

ensuring that all passengers are seated regardless of transport mode used;

- (e) ensuring that vehicles used to transport children have the necessary safety characteristics, such as windows and doors opening restrictions, safety equipment and appropriate speed devices;
- (f) ensuring that children are not transported in open vehicles;
- (g) ensuring that there is an adult supervisor in a vehicle transporting children under the age of nine years; and
- (h) ensuring that there is no overcrowding of children in vehicles.

**(b) Proper care for sick children or children who become ill**

1. Staff must have the ability to identify children who are ill and be able to refer them for appropriate health services.
2. Policies and procedures relating to the health care of children whilst at the centre must be in place. Such policies and procedures must cover the following:
  - (a) Admissions criteria for identifying ill children;
  - (b) safe keeping of all medications at a facility;
  - (c) procedures for dealing with children who are ill; and
  - (d) guidelines for preventing spread of diseases at facility.
3. The following procedures must be adhered to:
  - (a) After identifying children who are ill, the illness or problem must be reported to the parent(s), care-giver or family as soon as possible;
  - (b) the child must be removed from other children to a safe space or room designed to care for ill children;
  - (c) any child assessed to have an infectious disease (measles, chickenpox, etc) must be immediately isolated from other children and referred to the nearest public health care centre for further assessment and treatment;
  - (d) if a child is already on some prescribed medication, that child must receive medication as prescribed and as advised by the parents; and
  - (e) in cases of emergency, the child must be taken to the nearest health facility for treatment and appropriate referrals.
4. The following medical records must be kept:
  - (a) separate, confidential and up-to date records of each child's medical history;

- (b) a record of each child's immunisation programme and Vitamin A schedule; and
  - (c) records of health incidents and accidents occurring at the facility.
5. A first aid kit must be provided and regularly maintained, with trained staff to administer it.

**(c) Adequate space and ventilation**

- 1. The structure must have adequate ventilation and sufficient light.
- 2. Spaces for different activities and functions must be clearly demarcated.
- 3. The structure must whenever possible allow children to see the outside world.
- 4. Where applicable, new buildings and alterations to buildings must comply with the building standards as set out by the National Building Regulations and Building Standard Act, 1997 (Act No.103 of 1997).

**(d) Safe drinking water**

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

**(e) Hygienic and adequate toilet facilities**

- 1. For centres catering for toddlers, junior type of toilets and washbasins should be provided where appropriate.
- 2. Toilet and hand washing facilities must be reachable for children.
- 3. For children 0-3 years –
  - (a) there must be developmentally appropriate toilets;
  - (b) where there are no sewerage/ablution facilities, potties must be made available;
  - (c) there must be one potty for every five toddlers;
  - (d) waste from potties must be disposed of hygienically in a toilet;
  - (e) potties must be cleaned after use and disinfected in a properly demarcated area;

- (f) there must be a clearly demarcated nappy changing area with a surface that can be easily cleaned. This area must be away from the food preparation area.
- 4. For children 3-6 years –
  - (a) there must be a toilet for every facility and hand washing facilities;
  - (b) where sewerage systems are available, there must be one toilet and one hand washing basin for every 20 children;
  - (c) where no sewerage facilities are available an approved toilet must be available on the premises or immediately adjacent to the premises;
  - (d) where no running water is available, there must be a minimum of 25 litres of drinkable water supplied on a daily basis;
  - (e) where no washbasins are available, one suitable container for every 20 children must be made available, provided that such container is cleaned regularly and closed; and
  - (f) all toilet facilities must be safe and hygienic.
- 6. For after care facilities catering for children 6 years and older, there must be –
  - (a) hygienic and safe toilets; and
  - (b) one toilet and one hand washing basin for every 20 children.
- 7. There must be adult supervision at all times when children use the toilet.
- 8. Where applicable the local authority regulations and by-laws in respect to physical characteristics of building and health requirements must be adhered to.

**(f) Safe storage of anything that may be harmful to children**

- 1. Medicines, cleaning substances and any dangerous substances must be kept out of reach of children.
- 2. Medicines and dangerous substances must be kept in separate locked or childproof cupboards.
- 3. Dangerous objects, materials, sharp instruments and utensils must be kept out of reach of children.
- 4. Dangerous substances may not be used in the vicinity of children.
- 5. Electrical plugs must be covered.
- 6. Paraffin, gas and other electric appliances must be kept out of reach of children.
- 7. Cleaning agents must be kept in clearly marked containers and out of reach of children.

**(g) Access to refuse disposal services or other adequate means of disposal of refuse generated at the facility**

1. Where possible, refuse must be disposed of according to municipality regulations.
2. Waste disposal methods must be safe and covered.
3. Waste must be kept out of reach of children.
4. Waste disposal areas must be disinfected regularly.

**(h) A hygienic area for the preparation of food for children**

1. There must be a separate, clean and safe area for the preparation of food as well as for cleaning up after food preparation.
2. There must be a separate clean and safe area for serving food to the children.
3. There must be cooling facilities for storage of perishable food.
4. There must be adequate storage for food as well as a clean food preparation area.
5. The food preparation area must be clearly marked and out of reach of children.
6. There must be a sufficient supply of clean water as well as cleaning agents.

**(i) Measures for the separation of children of different age groups**

1. Where applicable, children must be separated into the following age categories in separate rooms or spaces to ensure their development:
  - (a) Babies (under 18 months);
  - (b) toddlers (18-36 months);
  - (c) children 3-4 years of age; and
  - (d) children 4-6 years of age.
2. Where a partial care facility provides after care facilities to children of school going age, they should be kept separate to the above age categories, to ensure that they are able to rest and complete their homework upon their return from school.
3. Where more than 50 children are enrolled for a full day, there must be a separate room or space to be used as an office and a sickbay.

**(j) The drawing up of action plans for emergencies**

1. Reasonable precautions to protect children from risk of fire, accidents and other hazards must be taken.
2. Policies and procedures for dealing with structural and/or environmental emergencies and disasters must be in place.
3. Emergency procedures with relevant contact details must be visibly displayed.
4. Emergency plans must include evacuation procedures.
5. Emergency plans must be up-to-date, regularly tested and reviewed.
6. Staff must be trained in dealing with emergencies.
7. Children must be made aware of emergency procedures.

**(k) The drawing up of policies and procedures regarding health care at the facility**

Policies must –

1. include procedures to deal with infectious diseases at the facility;
2. include procedure for dealing with the medical needs of sick children and of children with chronic illnesses;
3. ensure that there are standards relating to cleanliness and hygiene at the facility;
4. ensure that there is an adequate supply of cleaning agents and towels at the facility;
5. ensure that the facility has a well-maintained First Aid Kit;
6. provide for the training of staff in First Aid;
7. include record keeping and registers pertaining to storage and use of medicines at the centre;
8. ensure that there is a record of accidents and health related incidents;
9. provide for measures to ensure hygienic food preparation and food storage;
10. promote confidentiality when dealing with health related information;
11. encourage staff to take care of their health, undergo regular medical check-ups, and must include procedures to deal with contagious diseases contracted by staff in order to prevent transmission to children; and
12. promote ongoing staff training and development on keeping a healthy environment, identifying illnesses, preventing the spread of diseases and infectious diseases as well as promoting universal health precaution.

## **B. NATIONAL NORMS AND STANDARDS FOR EARLY CHILDHOOD DEVELOPMENT**

For the purposes of section 94(2) of the Act, the following are national norms and standards for early childhood development:

### **(a) The provision of appropriate developmental opportunities**

1. Programmes must be delivered by staff who have knowledge, training and support to deliver developmental programmes.
2. Programmes must be appropriate to the developmental stages of children.
3. Programmes must respect the culture, spirit, dignity, individuality, language and development of each child.
4. Programmes must provide opportunities for children to explore their world.
5. Programmes must be organised in a way that each day offers variety and creative activities.

### **(b) Programmes aimed at helping children to realise their full potential**

1. Children must receive care, support and security.
2. Programmes must promote children's rights to rest, leisure and play through provision of a stimulating environment.
3. Programmes must promote self discovery.
4. Programmes must be evaluated and monitored.
5. Programmes must promote and support the development of motor and sensory abilities in children.
6. Programmes must promote self control, independence and developmentally appropriate responsibility.
7. Activities must promote free communication and interaction amongst children.
8. Programmes must respect and nurture the culture, spirit, dignity, individuality, language and development of each child.

### **(c) Caring for children in a constructive manner and providing support and security**

1. Creative play and exploratory learning opportunities must be provided to children.
2. Programmes must adhere to the following conditions:

- (a) Toilet facilities must be safe and clean for children;
  - (b) where there are no sewerage facilities, sufficiently covered chambers (potties) must be available;
  - (c) there must be one chamber for every child;
  - (d) for ages three to six years old, one toilet and one hand washing facility must be provided for every twenty children; and
  - (e) there must be a place for children to wash their hands and generally there should be a facility for the washing of children.
3. Discipline must be effected in a humane way and promote integrity with due regard to the child's developmental stage and evolving capacities. Children may not be punished physically by hitting, smacking, slapping, kicking or pinching.
4. Programmes must adhere to policies, procedures and guidelines related to health, safety and nutrition practices. These must relate to the following:
- (a) Practices aimed at preventing the spread of contagious diseases;
  - (b) at least one meal per day must be provided;
  - (c) all meals and snacks should meet the nutritional requirements of children;
  - (d) where children who are bottle-fed are cared for, suitable facilities must be provided for cleaning the bottles;
  - (e) confidential records of the medical history of each child must be kept;
  - (f) policies and procedures relating to health care at the centre must be in place;
  - (g) such policies must address cleanliness, hygiene and safety standards of the centre;
  - (h) records of a child's immunization and Vitamin A schedule must be kept;
  - (i) there must be a clean food preparation area;
  - (j) emergency plans must be in place; and
  - (k) children must be supervised by an adult at all times.
5. Programmes must meet the following requirements in relation to staff:
- (a) Staff must be trained in implementing early childhood development programmes;
  - (b) staff must be equipped with basic information, knowledge and skills to recognise children's serious illnesses and how to deal with these;
  - (c) staff must be trained in first aid;
  - (d) the child-to-staff ratio must be as follows:

1 – 18 months	1:6
18 months to 3 years	1:12
3-4 years	1:20
5-6 years	1:30; and

- (e) for every staff member stipulated above, there must be an assistant.
6. The physical environment must adhere to the following:
- (a) The building must be clean and safe at all times;
  - (b) playing areas must be clean and safe and promote free exploration; and
  - (c) there must be 1.5 square metres of indoor playing space per child and 2 square metres of outdoor playing space per child.
7. Safety measures must be undertaken when transporting children. Such safety measures include:
- (a) Ensuring that transport operators transporting children are registered, suitably trained, are qualified and possess the necessary licences and permits as prescribed by the National Land Transport Transition Act No. 22 of 2000 and other relevant national transport policies and regulations determined by the Department of Transport;
  - (b) ensuring that all vehicles used to transport children are safe, in good condition and adhere to the requirements as published by the Minister of Transport periodically in terms of the National Land Transport Transition Act No. 22 of 2000;
  - (c) ensuring that transport is appropriate to the ages of children transported and that it is accessible and suitable to children with disabilities and other special needs;
  - (d) ensuring that transport providers comply with safety measures regulated by the Department of Transport, including adherence to speed limits, ensuring that all passengers are seated regardless of transport mode used;
  - (e) ensuring that vehicles used to transport children have the necessary safety characteristics, such as windows and doors opening restrictions, safety equipment and appropriate speed devices;
  - (f) ensuring that children are not transported in open vehicles;
  - (g) ensuring that there is an adult supervisor in a vehicle transporting children under the age of nine years; and



- (h) ensuring that there is no overcrowding of children in vehicles.
- 8. Management must ensure that the following are complied with:
  - (a) Administrative systems and procedures must be in place to ensure the efficient management of the facility and its activities;
  - (c) centre information and policies must be given to families before a child is admitted; and
  - (d) records on each child and all centre records must be kept up to date.

**(d) Ensuring development of positive social behaviour**

1. Programmes must promote understanding of and respect for diversity in gender, language, religion and culture.
2. Activities must include parents and care-givers in the development of positive social behaviour in children.
3. Programmes must promote the development of positive social values.
4. Programmes must be conducted in a non-discriminatory manner.
5. Staff must demonstrate behaviour that promotes positive behaviour by modelling attitudes and interactions with children.

**(e) Respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child**

1. Programmes must promote appreciation and understanding for children's culture and language.
2. Educators must utilize one medium of instruction in class.
3. Children must be allowed to communicate in the language of their choice and preference outside class.
4. Cultural diversity must be encouraged and respected by educators and children alike.
5. Programmes may, where appropriate, facilitate late birth registration.
6. Programmes must contribute to the development of a sense of identity in children.

**(f) Meeting the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children**

1. Programmes must be appropriate to the developmental stages and evolving capacity of children.
2. Programmes must ensure that parents and care-givers are involved in the development of children.
3. Programmes must provide education and support to parents, caregivers and families to fulfil their responsibilities towards child-rearing and the holistic development of their children.
4. Programmes must be accessible to especially vulnerable children in their homes.
5. For children aged 0-3 years, programmes should, as much as possible include household visits for increased accessibility to children.
6. Programmes must promote cognitive development in children.
7. Programmes must promote the development of fine sensory and motor skills in children.
8. Activities must promote a positive relationship between the centre, families and the community.
9. Programmes must teach age appropriate self control and independent behaviour.
10. Existing community resources and strengths must be utilized in promoting the development of children.
11. The emotional needs of children must be addressed and children must be encouraged to express their emotions in a safe, supportive and protective environment.
12. Parents, care-givers and families of vulnerable children, children with disabilities and child-headed households must be reached out to provide information, knowledge and skills to promote the development of children in their families.
13. Children must be enabled to develop a positive sense of identity and self worth.
14. Programmes must be based on an integrated approach.
15. Children should feel valued and respected when participating in activities.
16. Programmes must adhere to national policies and guidelines.

#### **C. NATIONAL NORMS AND STANDARDS FOR CHILD PROTECTION**

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

**(a) Prevention and early intervention programmes must –**

1. strengthen and support family structures and build capacity;
2. be aimed at the improvement of the well-being of families and children;
3. if applicable, reunify and reintegrate family members;
4. be aimed at the identification of high risk families and children;
5. be family centred with family members seen as the main focus;
6. focus on the strengths and capabilities of family members;
7. if applicable, provide for the development of family plans in participation with family members;
8. enable family members to take responsibility and accountability for their involvement in programmes;
9. take the needs of children into account and the safety of the children in particular;
10. if applicable, provide for assessment and permanency planning;
11. if applicable, be based on a multi-disciplinary and inter-sectoral approach;
12. be sensitive to the linguistic needs and religious and cultural values of children and their families;
13. be home-based and community based;
14. make provision for the training, support and supervision of service providers; and
15. if applicable, ensure that early intervention decisions are based on developmental assessment.

**(b) Assessment of children who have been abused or deliberately neglected must be –**

1. undertaken by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to conduct assessments;
2. undertaken within 48 hours upon receipt of reports of abuse or deliberate neglect of children;
3. done in accordance with the broad risk assessment framework contemplated in regulation 40;
4. conducted by service providers who have appropriate knowledge of indicators of abuse or neglect and an understanding of the multi-disciplinary approach;
5. followed by informing the child, his or her parents, guardians or care-givers of the outcome of the assessment and any decisions affecting them;

6. conducted in a manner that involves the child, his or her family and any significant other persons and is conducive to their participation;
7. sensitive to the linguistic needs and religious and cultural values of children and their families;
8. conducted in such a manner that the persons involved can understand the assessment and the implications thereof;
9. aimed at the provision of sufficient and helpful information to the child, his or her family and significant other persons;
10. aimed at securing an appropriate care plan and individual development plan for the child;
11. conducted in a safe and protected environment; and
12. sensitive to the child's need for support and assistance during assessment.

**(c) Therapeutic programmes must –**

1. be conducted by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such programmes;
2. take account of the assessment framework, the assessment report and any other relevant information;
3. be based on a multi-disciplinary and inter-sectoral approach;
4. be sensitive to the linguistic needs and religious and cultural values of children and their families;
5. be aimed at meeting the needs of the recipient as indicated during assessment;
6. ensure that the recipients feel emotionally and physically safe in the therapeutic situation and that information is kept confidential;
7. ensure that the goals, time periods and expected outcomes of all therapeutic interventions are discussed and agreed upon and that recipients understand their rights and have sufficient information to make informed choices;
8. assist recipients to use their strengths while they are assisted to deal with trauma;
9. be conducted in a non-discriminatory manner and in a comfortable, friendly and safe environment that is conducive to the best interests of recipients;
10. make provision for the involvement of the child, his or her family and significant other persons during therapy;

11. ensure that recipients are provided with the name and contact number of the case manager or social worker;
12. provide adequate opportunity for additional consultation and counseling;
13. monitor the growth and progress of recipients;
14. ensure that records are kept and data captured;
15. be aimed at the minimisation of secondary abuse and trauma;
16. ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously; and
17. be reviewed on a regular basis according to the needs of recipients.

**(d) After care services must –**

1. be provided by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such services;
2. be based on a multi-disciplinary and inter-sectoral approach;
3. be sensitive to the linguistic needs and religious and cultural values of children and their families;
4. be rendered in a non-discriminatory manner;
5. ensure that recipients are provided with the name and contact number of the case manager or social worker;
6. ensure that after care programmes are sufficiently monitored and regularly reviewed;
7. ensure that records are kept and data captured;
8. be aimed at the identification of high risk situations and behaviour and the appropriate minimisation of risk;
9. focus on the strengths and capacity of recipients; and
10. be home based and community based.

**(e) Family reunification and integration services must –**

1. be provided by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such services;
2. be based on a multi-disciplinary and inter-sectoral approach;
3. be sensitive to the linguistic needs and religious and cultural values of children and their families;
4. be rendered in a non-discriminatory manner;

5. strengthen and support family structures and render capacity building;
6. improve the well-being and resilience of families and children;
7. be aimed at the identification of high risk families and children;
8. focus on the strengths of families;
9. ensure that family plans are developed with the participation of all family members;
10. enable families to take responsibility and accountability for their involvement in programmes;
11. provide for the referral of recipients to other appropriate programmes;
12. if applicable, provide for family development, family skills training, family group conferencing and mentorship;
13. if applicable, address parenting skills, conflict management, role clarification, gender and partner abuse, unemployment, substance abuse and deviant behaviour;
14. prevent and deal with out-of-home placements with the purpose of keeping families together except where this would not be in the best interests of the child;
15. ensure the provision of family centred programmes; and
16. facilitate the participation of family members and be aimed at the empowerment of families.

**(f) Foster care supervision** and arrangements around such supervision must –

1. be based on a care plan and an individual development plan for the child concerned;
2. include participation of the child and his or her family during the placement process;
3. take account of the need for maximum appropriate access to information to enable the child and his or her family to participate in decisions;
4. ensure support and capacity building with regard to the child and his or her foster parents;
5. allow foster parents to participate in the planning and drafting of a care plan and individual development plan and to be consulted and informed of plans;
6. be conducted in a manner that makes the child, his or her family and the foster parents aware of what is expected from them, their rights and responsibilities;
7. be sensitive to the religious, cultural and linguistic background of the child;

8. take account of the child's physical, emotional and social needs;
9. be appropriate to the child's developmental needs and be based on respect for the child's individuality, strengths, dignity, cultural, religious and linguistic heritage;
10. encourage, ensure and provide the opportunity for choice, decision-making and the building and strengthening of rapport and relationships;
11. ensure that basic needs are appropriately met;
12. ensure that the care plan and individual development plan are based on a proper developmental assessment of the child;
13. allow the child to observe his or her religion, to meet with others of similar background, to dress in accordance with his or her religion and to observe dietary requirements without difficulty, ridicule or embarrassment;
14. ensure the provision of support and strengthening services to foster parents and the monitoring of their roles to ensure outcomes around placement;
15. be based on a clear written policy and procedures regarding foster care services; and
16. ensure that care plans and individual development plans are reviewed regularly with the participation of the child and foster parents, within their respective abilities.

**(g) Integration into alternative care services must –**

1. be rendered by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render integration programmes;
2. be based on a multi-disciplinary and inter-sectoral approach;
3. be sensitive to the linguistic needs and religious and cultural values of children and their families;
4. be aimed at meeting the needs of recipients as indicated during assessment;
5. ensure that the recipients feel emotionally and physically safe in the therapeutic situation and that information is kept confidential;
6. be conducted in a non-discriminatory manner;
7. make provision for the involvement of the child, his or her family and significant other persons;

8. ensure that recipients understand their rights and responsibilities and are provided with sufficient information to make informed choices;
9. ensure that recipients are provided with the name and contact number of the case manager or social worker;
10. ensure that a comfortable, child-friendly and safe environment is available for children;
11. ensure that programmes are conducive to the best interests of recipients;
12. provide adequate opportunity for additional consultation and counseling;
13. monitor the growth and progress of recipients;
14. be aimed at the minimisation of secondary abuse and trauma;
15. ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously;
16. allow for the review of programmes according to the needs of recipients;
17. be based on a care plan and an individual development plan for the child concerned;
18. include participation of the child and his or her family during the placement process;
19. take account of the need for maximum appropriate access to information to enable the child and his or her family to participate in decisions;
20. be conducted in a manner that takes account of the child's physical, emotional and social needs;
21. be appropriate to the child's developmental needs and be based on respect for the child's individuality, strengths, dignity, cultural, religious and linguistic heritage;
22. encourage, ensure and provide the opportunity for choice, decision-making and the building and strengthening of rapport and relationships;
23. ensure that basic needs are met appropriately;
24. ensure that the care plan and individual development plan are based on a proper developmental assessment of the child; and
25. ensure that care plans and individual development plans are reviewed regularly.

**(h) Adoption services must –**



1. be rendered by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render adoption programmes;
2. take the child's needs into account;
3. provide for assessment of the child;
4. include awareness campaigns to promote adoption as part of child protection services;
5. be based on appropriately formulated and implemented policy and procedures;
6. ensure that the child and his or her family, within their respective abilities, are actively involved in all stages of the adoption process;
7. be based on an inter-sectoral and multi-disciplinary approach;
8. take account of and address the changing social, physical, cognitive and cultural needs of the child and his or her family throughout the intervention process before and after adoption;
9. ensure that all avenues to maintain the child within his or her own family are explored before adoption is considered;
10. ensure that the child's family has access to a variety of appropriate resources and support;
11. be based on permanency planning for children qualifying for adoption;
12. ensure that adoption is dealt with by expert adoption social workers functioning within a statutory accredited adoption system;
13. ensure that children who are to be adopted are not discriminated against with regard to race, gender, language, religion, disability or any other status and that the biological parents of children who are to be adopted are not discriminated against;
14. ensure that the child is involved in the decision-making process during adoption procedures;
15. ensure that inter-country adoption is considered as an alternative means of permanent care for a child when a suitable adoptive or foster family cannot be found nationally; that the standards of inter-country adoption conform with the Hague Convention on Inter-country Adoption; that inter-country adoption does not result in financial gain for those involved; and that inter-country adoption is effected by the Central Authority;
16. provide for the recruitment, assessment and preparation of adoptive parents;

17. provide for the counseling of the child, his or her biological parents and the adoptive parents;
18. provide for after-care services to the adoptive family;
19. provide for the management of enquiries and interpretation of issues regarding descent and origin, accompanied by counseling of all parties;
20. provide for the adoption of a child by a single parent or partners;
21. provide for the tracing by an adult adopted person of his or her biological parents;
22. ensure that the particular needs of the child are matched with the special strengths of the adoptive family through appropriate assessment and preparation of the parties involved;
23. provide for assistance to prospective adoptive parents to assess their capacity to adopt and helping them to understand what parenting of an adopted child entails;
24. provide for assistance to adoptive parents to develop their personal and parenting skills;
25. provide for services to biological parents focusing on crisis intervention and life skills; and
26. ensure that registers are maintained and data captured.

**(i) Permanency plans must –**

1. be designed by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to develop such plans;
2. clearly identify the reasons why the child is unable to remain with his or her own family, or is being placed under court-ordered supervision with that family, at the time when the plan is being drafted;
3. clearly specify what it is that needs to be achieved in order to terminate court-ordered supervision or restore the child to the care of his or her family, and what services will be offered for that purpose and by whom;
4. give priority to enabling the child to remain in or be restored to his or her own family, while also providing for other permanent solutions – for example adoption, foster care or independent living arrangements – should this not be achieved despite genuine efforts to provide the necessary services to achieve permanent placement within the child's own family;

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5. take account of the assessment framework, the assessment report and any other relevant information;
6. be family centred and focused on the strengths and capacities of family members;
7. be based on a multi-disciplinary and inter-sectoral approach;
8. be sensitive to the linguistic needs and religious and cultural values of children and their families;
9. make provision for the involvement of the child, his or her family and significant other persons;
10. provide sufficient and helpful information to the child, his or her family and significant other persons;
11. provide assistance to cope with changes in circumstances and environment;
12. include a specific plan for preparing, supporting and monitoring such changes;
13. be based on accepted policy and procedures;
14. encourage children to identify and express emotions appropriately and empower them to find effective and positive ways to express and manage emotions;
15. encourage positive interaction with service providers;
16. encourage children to build and maintain appropriate relations with friends, service providers, family members and significant other persons;
17. include support to children when relations break down and coping with the impact of having contact or not having contact with family members and significant other persons;
18. provide for adequate health care and education opportunities;
19. provide such capacity and support as may be required to enable constructive and effective behaviour;
20. include measures for preparing children for reintegration into their families and communities;
21. include measures allowing children to participate in and understand changes to the permanency plan, which should only happen if it is in the best interest of the child concerned;
22. be reviewed regularly; and
23. be clear on goals and expectations.

**(j) Education and information programmes must –**

1. be rendered by service providers who have the appropriate training, support and supervision to maximise their abilities and capacity to render such programmes;
2. be based on a multi-disciplinary and inter-sectoral approach;
3. be rendered in an appropriate and intelligible language;
4. include fact sheets, pamphlets, guidelines, policies and procedures;
5. encompass awareness-raising, training and provide access to programmes;
6. promote the development of a human and children's rights culture;
7. be aimed at the early identification of high risk families and children;
8. promote gender sensitivity;
9. promote responsible values, attitudes and behavior; and
10. be based on accepted policies, legislation and programmes.

**(k) Child-headed households:**

**(i) General**

1. Siblings in a child-headed household should, as far as is possible and practicable, remain together.
2. The right to family life of any child-headed household should be promoted in accordance with the objectives of the Act.
3. The independent functioning of a child-headed household must be promoted as far as possible.
4. Support to child-headed households must be aimed at enhancing the capacity of the children living in the child-headed household to function as a family.

**(ii) A safe and nurturing environment for children**

1. Children must experience safety, support, security and feel cared for while living in a child-headed household, and have their basic needs met.
2. Adequate nutrition, water and means for preparing food must be available to meet the basic needs of the children in a child-headed household.
3. Adequate care of the health of children living in child-headed households must be undertaken.
4. Children living in child-headed households must be able to benefit from the right to rest, leisure and play.

5. A child-headed household must respect and nurture the culture, spirit, dignity, individuality, language and development of each child living in that household and children must be encouraged to develop positive social values.
6. The resources available to the household must be used equitably to promote the well-being of all children living in the child-headed household.
7. Children living in child-headed households must have access to psychosocial support.

**(iii) Birth registration, social grants, social and community services, and access to education and the development of skills**

1. Children living in a child-headed household must benefit from official registration of their births in terms of the Births and Deaths Registration Act, Act 51 of 1992.
2. Children living in child-headed households must benefit from social assistance, as provided for in the Social Assistance Act, 2004 (Act No.13 of 2004), where the relevant criteria for access to such social assistance are met.
3. Children living in child-headed households may benefit from such other forms of social assistance, social relief of distress, emergency assistance or aid, as may from time to time be available, including food, goods or transport assistance
4. Children living in child-headed households who are of school going age must attend school regularly, and receive any necessary assistance to enable them to access education.
5. Children living in child-headed households must have access to social services and community services generally and to resources which promote their capacities and increase their ability to participate in community life.
6. Child living in child-headed households must be enabled to develop the skills necessary to participate in social and economic life.

**(iv) Property**

1. Children living in child-headed households must be enabled to assume responsibility for any property or possessions belonging to that household.
2. Children living in child-headed households must be assisted to maintain and preserve any property belonging to the household, where such children wish to preserve such property, but may freely dispose of property in the best interests of the household.

**(v) Exposure to harm**

1. Children living in child-headed households should not be exposed to violence, abuse, maltreatment or degradation, to sexual abuse or to harmful or hazardous forms of child labour.
2. Children living in child-headed households must as far as possible be protected from community risk factors.

**(vi) Disability, chronic illness and vulnerability**

1. Child-headed households must accommodate any special needs of a child living in that household, including any disability, chronic illness or other vulnerability.
2. Child-headed households in which a child with a disability or a chronic illness resides must be assisted to obtain any special grants, assistance devices, educational or vocational programme, or other form of support necessary to ensure the optimal development of such child.

**(vii) Participation and consultation**

1. Child-headed households must strive for the participation of children living in the household in all matters affecting the functioning of the household.
2. Child-headed households must be consulted in any investigation by a designated social worker referred to in section 150(2) and (3) of the Act.

**(vii) Monitoring and supervision**

1. Children living in child-headed households must be encouraged to report any change in living arrangements to a designated social worker, a mentor appointed in terms of section 136(3)(a) of the Act or other suitable adult.
2. Children living in child headed households in respect of whom a mentor has been appointed in accordance with section 136(3)(a) of the Act, or in respect of whom an investigation has been concluded in terms of section 150 of the Act, where no finding has been made that the child or children are in need of care and protection, are entitled to be visited on a regular basis, and not less than once every two weeks, for the purposes of monitoring and supervision.

**(viii) Child heading the household**

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

**D. NATIONAL NORMS AND STANDARDS FOR PREVENTION AND EARLY INTERVENTION PROGRAMMES**

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

**(a) Outreach services must –**

1. be aimed at reaching out to especially vulnerable children and families in order to meet the needs of the children;
2. be aimed at meeting the needs of children in the context of family and community;
3. be aimed at the development of community-based services and facilities to promote safety of children in communities;
4. ensure that children and families are able to access documents, including birth certificates, to facilitate access to social security and other social services;
5. be accessible to children in different settings, including homes, schools and partial care facilities;
6. ensure that children and their families have access to resources that maximise strengths and develop new capacities that promote resilience and increase their ability to benefit from existing developmental opportunities;
7. provide opportunities for children to identify their needs in their communities;
8. be based on a multi-disciplinary and intersectoral approach;
9. promote the identification of children at high risk of getting into the child care or criminal justice system;
10. include home-based, home visitation and community outreach support to particularly vulnerable children and families, including children infected and affected by HIV/Aids and other chronic illnesses, children with disabilities as well as orphans;

11. teach communities to recognise the signs of abuse and deliberate neglect of children;
12. utilize community strengths and resources to promote safe neighbourhoods for children;
13. be aimed at addressing community risk factors including abuse, violence, substance abuse and crime;
14. be conducted in a non-discriminatory manner; and
15. be sensitive to language, religious, cultural norms and beliefs of communities.

**(b) Education, information and promotion programmes must –**

1. provide education and awareness on children's rights and responsibilities;
2. promote the importance of the early years, particularly early childhood development;
3. promote advocacy for the rights of children as well as for the needs of the most vulnerable children and families;
4. provide children and families with information on how to access health and appropriate social services;
5. provide information and support to high risk families;
6. provide information and support to families affected by HIV/Aids and other chronic illnesses;
7. provide information on early identification of risk factors in children and families;
8. use available media and other communication measures;
9. be delivered in the language of the target groups being reached;
10. provide information on the nature and type of services to children, families and communities;
11. promote values aimed at protecting children in their communities;
12. be provided in the language of particular communities and be sensitive to the cultural values and norms of such communities;
13. promote opportunities for community dialogue on matters pertaining to children; and
14. provide information on community risk factors and available resources to address them.

**(c) Therapeutic programmes must –**



1. provide psychosocial care and support to children and families;
2. promote the emotional well-being and growth of the child;
3. be appropriate to the developmental needs as well as the developmental stage of the child;
4. be delivered in an emotionally and physically safe environment and may not be harmful to the child;
5. must be conducted by service providers with appropriate training, support, supervision and mentoring;
6. be based on the assessment of the particular needs of each individual child and family;
7. assist recipients to use their strengths whilst they are assisted with their psychosocial needs;
8. be conducted in a non-discriminatory manner;
9. involve the child, his or her family and significant persons;
10. ensure that recipients are provided with a name and contact number of the service provider;
11. provide additional consultation and counselling;
12. ensure that proper records are kept and data captured;
13. be aimed at minimisation of secondary abuse and trauma;
14. ensure that recipients are free to express dissatisfaction with service providers and that concerns and complaints are addressed seriously;
15. be reviewed on a regular basis according to the needs of the recipients; and
16. be sensitive to the linguistic needs and religious and cultural norms and values of children and their families.

**(d) Family preservation must –**

1. be aimed at the identification of high risk families and children;
2. be aimed at preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;
3. address factors that put children at risk of imminent removal from their environment;
4. address the particular needs of families in their diverse forms;

5. be rendered by service providers with appropriate training, support and supervision to maximise their abilities and capacity to conduct assessments and appropriate interventions;
6. be intensive in nature and delivered by a multi-disciplinary team within six months; seek to strengthen and support family support structures and render capacity development;
7. be aimed at improving the well-being and resilience of families;
8. be home-based and family-centred with family members seen as the main focus;
9. focus on and utilize the strengths of families;
10. ensure that family plans are developed with the participation of family members;
11. teach skills and develop capacity of parents, care-givers and families to address family risk factors;
12. enhance positive family relations and promote a family climate that promotes the care, protection and development of children;
13. ensure that children are safe from harm whilst in the family;
14. promote communication and positive relationships within families;
15. strengthen extended family as well as neighbourhood and community networks in promoting the well-being of the child;
16. promote reunification of children with their families;
17. ensure the participation of children, family members and other significant people in the child's life;
18. be based on a multi-disciplinary and intersectoral approach;
19. enable families to take responsibility and accountability for their involvement in programmes;
20. be sensitive to the linguistic needs and religious and cultural norms and values of children and their families; and
21. have a system for monitoring and assessing impact of programme.

**(e) Skills development programmes must be –**

1. aimed at improving children's and adult literacy;
  2. aimed at alleviating poverty and its adverse effects on children;
  3. aimed at creating employment and improving family income;
  4. aimed at providing skills for the care of sick, disabled and chronically ill children;
- and

5. sensitive to the linguistic needs and religious and cultural norms and values of children and their families.

**(f) Diversion programmes must –**

1. promote the dignity and well-being of the child, and the development of his or her sense of self-worth and ability to contribute to society;
2. be appropriate to the age and maturity of the child;
3. be based on an assessment of the particular needs of the child, using an approved developmental assessment framework which covers:
  - (a) Details on risk factors associated with offending that are present in the child's life, including –
    - social relationships, including family and peer relationships;
    - education, including school grade, attendance and performance;
    - history of antisocial behaviour;
    - substance abuse;
    - medical/psychiatric history;
    - whether the child has been found in need of care; and
    - the child's developmental areas that the programme is designed to address;
  - (b) strength assessment;
4. not interfere with the child's schooling;
5. impart useful skills;
6. not be exploitative, harmful or hazardous to a child's physical or mental health;
7. include a restorative justice element which aims at healing relationships, including the relationship with the victim;
8. 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;
9. involve parents and care-givers where available;
10. be presented in a location reasonably accessible to the child;
11. ensure that a child who cannot afford transport in order to attend selected diversion programme should, as far as is reasonably possible, be provided with the means to do so;
12. promote the participation of children in decision-making;

13. be provided by suitably trained persons, with regular supervision;
14. have a system for monitoring the child's progress, including his or her compliance with the conditions of a diversion order;
15. have a system for monitoring the quality of programme delivery;
16. adhere to national policy guidelines; and
17. be sensitive to the linguistic needs and religious and cultural norms and values of children and their families.

**(g) Temporary safe care**

1. Placement of a child in such care must be based on the assessment of the needs of the child.
2. Temporary safe care must promote the safety, security, dignity and well-being of the child.
3. Temporary safe care service providers must be properly screened and approved in the manner contemplated in regulation 63.
4. Temporary safe care service providers must demonstrate the ability to deliver an effective and efficient service to the child.
5. Temporary safe care may not be disruptive to the child's life and regular routine.
6. Temporary safe care must allow access to the child by relevant persons, including the parent, guardian, care-giver, next of kin or other professional as the need may be, if it is in the best interest of the child.
7. The identity and location of temporary safe care may not be revealed to certain persons for the protection of the child.
8. Temporary safe care must be sensitive to the linguistic needs and religious and cultural norms and values of children and their families.
9. There must be continuous monitoring and assessment of the well-being of a child in temporary safe care.

**(h) Assessment of programmes must –**

1. be undertaken by service providers who have the appropriate training, support and competencies to conduct such assessments;
2. be conducted annually;
3. be undertaken in response to any well-founded report or complaint submitted to the provincial head for social development;

4. enable and facilitate sustained quality service delivery through support, guidance and capacity building;
5. be strength-based, holistic and appropriate to the cultural context of the programme;
6. be aimed at promoting decision-making about future programmes;
7. result in the development of a plan for capacity building and improved service delivery within 30 days after assessment;
8. be aimed at protecting and promoting the rights of children as contained in the Constitution of the Republic of South Africa, 1996, this Act and other relevant statutes;
9. monitor adherence to the minimum norms and standards prescribed in this Act and to take decisive and appropriate action where departures from the norms and violations occur;
10. be done with the participation of children and programme staff;
11. consider the following factors:
  - a. The degree to which the programme reached the intended target;
  - b. The demographic profile of the target group;
  - c. whether recipients are receiving quality services;
  - d. the impact of the intervention on children, families and communities;
  - e. the availability and efficient utilization of programme resources;
  - f. quantitative and qualitative data on targets and services rendered as required by regulatory bodies;
  - g. sustainability of programme efforts;
  - h. ability of staff to implement the programme;
  - i. management function, ability and competency; and
  - j. compliance with registration conditions as well as current national statutory financial regulations;
12. ensure participation of families and communities;
13. ensure the safety and well-being of children;
14. be aimed at addressing and meeting the developmental needs of children;
15. be aimed at building community support for programmes;
16. ensure that programmes promote positive social values; and
17. may be conducted by a multi-disciplinary panel.

## **E. NATIONAL NORMS AND STANDARDS FOR CHILD AND YOUTH CARE CENTRES**

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

### **(a) Size of facilities and ratios of staff to children**

1. The ratio of child and youth care workers to children must be no less than 1 child and youth care worker on duty for every 8 children.
2. In a child and youth care centre that is registered to provide programmes for –
  - (i) the secure care of children in terms of section 191(2)(g) – (i) of the Act; or
  - (ii) the care of children with disabilities and chronic illnesses in terms of section 191(3)(a) of the Act,the ratio of child and youth care workers to children must be no less than 1 child and youth care worker on duty for every 5 children.
3. The Centre may depart by up to 50% from the ratios set out in paragraphs 1 and 2 for night shift.
4. Every child and youth care centre must employ at least one social worker, and the specified ratio is one social worker to 60 children.
5. A child and youth care centre registered to provide a secure care programme, may not accommodate more than 60 children, provided that separate management units each accommodating 60 children may be located at the same venue.
6. A child and youth care centre registered to provide a programme for children with behavioural, psychological or emotional difficulties, or for children placed under the Criminal Procedure Act, 1977 (Act No. 51 of 1977), must employ at least one psychologist, the specified ratio is one psychologist to 60 children.
7. A child and youth care centre that is registered to provide a programme for the treatment of children with a psychiatric condition in terms of section 191(3)(d) of the Act must utilise a multi-disciplinary team approach involving social workers and child care workers employed at the centre, must employ at least one psychologist, and must provide access to psychiatric care as required.

8. The certificate of registration may deviate from the ratios set out in this sub-section, for reasons stated in the certificate itself, by a margin of no more than 25% below the stipulated ratio.

**(b) Residential care programmes, therapeutic programmes and developmental programmes**

1. Every child and youth care centre must offer a residential care programme that provides a therapeutic milieu for the care and development of children.
2. A child and youth care centre may be registered to provide more than one of the programmes listed in section 191(2) of the Act, in combination.
3. Children in secure care programmes must as far as possible be kept separately from children in other programmes. They must be separated at night, and where they are not separated during the day this must be managed as part of a residential care programme that provides appropriate containment.
4. Children in secure care programmes who are awaiting trial and children in secure care programmes who have been sentenced may be housed in the same facility, provided that the child and youth care centre is registered to provide appropriate programmes for such children, and that the residential care programmes provide for appropriate containment.
5. Children must be received in a manner (and into a climate) which is caring and safe, and which minimises trauma and maximises developmental opportunity during engagement/admission processes.
6. Children must receive services in a safe environment in which they are protected from physical, social and emotional harm, from self and others.
7. Children must be accommodated in a safe, healthy, well-maintained environment, which provides appropriate access to the community (as permitted in terms of restrictiveness requirements) and which meets their needs in terms of privacy, safety and well being.
8. All reasonable provisions must be made to ensure that the children and staff are safe from the risk of fire, accidents, and other hazards.
9. Children must receive services in accordance with their care plan and individual development plan which facilitates their well-being within a temporary programme and which enables them, where necessary, to make a successful transition to new circumstances.

10. The privacy and confidentiality of children must be respected and protected.
11. The child must have access to legal or other assistance to prepare for any court process that he or she is involved with.
12. Children must receive emotional and social care which enables quality interactions with adults and peers, and which promotes positive, sustained relationships at school and with families, significant others, and friends.

**(c) Assessment of children in child and youth care centre**

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

**(d) Care plans, individual plans and reunification services**

1. Every child in a child and youth care centre has the right to a care plan and an individual development plan, which includes a plan for reunification, security and life-long relationships.
2. Every child has the right to participate in formulating their care plan and individual development plan, to be informed about their plans, and to be involved in decisions to make changes to their plans.
3. The individual development plan must be based on an appropriate and competent assessment of their developmental needs and strengths and, where possible, is in the context of their family and community environments.



4. The family of the child, or other persons with bonds to the child, must be involved in the child's care plan and individual development plan, unless it is shown that this would not be in the best interests of the child.
5. There must be a review of each child's placement and individual development plan at least once for every six months that the child remains in the centre.
6. Every child must be provided with appropriate rituals, programmes and support to enable their effective transition from one placement or programme to another, and to enable their integration into their family and community.

**(e) Minimum standards for isolation**

1. 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.
2. Any child isolated from other children must be under the constant observation of a social worker or child and youth care worker or psychologist, and must be provided with physical care, emotional support and counselling which assists in re-integration into the group as soon as possible.
3. No child may be isolated or locked up as a form of discipline or punishment.
4. The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room.
5. 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 counselling provided and the response of the child during the period of isolation.

**(f) Access to adequate health care and access to schooling and education**

1. All children in child and youth care centres must have access to health care services, and where the centre is registered to provide –
  - (i) care for children with disabilities and chronic illnesses in terms of section 191(3)(a) of the Act;
  - (ii) treatment of children addicted to dependence producing substances in terms of section 191(3)(c) of the Act; or
  - (iii) where there are a large number of babies in a centre,

the certificate of registration must stipulate the number of health care workers to be employed.

2. All children in child and youth care centres must have access to education, or other appropriate skills training programme.
3. The education referred to in paragraph 2 must, as far as possible, be accessed at a school or other training facility in the community.
4. Where children cannot access education or other appropriate skills training in the community, such education or skills training must be provided at the child and youth care centre.

#### **F. NATIONAL NORMS AND STANDARDS FOR DROP-IN CENTRES**

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

##### **(a) A safe environment for children**

1. Children must experience safety and feel cared for while at the drop-in centre.
2. Premises inside and outside must be clean, safe and maintained to a reasonable standard.
3. Equipment used must be safe, clean and well maintained.
4. There must be adult supervision at all times.
5. All reasonable precautions must be taken to protect children and staff from the risk of fire, accidents or other hazards.
6. A first aid kit must be available and maintained, and persons providing services at a drop-in centre trained to administer it.
7. Any substances, cleaning materials or dangerous objects must be safely stored and kept out of reach of children.
8. Where obvious signs of injury or trauma are detected, a child must be referred to a public health care centre for further assessment and treatment, and his or her parents or care-giver informed as soon as possible, if their whereabouts are known.
9. Where it is suspected that a child may have been abused and in need of child protection services, such child must be referred to a designated child protection organisation.

**(b) Safe drinking water**

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

**(c) Hygienic and adequate toilet facilities**

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

**(d) Access to refuse disposal services or other adequate mean of disposal of refuse**

1. Where possible, refuse must be disposed of according to municipality regulations.
2. Waste must be kept out of reach of children.
3. Waste disposal areas must be regularly disinfected.

**(e) A hygienic area for the preparation of food**

1. There must be a separate, clean and safe area for the preparation of food as well as for cleaning up after food preparation.
2. There must be a separate space for the serving of food to children.
3. There must be cooling facilities for the storage of perishable food.
4. There must be adequate storage of food.