.
2. Restorative Justice Sentences – A child justice court that convicts a child of an offence may refer the matter to a family group conference, for victim-offender mediation, or to any other restorative justice process which is in accordance with the definition of restorative justice.
3. Fine or alternatives to fine.
4. Sentences involving correctional supervision.
5. Sentence of compulsory residence in child and youth care centre – This sentence may be imposed for a period not exceeding five years or for a period which may not exceed the date on which the child turns 21 years of age.
6. Sentence of imprisonment.
7. Postponement or suspension of passing of sentence.

- **Sentenced to a Child and Youth Care Centre**

It is the responsibility of the secure care centre to provide daily care and supervision to children ordered into their custody.

Upon arrival at the specific secure care centre, the child will be designated to his/her living quarters by a social worker or child and youth care worker. The social worker and care worker must assist the child in adjusting to the new environment. The child will also be issued with the relevant clothing and toiletries.

The child will be expected to attend an orientation programme. The orientation programme provides the following information:

1. Who their case manager is and information on access to the case manager.
2. Information regarding the centre's expectations.
3. Information regarding the centre rules, their rights, their responsibilities and resources available. (4 R's)
4. Information on routines of the centre.
5. Information regarding their present placement and the plan for their immediate future.

Children in need of health care, mental health care and occupational therapy will be assessed by the relevant professional and receive the appropriate therapy.

The social worker must ensure that there is continuity of services and must conduct a developmental assessment, as part of the multi-disciplinary team, and develop a care plan and individual development plan. Individual and group therapy, by the social worker, child and youth care worker, psychologist, occupational therapist and nursing staff, is based on these plans. The plans must be reviewed regularly.

It is of utmost importance that there is ongoing interface between the residential care facility and the external social worker. The social worker must remain in contact with the child, his/her family and the centre. The role of the external social worker is to render reconstruction services to the family to ensure that the family is ready to receive the child back into their care.

The children will also be exposed to educational-, recreational-, sport-, religious- and cultural programmes.

The process map is attached as Annexure 3.

5.8.2 Specific roles and responsibility of service providers

1. Investigating officer

- Inform child of his/her rights
- Transport the child to the police station where he/she.
- Formally charge child
- Inform Parent about child's arrest immediately and ask for proof of age.
- Inform the probation officer.
- If the child appears to have been injured take the child for medical attention immediately.
- If the child has no proof of age, the child has to be taken to the district surgeon for assessment.

2. Probation officer

- Conduct assessment of child at court and draft report
- Locate appropriate placement for the child
- Present report to court
- Forward the assessment report to the Centre (prior to the admission of the child).
- Attend review of the Individual Development Plan.

2. Social worker (Centre)

- Admission of child to the Centre to assist the child in adjusting to the new environment.
- Orientation of the child in terms of: (within 24 hours of admission)
 - Orientation regarding the centre
 - Centre rules
 - Their rights and responsibilities
 - Resources available
 - Plan for their immediate future
- Initial assessment
 - Explain the role of the Social Worker to the Child
 - Determine the child's background
 - Inform the family about the child's whereabouts if possible allows the child to talk to the parent/guardian.

- Compile and IDP with other relevant role players
 - Convene an MDT session.
 - Determine the relevant program to be followed.
 - Implementation and monitoring of the program (progress and Process notes).
 - Individual counselling
 - As per request and circumstances.
 - Keep process, progress note and case review report
- Facilitate group work
 - Plan and facilitate group work session such as Life skills, Anger Management etc.
- Facilitate Family Group Conferences
 - Plan and facilitate FGC
- Outreach Programs/Awareness Program
- Attend forum meetings
- Link/refer the child with other resources such Legal Aid.
- Home visit/Cell visit
- After Care services
- Pre and Post court counselling
- Court appearances as guardian or character witness.
- Participate in unit meeting
- Capacity building
- Administrative duties
- Send a progress report to the Probation officer with recommendations.
- Disengagement - Children are provided with sufficient information regarding their immediate future, their next placement, or the next step in their Care Plan.

3. Child care workers

- Reception and admission of child to the dormitory to assist the child in adjusting to the new environment.
 - Verification of documents: J7, Body receipts, Assessment report, Birth Certificates etc
 - Attend to immediate needs. E.g. food, bath, clothing.
 - Allocation to room.
 - Observation and logging.
 - Record admission in occurrence book and registers.
 - Make telephonic contact with child's family.(Inform them about child's

- admission)
- Orientation of the child to the centre.
 - o Explain what to expect- how centre is run.
- Assessment and IDP
 - o Attend the review of the IDP and Care Plan.
 - o 4-6 weeks after admission Care worker to compile report on his/her observation and present this to MD team.
- Observation and logging (Child must be allocated to a specific care worker)
 - o Continuous observation and logging.
 - o Supervision of and daily care of children.
 - o Ensure that the child is safe at all times.
 - o Supervision and monitoring the behaviour, movement, and participation of child in programs.
 - o Escort Child to external services .e.g. hospital, Psychologists etc
 - o Allocate clothing and toiletries on a regular basis.
 - o Organize Family visits and contacts.
 - o Co-ordinate disengagement activities. E.g. Fare well parties.
 - o Individual interviews with children in accordance with their IDP.
 - o Group sessions with children with similar needs in accordance with their IDP.
 - o Coordinate recreational (sport, art, play) programmes with children.
 - o Monitoring and reporting on damages, loss and all reportable incidents. E.g. Sodomy.
 - o Control Care worker (Chief Care Worker) must refer some cases to the Social Worker.
- Provide basic counselling to child.
- Preparation for court appearance.(Emotionally, Physically, Prepare food, prepare clothes etc)
- Provide daily care of children.
- Disengagement

4. Doctor

- Medical assessment of all children within 24 hours of admission.
- Treatment of children if needed.
- Attend the review of the IDP and Care Plan.

5. Psychologist

- Psychological assessment of child within 72 hours if needed.
- Attend the review of the IDP and Care Plan.

- Provide individual therapy for children if needed.

6. Occupational therapist

- Assessment of children presenting with developmental blockages.
- Individual therapy for children if needed.
- Attend the review of the IDP and Care Plan.

7. Educators

- Provide education including vocational training to all children.
- Attend the review of the IDP and Care Plan.

5.9 Out-sourcing

The management of secure care programmes has traditionally been one of the functions that have been performed by the state only. However, since the crisis in this service (1994), this service has been out-sourced.

Out-sourcing is an acceptable practice in the public service. Out-sourcing is subcontracting a service to a third party to deliver the service. The decision to out-source is often made in the interest of lowering cost or making better use of time and energy, or lack of special knowledge and expertise within the organisation, and obtaining operational efficiency.

The intention of out-sourcing is not to permanently relinquish this function. Out-sourcing has to be time bound and should not be seen as a permanent option for the delivery of a service.

Within this context, more and more secure care programmes are currently being out-sourced. Whilst the rationale for out-sourcing the secure care programme is understood, the critical dimension of retrieval is not being considered by the provincial departments. There is a pervasive misunderstanding that once a service is out-sourced it should remain out-sourced.

In addition to this paradigm, no two provinces have the same approach to out-sourcing services within secure care. This results in out-sourced programme having a number of anomalies and very little synergy. The blueprint addresses these anomalies with outsourced services within secure care in provinces.

An out-sourcing strategy should be developed with a plan to guide the process of outsourcing and retrieval after an agreed upon period of time.

The outsourcing strategy will provide guidance in terms of:

- the period for which a provincial department can outsource the service;
- the type of capacity and systems needed to take over the management of a provincial secure care programme;
- The period needed to build this capacity; and
- The process for retrieval of the programme from the service provider.

6. IMPLEMENTATION OF BLUEPRINT

6.1 IMPLEMENTATION FRAMEWORK

Implementation Framework

The key deliverables of this blueprint are contained in the implementation framework. The framework includes high level strategies based on the priorities that have been identified in the development of the blueprint.

Priority Area 1-Costing of the Blueprint

Priority Area 2-Communicate the Blueprint

Priority Area 3-A Strategy for the Blueprint

Priority Area 4-Organisational Development

Priority Area 5-Capacity building for the Blueprint

Priority Area 6-Transformation of Reform School

Priority Area 7-Outsourcing

These priorities need to be consulted on, accepted and refined. Once these strategies have been accepted, then the national plan can be developed. However, this programme is part of the Children's Act 38/2005 and therefore must be aligned with the end result statements outlined in the Monitoring and Evaluation System that has been developed for the specific purpose of Evaluating the Act.

Once this is done, the provinces can develop their own provincial specific implementation plans.

However, whilst the same programmes take place at provincial level, there is no clear person responsible for this programme. There are coordinators for probation services, and as we have found out, are not responsible for co-ordinating the service at secure care facilities. This will have to be managed to ensure implementation of the blueprint.

Three critical issues that are key to the monitoring and evaluation process are that the activities are the responsibility of groups and of role-players. Therefore the responsibility and accountability is identified before implementation can take place. The activities then become the responsibility of the person who is accountable. The strategies and activities must form part of the individual's operational plan, therefore it is their responsibility to identify these activities. This does allow one to measure value realisation of the project at any point in time. And lastly having a deliverable identified will allow the department to track the activities by the milestones and targets.

The Programme Manager must be appointed by the Department to oversee the implementation of the blueprint. She/he must develop a business case to be used for the measurement of value versus the blueprint versus the time frame. She /He will also be responsible for the co-ordination and integration of all role-players.

Project Managers are then appointed by their Principals in conjunction with the Programme Manager after consultation with the key owners of the processes.

Each province must identify the position that will take the responsibility to manage the implementation of the blueprint. They will be responsible for the implementation of their designated programmes in line with the project plan. They must be supported by their team members centres.

The Programme Manager together with the designated project managers will form the project team. Each of the project team members will be responsible for a deliverable or a set of deliverables.

It is imperative that the deliverable be incorporated into the individual performance plans and consolidated into the annual performance plan of the Department. Reporting to the project team will take place on a monthly basis and on the Annual Performance plan, on a quarterly basis.

The co-ordinator will repeat the process at a provincial level and implement the project at that level following the same process outlined.

As this project was guided by the forum for Secure Care facilities, it is suggested that it become the steering committee and the reports be made to this committee.

7. MONITORING AND EVALUATION

In order to monitor and evaluate the blueprint, a project management methodology is suggested. Project management is defined as “a complex effort to achieve a specific objective within a schedule and budget that typically cuts across organisational lines, is unique and is not normally repetitive”. (Cleland and King 1983)

Project management allows one to plan, organise, control and lead activities so that the project is completed successfully in spite of the difficulties and risks. Furthermore the discipline allows one to foresee and predict as many of the changes and problems in a project as possible. The blueprint needs such a discipline that allows one to track continuously. With the advent of technology, the tracking of projects and therefore the management of complex problems is made much easier. A project plan to monitor the implementation of the blue print will be developed as part of the finalization of this project.

8. CONCLUSION

The blueprint attempts to provide an important tool that can be utilised to guide the implementation of a comprehensive model for secure care in South Africa. There has been major improvement in the care and protection of children awaiting trial, and large amounts of resources have been made available for this purpose. The Department of Social development and its provincial counterparts have made the service more accessible to many more children.

Huge strides have been made since 2000, in transforming the service, but as a Country there are many areas that still need improvement. The accommodation in most cases cannot be faulted, the care in terms of meeting basic needs has improved. However, the actual provision of services is not in accordance to the ethos of service delivery, the principles and rights of children. Furthermore, the programme is currently not effective and efficient and geared towards the developmental needs of children awaiting trial.

The blueprint should be seen as the second phase of the transformation process. It clearly defines the concept of secure care in South Africa in order for all role-players to have the same understanding, as well as translate the mandate of the Department in terms of inter-national instruments, legislation and policy in a coherent manner. It outlines the fundamentals that need to be in place when a secure care

programme is planned. The blueprint goes as far as putting down the dimensions for both the buildings and the site necessary for building of such a programme. It also puts forward the norms and standards that will monitor and evaluate service delivery much easier. It is therefore important to use this document as the basis for the further transformation, standardisation and improvement of services to children contained in secure care centres.

The challenge however lays in the implementation and will of the leadership to make the programme a success.

9. APPENDICES

9.1.APPENDIX 1: Movement of Children within the Centre

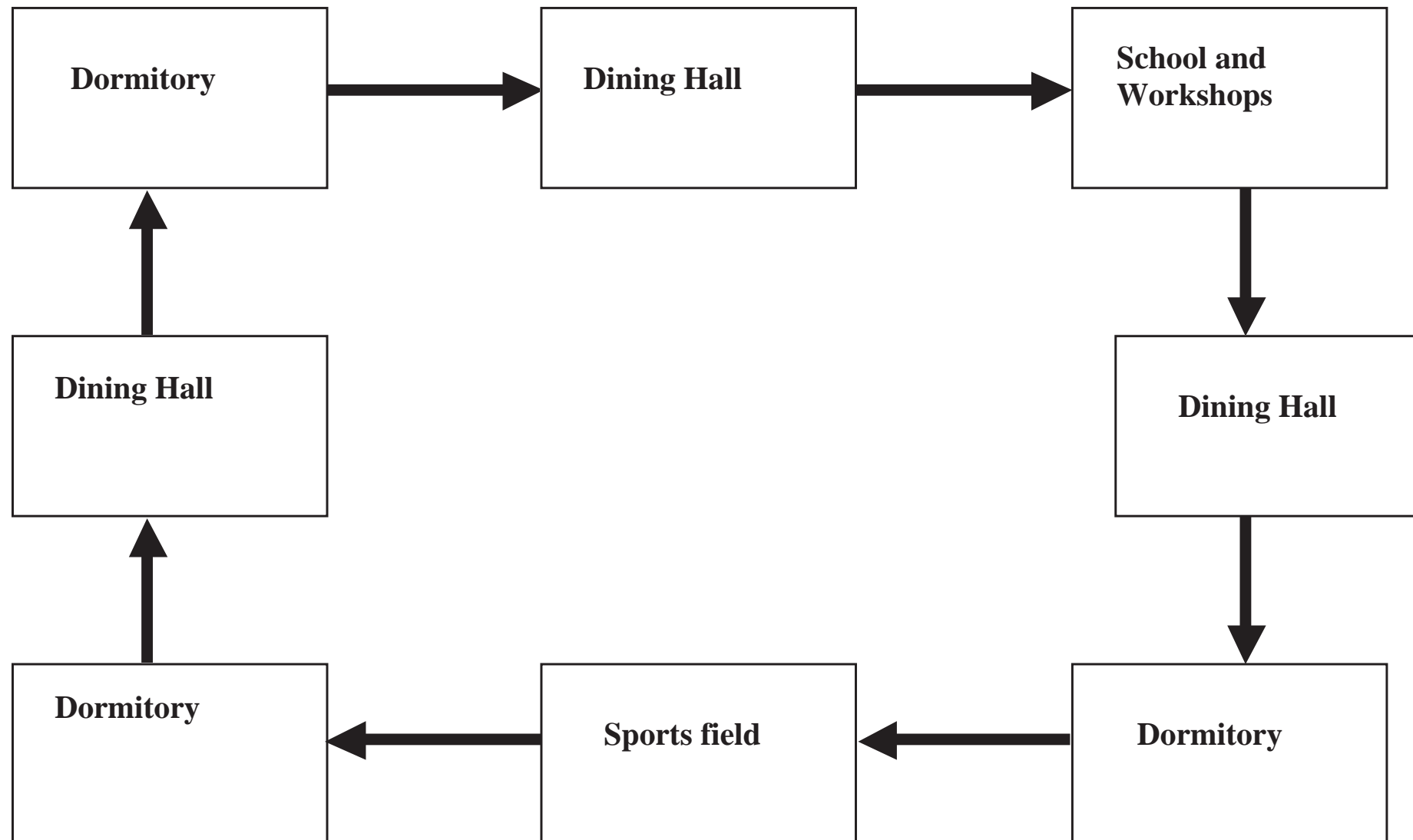
9.2.APPENDIX 2: Proposed organisational structure

9.3.APPENDIX 3: Proforma organogram

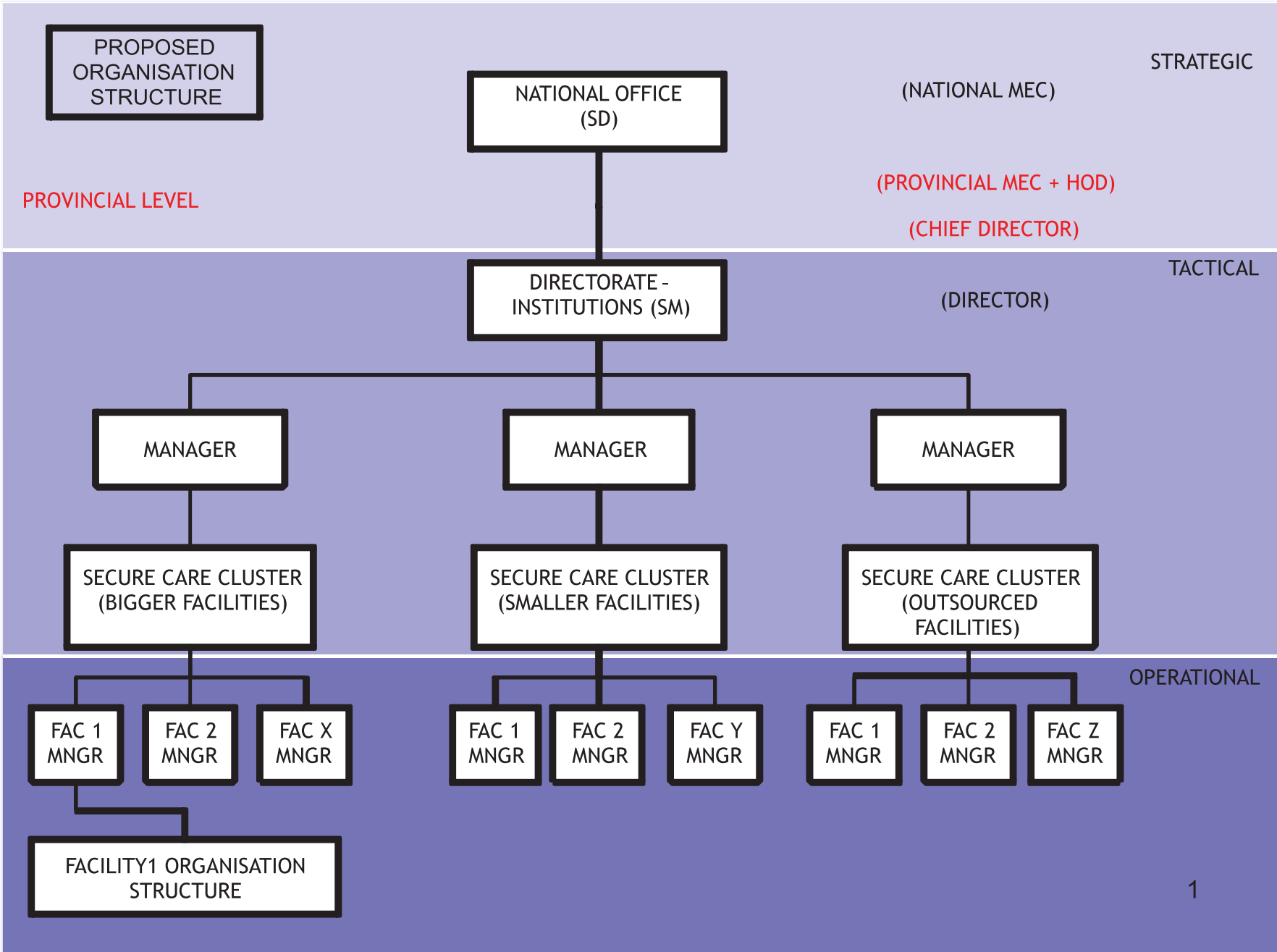
9.4.APPENDIX 4: Child Justice Process map

9.5.APPENDIX 5: National Office Chief Directorate Organogram

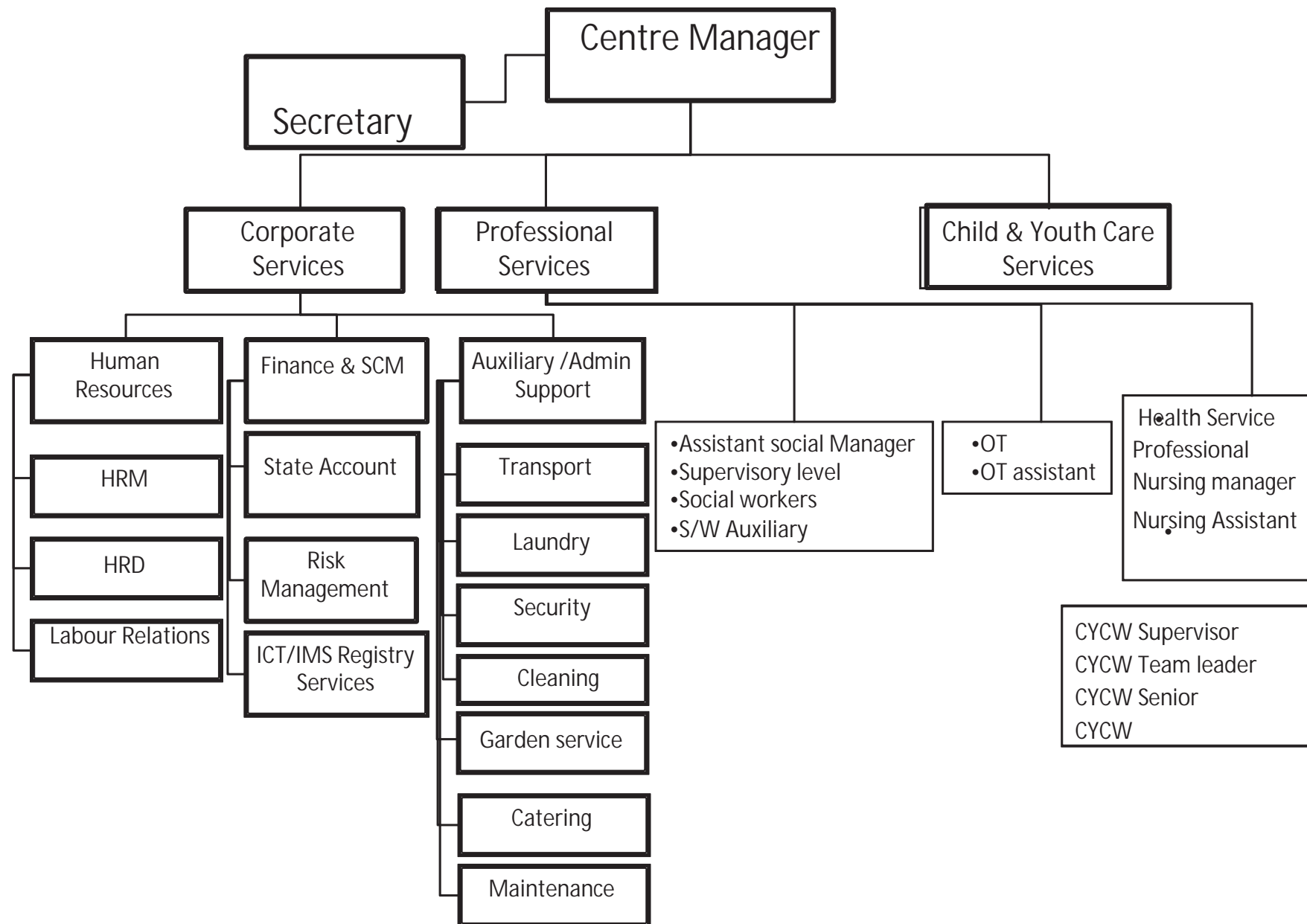
APPENDIX I: Movement of Children within the Centre

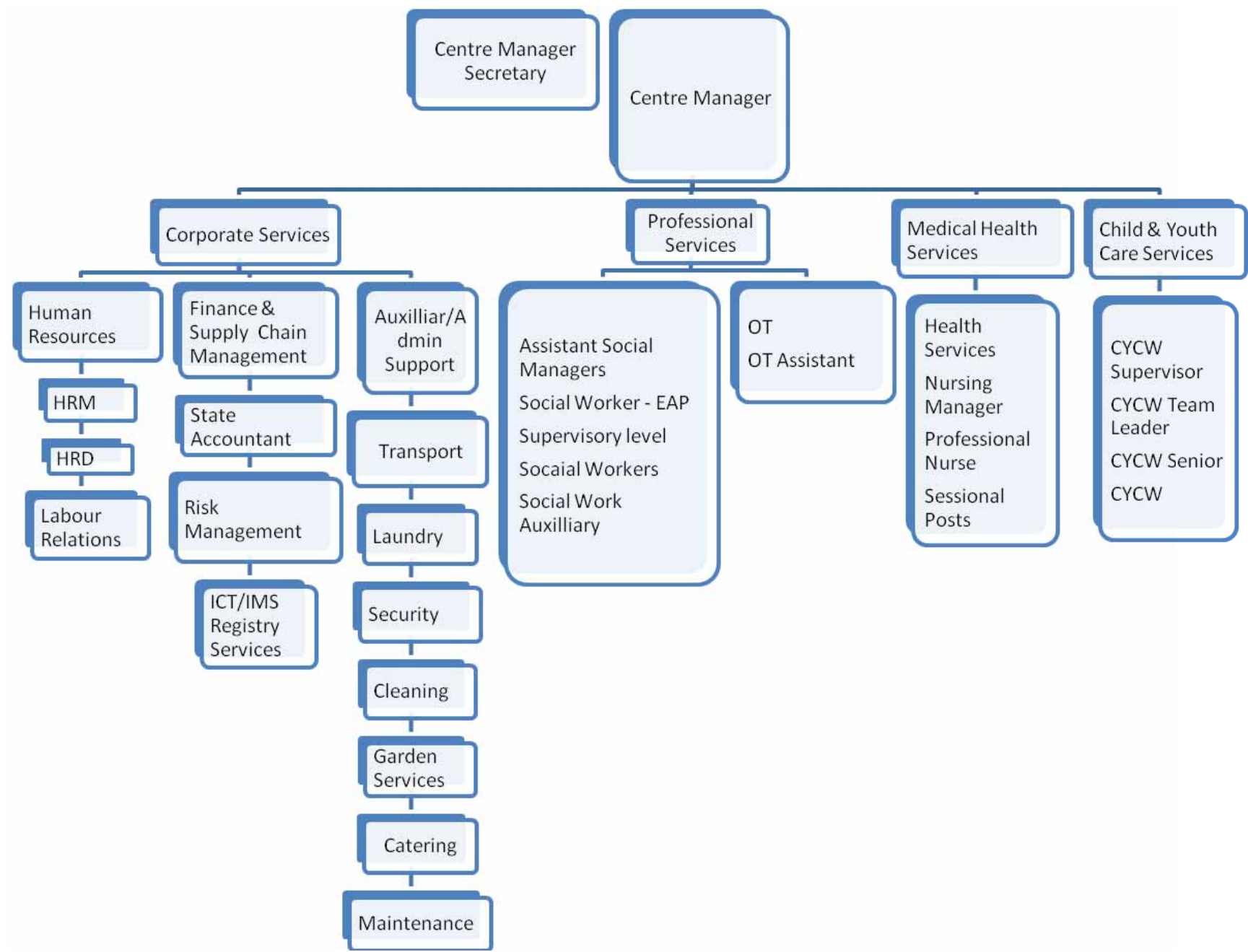


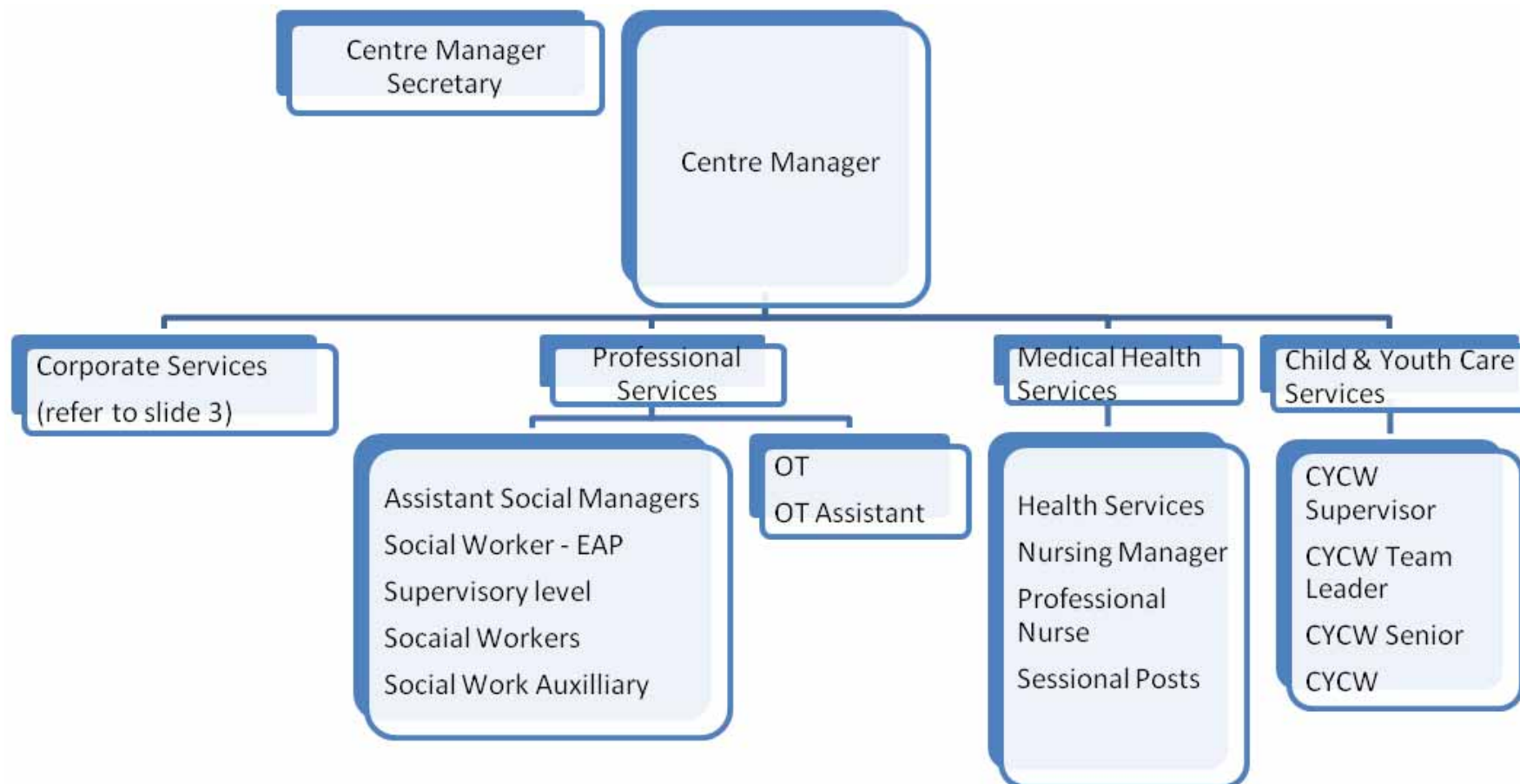
APPENDIX 2: Proposed organisational structure

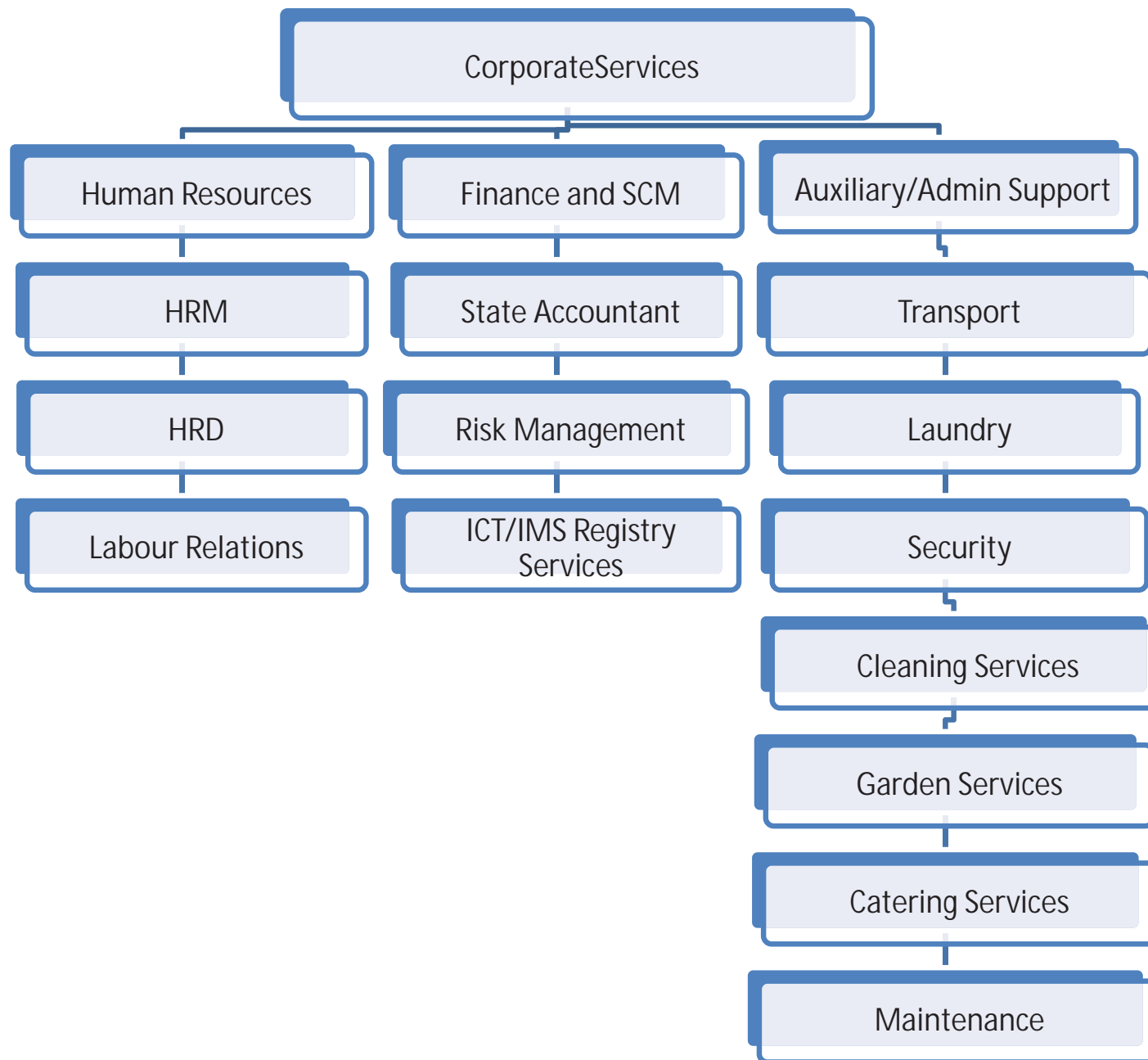


APPENDIX 3: Proforma organogram

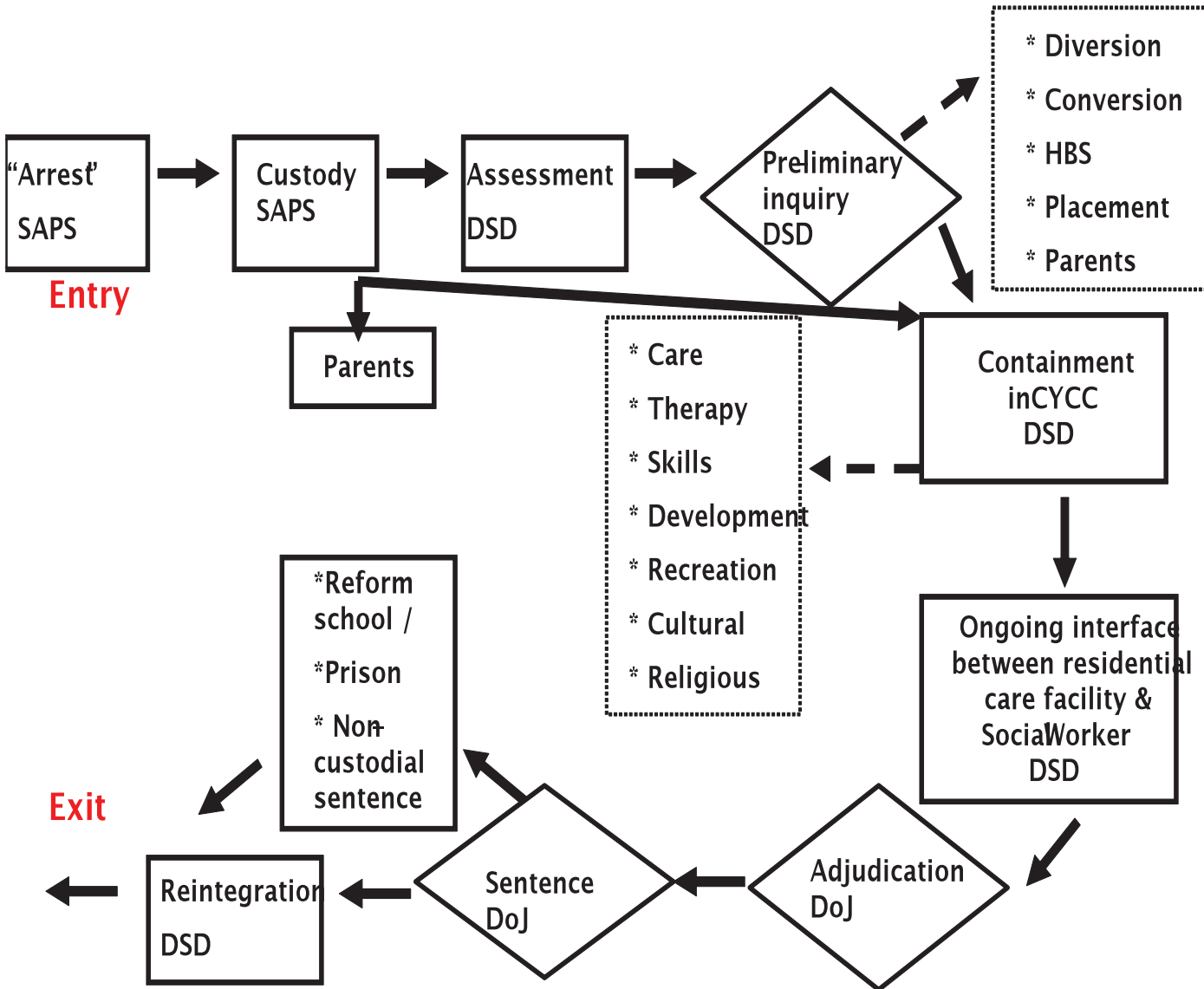




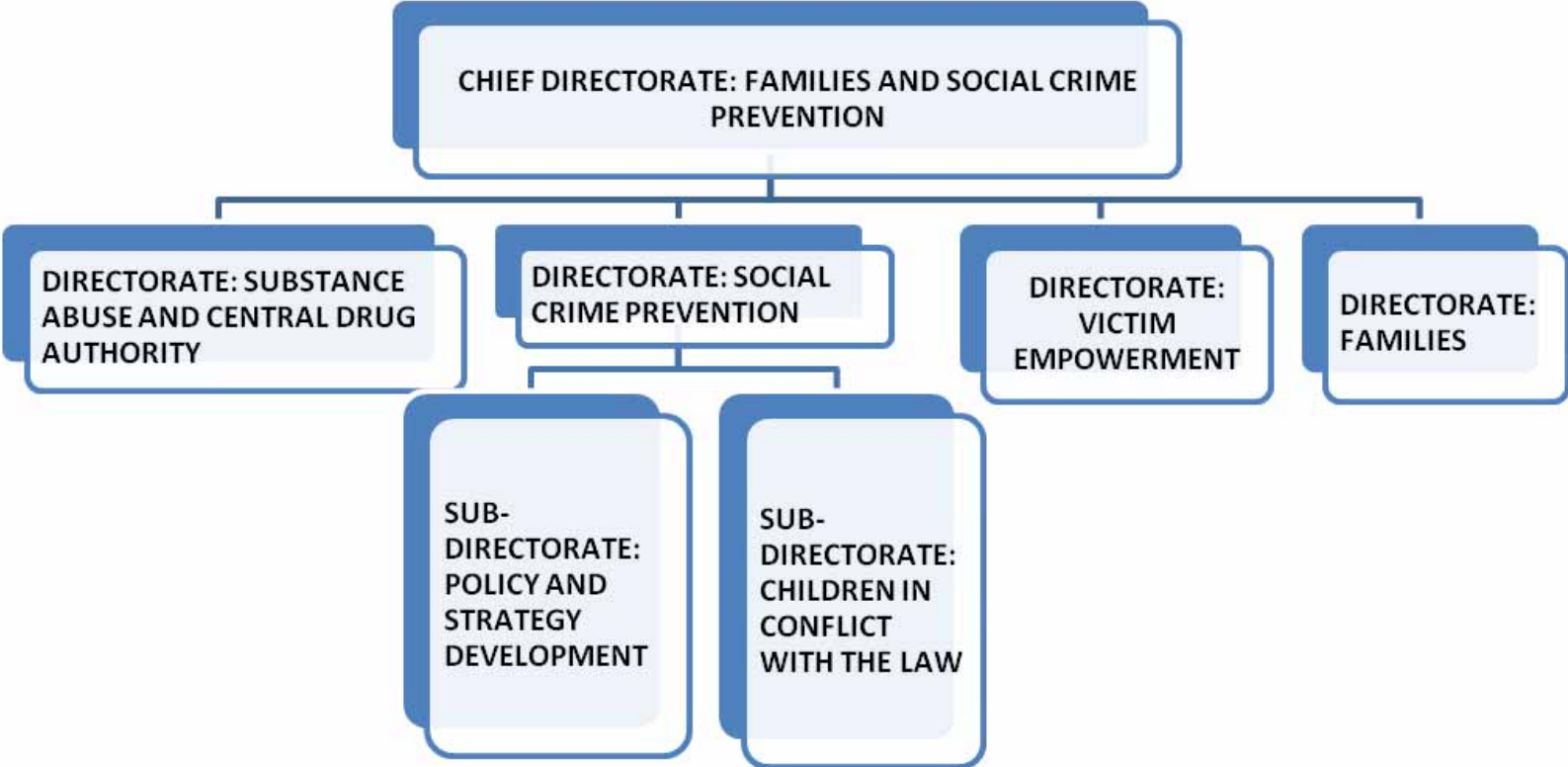




APPENDIX 4: Child Justice Process map



APPENDIX 5: National Office Chief Directorate Organogram



PART THREE

Minimum norms and standards with practise guidelines
for Child and Youth Care Facilities/Secure care

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The norms and standards for practice, as identified in the Norms and Standards for Developmental Social Welfare Services, are considered to be relevant unless otherwise stated.

Legislative framework

I. Compliance with legislation and policy

All residential care programmes for children should be registered with the appropriate authorities.

Norms and standards

Ref No	Norms	Reference	Standards
1.1	All secure care programmes should comply with applicable legislation.	Children's Act (No 38 of 2005)	All secure care programmes should be registered under section 197 of the Children's Act (No 38 of 2005) as amended.
1.2	The facility must comply with the prescribed policy (Blueprint).	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The facility must comply with the elements of the Blueprint. The facility must comply with the Norms and Standards as determined by the National Department of Social Development.
1.3	The facility must comply with the Health and Safety Act.	Informed by practice and consultation at workshops	<p>All the areas identified by the Health and Safety Act are in place, i.e.</p> <ul style="list-style-type: none"> Emergency plans Fire-exits Availability of fire extinguishers and hoses Appointment of Health and Safety officers Availability of first-aid kits Personnel are trained in first-aid Universal precautions are upheld Pool safety Pest control Refuse disposal
1.4	All secure care facilities must comply with design principles.	Informed by practice and consultation at workshops	All secure care centres are built according to the specifications.
1.5	The service provided at secure care centres must be aligned to the Disability Policy.	Constitutional Imperative Disability White Paper	The Centre is equipped to manage disabled children and staff.

Practice guidelines

Ref No	Norms	Reference	Standards
1.1	All secure care programmes should comply with applicable legislation.	<ul style="list-style-type: none"> • Develop prescribed registration format and the system for registration. • Ensure that the provinces register the secure care programmes. • The register to reflect the profile of the centres and the programmes available. • Maintain the database for registered secure care programmes. • Annually update the database for registered secure care programmes. 	<ul style="list-style-type: none"> • Application for registration or renewal of registration in terms of section 196(4) must be completed on Form 48. • An application should be lodged with the Provincial Head of Social Development in terms of section 199. • Follow up progress on the application every 6 months with the provincial office. • The registration certificate must be displayed within the centre. • Any change in the circumstance of a secure care facility (e.g. change in capacity) must be reported to the provincial office of Social Development and the registration certificate amended.
1.2	The facility must comply with the prescribed policy (Blueprint).	<ul style="list-style-type: none"> • Prescribe policy (Blueprint) • Develop a system to ensure compliance with the norms and standards. • Develop a strategic plan and implementation plan according to priority areas and timeframes. • Communicate policy to provinces. • Monitoring and evaluation of the implementation of the policy. • Develop a costing model for secure care facility. • Provide support to each province during the implementation process. 	<ul style="list-style-type: none"> • Every secure care facility must determine whether they are in line with the Blueprint. • Develop plan of action to ensure alignment to Blueprint. • Every secure care centre must determine whether they are in line with the Norms and Standards. • Develop a strategy to ensure alignment with the norms and standards. • Develop plan of action to ensure alignment to norms and standards.
1.3	The facility must comply with the Health and Safety Act.	<ul style="list-style-type: none"> • Identify applicable sections for secure care facility in the Health and Safety Act. • Prescribe the minimum Health and Safety compliance for secure care centres. 	<ul style="list-style-type: none"> • Every secure care facility must determine whether they are in line with the minimum Health and Safety prescriptions. • Develop plan of action to ensure alignment to the Health and Safety Act.
1.4	All secure care facilities must comply with design principles.	<ul style="list-style-type: none"> • Design principles must be prescribed by the strategic planning directorate of the national department of social development. • The National Department of Social Development must make available a set of blueprints to all provincial HOD's. • Monitoring and evaluation of the building of the centre. • Communicate design principles to provincial departments. • Develop a costing framework to build secure care centres in line with the design principles. • Provide support to each province during the building of the facility. 	<ul style="list-style-type: none"> • All secure care facility must be built according to the design principles as determined by the National Department of Social Development. • The HOD must ensure that all provincial directorates responsible for a Child and Youth Care programme familiarize themselves with the content of the Blueprint. • The provincial directorates must customize the Blueprint and develop their own practice guidelines. • Every secure care facility must determine whether they are in line with the Blueprint. • Develop plan of action to ensure alignment to Blueprint.

Ref No	Norms	Reference	Standards
1.5	The service provided at secure care facility must be aligned to the Disability Policy.	<ul style="list-style-type: none"> Prescribe all elements for compliance with the disability policy. Monitor the implementation of the prescribed elements. Develop recognition system for compliance to the disability policy in conjunction with the Directorate: Disability. 	<ul style="list-style-type: none"> Every secure care facility must determine, together with the provincial directorate of disability, whether they are in line with the prescriptions of the Disability Policy. Develop plan of action to ensure alignment to the Disability Policy. Provincial Disability Directorate must monitor progress.

Service development

2. Infrastructure

The infrastructure of a residential facility must be of a child friendly nature as well as meet the elements of safety, functionality, durability and aesthetically pleasing.

Norms and standards

Ref No	Norms	Reference	Standards
2.1	The service provided at secure care facilities must be aligned to infrastructure prescriptions. (Blueprint)	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> All secure care centres are built according to the specifications.
2.2	The centre should provide for independent living equipment.	Informed by practice and consultation at workshops	The programme must be accessible to able, as well as disabled persons.
2.3	The facility should provide for emergency equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> There must be an emergency exit in all living areas. Evacuation plan well displayed Fire exits are clearly marked and are visible. Sufficient fire extinguishers and fire hoses are available within all buildings, as well as the outside premises, and are regularly serviced. The infrastructure should provide for a heating system and backup systems. The infrastructure should provide for an emergency generator that is functional and serviced regularly. The generator should supply electricity to designated areas i.e. sickbay (critical medical equip), dormitories (lights), kitchen, admin offices and control room. The infrastructure should provide for emergency water supply either through a reservoir, tank or borehole.

Ref No	Norms	Reference	Standards
2.4	The environment and milieu in the living quarters should be of such a nature that children and staff are safe and comfortable.	Inter-sectoral Policy on the Transformation of the South African Child and Youth Care System	<ul style="list-style-type: none"> • Each child must have his/her own demarcated personal space within the living quarters. • Each child has his/her own sturdily constructed bed • The beds should be made of steel and, bolted to the floor. • Mattresses must be at least 15cm thick, must be covered in fire-proof material and made from high-density foam. • Steel bedside lockers must be provided. • Washing lines must be provided outside living quarters for personal laundry. • The lounge/TV room must provide comfortable seating arrangements for 22 children for group activities. • The lounge/TV room must provide desks and chairs for 22 children to complete their homework. • Tinted, break resistant glass should be installed in all windows. • As far as possible furniture and finishes must be fixed and immovable.
2.5	The resources in the kitchen and dining room should ensure the safe and hygienic preparation of food.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The floors should be functional, non-slippery and comply with environmental health standards. • The kitchen must provide for: <ul style="list-style-type: none"> ○ 4-plate industrial stove with oven and extractor ○ Deep fryers ○ Microwave ovens ○ 1x Hydro boils ○ Boilers ○ dishwasher ○ Water coolers ○ industrial food processors ○ Bain-maries with inserts ○ children serving trays ○ industrial serving trays ○ Serving trolleys ○ Fridges ○ Freezers • The walk-in cold room equipped with shelves and storing pellets. • The pantry and dry-store should be equipped with cupboards and shelves. • In accordance with environmental health standards, the following equipment must be provided: <ul style="list-style-type: none"> ○ Fire extinguishers ○ First aid kits ○ Fly screens ○ Mounted hand basins with soap dispenser ○ Paper hand towels or dryers ○ Purple light

Ref No	Norms	Reference	Standards
2.5			<ul style="list-style-type: none"> • The walk-in cold room equipped with shelves and storing pellets. • The pantry and dry-store should be equipped with cupboards and shelves. • In accordance with environmental health standards, the following equipment must be provided: <ul style="list-style-type: none"> o Fire extinguishers o First aid kits o Fly screens o Mounted hand basins with soap dispenser o Paper hand towels or dryers o Purple light • The supervisor's office should be equipped with a desk, chairs and cupboards. • The staff change rooms must be provided with lockers, showers and toilets. • The following eating utensils must be supplied: <ul style="list-style-type: none"> o Plates o Cups o Side plates o Soup/cereal bowls o Cutlery – spoon, knife, fork and teaspoon for each child • 25% extra eating utensils should be available upon need. • Crockery should be made from melamine. • The tables in the dining room should be stainless steel frame, covered with fiberglass and mounted to the floor. • The chairs in the dining room should be stainless steel frames covered with fiberglass and mounted to the floor. • The dining room should have either curtains or blinds. • A demarcated area for refuse disposal.
2.6	Adequate laundry facilities.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The laundry should be fully equipped with: <ul style="list-style-type: none"> o Industrial washing machines o Tumble dryers o Shelves o Sorting tables o Ironing tables • The supervisor's office should be provided with a desk, chairs and cupboards. • The staff change rooms must be provided with lockers, showers and toilets. • The storeroom should provide shelves for chemicals and detergents.

Ref No	Norms	Reference	Standards
2.7	The environment and resources at the administration block should be of such a nature that personnel are empowered to perform their tasks effectively.	Inter-sectoral policy on the transformation of the SA child and youth care system (May 2000)	<ul style="list-style-type: none"> • The facility should be equipped with IT and telephone infrastructure. • At least one independent telephone line and 1 switchboard facility. • The following furniture and equipment should be available in every office: <ul style="list-style-type: none"> o A desk o Chairs o Cupboards o Computers and printers with access to the Internet. o Curtains or blinds. • The following equipment must be available: <ul style="list-style-type: none"> o Fax machine o At least 1 commercial grade photocopier for bulk photocopies o Each centre should have 1 laptop with 3G connection o 1 data projector per facility • Access to cellular telephones to senior management. • Curtains or blinds in every office
2.8	The environment and resources for the occupational therapist should be of such a nature that he/she is empowered to perform their tasks effectively.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Tables and chairs should be provided for therapy rooms. • OT equipment should be provided for OT.
2.9	The facility has an adequate supply of recreational equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The following equipment must be available for leisure activities: <ul style="list-style-type: none"> o Board games o Pool tables • Children have access to the following equipment for exercise: <ul style="list-style-type: none"> o Boxing facility o Punching bag o Weights o Treadmill o Exercise bicycle o Scale o Table tennis • The flooring of the in-door recreational facilities must be marked for games, e.g. Basket ball court. • Children have access to the following equipment for recreational purposes: <ul style="list-style-type: none"> o Soccer-, rugby-, netball- and basket balls o Baseball balls and bats o Cricket sets • All children must have swimming capabilities. • Life jackets should be provided to children who cannot swim. • Adhere to municipal by-laws with regards to pool safety.

Ref No	Norms	Reference	Standards
2.10	Adequate medical equipment.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The examination room must be fully equipped with functioning medical and emergency equipment and an examination table. The following furniture and equipment should be available in the examination room: <ul style="list-style-type: none"> A desk Chairs Cupboards Computer and printer with access to the Internet. A lockable medication room must be provided, equipped with the necessary equipment, inclusive of a fridge and serialization equipment. The sick bay must be equipped with adequate beds. The isolation room must be equipped with adequate beds.
2.11	Comfortable visiting areas.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The visiting areas should be equipped with comfortable chairs and tables. Curtains or blinds in every office.
2.12	Comfortable accommodation for families	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The rooms should be equipped with beds, chairs and cupboards. Bright curtains should be provided.
2.13	Library and resource centre.	Informed by practice and consultation at workshops	The library and resource centre should be equipped with shelves.
2.14	Appropriate educational and skills development facilities.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The classrooms must be equipped with adequate desks and chairs. Workshop facilities must be fully equipped. Extractor fans in all workshops Tables, chairs and computers must be provided to accommodate 20 children in the computer training room.
2.15	Official transport.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> At least 2 official vehicles must be provided per 50 children. At least one minibus must be available. At least one bakkie must be available per centre. Buses should be rented when needed.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
2.1	The service provided at secure care facilities must be aligned to the prescriptions of the infrastructure (Blueprint).	<ul style="list-style-type: none"> Define and prescribe the minimum requirements for the infrastructure. Communicate the minimum requirements for the infrastructure to provincial departments. Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. Develop a plan of action to ensure alignment. Cost the refurbishment to the facility. Align budget to include cost of refurbishing.
2.2	The facility should provide for independent living equipment.		Refer to 1.5
2.3	Library and resource centre.	<ul style="list-style-type: none"> Define and prescribe the minimum requirements for emergency equipment. Communicate the minimum requirements for the emergency equipment to provincial departments. Monitor the implementation of the prescribed requirements emergency equipment. 	<ul style="list-style-type: none"> Evacuation plan is practiced regularly with the children and staff. Every secure care facility must undertake an audit to determine whether the infrastructure provide for emergency water supply. There must be consistency in the water flow.
2.4	The environment and milieu in the living quarters should be of such a nature that children and staff are safe and comfortable.	<ul style="list-style-type: none"> Define and prescribe the environment and milieu in the living quarters. Communicate the prescribed environment and milieu in the living quarters to provincial departments. Monitor the implementation of the 	<ul style="list-style-type: none"> Each child must have his/her own demarcated personal space within the living quarters. Each child has his/her own sturdily constructed bed The beds should be made of steel and, bolted to the floor.
2.5	The resources in the kitchen and dining room should ensure the safe and hygienic preparation of food.	<ul style="list-style-type: none"> Define and prescribe the resources available at the facilities. Communicate the prescribed resources to provincial departments. Monitor the implementation of the prescribed resources Meet the requirements of the Department of Health 	<ul style="list-style-type: none"> Each facility should determine the number of appliances in terms of their own requirements and according to the number of children the facility will accommodate. Crockery and cutlery should be counted after every meal. Bright curtains or colourful blinds
2.6	Adequate laundry facilities.	<ul style="list-style-type: none"> Define and prescribe the resources available in the laundry. Communicate the prescribed resources to provincial departments. Monitor the implementation of the prescribed resources 	Each facility should determine the number of appliances in terms of their own requirements and according to the number of children the facility will accommodate.

Ref No	Norm	National guidelines	Provincial guidelines
2.7	The environment and resources at the administration block should be of such a nature that personnel are empowered to perform their tasks effectively.	<ul style="list-style-type: none"> Define and prescribe the resources available in the administration block. Communicate the prescribed resources to provincial departments. Monitor the implementation of the prescribed resources 	<ul style="list-style-type: none"> One independent telephone line for the centre manager. Bright curtains should be provided.
2.8	The environment and resources for the occupational therapist should be of such a nature that he/she is empowered to perform their tasks effectively.	<ul style="list-style-type: none"> Define and prescribe the resources available to the occupational therapist. Communicate the prescribed resources to provincial departments. Monitor the implementation of the 	<p>Resources required for OT service:</p> <ul style="list-style-type: none"> Educational charts Reading books Pegboards Threading beads Musical Instruments Finger fun, Art work (Pencil crayons, waxes, colouring books, glue, play dough), hoola -hoops, building blocks, Straws, Trampoline, puzzles.
2.9	The center has an adequate supply of recreational equipment.	<ul style="list-style-type: none"> Define and prescribe the resources available for recreational purposes. Communicate the prescribed resources to provincial departments. Monitor the implementation of the prescribed resources 	<ul style="list-style-type: none"> A structured sport programme must be developed. Access to the in-door facilities must be structured according to groups. Exercise equipment may only be used under supervision. Each child must be orientated in terms of the use of the equipment. Swimming capabilities for each child must be assessed. Swimming lessons must be provided. Pool can only be used under supervision Swimming must form part of the structured recreational programme.
2.10	Adequate medical equipment.	<ul style="list-style-type: none"> Define and prescribe the minimum requirements for the infrastructure. Communicate the minimum requirements for the infrastructure to provincial departments. Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. Develop a plan of action to ensure alignment. Cost the refurbishment to the facility. Align budget to include cost of refurbishing.
2.11	Comfortable visiting areas.	<ul style="list-style-type: none"> Define and prescribe the minimum requirements for the infrastructure. Communicate the minimum requirements for the infrastructure to provincial departments. Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. Develop a plan of action to ensure alignment. Cost the refurbishment to the facility. Align budget to include cost of refurbishing.

Ref No	Norm	National guidelines	Provincial guidelines
2.12	Comfortable accommodation for families	<ul style="list-style-type: none"> • Define and prescribe the minimum requirements for the infrastructure. • Communicate the minimum requirements for the infrastructure to provincial departments. • Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> • Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. • Develop a plan of action to ensure alignment. • Cost the refurbishment to the facility. • Align budget to include cost of refurbishing.
2.13	Library and resource centre.	<ul style="list-style-type: none"> • Define and prescribe the minimum requirements for the infrastructure. • Communicate the minimum requirements for the infrastructure to provincial departments. • Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> • Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. • Develop a plan of action to ensure alignment. • Cost the refurbishment to the facility. • Align budget to include cost of refurbishing.
2.14	Appropriate educational and skills development facilities.	<ul style="list-style-type: none"> • Define and prescribe the minimum requirements for the infrastructure. • Communicate the minimum requirements for the infrastructure to provincial departments. • Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> • Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. • Develop a plan of action to ensure alignment. • Cost the refurbishment to the facility. • Align budget to include cost of refurbishing.
2.15	Official transport.	<ul style="list-style-type: none"> • Define and prescribe the minimum requirements for the infrastructure. • Communicate the minimum requirements for the infrastructure to provincial departments. • Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> • Every secure care facility must determine, whether they are in line with the prescriptions of the infrastructure. • Develop a plan of action to ensure alignment. • Cost the refurbishment to the facility. • Align budget to include cost of refurbishing.

3. Security

Security services should create a safe environment in which children are protected from physical harm, or threat of harm, from self and others in a non-intrusive manner.

Norms and standards

Ref No	Norms	Reference	Standards
3.1	A safe and secure environment for the containment of children in conflict with the law.	Costing of the children's strategic plan and framework	<ul style="list-style-type: none"> • All facilities must have two "walls". One is the perimeter wall and one contains the centre. • CCTV installed inside the centre, and on the outside at strategic places. • Accessed to the facility by means of a centralised access point. • The central access point must have metal detectors and parcel scanners. • The following security measures are in place to prevent children from absconding/escaping from the programme: <ul style="list-style-type: none"> ○ Walled or fenced in. ○ Security gates. ○ Burglar bars ○ CCTV cameras
3.2	A safe and secure environment is maintained in and around the facility.	Minimum norms and standards for inpatient treatment centres.	<ul style="list-style-type: none"> • Secure perimeter control measures are in place. • Central point to access living quarters. • Amenities such as the living quarters, dining room, out-door recreational facilities and educational block are closed off from each other and are only accessible through a separate access point for control and security. • Children, visitors and staff must be informed of searching practices and consent to them.
3.3	The centre has mechanisms and procedures to regulate and monitor any searching of the children for weapons or substances in a rights-sensitive manner.	Minimum norms and standards for inpatient treatment centres.	<ul style="list-style-type: none"> • The bodily integrity of children and their visitors may not be violated by routine or unauthorized bodily searches. • Bodily searches on children may only be conducted by a personnel member of their own gender. • All searching of private belongings and parcels may only occur in the presence of the child. • All illegal substances and weapons should be immediately confiscated and disposed of in accordance with relevant legislation. • The centre is declared as a dangerous weapon and drug-free environment.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
3.1	A safe and secure environment for the containment of children in conflict with the law.	<ul style="list-style-type: none"> Define and prescribe a safe and secure environment. Communicate the prescribed requirements to the provincial departments. Monitor the implementation of the prescribed requirements. 	<ul style="list-style-type: none"> See prescriptions from national department. Conduct an audit to ensure a safe and secure environment, which is in line with the design principles. Develop a plan of action to ensure a safe and secure environment, which is in line with the design principles. Cost the plan of action. Align the budget to include the refurbishment to the facility. The central access point must have metal detectors and parcel scanners are manned by a security official. CCTV to be monitored by security staff 24/7. Security personnel are stationed at the central access points of the facility for access control and Video surveillance Children must be managed according to the flow of their daily routine. (See pg 105 of the Blueprint for the flow diagram.)
3.2	A safe and secure environment is maintained in and around the facility.	See norm on "out-sourcing".	<ul style="list-style-type: none"> Appointment of competent security personnel Security personnel must be orientated in all security measures Security personnel must be orientated in the maintenance of control measures If security is contracted out, security stipulations as prescribed by the norms and standards must form part of the contract
3.3	The facility has mechanisms and procedures to regulate and monitor any searching of the children for weapons or substances in a rights-sensitive manner.	<ul style="list-style-type: none"> Define and prescribe the mechanisms to regulate and monitor searches. Communicate the prescribed mechanisms to regulate and monitor searches resources to provincial departments. Monitor the implementation of the prescribed mechanisms to regulate and monitor searches. 	<ul style="list-style-type: none"> Compliance with prescribed mechanisms to regulate and monitor searches. Bodily searches must be conducted in the presence of two adult personnel – one person conducting the searches and the other to observe that the rights are upheld. Searches may only be conducted by professional or accredited personnel.

4. Out-sourcing

Out-sourcing of services within secure care should be practiced with the understanding that provinces retain accountability and responsibility for service provision to children in conflict with the law.

Norms and standards

Ref No	Norms	Reference	Standards
4.1	Out-sourcing of part of services within secure care, or complete services within secure care, is an acceptable practice in Government.	<ul style="list-style-type: none"> Department of Social Development Policy on Financial Award to Service providers 	<ul style="list-style-type: none"> Tender process according to supply chain management policy. A timeframe of not more than 5 years with a maximum period of 8 years before the province retrieves the service. The building of capacity to manage the service must take place within 5 years of out-sourcing the service. Standardised service level agreements. Cost must be according to the costing model. Centre manager to manage contract.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
4.1	Out-sourcing of part of services within secure care, or complete services within secure care, is an acceptable practice in Government.	<ul style="list-style-type: none"> Develop strategy and criteria for out-sourcing services within the secure care programme. Align criteria with the costing model. Develop a proforma service level agreement. Communicate strategy, criteria and agreement format to provinces. Monitor implementation. 	<ul style="list-style-type: none"> Apply strategy and criteria for out-sourcing services within the secure care programme. The costing model must inform the out-sourcing. Apply prescribed service level agreement.

5. Maintenance

The building, infrastructure and all household equipment should be maintained and kept in good working order. The landscape and gardens must be cared for, neat and aesthetically pleasing at all times.

Norms and standards

Ref No	Norms	Reference	Standards
5.1	Well maintained centre grounds.	Blue print	Regular maintenance of lawns and gardens.
5.2	Well maintained buildings.	Blue print	Buildings should be regularly painted.
5.3	Household maintenance must be the responsibility of the centre.	Blue print	Broken furniture, windows, ablution facilities, doors, fencing and burglar bars etc. should be tended to immediately.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
5.1	Well maintained centre grounds.	Monitor implementation	Appointment of a dedicated gardener or garden service.
5.2	Well maintained buildings.	Monitor implementation	Develop working agreement and –relationship with Department of Public Works.
5.3	Household maintenance must be the responsibility of the centre.	Monitor implementation	Appointment of dedicated maintenance personnel or service provider from the community.

6. Organisational Development

6.1 Assessment of the Environment

This refers to any assessment of the Social Environment to identify the need for the establishment of additional secure care centres.

Norms and standards

Ref No	Norms	Reference	Standards
6.1	Determine the need for the establishment of a secure care programme.	Norms and Standards: Developmental Social Welfare Services	<ul style="list-style-type: none"> • Research should be conducted to estimate the demand for a secure care facility. • A feasibility study must be conducted. • Research results must inform the development of policies and guidelines.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
6.1	Determine the need for the establishment of a secure care programme.	<ul style="list-style-type: none"> Undertake environmental scan to determine trends in crime at least once a year. Communicate the outcome to provinces. 	<ul style="list-style-type: none"> Undertake research study to determine need. Undertake feasibility study to determine need. Plan for the establishment of the new programme.

7. Occupational Health Issues

The facility must comply with all occupational health legislation in the pursuance of their functions, and ensuring the safety of the children.

Norms and standards

Ref No	Norms	Reference	Standards
7.1	All reasonable provisions are made to ensure that children and personnel are safe from the risk of fire, accidents, and other hazards.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> All equipment, infrastructure and buildings should be safe for the children. (type of light fittings, doors, windows, mirrors) Emergency plans are documented, up-to-date and regularly tested. Fire exits are clearly marked and are visible. Sufficient fire extinguishers and fire hoses are available within all buildings, as well as the outside premises, and are regularly serviced. Management of keys (should not be harmful to children) Emergency release buttons for doors Sufficient health and safety officers should be appointed. Sufficient and appropriately resourced first-aid kits should be available.
7.2	All reasonable provisions are made to ensure that children are safe when making use of the pool.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The pool may only be used under supervision of a personnel member who can swim. A trained life saver should be on duty when children are swimming. Pools should be covered with safety nets when it is not in use. Life jackets should be provided to children who cannot swim. The pool should be securely fenced off from the other recreational facilities. Children, who cannot swim, must be taught how to swim.

Ref No	Norms	Reference	Standards
7.3	All reasonable provisions are made to ensure that personnel are safe.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> Personnel should be provided with panic buttons for use in emergencies. Sufficient personnel should be trained in restraint measures. All personnel, working shifts, should be trained in self defense as they leave their homes and the centre at dangerous times.
7.4	All reasonable provisions are made to ensure that the whole facility is safe.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> Access into the centre must be controlled. See points 1.8 and 3.3 Generator house must be locked and secured. Generators to be tested and recorded once a week (off load and on load) All DB Boards must be locked
7.5	The facility should have access to refuse disposal services or other adequate means of disposal of refuse generated at the facility.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> Where possible refuse should be disposed of according to municipality regulations Waste disposal methods should be safe and covered. Waste should be kept out of reach of children. Waste disposal areas should be disinfected regularly. Pest control service must be rendered regularly.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
7.1	All reasonable provisions are made to ensure that children and personnel are safe from the risk of fire, accidents, and other hazards.	<ul style="list-style-type: none"> Develop policy framework for emergency procedures Communicate the policy to the provincial departments. Monitor the implementation of the policy. 	<ul style="list-style-type: none"> Customise national policy for emergency procedures. Evacuation plan must be developed. Evacuation plan well displayed at all exits and control points. Emergency drill is practiced regularly with the children and staff. Sufficient health and safety officers must be appointed Staff and children must be trained in universal precautions. Health and safety officers must be trained to manage emergency situations. All staff must be trained in dealing with emergencies. All personnel must be trained in first aid. Emergency numbers must be clearly displayed. Numbers of personnel on standby must be clearly displayed. Inform the manager on duty of any emergency. The centre manager, together with the provincial counter-part, must inform the parents of the injury or death of a child. (also see point 1.3.5 – reporting of incidents)

Ref No	Norm	National guidelines	Provincial guidelines
7.2	The safety of children must be guaranteed when making use of the pool.	<ul style="list-style-type: none"> • Develop policy framework for safety measures. • Communicate the policy to the provincial departments. • Monitor the implementation of the policy. 	supervision of a personnel member who can swim. <ul style="list-style-type: none"> • A trained life saver should be on duty when children are swimming. • Pools should be covered with safety nets when it is not in use. • Life jackets should be provided to children who cannot swim. • The pool should be securely fenced off from the other recreational facilities. • Children, who cannot swim, must be taught how to swim.
7.3	The safety of personnel is assured.	<ul style="list-style-type: none"> • Develop policy framework for safety measures. • Communicate the policy to the provincial departments. • Monitor the implementation of the policy. 	<ul style="list-style-type: none"> • Personnel should be provided with panic buttons for use in emergencies. • Sufficient personnel should be trained in restraint measures. • All personnel, working shifts, should be trained in self defense as they leave their homes and the centre at dangerous times.
7.4	All reasonable provisions are made to ensure that the whole facility is safe.		<ul style="list-style-type: none"> • Access into the centre must be controlled. • See points 18 and 3.3 • Generator house must be locked and secured. • Generators to be tested and recorded once a week (off load and on load) • All DB Boards must be locked
7.5	Management of refuse disposal methods must be safe and contained.	<ul style="list-style-type: none"> • Develop policy framework for the management of refuse disposal methods. • Communicate the policy to the provincial departments. • Monitor the implementation of the policy. 	<ul style="list-style-type: none"> • Where possible refuse should be disposed of according to municipality regulations • Waste disposal methods should be safe and covered. • Waste should be kept out of reach of children. • Waste disposal areas should be disinfected regularly. • Waste should be disposed of in a demarcated area. • Pest control service must be rendered regularly.

8. Community Participation

Secure care centres should become centres where children, youth and families from the surrounding communities can access a variety of programmes and resources on a daily, weekly, or ad hoc basis.

Norms and standards

Ref No	Norms	Reference	Standards
8.1	Communities have the right to participate in the affairs of the centre.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> • A governance structure is a requirement for secure care centres in terms of section 208(2)(a) of the Act. • Children, youth and families from the surrounding communities have access to the facility. • Children, youth and families from the surrounding communities

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
8.1	Communities have the right to participate in the affairs of the centre.	<ul style="list-style-type: none"> The fair and equitable process for the appointment of board members must be prescribed. The terms of reference (composition, structure, functions) for the management board must be developed and prescribed. The terms of reference (composition, structure, functions) children's forum must be developed and prescribed. Communicate the terms of reference for the children's forum to the provincial departments. Monitor implementation of the terms of reference for the children's forum. A proforma founding document/ constitution for governance bodies must be developed. 	<ul style="list-style-type: none"> The members of the management board must be appointed according to the process as prescribed by national department. Only the MEC or a delegated officer may appoint board members. The management board must be representative of all stakeholders, including the community. The Management Board must be constituted according to the constitution or founding document A Children's Forum must be established as a sub-structure of the Management Board. A representative of this sub-structure must be appointed on the management board. Provide regular reports to the management board. Provide regular statistics to the management board. The manager of the child and youth care centre, the social worker and a nominated child and youth care worker, have ex officio status on the governance structure.

9. Resources

9.1 Human Resources

At every level there will be appropriately trained personnel who will provide an integrated, innovative, effective, ethical and child-friendly service within a developmental culture/ climate. Personnel will be committed to and model a developmental approach and they will value diversity of theory, strategies and programmes. There will be sufficient personnel at all levels; they will value and practice an inter-sectoral and team approach and because they value human resources they will give a high priority to continuous formal and informal professional and self development.

Norms and standards

Ref No	Norms	Reference	Standards
9.1	The management of the secure care programme must be according to an entity approach.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> The programme is completely self sufficient in terms of staffing, budget and decision making.

Ref No	Norms	Reference	Standards
9.2	The staff establishment must be according to the proforma organogram.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The staff establishment should consist of professional, semi professional and support staff. • The staff establishment should provide for a dedicated centre manger. • The staff establishment should provide for middle management staff for every unit. • The staff establishment should provide for a center manager secretary. • The staff establishment should provide for finance personnel. <ul style="list-style-type: none"> ○ 1 senior admin officer (L8) ○ 1 assistant (L6) ○ 3 procurement clerks • The staff establishment should provide for administrative personnel. <ul style="list-style-type: none"> ○ 1 receptionist ○ 1 registry clerk ○ 3 laundry aids ○ 1 driver/admin ○ 1 general factotum ○ 1 admission officer ○ 1 Finance officer ○ 1 human resources officer ○ 1 transport officer ○ 1 procurement officer • The staff establishment should provide for social workers. • The staff establishment should provide for nursing personnel (24/7). • The staff establishment should provide for child & Youth Care Workers. • The staff establishment should provide for a child and youth care worker specializing in sport. (sport manager) • The staff establishment should provide for maintenance staff. • The staff establishment should provide for contracted cleaning staff. • The staff establishment should provide for a sessional medical doctor. • The staff establishment should provide for a sessional psychologist. • The staff establishment should provide for contracted security staff.
9.3	The staff management ratio must be in line with the proforma organogram.	Regulations under the Children's Act	<ul style="list-style-type: none"> • Documented policy and procedures supervision. • 1 supervisor (L9/10) per 6 social workers. • Child and youth care workers must be supervised by a trained senior child and youth care worker.
9.4	The case management ratio must be according to the generic norms and standards as contained in the TCYCS.	TCYCS	<ul style="list-style-type: none"> • 1 social worker per 30 children • 1 child care worker to 8 children for day shift. • 1 child care worker to 20 children for night shift • One psychologist per 60 children.

Ref No	Norms	Reference	Standards
9.5	Persons not permissible to work with children.	Children's Amendment Act 2007.	<ul style="list-style-type: none"> Persons posing a risk to the safety of children should not be permitted to work in secure care centres. Persons convicted of murder, attempted murder, rape, indecent assault or assault with the intent to do grievous bodily harm is unfit to work with children. No person who's name appear in Part B of the Child Protection
9.6	Staff must be managed according to management practices.	National Norms and Minimum Standards for Home and Community Based Care (HCBC) and Support Programme	<ul style="list-style-type: none"> A comprehensive human resource management policy. <ul style="list-style-type: none"> A procedure for recruitment, selection, engagement and disengagement of personnel is in place. Written documentation that outlines recruitment, job descriptions, code of conduct and exit strategies for all personnel must be in place. All personnel have written job descriptions and signed contracts that are regularly reviewed by management. A comprehensive orientation programme is in place. A comprehensive induction programme is in place. Lines of accountability and responsibilities are documented and clear. Documented disciplinary policy. Documented policy and procedures in place for rules, code of conduct and ethics. There is documented policy and procedures in place for staff grievances. Documented policy for conditions of services.
9.7	Competent staff is appointed in all occupational categories.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> Staff have correct qualification for their job function.
9.8	A human resource development programme based on the provincial human resource strategy.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> The facility has appropriately qualified, skilled and supervised staff to deliver the best possible service. Staff is empowered to deliver services in an ethical manner. The centre has a documented, up-to-date training and capacity building strategy/policy and plan for all personnel. Performance management system applicable to all staff.
9.9	The emotional, mental health and crisis related needs of staff are recognized.	<ul style="list-style-type: none"> Draft Bereavement Policy of DSD Policy on the Management of sexual harassment for NDSD, Employee Health and Wellness Policy of DSD. 	A documented policy for the EAP.
9.10	Secure care programme is a 24/7 service.	Informed by practice and consultation at workshops	Declaration as an essential service.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
9.1	The management of the secure care programme must be according to an entity approach.	<ul style="list-style-type: none"> • Approve and prescribe a proforma organogram. • Develop a costing model to inform provincial budgets for secure care. • Approve and prescribe the human resource strategy for secure care programmes. • Communicate the proforma organogram and costing model to the provinces. • Monitor the implementation of the proforma organogram and costing model. 	<ul style="list-style-type: none"> • Implement the proforma organogram. • Implement the costing model. • Implement the human resource strategy.
9.2	The staff establishment must be according to the proforma organogram.	<ul style="list-style-type: none"> • Approve and prescribe a proforma organogram. • Communicate organogram to the provinces. • Monitor the implementation of the organogram. 	<ul style="list-style-type: none"> • The staff establishment must consist of professional, semi professional and support staff. • The staff establishment must provide for a dedicated centre manger. • The staff establishment must provide for middle management staff for every unit. • The staff establishment must provide for a center manager secretary. • The staff establishment must provide for finance personnel. <ul style="list-style-type: none"> ○ 1 senior admin officer (L8) ○ 1 assistant (L6) ○ 3 procurement clerks • The staff establishment must provide for administrative personnel. <ul style="list-style-type: none"> ○ 1 receptionist ○ 1 registry clerk ○ 3 laundry aids ○ 1 driver/admin ○ 1 general factotum ○ 1 admission officer ○ 1 Finance officer ○ 1 human resources officer ○ 1 transport officer ○ 1 procurement officer • The staff establishment must provide for social workers. • The staff establishment must provide for nursing personnel on a shift basis.

Ref No	Norm	National guidelines	Provincial guidelines
9.2 continued			<ul style="list-style-type: none"> • The staff establishment must provide for child & Youth Care Workers. • The staff establishment must provide for a child and youth care worker specializing in sport. (sport manager) • The staff establishment must provide for maintenance staff. • The staff establishment must provide for contracted cleaning staff. • The staff establishment must provide for a sessional medical doctor. • The staff establishment must provide for a sessional psychologist. • The staff establishment must provide for contracted security staff.
9.3	The staff management ratio must be in line with the proforma organogram.	<ul style="list-style-type: none"> • Prescribe the norms and standards for staff management ratio. <ul style="list-style-type: none"> o 1 supervisor (L9/10) per 6 social workers. o 1 control care worker to 6 senior child and youth care worker. o 1 senior care worker to 6 Child and youth care workers. o Must be supervised by a trained senior child and youth care worker. • Communicate the staff management ratio to the provinces. • Monitor the implementation of the staff management ratio. 	<ul style="list-style-type: none"> • Implement the prescribed the norms and standards for the staff management ratio. • Documented policy and procedures for supervision
9.4	The case management ratio must be according to the generic norms and standards as contained in the TCYCS.	<ul style="list-style-type: none"> • Prescribe the norms and standards for staff management ratio. <ul style="list-style-type: none"> o 1 supervisor (L9/10) per 6 social workers. o 1 control care worker to 6 senior child and youth care worker. o 1 senior care worker to 6 Child and youth care workers. o Must be supervised by a trained senior child and youth care worker. • Communicate the staff management ratio to the provinces. • Monitor the implementation of the staff management ratio. 	<ul style="list-style-type: none"> • Implement the prescribed the norms and standards for the case management

Ref No	Norm	National guidelines	Provincial guidelines
9.5	Persons not permissible to work with children.	<ul style="list-style-type: none"> Define persons not permissible to work with children according to the Children's Act Develop a policy to define the screening process of all staff that is linked to the Child Protection Register and any other applicable registers. 	<ul style="list-style-type: none"> Persons posing a risk to the safety of children should not be permitted to work in secure care centres. Persons convicted of murder, attempted murder, rape, indecent assault or assault with the intent to do grievous bodily harm is unfit to work with children. No person who's name appear in Part B of the Child Protection register may work with children. Particulars of any person found unsuitable to work with children must be completed on form substantially corresponding with Form 26. Notification of finding any person unsuitable to work with children must be completed on form substantially corresponding with Form 27.
9.6	Staff must be managed according to management practices.	<ul style="list-style-type: none"> Develop a human resource management plan for secure care programmes. Communicate the human resource management plan Monitor the implementation of the human resource management plan. 	<ul style="list-style-type: none"> Implement provincial performance management system. Develop a human resource plan based on the proforma organogram. Develop a recruitment and selection plan. In addition to any requirements contained in any other law relating to the appointment of personnel, the following requirements must be adhered to: <ul style="list-style-type: none"> The position must be advertised in at least one national newspaper the names and curricula vitarum submitted must be screened by the interviewing panel that will interview the candidate The shortlist of candidates must be subjected to thorough reference checking. The interviewing panel must be appointed by the management board and must include: <ul style="list-style-type: none"> at least two members of the board of management at least one member who has a qualification in child and youth care A community representative from the community where the child and youth care centre is situated. Individual records of personnel are kept safe providing detail information such as signed engagement contracts, role description, training and development plan, curriculum vitae, copy of identity document, performance management and up-to-date work plans. The performance of all staff is appropriately managed. There is documented policy and procedures in place for work performance appraisal. There is documented policy and procedures in place for corrective action to be taken if performance goals are not met. There is documented policy and procedures in place for promotions. Career pathing for personnel on all levels (horizontally & vertically) Conduct a performance appraisal. Implement corrective measure if performance goals are not met. Develop a compensation structure. Staff to utilise appropriate mechanisms, e.g. labour, drop-inn boxes etc to voice dissatisfaction and grievances

Ref No	Norm	National guidelines	Provincial guidelines
9.7	Competent staff is appointed in all occupational categories.	Regulations under the Children's Act	<ul style="list-style-type: none"> The manager must have specialized knowledge of child and youth care. The manager must have knowledge and experience of the secure care programme Social workers must have the necessary qualification. Social workers must be registered with the SACSSP. Social workers must have knowledge and experience in the context of residential care and the design of programmes for residential care. 2 Nursing sisters, one of them to have qualification in psychiatry Child and youth care staff should hold at least a post-matric qualification in child and youth care work and where possible a degree or diploma. Statutory registered child and youth care workers are required to have undergone accredited training. Child and youth care workers must be registered with the SACSSP.
9.8	A human resource development programme based on the provincial human resource strategy.	<ul style="list-style-type: none"> Develop a human resource development plan for secure care programmes. Communicate the human resource development plan. Monitor the implementation of the human resource development plan. 	<ul style="list-style-type: none"> Develop a training and capacity building framework and plan. There is documented policy and procedures in place for external and internal training. All support personnel are required to undergo basic training to understand the context of residential care. The centre has a documented, up-to-date staff development programme. Develop a comprehensive orientation programme. Develop a comprehensive induction programme.
9.9	The emotional, mental health and crisis related needs of staff are recognized.	Refer to HR strategy.	<ul style="list-style-type: none"> Employees are provided with "Employee Assistance Programmes". All referrals to the programme must be treated confidentially and privately. Employees are kept informed about the program and how to access its services. Managers and supervisors are provided with education on matters related to the program and informed of their responsibility to refer employees with work performance and personal problems. Employees involved in critical incidents because of the nature of their work must be provided with a stress debriefing session as soon as possible after such an incident. Employees must be referred to external services if the need exists. Regular team building and support groups to discuss problems and issues related to staff members' work.
9.10	Secure care programme is a 24/7 service.	Declaration as an essential service.	<ul style="list-style-type: none"> Define the essential posts. Follow labour relations procedures with regard to essential services.

10. Professional services

Services to children must be holistic and comprehensive, and inter-sectoral collaboration must be pursued in the upholding of the children's right to education and health services and any other service that a child may need, whilst being contained.

Norms and standards

Ref No	Norms	Reference	Standards
10.1	Each child is unconditionally provided with appropriate and relevant health care.	Minimum Standards for the South African Child and Youth Care System.	<ul style="list-style-type: none"> • A registered nurse is available on a full-time basis to tend to day-to-day illnesses and injuries. • Medication can only be administered by a registered nurse or under the supervision of a registered nurse in line with health policy. • Storage, control, accountability, inspection and documentation of medicines must be done according to statutory and professional requirements. • Medical attention, provided by a medical doctor, must be obtained for children showing signs of serious illness or injury. A medical doctor must be consulted within 72 hours if needed. • The center always has access to emergency medical health care services. • The centre has access to ambulance services in emergencies. • The centre has access to a psychologist for mental health care practitioner on a sessional basis. • The center has access to emergency mental health care. • The centre has access to a dentist for dental health care. • Disposal of medical waste in line with health policy.
10.2	Each child is unconditionally provided with appropriate and relevant education.	Minimum Standards for the South African Child and Youth Care System	<ul style="list-style-type: none"> • Children receive education suitable to their capacity, circumstances, and developmental need and are given assistance to make effective use of the education provided. • The education programme must consist of formal schooling, accredited vocational training and life skills programmes. • Children in educational programmes must be supervised at all times. • Educators should be available during school holidays for the holiday and other programmes

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
10.1	Each child is unconditionally provided with appropriate and relevant health care.	<ul style="list-style-type: none"> • Prescribe the type and level of health service within the secure care programme. • MOU must be developed with the national Department of Health to provide health care services to children in secure care programmes. 	<ul style="list-style-type: none"> • MOU must be developed with local and provincial hospital to fast track the treatment of children. • After identifying children who are ill, the illness or problem should be reported to supervisor, centre manager for treatment purposes. • Inform the parent, caregiver or family as soon as possible. • The child should be removed from other children to a safe space or room designated to care of ill children. • All children assessed to have an infectious disease should be immediately isolated from other children and referred to the nearest public health care centre for further assessment and treatment. • If a child is already on some prescribed medication, that child should receive medication as prescribed. • In cases of emergency the child should be taken to the nearest health facility for treatment and appropriate referrals.
10.2	Each child is unconditionally provided with appropriate and relevant education.	<ul style="list-style-type: none"> • MOU must be developed with regard to the ratio of teachers to students, the availability of remedial teachers and the curriculum • MOU must be developed with regard to the ratio of vocational instructors to students and the curriculum for ABET and skills development. 	<ul style="list-style-type: none"> • Provide infrastructure run the programme. • Absorb the education programme into the holistic programme provided at the centre.

11. Management and Leadership

The programme must be managed according to business principles. Leadership of the programme must be from a team perspective, but steeped in strong management discipline.

Norms and standards

Ref No	Norms	Reference	Standards
11.1	Relationship between national, province and programme.	Informed by practice and consultation at workshops	An interface mechanism between national and province and between province and centre.
11.2	Management and leadership within the centre must be augmented by input and support from the provincial/regional office.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Structured monthly Management meetings between the centre and the provincial office • Attendance at diverse forums (e.g. child justice-, case flow management meeting)

Ref No	Norms	Reference	Standards
11.3	Strategic management and planning processes to guide service delivery, development, growth and measure performance.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> Strategic management plan aligned to provincial 5-year plan. The plan aligned to MTEF cycle and prescriptions.
11.4	Leadership is provided to enhance service delivery.	Informed by practice and consultation at workshops	Management is trained and empowered to improve service delivery within their respective units.
11.5	All resources are appropriately organized and managed.	Informed by practice and consultation at workshops	Management of HR resources, financial resources, asset management, administrative resources and organisational development forms part of the centre manager's performance contract.
11.6	All social service interventions must be subjected to supervision for the purpose of support, educational and administration.	Informed by practice and consultation at workshops	Supervision should take place at least once per month for 60 minutes.
11.7	Competencies for management	Regulations under the Children's Act	<p>The manager must have proven leadership abilities.</p> <p>The manager must have proven financial skills</p> <p>The manager must be able to demonstrate management and administration skills.</p>
11.8	Management system	Children's Act	<ul style="list-style-type: none"> The prescribed responsibilities in the Children's Act inform the manager's job description. The prescribed responsibilities in the Children's Act inform the board's management responsibilities.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
11.1	Relationship between national, province and programme.	<ul style="list-style-type: none"> Define the terms of reference for the relationship between national and province. 	<ul style="list-style-type: none"> Define the terms of reference for the relationship between province and programme.
11.2	Management and leadership within the centre must be augmented by input and support from the provincial/regional office.	<ul style="list-style-type: none"> Prescribe the relationship between the national and provincial department. Prescribe the relationship framework between the provincial department and the programme. 	<ul style="list-style-type: none"> The inter-face relationship structure as outlined in the Blue Print must be adhered to. Roles responsibilities and expectations must be clearly identified. Terms of reference and structure to be outlined This arrangement must be documented, and a copy forwarded to National Department of Social Development-Directorate SCP

Ref No	Norm	National guidelines	Provincial guidelines
11.3	Strategic management and planning processes to guide service delivery, development, growth and measure performance.		<ul style="list-style-type: none"> • Each facility must undergo an annual planning process. • The budget for the programme and operations must be aligned to the strategy. • Each unit head must develop their business plan with a budget annually. • The unit business plans must inform the facility business plan, which in turn must inform the strategy, which should in turn inform the strategy of the Provincial Directorate. • Develop centre specific strategic plan. • The plan should be aligned to district/provincial plan. • Develop annual centre specific business plan. • Unit operational Plans to inform business plans • Quarterly report to evaluate progress. • Annual evaluation
11.4	Leadership is provided to enhance service delivery.	Management and Leadership specific training programme must be developed nationally.	<ul style="list-style-type: none"> • Conduct a skills audit. • Develop a human resource development plan for management. • Centre Managers must within a specific period of time after appointment undergo this leadership training. • All managers must sign a performance contract with clear outcomes for the period. • Centre Managers must have a career path developed for them. • Management must cascade the training down to the next line of management in order to full their role of empowerment, coaching and mentoring.
11.5	All resources are appropriately organized and managed.		<ul style="list-style-type: none"> • The job description of the centre manager must include the management of HR resources, financial resources, asset management , administrative resources and organisational development
11.6	All social service interventions must be subjected to supervision for the purpose of support, educational and administration.	Develop a framework for the Manger's practice guideline.	<ul style="list-style-type: none"> • The centre manager must develop a Manger's practice guideline. • The centre manager must oversee supervision of staff takes place.
11.7	Competencies for management		<ul style="list-style-type: none"> • A centre manager must be trained in generic management practices.

Ref No	Norm	National guidelines	Provincial guidelines
11.8	Management system		<ul style="list-style-type: none"> • The manager of the centre has specific responsibilities: <ul style="list-style-type: none"> o The manager of a child and youth care centre is responsible for all day to day decisions in the child and youth care centre. o The manager must make major decisions in consultation with a management team made up of senior staff members from various disciplines. o The management team and the management board must strive for a co-operative relationship characterised by openness and trust. o The management team and the management board must strive for a co-operative relationship characterised by openness and trust. • The management board of the centre has specific responsibilities: <ul style="list-style-type: none"> o The must review major policy decisions being made by management but may not interfere with the day to day running of the child and youth care centre. o If the board is of the view that the management has made or plans to make a major decision that might be harmful to a child or to all the children in the centre, it may call upon the manager to explain the rationale for such decision, and may provide advice. o If after explanation of a decision and after further efforts to resolve the issues internally, the board remains unsatisfied, the board may forward in writing its concern, together with the manager's explanation, and an account of efforts made to resolve the issues internally, to the provincial head of social development, or the registration holder.

12. Stock

Adequate and appropriate stock to meet at least the basic needs of children.

Children must be given sufficient food, clothing and other essentials to meet their daily living needs.

Norms and standards

Ref No	Norms	Reference	Standards
12.1	Adequate provisions for the needs of children must be made in terms of linen, toiletries, personal hygiene, clothing and food	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • At all times children must be supplied with linen, toiletries, personal hygiene, clothing and food to meet their needs. • Control mechanism for the issuing of all stock.
12.2	Adequate provisions must be made for maintaining the centre in a clean and hygienic manner.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The centre must be clean and hygienic at all times. • Control mechanism for the issuing of all stock.

Ref No	Norms	Reference	Standards
12.3	Provisions must be made for adequate medical supplies as prescribed.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Medical supplies as prescribed. • Control mechanism for the issuing of all stock.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
12.1	Adequate provisions for the needs of children must be made in terms of linen, personal hygiene, clothing, food	<ul style="list-style-type: none"> • Prescribe minimum provisions. • Communicate minimum provisions. • Monitor the implementation of minimum provisions. 	<ul style="list-style-type: none"> • Every child should receive one set of linen upon admission. • The following linen should be supplied in summer: <ul style="list-style-type: none"> o 2 summer sheets o 1 pillow o 1 pillow case o 1 blanket/duvet • The following linen should be supplied in winter (depending on climate where centre is located): <ul style="list-style-type: none"> o 2 winter sheets o 1 pillow o 1 pillow case o 2 blankets or 1 duvet and 1 blanket. • The linen should be changed on a weekly basis. • The linen should be changed every time the child goes to court. • One towel and one face cloth should be supplied to every child. • Children are allowed to keep their facecloth and not return it to the centre upon release • The towel should be changed on a weekly basis or be changed every time the child goes to court. • All children should have access to shampoo and conditioner/moisturizer. • All children must be issued with an appropriate comb/brush upon admission. <ul style="list-style-type: none"> o Boys should have access to an appropriate hair clipper. o Equipment must be appropriately sterilized after every child. • Boys should have access to safe shaving equipment. o Children must not be allowed to share a razor blade! • Girls should have access to a hair dryer and to hair care products. • Toiletries should be supplied to every child upon admission. <ul style="list-style-type: none"> o 1 bar of bath soap o 1 toothbrush o Toothpaste

Ref No	Norm	National guidelines	Provincial guidelines
12.1			<ul style="list-style-type: none"> o Roll on and facial cream o Aqueous Cream/body lotion (consider sensitivity) o Toilet paper o Girls must be supplied with adequate sanitary towels. • Boys should be supplied with the following clothing upon admission in summer: <ul style="list-style-type: none"> o 2 boxer shorts/briefs o 2 pairs of socks o 1 set of summer pajamas o 2 T-shirts o 2 Jeans o 1 set of school uniform o Tracksuit o Jersey o Sandals. o Closed, comfortable shoes • Boys should be supplied with the following additional clothing upon admission in winter: <ul style="list-style-type: none"> o 1 set of winter pajamas o Beanie o Jacket o Tekkies o Jersey • Girls should be supplied with the following clothing upon admission in summer: <ul style="list-style-type: none"> o 3 panties o 3 brassieres o 2 pairs of socks o 2 shirts o 2 T-shirt o 2 Jeans o 1 set of school uniform o Tracksuit o Jersey o 1 set of summer pajamas o Sandals o Closed shoes o Cycling shorts

Ref No	Norm	National guidelines	Provincial guidelines
12.1			<ul style="list-style-type: none"> • Girls should be supplied with the following additional clothing in winter: <ul style="list-style-type: none"> o Jacket o Beanie o Sandals o 1 set of winter pajamas o Socks o Jersey • Sufficient dry foods to prepare food for 3 weeks. • Sufficient perishable food to prepare food for a week. • All children must have access to washing powder/soap for personal laundry.
12.2	Adequate provisions must be made for maintaining the centre in a clean and hygienic manner.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Cleaning detergents must be available • The following detergents must be available in the laundry: <ul style="list-style-type: none"> o Washing powder o Fabric softener o Stain remover
12.3	Provisions must be made for adequate medical supplies as prescribed.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • All medication must be secured in a lockable cabinet as prescribed per schedules.

Organisational enablers

13. Administration and management systems

All policies and procedures must be documented and made available to all staff members.

Norms and standards

Ref No	Norms	Reference	Standards
13.1	Children are admitted to the centre in accordance with statutory provisions and the relevant documentation to authorize placement.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> • A legal detention order, body receipt and assessment report are the statutory documents that allow placement of a child at a SCC. • A medical certificate, birth certificate, identity document or affidavit providing information about the child's age must be furnished upon admission of the child
13.2	Children are admitted in accordance with the procedural guidelines of the centre.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • An admissions register reflecting all the important essential information is kept at registry. • An allocation register with the necessary information is maintained at registry

Ref No	Norms	Reference	Standards
13.3	Service delivery activities are recorded and documented to ensure regular monitoring, evaluation and quality of care.	<ul style="list-style-type: none"> • Draft regulations under the Children's Act. • Diversion Norms & Standards • ISDM for ratios 	<ul style="list-style-type: none"> • Every child has his/her own permanent file in which all <ul style="list-style-type: none"> o social work interventions o life space / child care interventions o health related interventions o psychological interventions o occupational therapy o Educational interventions are recorded. • Each file must contain: <ul style="list-style-type: none"> o Assessment o Intervention plan o Progress reports o Evaluation • A centralized location at each SCC • An access system to the filing system. • Current file must be kept for 5 years and then destroyed. • Every group must have a permanent file to record all group processes. • Ensure regular monitoring, evaluation and quality of care. • All confidential records (personnel, financial and client) are held in a secure place (preferably lock up steel cabinets or a safe) accessible only to relevant staff and protected from fire. • Closed files are located in a strong room/lockable steel filing cabinet. • The case manager is the social worker. • Information is managed by the social worker who has access to the entire file. • Other members of the multi-disciplinary team have access to their own work in the main file through the clerk. • All role players who have access to the child's private file must sign a confidentiality pact with the institution.
13.4	The behaviour of all children is recorded and documented to ensure regular monitoring, evaluation and quality of care.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Incident Book records the behavior of children. • An Incident Book is kept by child care workers. • Critical behavioural incidents and the disciplinary actions are documented in a Behaviour Management Register. • Transgressions of the rules are reported by the professional and/or care staff to the management team at daily meetings.
13.5	Critical and reportable incidents are documented in accordance with relevant legislation and policy.	Children's Amendment Act, 41 of 2007 Costing of the children's strategic plan and framework	Critical and reportable incidents are recorded and reported by the centre manager to the parent or guardian of the child, the police official and the provincial head of Department of Social Development and the social worker dealing with the matter.

Ref No	Norms	Reference	Standards
13.6	Children must receive proper health care services.	Costing of the children's strategic plan and framework	Policy and procedure for the health care of children.
13.7	The release of children from the centre is documented.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • A register detailing the movement of children back to court and released from the centre is maintained. • The care plan and IDP of children transferred to other residential programmes (e.g. reform schools) is transferred to the next placement. • A progress report is submitted to the probation officer and court after completion of the diversion programme.
13.8	The movement of children is managed and facilitated.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The movement of persons over the age of 18 years is facilitated and managed. • The movement of children with cases pending longer than six months is facilitated. • The following forums (Case Flow Management and PCJF) will monitor the process • The movement of children awaiting designation of a reform school is facilitated.
13.9	Standardised forms are implemented to ensure quality and uniform service delivery.	Informed by practice and consultation at workshops	<p>The following standardized forms are implemented:</p> <ul style="list-style-type: none"> • Assessment form • Process note • Care plan • IDP • Progress report
13.10	Standardised registers are implemented to ensure quality and uniform service delivery.	Informed by practice and consultation at workshops	<p>The following standardized registers are implemented:</p> <ul style="list-style-type: none"> • Admission register • Allocation register • Behaviour management register • Incident book • Reportable incidents • Release register
13.11	Supply chain management to be executed in accordance with provincial policy.	Informed by practice and consultation at workshops	Provincial policy must inform supply chain management processes.
13.12	Children have a right to their own clothes which are clean and in an acceptable condition.	Informed by practice and consultation at workshops	A documented procedure manual in place for the laundry system.
13.13	Administrative system inclusive of all policies and procedures, in line with provincial policy.	Informed by practice and consultation at workshops	There is a documented procedure manual in place for administration processes.
13.14	Provincial transport policy to inform the use of official vehicles.	Transport policy	There is a documented procedure manual in place for the use of vehicles aligned with the provincial policy.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
13.1	Children are admitted to the centre in accordance with statutory provisions and the relevant documentation to authorize placement.	Develop admission policy.	<ul style="list-style-type: none"> • Customise admission policy and formats.
13.2	Children are admitted in accordance with the procedural guidelines of the centre.	Develop admission procedures and formats.	<ul style="list-style-type: none"> • Customise admission procedures. • A court order (J7) must accompany the child to the centre. • A body receipt (from SAPS) must accompany the child to the centre. • The assessment report from the probation officer must be faxed to the centre prior to the child being brought to the centre. • A medical certificate must be furnished upon admission of the child. • If a medical certificate is not furnished, the centre should arrange for an examination as soon as possible. • Children must be photographed upon admission for identification purposes. • An Admission Registers (manual or electronic) is kept at the administrative office. • The Admission register should reflect the following details: <ul style="list-style-type: none"> o Identifying particulars of the child; o The offence charged with; o The next court appearance; and o The identifying particulars of parents/guardians • An Allocation register is kept at the administrative office. • The Allocation Register should reflect the following details: <ul style="list-style-type: none"> o The name of the child; o The room number to which the child is allocated; and o The name of social worker managing the case.
13.3	Service delivery activities are recorded and documented to ensure regular monitoring, evaluation and quality of care.	<ul style="list-style-type: none"> • Develop policy on the recording of all interventions 	<ul style="list-style-type: none"> • Customise the policy to ensure: <ul style="list-style-type: none"> o Individual case management. o Health management (medical and psychological). o Group work. o Developmental programmes (OT). o Care programme (child care workers)

Ref No	Norm	National guidelines	Provincial guidelines
13.4	The behaviour of all children is recorded and documented to ensure regular monitoring, evaluation and quality of care.	<ul style="list-style-type: none"> • Develop a policy directive to define non-acceptable and critical behavior. • Develop a policy directive for the behavior management. The following behaviour management actions are prohibited: <ul style="list-style-type: none"> o Group punishment. o Threats of removal, or removal from the programme. o Humiliation or ridicule. o Physical punishment. o Deprivation of basic rights and needs. o Denial of contact with family or significant others. o Isolation. o Restraint. o Assignment of inappropriate or excessive work. o Verbal, emotional or physical harm. o Punishment by another child. o Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict adherence to all other minimum standards. o Restraint can only be administered by trained personnel. This action must be documented. • Develop a policy directive for the use of seclusion and restraint, inclusive of: <ul style="list-style-type: none"> o Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict conditions. o Restraint can only be administered by trained personnel. This action must be documented. o A child may be isolated from other children, only if he or she cannot be managed and is deemed to be a danger to himself or herself or others, for a very limited period of no longer than two hours, for the purposes of providing support and giving him or her time to regain control and dignity. o Any child isolated from other children must be under the constant observation of a social worker or child and youth care worker or psychologist, and must be provided with physical care, emotional support and counseling which assists in re-integration into the group as soon as possible. o No child may be isolated or locked up as a form of discipline or punishment. o The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room. 	<ul style="list-style-type: none"> • Develop policy and procedure for the handling of : <ul style="list-style-type: none"> o Incident Book. o Behaviour management register • The Incident Book must be handed over from shift to shift. • The Incident Book should be kept by the Senior Child and Youth Care Worker. • Develop policy and procedure for the handling of the Behaviour Management Register. • The management team has Behaviour Management meetings on a daily basis. • The Behaviour Management Register must reflect the following: <ul style="list-style-type: none"> o Name of the child o Details of behavior o Corrective measure meted out • A register must be maintained which records details and reasons for and period of a child's isolation, together with a report on the support and counseling provided and the response of the child during the period of isolation.

Ref No	Norm	National guidelines	Provincial guidelines
13.5	Critical and reportable incidents are documented in accordance with relevant legislation and policy.	<ul style="list-style-type: none"> • Develop a policy directive to define critical and reportable incidents. • Reportable incidents include the following: <ul style="list-style-type: none"> o Removal or attempted removal of a child by unauthorized persons. o Any situation in which restraint, isolation or prohibited behaviour management measures are used. o Allegations of physical, emotional, sexual or verbal abuse. o Absence of a child from the centre without permission. o Intervention by security personnel or the SAPS. o The death or injury of a child. o Criminal charges/conviction of any person involved with the centre. o Any substance abuse by personnel while on duty. 	Develop the process to implement the policy directive.
13.6	Children must receive proper health care services.	<ul style="list-style-type: none"> • Define the level of health care services that must be provided. • Cost these services. 	<ul style="list-style-type: none"> • Develop, implement and budget for the services as prescribed. • The following procedures should be in place: <ul style="list-style-type: none"> o Admission criteria for identifying ill children. o Safe keeping of all medication at the centre. o Procedures for dealing with children who are ill. o Guidelines for preventing spread of diseases at the centre. o Referrals to provincial hospitals. o MOU with the provincial hospital.
13.7	The release of children from the centre is documented.		Procedure is developed for the release of children from the programme.
13.8	Re-admission of children who absconded from the centre occurs in line with current and relevant legislation.	Develop frameworks for procedure for the re-admission of children to the programme.	Customise and implement framework.
13.9	Standardised forms are implemented to ensure quality and uniform service delivery.	Develop frameworks for standardized forms	Customise and implement framework.
13.10	Standardised registers are implemented to ensure quality and uniform service delivery.	Develop frameworks for standardized registers	Customise and implement framework.
13.11	Supply chain management to be executed in accordance with provincial policy.		<ul style="list-style-type: none"> • Customise provincial policy and procedure for supply chain management. • Maintain the inventory system.

Ref No	Norm	National guidelines	Provincial guidelines
13.12	Children have a right to their own clothes which are clean and in an acceptable condition.		Refer to care programme.
13.13	Administrative system inclusive of all policies and procedures, in line with provincial policy.		Refer to care programme. <ul style="list-style-type: none"> • Customise provincial policy and procedure for administration processes, inclusive of: <ul style="list-style-type: none"> o Management of photo copier. o Management of E-mail. o Management of cell phones o Management of use of stationary o Management of use of telephone by staff. o Management of use of telephone by children.
13.14	Provincial transport policy to inform the use of official vehicles.	<ul style="list-style-type: none"> • Develop a framework for the transportation of children, inclusive of: <ul style="list-style-type: none"> o Strict safety measures should be in place when children are transported, ensuring that all transport operators are registered, suitably trained and qualified and possesses a valid drivers' license and permits as prescribed by the National transport legislation, policies and regulations. 	<ul style="list-style-type: none"> • Customise the national framework. • All vehicles transporting children should be safe, in good condition and adhere to the requirements as periodically published by the Minister of Transport.

14. Information Management

In order for the system to be able to respond to changing needs it is necessary for the state to ensure that statistics are gathered pertaining to all aspects of the system. Through analysis of such data the system can “learn” and adapt.

Norms and standards

Ref No	Norms	Reference	Standards
14.1	Information management system for services to children.	Operational norms and standards for child care and protection	<ul style="list-style-type: none"> • A Management Information System (MIS) for services to children that is integrated with the MIS for Social Welfare Services. • Information management system at national, provincial and centre level.
14.2	Information flow between national, province, programme and other departments. National and Provincial Secure care (IAS and CYCA) and Probation Services Management systems must be established and maintained by DSD.	Operational norms and standards for child care and protection	<ul style="list-style-type: none"> • Information management system at national, provincial and centre level.

Ref No	Norms	Reference	Standards
14.3	Collection and collation of statistics for decision-making.	Norms and Standards for in-patient treatment	<ul style="list-style-type: none"> Information management system at provincial and centre level.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
14.1	Information management system for services to children.	<ul style="list-style-type: none"> Define and develop a MIS for services to children with the following minimum functionality: <ul style="list-style-type: none"> Database of all relevant legislation, policies, regulations, guidelines and norms & standards. National register of programmes for children. Database of all service providers to children. Database of all registered institutions providing partial and alternative care. Confidential database of offenders. Maintenance of the IMS 	<ul style="list-style-type: none"> Implement the system as prescribed. Develop procedures for the collecting and collating of information. Maintenance of the MIS.
14.2	Information flow between national, province, programme and other departments. National and Provincial Secure care (IAS and CYCA) and Probation Services Management systems must be established and maintained by DSD.	<ul style="list-style-type: none"> National to develop a MOU and protocols with all stakeholders. DSD to install and maintain the system. It must be functional and monitored. The user should be well informed on the program and necessary training to be provided. Have a backup system that is continuously updated for emergency purposes. Central data control system. 	<ul style="list-style-type: none"> All stakeholders must be linked to the system. DSD to install and maintain the system. It must be functional, monitored and the user should be well informed on the program and necessary training to be provided. Have a backup system that is continuously updated for emergency purposes. Central data control system. Confidentiality of information should always be a priority. Staff member forwarding the information should be identified and should become part of job profile.

Ref No	Norm	National guidelines	Provincial guidelines
14.3	Collection and collation of statistics for decision-making.	<ul style="list-style-type: none"> • Define a system for the collection and collation of statistics, inclusive of but not limited to: <ul style="list-style-type: none"> ○ Number of admissions per gender ○ Crime categories ○ Number of released children per gender ○ Number of assessments done. ○ Number of children sentenced ○ Children awaiting designation. ○ Critical incidents. <ul style="list-style-type: none"> • Serious injury • Abuse • Dearth ○ Length of stay ○ Number of children awaiting trial for longer than six months. ○ Abscondments. ○ Children over the age of 18 years. ○ Profile of children. ○ Profile of offences committed. ○ Foreign national children (unaccompanied and accompanied) 	

15. Services to beneficiaries

15.1 Caring environment

The environment and resources at a secure care centre should be of such a nature that it provides in the basic care of children.

Norms and standards

Ref No	Norms	Reference	Standards
15.1	A child, who is contained, has a right to the same quality of care as other children.	Regulations of the Children's Act	Basic needs of children must be met, according to the prescriptions.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
15.1	A child, who is contained, has a right to the same quality of care as other children.		<ul style="list-style-type: none"> • The basic needs of children must be met: • Shelter – see infrastructure • Food <ul style="list-style-type: none"> o Develop a balanced menu plan. o Menu and portion size planned by dietician o Children should receive 3 meals and 2 snacks per day. o Cultural and religious beliefs must be taken into consideration • Water – see infrastructure • Sanitation – see infrastructure • Clothing – see stock • The Department of Public Works and the maintenance personnel should ensure that the premises inside and outside should be safe, free from harmful objects, clean and well maintained. • Cleaning personnel should ensure children are accommodated in a clean environment. • Children are assisted with practical access to legal counsel. • Children are provided with a private space to consult with their legal counsel.

16. Transitional Planning

All services to children must be planned, and each stage of the process of planning must add value to the development of the child. An appropriate developmental assessment must be conducted as the key to decision making, programme referral and individual planning around the young person and his/her future.

Norms and standards

Ref No	Norms	Reference	Standards
16.1	Every child has the right to have his/her dignity respected and protected.	Minimum Standards for the South African Child and Youth Care System	<ul style="list-style-type: none"> • Children are received in a manner and into a climate which is caring and safe, and which minimizes trauma and maximizes developmental opportunity during the admission process. • The age, gender, sexual orientation and any form of disabilities should be considered upon admission.
16.2	Children must be exposed to professionalism at all times.	Informed by practice and consultation at workshops	Every engagement with the child must be conducted professionally.

Ref No	Norms	Reference	Standards
16.3	A child is assisted to adjust to the programme in the least obtrusive and traumatic manner.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Children are received by a social worker or experienced child care worker. • Children are orientated to the resources, routines and rules of the programme. • Special provision to be made for the reception of children with disabilities or special needs.
16.4	A child has the right to continuity of care within the centre.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The social worker must interview the child within 24 hours of admission. • The social worker must also ascertain a record of services which the child has received. • The developmental assessment must be conducted within two weeks of admission. • Developmental assessment must be conducted by at least two multi-disciplinary team members. • Children and their families/significant others must participate in the assessment process. • The medical assessment must be conducted within 24 hours of admission or immediately if there is a need. • Each child must be assessed by a child and youth care worker. • Children showing signs of psychological problems must be assessed by a psychologist within 72 hours. • The care plan is developed within 6 weeks after admission. • The care plan must be explained to the parents/significant others and copy provided to them. • Review of the care plan every 3 months. • IDP drafted by team from the developmental assessment within 3 weeks of the care plan. • Review of the IDP every 3 months. • The child's intervention plan must be in accordance to the developmental assessment, care plan and IDP. • The Care Plan should accompany the child which will allow for continuation
16.5	A child has the right to continuity of care after release from the centre.	Minimum Standards of the Child and Youth Care System	<ul style="list-style-type: none"> • Children are provided with sufficient information regarding their immediate future, their next placement, or the next step in their Care Plan. • Children are linked with resources after release from the centre. • The social worker must make the first appointment with the external professional before the child is released.
16.6	The movement of children is managed and facilitated.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • The movement of persons over the age of 18 years is facilitated and managed. • The movement of children with cases pending longer than six months is facilitated. • The following forums (Case Flow Management and Provincial Child Justice Forum) will monitor the process. • The movement of children awaiting designation of a reform school is facilitated.
16.7	Re-admission of children who absconded from the centre occurs in line with current and relevant legislation.	Informed by practice and consultation at workshops	Maintain a register for children who abscond.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
16.1	Every child has the right to have his/her dignity respected and protected.		<ul style="list-style-type: none"> The social worker or senior child care worker must be available for the admission of children to the programme. The child should be escorted to his/her room. Children are engaged by the social worker/child care worker within two to three hours after arrival. The social worker and care worker must assist the child in adjusting to the new environment in terms of their different roles.
16.2	Children must be exposed to professionalism at all times.		Every engagement with the child must be conducted professionally.
16.3	A child is assisted to adjust to the programme in the least obtrusive and traumatic manner.		<ul style="list-style-type: none"> An appropriate orientation programme is provided to all children. Children are introduced to the personnel. Children are informed about who their case manager is and given information on access to the case manager. Children are provided with information regarding the centre's expectations. Children receive information regarding the centre rules, their rights, their responsibilities and resources available, including search practices of property and the self. Children receive information on routines of the centre.
16.4	A child has the right to continuity of care.		<ul style="list-style-type: none"> The social worker must ensure that there is continuity of care for the children and that they understand the link between the previous circumstances, the present placement and the future plan. Children are given information regarding their present placement and the plan for their immediate future. The child is developmentally assessed in accordance with the prescribed assessment format. Each child must be assessed by a child and youth care worker. The medical assessment must be conducted in accordance with the prescribed format. A psychological assessment must be conducted in accordance with the prescribed format. A care plan is developed in accordance with the prescribed format. The IDP is developed in accordance with the prescribed format. Review IDP in accordance with the prescribed format. Discuss IDP with relevant parties. The IDP should include: <ul style="list-style-type: none"> Health needs and health promotion Care needs including safeguarding and promoting welfare Education needs and attainment targets Cultural, religious, language and racial needs and how they will be met Leisure needs Contact arrangements with family, friends and significant others.

Ref No	Norm	National guidelines	Provincial guidelines
16.5	A child has the right to continuity of care after release from the centre.		<ul style="list-style-type: none"> • Prepare child for their next placement or release. • Refer the case, in writing, to and external social worker for aftercare services.
16.6	The movement of children is managed and facilitated.		<ul style="list-style-type: none"> • The movement of persons over the age of 18 years is facilitated and managed. • The movement of pregnant girls to a more appropriate residential facility is facilitated and managed. • The movement of children with cases pending longer than six months is facilitated. • The movement of children awaiting designation of a reform school is facilitated.
16.7	The movement of children is managed and facilitated.	Develop frameworks for procedure for the movement of children not appropriately placed in the programme.	Customise and implement framework.

17. Programmes

Secure care centres must offer programmes which can and do meet the full range of developmental needs appropriate to the age, gender, disability and developmental phase of the child, including emotional, physical, spiritual, intellectual, and social needs.

Programmes should be differentiated or multi-dimensional, offering a range of appropriate child and youth care services to the surrounding community such as family preservation, prevention, early intervention, educational bridging, drop in shelter, 5-day care, weekend treatment, community-family care, etc. AFTER CARE- DIVERSION

Norms and standards

Ref No	Norms	Reference	Standards
17.1	Children have the right to have their basic needs met. (Care programmes)	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Structured daily programmes are designed, documented and implemented. • The daily programs must be clearly displayed. • Daily programme must be structured in such a way that it takes into consideration the movement of children.
17.2	Children have a right to participate in structured counselling and therapy	Regulations of the Children's Act.	<ul style="list-style-type: none"> • Children participate in a structured therapeutic programme as indicated in their IDP, or as required on a daily basis, or in a particular crisis. • Individual and group programmes are designed in a modular format (one module builds on the next) to meet the needs of children. • Programmes must be designed to allow new members into the group at any given stage • Structured programmes are designed, documented and implemented. • Children have an individual/group programme. • Children have access to an occupational therapy programme which is suitable to their developmental needs.

Ref No	Norms	Reference	Standards
17.3	Children have the right to participate in development programmes.	Children's Act	<ul style="list-style-type: none"> • Structured programmes are designed, documented and implemented. • Children have access to an educational, vocational and life skills programme which is suitable to their capacity, circumstances and developmental needs. • Children have access to an entrepreneurial programme which is suitable to their capacity, circumstances and developmental needs. • Children have access to an occupational therapy programme which is suitable to their developmental needs. • Children have access to a health care programme which is suitable to their capacity, circumstances and developmental needs.
17.4	Children have the right to a recreational programme.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Structured programmes are designed, documented and implemented. • Children have access to sport facilities and are given the opportunity to participate in sport activities. • In-door and out-door programmes must be supervised. • In-door and out-door programmes must form part of the therapeutic milieu (e.g. team games to teach team work) • Participation is voluntary.
17.5	Children have the right to a spirituality/religious programmes in line with their beliefs.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Each child must be given the opportunity to participate in the religious activities of his or her choice. • Participation is voluntary.
17.6	Children experience an environment in which their cultural beliefs are respected and nurtured.	Informed by practice and consultation at workshops	<ul style="list-style-type: none"> • Cultural programmes are part of the daily programme. • Each child must be given the opportunity to participate in cultural activities. • Participation is voluntary.
17.7	Children have the right to diversion programmes, if so ordered.	Regulations of the Children's Act	<ul style="list-style-type: none"> • Structured programmes are designed, documented and implemented. • Holistic diversion programmes involving parents, care-givers and children. • Diversion programme to promote the participation of children in decision-making. • All children must have access to diversion programmes, if so ordered.
17.8	Children, youth and families from the surrounding communities can access a variety of programmes and resources at the centre. (Outreach and prevention programmes)	Regulations of the Children's Act.	<ul style="list-style-type: none"> • Planned awareness and prevention programmes are designed, documented and implemented at regular intervals with communities.
17.9	Programmes may be developed in-house or may be purchased from other service providers.	Children's Act	<ul style="list-style-type: none"> • Programmes must be according to design principles as outlined by the national department of social development. • Provision must be made for the purchasing of programmes in order for subsidization to take place.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
17.1	Children have the right to have their basic needs met. (Care programmes)	<ul style="list-style-type: none"> • The structured daily programmes must be prescribed and include: <ul style="list-style-type: none"> o Personal hygiene, e.g. brush teeth, shower/bath, dress properly, cleaning of rooms o School programme, e.g. motivate them to attend, supervise and ensure they're dressed properly, ensure they take responsibility for learning material o Homework, e.g. supervise and assist with homework o Socialisation, e.g. play together, encourage to participate, encourage to stick to the rules of the games, to listen to each other o Management of space, e.g. make their beds, pick up their clothes o Quiet time o Dining hall, e.g. use of cutlery, portion control, etiquette, wash hands, pray o Bed time, e.g. tidy rooms, shower and dress correctly, prepare for next day, wash their socks/underwear, emotional support, life space interviews, listen to them • The programmes must be communicated to the provinces. • Implementation must be monitored. 	Implementation of the prescribed programmes.
17.2	Children have a right to participate in structured counselling and therapy	<ul style="list-style-type: none"> • The following programmes must be developed and prescribed: <ul style="list-style-type: none"> o Substance abuse programme o Anger management programme o Court preparation (pre & post) o Counseling o Behaviour management programme o Leadership development programme o HIV/AIDS programme o Family re-unification programme o Moral regeneration programme • The programmes must be communicated to the provinces. • Implementation must be monitored. 	<ul style="list-style-type: none"> • Individual counseling must be based on the developmental assessment of the child and provide psycho-social care and support to the child. • Implementation of the prescribed programmes.

Ref No	Norm	National guidelines	Provincial guidelines
17.3	Children have the right to participate in development programmes.	<ul style="list-style-type: none"> • The following programmes must be developed and prescribed: <ul style="list-style-type: none"> ○ Computer skills, Carpentry, Welding, Catering, Plumbing, Sewing, Career guidance, Job readiness ○ Mentorship programme ○ Life skills programme ○ Moral education ○ Observe all medical/health calendar events ○ Personal hygiene ○ Sex & sexuality ○ HIV/AIDS, STI/STD ○ Substance abuse prevention & treatment, • Healthy living & maintaining healthy lifestyle • The programmes must be communicated to the provinces. • Implementation must be monitored. 	Implementation of the prescribed programmes.
17.4	Children have the right to a recreational programme.	<ul style="list-style-type: none"> • The following programmes must be developed and prescribed: <ul style="list-style-type: none"> ○ Different sporting codes ○ Obstacle course • The programmes must be communicated to the provinces. • Implementation must be monitored. 	Implementation of the prescribed programmes.
17.5	Children have the right to a spirituality/religious programmes in line with their beliefs.	<ul style="list-style-type: none"> • The following programmes must be developed and prescribed: <ul style="list-style-type: none"> ○ Spiritual readings ○ Hymns/praises ○ Prayer, worship and/or rituals ○ Life testimonies ○ Meditation ○ Celebrate all special days (Diwali, Eid, Christmas) ○ The programmes must be communicated to the provinces. • Implementation must be monitored. 	Implementation of the prescribed programmes.
17.6	Children experience an environment in which their cultural beliefs are respected and nurtured.	<ul style="list-style-type: none"> • The following programmes must be developed and prescribed: <ul style="list-style-type: none"> ○ Indigenous games ○ Traditional dance & music ○ Modern dance ○ Poetry ○ Story-telling ○ Crafts ○ Heritage celebrations • The programmes must be communicated to the provinces. • Implementation must be monitored. 	Implementation of the prescribed programmes.

Ref No	Norm	National guidelines	Provincial guidelines
17.7	Children have the right to diversion programmes, if so ordered.	<ul style="list-style-type: none"> • Diversion programmes must be developed to include a restorative justice element which aims at healing relationships, including the relationship with the victim, and also include an element which seeks to ensure that the child understands the impact of his or her behaviour on others, including the victim of the offence, and may include compensation or restitution. • The programmes must be developed and prescribed. • A system for monitoring the child's progress, and compliance with the conditions of a diversion order, must be developed and prescribed. • A framework for a report d to court in terms of the child's compliance with the conditions of a diversion order must be developed and prescribed. • The programmes, monitoring system and report framework must be communicated to the provinces. • Implementation of the programmes, monitoring system and report framework must be monitored. 	<ul style="list-style-type: none"> • Implementation of the prescribed programmes. • The selection of a diversion programme must be based on an assessment of the particular needs of the child, which covers: <ul style="list-style-type: none"> o Details on risk factors associated with offending that are present in the child's life, such as: social relationships, (including family and peer relationships), education, (including school grade), attendance and performance, history of antisocial behavior; substance abuse, medical/psychiatric history, the child's developmental areas that the programme is designed to address strength assessment. • A system for monitoring the child's progress, including his or her compliance with the conditions of a diversion order, must be developed. • After completion of the programme, a report must be submitted to court in terms of the child's compliance with the conditions of a diversion order. • Children who cannot afford transport in order to attend selected diversion programme must, as far as is reasonably possible, be provided with the means to do so
17.8	Children, youth and families from the surrounding communities can access a variety of programmes and resources at the centre. (Outreach and prevention programmes)	<ul style="list-style-type: none"> • The programmes must be developed and prescribed. • The programmes must be communicated to the provinces. • Implementation must be monitored. 	<ul style="list-style-type: none"> • Implementation of the prescribed programmes. • Programmes must be aimed at addressing community risk factors including abuse, violence, substance abuse and crime. • Programmes must provide education and awareness on children's rights and responsibilities • Programmes must promote advocacy for the rights of children as well as for the needs of the most vulnerable children and families • Programmes must provide information on early identification of risk factors in children and families • Programmes must promote opportunities for community dialogue on matters pertaining to children. • Programmes must provide information on community risk factors and available resources to address them.
17.9	Programmes may be developed in-house or may be purchased from other service providers.	<ul style="list-style-type: none"> • Design and develop programmes. 	<ul style="list-style-type: none"> • Customise programmes according to need.

Ethos of services

18. Children's Rights

The programme must be rights based and at all times, all children must be made aware of their rights and responsibilities within the programme, in a manner and form which takes into account their age, capacity and linguistic heritage.

Norms and standards

Ref No	Norms	Reference	Standards
18.1	Children in conflict with the law (whether immigrant child, refugee child, and unaccompanied foreign children) are entitled to the same rights as any other child.	Regulations of the Children's Act.	<ul style="list-style-type: none">• A child must be detained only as a measure of last resort.• A child must be detained for the shortest appropriate period of time.• The rights and responsibilities for children must be displayed in the centre.
18.2	Children are appropriately sanctioned by management when transgressing.	Informed by practice and consultation at workshops	<ul style="list-style-type: none">• List of acceptable sanctions.
18.3	A child's right to human dignity must be upheld.	Constitution	<ul style="list-style-type: none">• All practices that violate a child's rights are non-negotiable.
18.4	Children have the right to participate in decisions and matters affecting them.	TCYCS	<ul style="list-style-type: none">• Mechanisms in place for all children to participate.
18.5	Children have a right to maintaining contact with their families.	TCYCS	<ul style="list-style-type: none">• Access to family, guardian or caregiver.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
18.1	Children in conflict with the law whether immigrant children, unaccompanied foreign children are entitled to the same rights as any other child.	<ul style="list-style-type: none"> The Blueprint gives expression as to how children's rights are upheld within a secure care setting. Child Protection norms and standards to inform the management of immigrant children and unaccompanied foreign minors. 	<ul style="list-style-type: none"> Do a comparative analysis against the Blueprint. Develop plan of action to improve adherence to all rights. The rules, routine, rights and responsibilities of children must be visibly displayed, and discussed. The personal information of children is treated respectfully and confidentially. Whenever possible, children should give informed consent for any personal information to be communicated to others. No audio tapes, photographs, videotape/films may be recorded/taken which can positively identify children. Children are provided with their own personal space within the living quarters. Children are given privacy when using the ablution facilities. Children have the right to privacy during discussions with families or significant others. Privacy can be denied when it can be shown not to be in the best interest of the child. Children have the right to send and receive mail which is not read by others. When mail has to be read by a personnel member, the child has the right to be present. Cupboards and other containers are not searched without the child being present and without justifiable cause. Children may not be exposed to undue influence regarding their sexual orientation. Significant events in the child's life, as well as rites of passage associated with their cultural or religious heritage are acknowledged. Catering should provide for cultural and religious heritage. Each child must be given the opportunity to participate in the religious activities of his or her choice. Provision must be made for an interpreter well versed in sign language or any other language. Children and families are informed of visitation days. Contact can be denied when it can be shown not to be in the best interest of the child. Transport from a specified point (e.g. station) is provided to visitors when the centre is situated far from transport routes. Accommodation is provided to visitors traveling from far. Children and families are informed of how and when telephonic contact is allowed. Application to court for leave of absence for children who have a need to attend to matters in the community, e.g. terminally ill immediate family, funerals, etc. Children are encouraged to demonstrate positive behaviour by: <ul style="list-style-type: none"> Ensuring that there is adequate information and communication on centre routines, rules, expectations and responsibilities, which facilitates understanding and cooperation. Providing assistance to meet behavioural expectations through skill development and therapeutic support. Staff modelling (demonstration) of expected behaviours and attitudes in their interactions with children. Ensuring awareness of the consequences of their behaviour in the centre and in their communities/homes. Providing opportunities to demonstrate and practise positive behaviours.

Ref No	Norm	National guidelines	Provincial guidelines
18.2	Children are appropriately sanctioned by management when transgressing.	<ul style="list-style-type: none"> The Blueprint gives expression as to how children's rights are upheld within a secure care setting. Child Protection norms and standards to inform the management of immigrant children and unaccompanied foreign minors. 	<p>The following behaviour management actions are prohibited:</p> <ul style="list-style-type: none"> Group punishment. Threats of removal, or removal from the programme. Humiliation or ridicule. Physical punishment. Deprivation of basic rights and needs. Denial of contact with family or significant others. Isolation. Restraint. Assignment of inappropriate or excessive work. Verbal, emotional or physical harm. Punishment by another child. Isolation is allowed as an immediate safety measure for no more than 2 hours and under strict adherence to all other minimum standards. Restraint can only be administered by trained personnel. This action must be documented. A child may be isolated from other children, only if he or she cannot be managed and is deemed to be a danger to himself or herself or others, for a very limited period of no longer than two hours, for the purposes of providing support and giving him or her time to regain control and dignity. Any child isolated from other children must be under the social worker or child and youth care worker or psychologist, and must be provided with physical care, emotional support and counseling which assists in re-integration into the group as soon as possible. No child may be isolated or locked up as a form of discipline or punishment. The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room. A register must be maintained which details the reasons for and period of a child's isolation, together with a report on the support and counseling provided and the response of the child during the period of isolation. Children are informed about policy and procedure regarding reportable incidents or actions and are provided with information and knowledge which ensure that they can use these procedures effectively when needed. Reportable incidents include the following: <ul style="list-style-type: none"> Removal or attempted removal of a child by unauthorized persons. Any situation in which restraint, isolation or prohibited behaviour management measures are used. Allegations of physical, emotional, sexual or verbal abuse. Absence of a child from the centre without permission. Intervention by security personnel or the SAPS. The death or injury of a child must be reported on a form corresponding with Form 39. Criminal charges/conviction of any person involved with the centre. Any substance abuse by personnel while on duty.

Ref No	Norm	National guidelines	Provincial guidelines
18.3	A child's right to human dignity must be upheld.		<ul style="list-style-type: none"> • Children must be informed of searching practices and consent to them as part of the orientation programme. • All searching of the children's private belongings and parcels may only occur in the presence of the child. • All illegal substances and weapons should be immediately confiscated and disposed of in an appropriate manner. • The bodily integrity of children may not be violated by routine or unauthorized bodily searches. • Bodily searches on children may only be conducted by a personnel member of their own gender.
18.4	Children have the right to participate in decisions and matters affecting them.		<ul style="list-style-type: none"> • A children's forum must be established that allows for meaningful participation of children in the operation of the centre. • A Children's Forum is formed, consisting of a representative number of children within the programme. • The proceedings of this Forum are documented. • The minutes of the proceedings is provided to the head of the centre. • Appropriate action is taken to address concerns raised. • Feedback regarding action taken is given to the Forum. • Children must be provided with a description of the relevant complaints procedure that is age and language appropriate. • Complaints must be dealt with seriously, timely and fairly.
18.5	Children have a right to maintaining contact with their families.	Develop, in conjunction with the Family Directorate, a policy for family preservation within the secure care programme.	<ul style="list-style-type: none"> • Implement national policy. • Ensure access to families, guardians or caregivers through: <ul style="list-style-type: none"> o Phone calls o Visiting times o Open days

19. Transversal areas

19.1 Monitoring and Evaluation

All programmes and activities must be monitored effectively and is essential for measuring the success of service provision. This will assist service providers at all levels to manage their programmes and activities better by providing timely feedback on whether or not services provided respond to the needs of clients, and furthermore, whether they are consistent with the overall realisation of the objectives of the Centre. The feedback provided can be used to improve current operations and to provide the basis for future strategic planning.

Norms and standards

Ref No	Norms	Reference	Standards
19.1	Policy and delivery adherence.	Draft regulations under the Children's Act.	<ul style="list-style-type: none"> • Every centre must be subjected to a quality assurance programme. • The centre must undergo a developmental quality assurance process within 4 years of registration. • The DQA process is confidential. • The adherence to national norms and standards.

Practice guidelines

Ref No	Norm	National guidelines	Provincial guidelines
19.1	Policy and delivery adherence.	Develop and monitoring and evaluation system with indicators.	<ul style="list-style-type: none"> • Implement the monitoring and evaluation system (DQA). • An internal assessment is undertaken by the management and staff members of the centre. • A team, consisting of members from the government and non-government sector, should conduct an external and independent developmental quality assurance of the centre. • A report and organizational development plan must be established between the teams by agreement. • A mentor must be appointed to oversee implementation of the plan by the management of the centre. • The progress in implementing of the organizational development plan should be reviewed within one year of the developmental quality assurance. • The developmental quality assurance process must be periodically repeated at intervals of 2-3 years. • Information gained about the organisation, the staff and/or the service recipients in the course of the DQA, is confidential. Only those who have a professional reason to have the information should be given it. • The assessment must be completed within 1 month of the developmental quality assurance. • The team which will do the particular DQA should be given the internal DQA to study at least 2 weeks prior to the DQA assessment. • In an extreme case where one person does the DQA, the person should consult with at least two other professionals before doing the ODP. • The DQA involves an assessment of whether rights are appropriately protected and whether the organisation is complying with and implementing the RSA Constitution and the relevant international instruments supported by South Africa. Where serious violations are discovered, these should be reported in writing by the DQA team to the appropriate authorities within 48 hours of the on-site assessment. • The report must be presented to the management and personnel within 21 days of the developmental quality assurance. • The mentor must be appointed within 10 days of the plan being presented to the management and personnel. • The review is carried out by one person (preferably the mentor), not a team. • The DQA Review results in an "updated" report and ODP which is then monitored until the next full DQA assessment. • The monitoring and evaluation of a provincial programme lies with the provincial office.