

# Policy Framework for the Accreditation of Diversion Services in South Africa

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**social development**

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## DEFINITIONS

The following terms are used in this policy document:

**Accreditation:** a formal, external monitoring process whereby the Department of Social Development (DSD) Accreditation Unit sets performance standards for service quality that measures the merit of an organisation, in relation to standards and keeps the organisation accountable to the public. The process is based on self-assessment and possible review of programmes and services. Nominated teams or professional surveyors assess the quality of an organisation's service delivery and provide assistance aimed at improvement. Accreditation signifies formal recognition by the DSD's Accreditation Unit, by means of a quality assurance procedure, that an organisation and diversion programme has met professional and minimum standards criteria laid down for the type of programme.

**Accredited organisation/programme:** an organisation or programme that meets the requirements for accreditation and complies with the standards established by the department as set out in the department's policy on accreditation.

**Child in conflict with the law:** anyone under 18 who comes into contact with the judicial system, as a result of being suspected or accused of committing an offence.

**Continuous improvement:** a continuous process that identifies problems examines solutions to those problems and regularly monitors the solutions implemented for improvement. Therefore, it supports ongoing learning, development and improvement. In the context of diversion services, or any other service focusing on behavioural change and individual psychosocial development, a key strategy in any quality improvement process is a focus on outcomes and the effectiveness of service delivery, in response to the behavioural change/personal development goals of individuals.

**Ecometric scales:** standardised scales used by social workers. Ecometric scales aim to measure social functioning, with the emphasis on behavioural strengths and coping skills. In this regard, ecometrics refers to the measurement or quantification of people-in-environment. It measures the degree of adaption between people and their bio-psychosocial environment. The South African Council for Social Service Professionals (SACSSP) has a subcommittee for the evaluation and accreditation of ecometric scales for use by social workers.

**Life skills:** the capacity for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life.

**Organisation:** an agency or individual providing services to children at risk or in conflict with the law, which is in receipt of funding from DSD. It involves both government and non-governmental providers.

**Policy framework:** a description of an interlinked and interdependent set of statements, established as

a policy guide to action, to support the achievement of the goal of a high quality of services.

**Pre-test/Post-test design:** a research design, where the pre-test is conducted before a therapeutic intervention/programme to determine baseline behaviour. The same scale is used after the therapeutic intervention/programme (post-test) to determine whether the anticipated outcomes were achieved (behavioural change or skills development).

**Psychometric assessment:** used for the measurement of cognitive, behavioural and personality constructs of an individual.

**Psychosocial intervention:** relates to programmes focused on both the psychological and social aspects of a person's functioning.

**Quality assurance:** a system of planned and systematic activities that is undertaken in order to guarantee that the quality of diversion programmes and services provided by organisations and DSD meet predetermined standards.

**Registration:** the least restrictive form of professional credentialing, whereby a regulatory body maintains a list of people or organisations, who have informed the body that they perform professional services for the public in a particular field. In this regard, policy registration of an organisation refers to registration, in terms of the Non-profit Organisations Act (1997), and registration of an individual refers to registration, in terms of the Social Service Professions Act.

**Service:** an operational unit of a service provider or that which a service provider provides, e.g. a diversion programme.

**Service provider:** an external organisation or individual that provides DSD with specialised services that have been “funded” or “purchased”, including, but not restricted to, social services, i.e. diversion or childcare, or consultation services.

**Service user/client:**

- A child at risk or in conflict with the law, who has been referred to an intervention or programme for the purpose of diversion out of the criminal justice system
- Family member(s) of a child at risk or in conflict with the law, who has been referred to an intervention or programme for the purpose of diversion out of the criminal justice system.

**Skills Programme:** a short learning programme that is occupationally based and, when completed, provides a learner with credits towards an NQF qualification. It is made up of one or more unit standards that are found within a qualification.

## ACRONYMS

<b>CEO</b>	Chief Executive Officer
<b>DDG</b>	Deputy Director General
<b>DG</b>	Director General
<b>DQA</b>	Developmental Quality Assurance
<b>DSD</b>	Department of Social Development
<b>ETQA</b>	Education and Training Quality Assurance
<b>MTEF</b>	Medium-term Expenditure Framework
<b>NPO</b>	Non-profit Organisation
<b>NQF</b>	National Qualifications Framework
<b>ODP</b>	Organisational Developmental Plan
<b>PFMA</b>	Public Finance Management Act
<b>SACSSP</b>	South African Council for Social Service Professionals
<b>SAQA</b>	South African Qualifications Authority
<b>SETA</b>	Sector Education and Training Authority

# Part I



# CHAPTER I

## I. Introduction

Since the new South African democratic government (1994) called on all sectors of society to revisit policies and approaches in demonstrating commitment to transformation and change, diversion services to children in conflict with the law have continued to be provided in the absence of a regulating framework (Wood, 2003:1). From 1996 onwards, a substantial increase in the number of children referred for the purpose of diversion resulted in various organisations and individuals becoming involved in the provision of diversion services. At this point, concerns related to the quality and impact of diversion services were raised, as the existing perception was that children were getting away with crime. Therefore, due to lack of legislation, growing demand and quality concerns, minimum standards for diversion were developed. Although the primary purpose of the minimum standards was to protect the rights of children referred to these services, these standards also provided a framework for the evaluation of service quality, thereby promoting good practice and acceptable rigour in the design, delivery and monitoring of interventions.

With the promulgation of the long-awaited Child Justice Act (75 of 2008), South Africa will enter a new era in the regulation of diversion service providers and programmes on 1 April 2010. The Act introduces the requirement that a child may only be referred to a service provider or programme, which is accredited in terms of the Act. Service providers include government, non-governmental and educational bodies. It is envisaged that accreditation will ensure that service providers meet minimum standards and facilitate meaningful outcomes in diversion programmes. In addition to accreditation of diversion programmes being a requirement of the Act, the Act also provides for quality assurance, and the monitoring and evaluation of programmes and service providers.

In this regard, Section 56(2) of the Act, places the responsibility of developing such a system on the Cabinet member for Social Development. Consequently, DSD was tasked with the development of a national policy framework and system for accreditation of diversion service providers and programmes in South Africa. As such, this policy and accreditation system framework has then been developed to provide strategic as well as practical guidelines and processes for the accreditation of diversion service providers and programmes delivered by these service providers. The development of guidelines and processes took into account mandates and legislation relevant to the social development and child justice contexts.

As this policy is complementary to all other policies of the department, which deal with the provision of social services, in general, it aims, on a strategic level, to facilitate the achievement of priorities of the department. The policy allows the DSD to prioritise and support the implementation of quality services, and effective and impact of programmes to children at risk, and in conflict with the law, by means of accreditation. Accreditation thus provides the DSD with a quality assurance mechanism, enabling monitoring and evaluation of the impact of diversion services and programmes in South Africa. Hence, the DSD endorses accreditation as a practice for all departmentally funded agencies that provide rehabilitation



and developmental services to children at risk and in conflict with the law, as part of a multidimensional approach to quality assurance and continuous quality improvement in diversion practice. As envisaged by the DSD, accreditation carries the primary purpose of accountability and improvement of services and programme quality delivered to children at risk and in conflict with the law. In this regard, the system serves to benchmark evidence-based, successful practices, share information and assure the public about the quality of services delivered to these children.

# CHAPTER 2

## 2. Situational Analysis

### 2.1 Accreditation of training programmes versus therapeutic programmes

Currently in South Africa, provision is made for accreditation of education and training programmes. These programmes are governed by legislation comprising of numerous Acts, such as the Skills Development Act (Act No. 97 of 1998) the South African Qualifications Authority (SAQA) Act (Act No. 58 of 1995), as well as others, such as the Higher Education Act (Act No. 101 of 1997) and the Further Education and Training Act (Act No. 98 of 1998). Regulations for Education and Training Quality Assurance (ETQA) were published in 1998, which made provision for the accreditation of ETQA bodies. These bodies are responsible for accrediting providers of education and training standards, and qualifications registered on the National Qualifications Framework (NQF); monitoring provision; evaluating assessment; facilitating moderation across providers and registering assessors.

Service providers in the education and training sector must be registered with a Sector Education and Training Authority (SETA) responsible for the quality assurance of education and training initiatives/programmes. The SAQA is responsible for overseeing the development and implementation of the NQF, a comprehensive system approved by the Minister for the classification, registration, publication and articulation of quality-assured national qualifications (SAQA website). Unit standards are registered for individual training programmes and qualifications, thereby ensuring standardised norms for qualifications within the education and training sector.

South Africa's NQF is unique in that it was designed from the outset to be fully inclusive of all learning areas, namely Further and Higher Education in both institutional and workplace contexts. The NQF consists of one set of qualification types and level descriptors for institutional and workplace-based qualifications at all levels of the framework. This is inclusive of graduate and post-graduate courses, further vocational training, skills programmes and short courses. The primary outcome of education and training programmes is usually a qualification associated with the development of vocational knowledge and/or skills. Outcomes of therapeutic programmes do not fall within this paradigm, as they operate on an intrapersonal and interpersonal level.

Therapeutic programmes are associated with the treatment of physical, mental or behavioural disorders. In the social services sector, therapeutic programmes are linked to addressing behaviour that is anti-social or related to a person's inability to function effectively on an interpersonal level and/or within society. Therefore, the purpose and outcome of a therapeutic programme will be to change the behaviour or behaviour patterns, which have a negative impact on a person's intrapersonal and social functioning. This is achieved by means of psychosocial intervention and skills development. It should be noted that the skills development component referred hereto has no relation to skills development as understood in an education and training context.

Skills development within a therapy and social services context is generally associated with the development of life skills. Life skills are a core set of skills that are at the heart of skills-based initiatives, namely, decision-making; problem-solving; creative and critical thinking; effective communication; interpersonal relationship skills; self-awareness; empathy; and coping with emotions and stress. Life skills are generally taught as abilities that a person can acquire through learning and practice. Programme outcomes are linked to the specific skills the programme aims to teach or the behaviour it aims to change. Although therapeutic interventions and programmes also have a “learning of theory and skills” component, the evaluation of achievement in these programmes cannot be performed in the same way as that of educational and training programmes, because of the difference in their purpose and outcomes.

Traditionally, in a social services context, programme evaluation and behavioural change in clients are measured (assessed) by means of psychometric or ecometric scales. These measuring instruments are both standardised to assess the strengths and weaknesses associated with a person’s psychosocial functioning. Scales are developed to assess specific behavioural constructs, for example, stress, depression and the ability to make responsible decisions or solve problems effectively. A pre-test-post-test design is usually conducted by means of which behavioural change can be measured.

Unlike education and training programmes, therapeutic programmes cannot be measured in terms of a one-dimensional level, for example, the achievement of a qualification. Behavioural change and the development of life skills are multidimensional and dependent on the development of knowledge and skills, practical experience and the person’s motivation to change. The effectiveness of therapeutic programmes can only be determined if all these factors have been taken into consideration. Factors such as these make the notion of accrediting therapeutic programmes challenging.

It can, therefore, be concluded that the differences between education and training programmes, and therapeutic programmes make it impossible to utilise the existing framework for accreditation in the education and training sector for accrediting therapeutic programmes.

## **2.2 Theoretical framework for the accreditation of therapeutic services and programmes**

Theoretical principles and models will now be explored to guide the conceptualisation process for the accreditation of therapeutic programmes. Since the purpose of this project is to develop an accreditation framework for diversion services, specific emphasis will be placed on models and principles within a criminal justice framework. Firstly, the “what works principle” will be explored, followed by the cognitive behavioural theory.

### **“What works” principle**

The “what works” principle originated in opposition to the “nothing works” movement in the 1970s, which took hold after an article published by Robert Martinson. The article described the apparent lack of effectiveness of correctional rehabilitation and resulted in the adoption of a more punitive approach,

with an increased reliance on sanctions as a means of crime control. Since then, research has found that treatment can be effective and can reduce repeat offences. Research contributed to the development of an alternative approach to correctional research, namely, to focus on what works (Ferguson).

The premise of the “what works” research is rooted in three key principles required for effective correctional intervention, namely, risk, need and responsiveness. These principles outline the appropriate targets for treatment and how treatment should be delivered. Furthermore, it links assessment to treatment and highlights the importance of assessment in the delivery of effective treatment programmes.

The risk principle advocates that treatment services should be matched to the risk level of the offender. The higher the risk of repeat offences, the more intensive and extensive the treatment programme should be. This principle is supported by research that has found that low-risk individuals who received intensive services experienced no change or increase in their level of risk for repeat offences, whereas high-risk individuals, who received intensive services, showed a reduction in their level of repeat offences.

The needs principle focuses on the factors that should be targeted by means of intervention and states that programmes addressing causative factors of offending are more likely to be effective. Correctional intervention should, therefore, focus on criminogenic needs. Criminogenic needs refer to the dynamic risk factors that can be changed through treatment, where change is known to reduce repeat offences.

The responsiveness principle can be divided into internal and external responsiveness. Internal responsiveness suggests that characteristics of the offender, such as personality and learning style, influence how he or she responds to different types of treatment. Programmes that match the learning style of the offender and employ methods which have been demonstrated to consistently bring about change in offenders are more effective. External responsiveness focuses on the role of service providers in determining the effectiveness of programmes. The programme facilitators and location are crucial to providing an environment conducive to rehabilitation.

Bonta, in his article, “Offender Rehabilitation: From Research to Practice” concurs, adding that there needs to be an organisational commitment to the value of rehabilitation, which includes the dedication of time and resources. The importance of using valid instruments to accurately assess offender risk and needs is emphasised. Lastly, he recommends that cognitive-behavioural approaches should be followed to improve the effectiveness of treatment.

After conducting an extensive meta-analysis specifically evaluating diversion programmes, Dawes and Van der Merwe concluded that the community-based principle, multimodal principle and intervention integrity principle are further key principles intrinsic to the “what works” approach. The community-based principle proposes that programmes with close links with the child’s community are most effective. This is based on the proposition that proximity to participants’ homes promotes real-life learning and generalisation of positive skills.

The multimodal intervention principle suggests that the most effective programmes are multimodal and social skills-oriented. In this regard, research has found that highly structured, cognitive behavioural treatments directed at the development of concrete skills are the most effective and have more lasting effects. Furthermore, it was found that effective treatment programmes provide cognitive behavioural programming; enforce programme rules in a firm but fair manner; provide more positive reinforcers than punishers; use therapists that respond in sensitive and constructive ways; and use therapists who have appropriate training and supervision.

The intervention integrity principle recommends that intervention should be research-based throughout and have sufficient resources to achieve objectives, which should be linked to intervention components and desired outcomes. It is also important that intervention is systematically monitored and evaluated. The assessment of static and dynamic risk factors is viewed as a key component to effectively implement the risk, need and responsiveness principles.

In its concern to minimise future harm, the “what works” principle should, in general, reflect the prevention model.

Dawes and Van der Merwe also identified “what does not work” principles in their study. They found that the following programmes were least effective:

- Interventions in which participants are mismatched, according to the risk, need and responsiveness
- Non-directive, relationship-dependent and/or unstructured psychodynamic therapeutic approaches
- Milieu and group approaches that emphasise in-group communication, without a clear plan for participants to gain control over target offences and/or antisocial behaviour, where there is a risk of antisocial bonding occurring
- Poorly targeted academic and vocational approaches, for example, ‘life skills’ approaches that do not have clear and direct links to the causes associated with the target behaviour
- Single-component wilderness/adventure therapy interventions that are not multimodal and do not include problem-focused components
- Punitive approaches, such as ‘boot camps’
- Residential interventions, where the negative effects of residential settings diminish the positive effects of otherwise appropriate interventions.

In recent years, the “what works” principle has moved away from key performance areas to an outcomes-based approach. This paved the way for the “what works” principle to be used to inform research, in terms of programme evaluation and the identification of effective practices in rehabilitation services. This approach advocates that, as soon as best practices in the criminal justice sector are identified, these practices be consolidated and replicated to create a more effective penal system.

The “what works” principle focuses on various elements that are of importance for the accreditation

of therapeutic services and programmes. The three key principles, namely, risk, need and responsiveness reflect a philosophy of shared responsibility which should form the core of each and every therapeutic initiative. This philosophy identifies important aspects that can be associated with the delivery of effective therapeutic services, namely, that services should be client-centred (risk principle), need-directed (need principle) and accountable (responsiveness principle).

The “what works” principles propose that programme content should be theory-based and grounded in scientific research focusing on clients’ unique therapeutic needs. This is inclusive of rendering community-based services. Interventions should be multimodal and preventive in nature. All programmes should, furthermore, be outcomes-based, thereby paving the way for programme evaluation and the identification of effective practices in rehabilitation services. The role and responsibility of organisations (hosting and implementing) and programme facilitators in the delivery of effective therapeutic services are also emphasised.

In summary, it can be concluded that the holistic approach evident in the principles of the “what works” approach can act as a point of departure for the development of a framework for the accreditation of therapeutic services.

### **Cognitive-behavioural theory**

A number of outcome evaluations and ‘what works’ research literature indicates that interventions incorporating cognitive-behavioural elements are most effective in the prevention of reoffending<sup>1</sup>. Cognitive behaviour therapy (CBT) was developed out of the work of the early behaviour theorists - Watson, Skinner, Mowrer, Dollard and Miller. It is a form of therapy where an individual is helped to recognise patterns of distorted thinking and dysfunctional behaviour<sup>2</sup>.

Cognitive behaviourists postulate that early life experiences influence the development of core beliefs. Core beliefs are generally on an unconsciousness level. The result thereof is that individuals are not fully aware of their significance and the influence it has on their current cognitions, emotions and behaviours until their attention is drawn to this through therapy.

Core beliefs are considered to be stable personality traits and are global, rigid, absolute statements that organise information and allow individuals to interpret experiences and information in a personal meaningful way. Core beliefs can lead to the development of dysfunctional assumptions if they affect the interpretation of situations in a biased or exaggerated way. Dysfunctional assumptions through a process of automatic thoughts, which are usually negative in content, influence an individual’s thoughts, beliefs, attitudes, expectations and actions and are considered to play a role in the development and maintenance of dysfunctional and anti-social behaviour as well as mental health problems<sup>3</sup>.

It is generally believed that cognitive distortions or “thinking errors” are linked to the causation of offending behaviour. For example, research found that sexual offenders who target children tend to normalise their distorted cognitions and will rationalise or minimise their behaviour through false beliefs, such as that children want sexual contact with adults; that sexual contact between an adult and a child is not harmful to the child and that children intentionally behave in an sexual seductive manner and that adult men are entitled to satisfy their sexual needs<sup>4</sup>.

Cognitive-behavioural therapy is grounded in the believe that behavioural change can be achieved

through the systematic use of empirically supported learning principles. The goal of therapy is to help a person to discover dysfunctional and irrational thinking and behaviour and develop more adaptive and functional techniques for responding to life's challenges. It therefore aims to assist clients to develop effective coping strategies and equip them with the skills to effectively address future life challenges. Treatment of offenders will for example be aimed at correcting cognitive errors or distortions, such as irrational or distorted beliefs. Behaviour modification techniques, such as counter-conditioning, are techniques where one type of response is interchanged for another response based on learning principles. This is usually achieved through a process of continued reinforcement which is grounded in principle of operant conditioning<sup>1</sup>. Social skills training are also related to behavioural modification and assist to counter distorted cognitions<sup>5</sup>.

The cognitive-behavioural theory emphasises the importance of utilising therapeutic interventions in rehabilitation services. Even though behaviour modification is associated with the learning of socially accepted behaviour the learning is not a didactic process but therapeutic in nature. Behaviour modification focuses on the recognition and rectifying of distorted cognition (thinking-errors) and dysfunctional behaviour. This is achieved through therapeutic techniques such as operant conditioning and life skills training aimed at assisting clients to develop effective coping strategies and thereby equipping them with the skills to effectively address future life challenges. During the therapeutic process an individual is made aware of distorted cognitions which could result in dysfunctional thoughts, beliefs, attitudes, expectations and actions. Clients are introduced to alternative pro-social options to counteract (replace) distorted cognitions and dysfunctional behaviour.

In terms of the development of an accreditation framework for therapeutic programmes the cognitive behaviour theory accentuates elements crucial for effective therapeutic programmes. Various research studies concluded that programmes incorporating cognitive-behavioural elements are most effective in addressing criminal behaviour and to prevent re-offending. The therapeutic techniques applied are empirical indicating that it is need directed and client centred. Emphasis is placed on the process of actively changing dysfunctional behaviour as a critical outcome for therapeutic programmes.

An analysis of the “what works” principal and cognitive-behavioural theory provided a theoretical framework for the accreditation of therapeutic programmes. The “what works” principal presented a holistic framework which could be used to guide the development of an accreditation system that is in line with the overarching purpose of therapeutic interventions. This framework can furthermore inform the relevant operational processes and guide the implementation and evaluation of such a system.

The cognitive-behavioural approach, in turn, emphasise the importance of utilising therapeutic interventions in rehabilitation services. It creates a framework for the development of an outcomes based accreditation system that is in line with the “what works” principles’ approach. Both the cognitive-behavioural theory and “what works” principle advocates for accountability in service delivery, which is central to the philosophy of accreditation.

In terms of accreditation these two approaches calls for a multi-dimensional accreditation system

<sup>1</sup> Operant conditioning is a process of behaviour modification in which the likelihood of a specific behaviour is increased, or decreased, through punishment and positive or negative reinforcement.

that evaluates service delivery on organisational and performance-output level. It strives to prevent re-offending and promotes making use of interventions which actively contribute to sustained behavioural change. Notwithstanding this, it is not ridged or over-prescriptive but in favour of using diverse methods to achieve specific outcomes.

### **2.3 Contextualisation of diversion in South Africa**

In South Africa, various accreditation systems exist to regulate and monitor products and services in the business, chemical and manufacturing sectors. Recognised providers and programmes in the education and training sector must also be accredited under the SAQA. Until now, services delivered in the social services or human services sector have not been covered in any of these accreditation systems.

With the publication of the new Child Justice Act (75 of 2008), South Africa will enter a new era in the regulation of providers and programmes in the social services sector. In accordance with this Act, diversion services will be the first provider for which a system of accreditation is developed. Although not formalised yet, the accreditation of substance abuse service providers and programmes, and rehabilitation services in correctional centres is under discussion.

It is against this background that the focus of this literature review will be to conceptualise and contextualise accreditation within a social services and legislative context, and to identify operational elements of successful accreditation systems and procedures that could inform their design.

No framework or system for the accreditation of service delivery in the social services sector exists in South Africa. The first step in understanding any phenomenon is to conceptualise it, for as Keeney (1983) states, to understand any realm of phenomena, we should begin to notice how it was constructed, that is, what distinction underlies its creation". The conceptualisation process entails the "...taking apart (of) an observation, a sentence or a paragraph, and giving each discreet incident, idea or event a name, something that stands for or represents the phenomena". For the purposes of the literature review, the difference between the accreditation of training and therapeutic programmes will be explored. Secondly, a theoretical framework for the accreditation of social services programmes will be presented and, lastly, international practices will be analysed.



## CHAPTER 3

### 3. Policy and Legislative Mandates

The recently promulgated Child Justice Act (Act 75 of 2008) is the primary piece of legislation regulating and informing the management of children at risk and children in conflict with the law, within the criminal justice system. Various other pieces of legislation and policy documents are, however, also significant in regulating services provided to these children. Hence, this policy must be read in conjunction with the following pieces of legislation, policies, procedures, guidelines and international instruments that relate to children at risk and children in conflict with the law.

The National Policy Framework and System for the Accreditation of Diversion Programmes and Service Providers is a mandatory obligation under the following legislation and policies:

#### National Obligations

- **Probation Services Act 35 of 2002**

The Act mandates the DSD to develop, implement and monitor the implementation of diversion programmes at all levels of intervention and to promote restorative justice initiatives within the child justice system.

- **Child Justice Act 75 of 2008**

The Act expects the DSD to develop, implement and monitor the implementation of diversion services for children at risk and in conflict with the law at all levels of intervention. It also channels an appropriate move towards the provision of diversion services, such as:

Objective of diversion (Section 51)

Consideration of diversion (Section 52)

Diversion options (Section 53 )

Selection of diversion options (Section 54)

Minimum norms and standards applicable to diversion (Section 55)

Provision and accreditation of diversion programmes and diversion service providers (Section 56)

Monitoring of compliance with diversion order (Section 57)

Failure to comply with diversion order (Section 58)

Legal consequence of diversion (Section 59)

Registration of children in respect of whom the diversion order has been made (Section 60).

- **Children's Act 41 of 2007**

The Act considers prevention and early intervention programmes as compulsory initiatives towards combating and preventing children's antisocial behaviour. It also emphasises the development and

implementation of regulations, minimum norms and standards, and procedures that will regulate a code of ethical practice for service providers, child youth care centres, care facilities and programmes for children in need of care and protection, as well as other vulnerable groups.

- **SA Constitution Act No. 108 of 1996 (Section 28)**

Section 28(1) of the Constitution of the Republic of South Africa emphasises that children's rights should be protected and prioritised at all times. The children's best interests should always be of paramount importance and children in conflict with the law should be afforded specific safeguards. Subsection 1(g) further emphasises that the detention of children should be a last resort measure and then only for the shortest appropriate period of time. Conditions of detention of children are that:

they be kept separately from detained persons over the age of 18 years

they be treated in a manner and kept in conditions that take the child's age into account.

- **Minimum norms and standards for diversion**

This policy document enables the DSD to regulate diversion service providers and programmes, in order to protect the rights and interests of the client and stakeholders. It further provides mechanisms to prevent and effectively manage risks, such as:

Maladministration of resources

Poor programme quality

Inappropriate programme content

Lack of capacity

Lack of skills

Unequal access to diversion services and

Poor monitoring and evaluation of client progress and services.

- **Policy on financial awards of 2004**

This policy aims to guide the country's response to financial procedures and requirements for service providers in the social development sector, and facilitate the transformation and reprioritisation of services to the poor and vulnerable sectors of society. The policy strives to achieve social and political objectives, as spelled out in the legislative and policy framework of the country, in general, and the DSD, in particular. Other aims are:

to rationalise welfare funding

to target beneficiaries

to ensure that resources are used efficiently and effectively

to correct injustice and imbalance

- **Public Finance Management Act 29 of 1999**

The Act is an extremely important piece of legislation, as it promotes the objective of good financial management, in order to maximise delivery through the efficient and effective use of limited resources. Its objective is to ensure accountability and the sound management of revenue, expenditure, assets and liabilities. Section 38(j) outlines procedures to be followed before transferring any funds to service providers for services provided outside the department...

The Public Finance Management Act (PFMA) is an approach to financial management that focuses on outputs and responsibilities, the efficiency, economy and effectiveness of programmes, and best-practice financial management. The main purpose and rationale for the PFMA arose from the need to ensure well-defined, appropriately vested accountability and responsibilities. In short, WHO does WHAT and WHERE is ACCOUNTABILITY vested for operational results, to ensure value for money.

- **Non-profit Organisation Act 71 of 1997**

This Act provides for an environment in which non-profit organisations (NPOs) can flourish, and establish an administrative and regulatory framework within which they can conduct their affairs. The Act also gives directives for the procedures that determine and coordinate the implementation of its policies and measures in a manner designed to promote, support and enhance the capacity of NPOs to perform their functions. In addition, the Act clarifies the roles and responsibilities of the section monitoring NPOs, for example:

- Facilitating the process for developing and implementing policy

- Determining and implementing programmes

- Supporting NPOs in their endeavour to register and ensuring that the standard of governance within NPOs is maintained and improved

- Liaising with other organs of state and interested parties

- Facilitating the development and implementation of multi-sectoral and multidisciplinary programmes.

### **3.1 Policy Statement**

This *Policy Framework* outlines a total quality management framework for the accreditation, quality monitoring and quality improvement of diversion service providers and programmes. It addresses the accreditation of:

- service providers who provide rehabilitation and developmental services, and programmes as diversion and sentence options to children at risk, and children in conflict with the law
- diversion programme content.

It describes the principles, objectives and key processes for establishing and maintaining a comprehensive accreditation and quality assurance system within the child criminal justice services sector in South Africa, and outlines the standards and criteria for accreditation. The policy is integral to a quality assurance system that supports funded and provided services in meeting quality benchmarks, and encourages continuous improvement of programmes. The quality benchmarks underwritten by the policy are reflected in the

Principles and Objectives of the Child Justice Act, The Children's Act and the Probation Services Act, as well as in the values and principles of the integrated service delivery model of the DSD and the minimum norms and standards for diversion.

Quality is best assured by a combination of internal and external processes, of which the most important are the internal processes of service providers. In this regard, the DSD encourages and supports service providers when they develop or adopt their own internal quality assurance processes complementary to Departmental Quality Assurance and Accreditation. The quality assurance processes of service providers should enable the delivery of services to the agreed standards.

Service providers operate within this policy framework as part of:

- designing and developing diversion programmes and services
- implementing and managing the implementation of diversion programmes and services
- monitoring and evaluating the implementation and impact of diversion programmes and services provided
- reviewing and adjusting diversion programmes and services to achieve individual client, as well as organisational outcomes.

The DSD Accreditation Committee operates within this policy framework as part of:

- accepting applicants for accreditation
- facilitating the accreditation process
- assessing implementation of and performance against standards for diversion and generic social services as set by the DSD
- reaching accreditation decisions
- monitoring continuing performance and compliance with minimum standards
- reviewing, updating and developing policies and procedures in relation to accreditation.

The accreditation policies and procedures encompass the following elements:

- Standards that represent best practice models, that are developed in participation with service providers, regulators, researchers, policy-makers, professional associations, academics, consumers and funding sources.
- A quality assurance and improvement process that facilitates growth and change.
- An organisation-wide self-assessment process that actively engages the staff and governing body.
- A decision-making process that allows applicants to respond to ratings and reports and to state dissatisfaction regarding decisions that deny or revoke accreditation.
- The continued monitoring of standards implementation/performance during the period between cyclical accreditation reviews.
- A public disclosure that makes information on accreditation process available to the public.

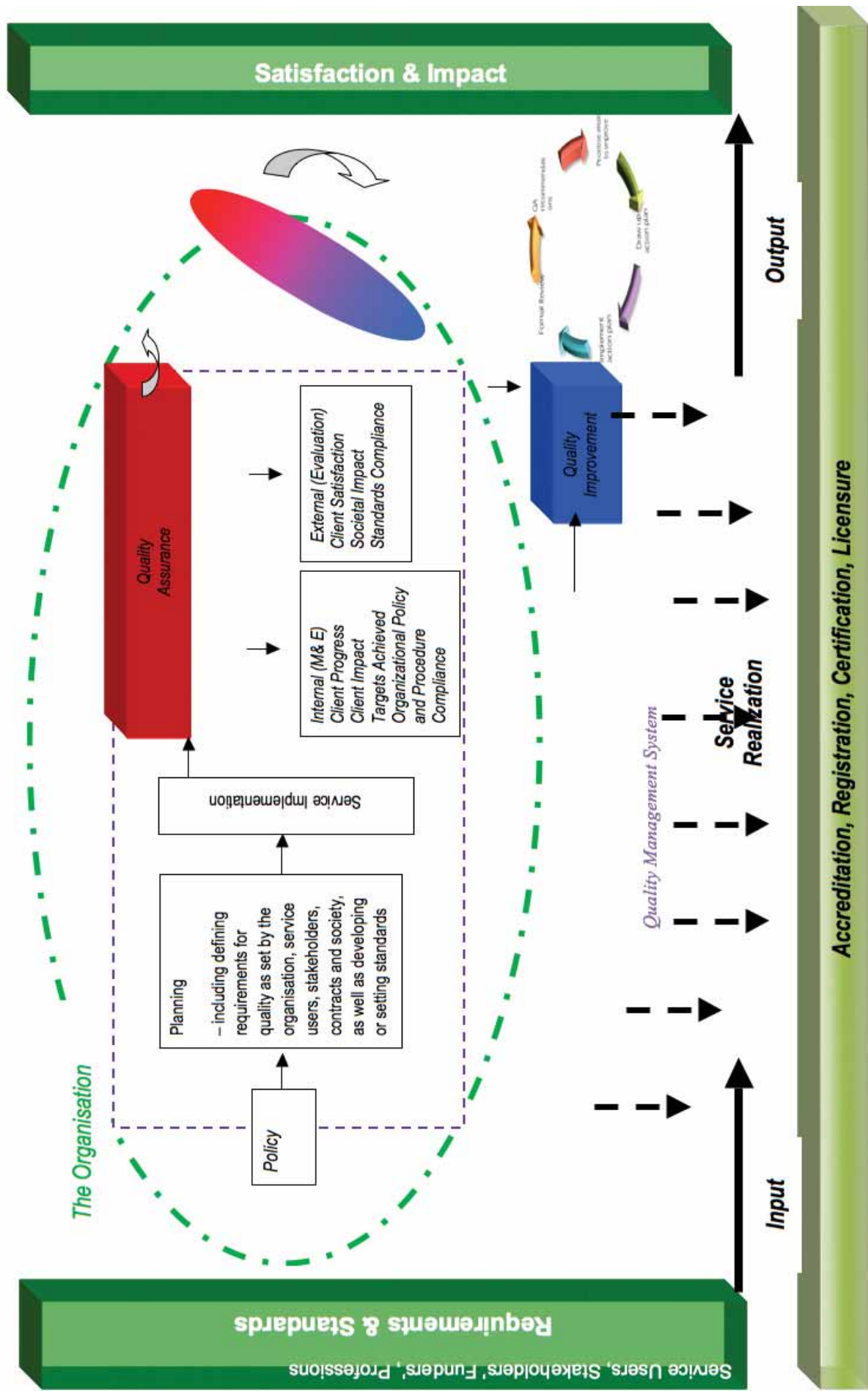
All service providers and diversion programmes will adhere to the accreditation standards that apply to the programme classification(s) for which the programme concerned is accredited.

# CHAPTER 4

## 4. Policy Objectives

Objectives of this policy are to ensure that:

- all service providers, employees of the DSD and relevant stakeholders in services provided to children at risk and in conflict with the law, are aware of and support the DSD's approach to quality;
- an appropriate accreditation and quality assurance system (a set of accreditation and quality assurance policies, procedures and performance indicators) is in place to realise the vision and mission of the DSD, in relation to services to children at risk and in conflict with the law;
- structures are in place to monitor and review the effectiveness of such policies;
- quality assurance system is coordinated and developmentally oriented and characterised by minimum bureaucracy and maximum effectiveness.



## **4.1 Purpose of Accreditation**

The primary purpose of accreditation is first and foremost concerned with the quality of diversion services and programmes provided by organisations from the perspective of public interest and public safety. In this regard, the main aim of the Accreditation System for Diversion is to assure the public, including potential clients, about the quality and effectiveness of programmes utilised to change offending behaviour of children in conflict with the law. The accreditation system provides for recognition of diversion service providers and programmes in South Africa. In this regard, accreditation becomes a mechanism for quality assurance and quality improvement of diversion in the long term.

The objectives of the accreditation and quality assurance system are:

- to serve and protect the needs of children and youth at risk, and in conflict with the law;
- to ensure that diversion service providers and programmes comply with minimum standards;
- to support, by means of capacity-building, the focused development and implementation of evidence-based practice in the field of criminal justice;
- to enable and facilitate sustained quality service delivery through support, guidance and capacity-building;
- to benchmark successful practices by the sharing of information;
- to promote accountability;
- to take decisive and appropriate action where violations of rights occur;
- to facilitate continuous quality improvement of diversion programmes;
- to broaden the credibility and public acceptance of diversion practice within the criminal justice system.
- accreditation system will benefit, among others, service users, the accredited organisation, funding bodies and other stakeholders.

In this regard, accreditation acknowledges a level of organisational proficiency that is comparable to other organisations accredited by the DSD. It also identifies areas in need of improvement and provides suggestions on how those improvements could be made. Accreditation requires that an organisation should have numerous management controls in place related to effective and efficient use of available resources in providing services.

## **4.2 Benefits to service users, clients and the public**

- Assurance that service quality meets or exceeds industry standard;
- Same level of service quality may be expected across the country in all accredited service provider organisations and programmes;
- Confidence that appropriate protection is in place for, among others, privacy, staff competence and supervision, handling of complaints and incidents, and physical and emotional safety;



- Mechanisms are in place for accountability to the person served and the funder;
- Assurance that there is a quality assurance process in place to continually improve services;
- An opportunity, generally, for them to have input into services, e.g. part of client-based planning processes, and they can expect to participate specifically in the planning for their own services.

### **4.3 Benefits to the organisation being accredited**

- Confidence that the organisation is providing a good service and has built-in mechanisms to ensure that the organisation is continually working to improve its service
- Legitimation of the organisation itself and its work
- An opportunity to receive feedback at the time of the accreditation site visit/survey from objective, informed, and skilled team members
- Level of functioning of the organisation is identified in relation to others in the industry, the country and sometimes internationally
- Support for requests for funding.

### **4.4 Benefits to funding bodies**

- Reasonable level of assurance that the organisation is well managed and will provide good service for money
- Reduction or elimination of the need for regular practice/programme audits by the DSD or any other funding body
- Identification over time of common problems related to similar agencies that need attention, e.g. through focused training
- Ongoing programme/outcome evaluations that provide information on effectiveness, efficiency and client satisfaction.

### **4.5 Benefits to the criminal justice system**

- Greater use of programmes and services made available to clients in the criminal justice system.

### **4.6 The limitations of accreditation**

As with any system, limitations also exist in relation to accreditation. Although accreditation holds many benefits regarding the assurance of the provision of quality services, accreditation in itself does not guarantee a certain level of individual competence or that problems of an urgent nature will not arise occasionally. It does, however, ensure that the organisational basics are in place and appear to be the best predictors of good service and sound organisational performance. If challenges to quality services reside in the environment related to professional knowledge and capacities, accreditation should be used in conjunction with professional licensing and registration, which necessitates competence testing or verification on a

cyclical basis. Hence, staff development and continuous professional development need to be included as a quality assurance strategy within the organisation. Accreditation is not the end point in an organisation's development; rather it sets the minimum level of competence for critical functions. Accreditation is a launching pad for further initiatives to improve service quality.

# CHAPTER 5

## 5. Scope of the Policy

### 5.1 Application of the accreditation policy and framework

Complementary to other policies of the DSD, this policy allows the DSD to prioritise the provision of appropriate, non-discriminating, effective and high-quality social services and programmes to children at risk and in conflict with the law. It allows service providers and the DSD to set performance standards and indicators for assessing, monitoring and evaluating the quality and impact of diversion services and programmes – by attempting to change high-risk and offending behaviour of children at risk and in conflict with the law.

The accreditation policy framework has four tiers of application, each of which informs and influences the quality assurance processes and activities of the other tiers.



**Figure 1: Tiers of Application of the Accreditation Policy and Framework**

**5.1.1 The child at risk/in conflict with the law** is defined as the individual that is in contact with the criminal justice system and that is in receipt of diversion services and programmes. The individual client stands central to all quality assurance and evaluation activities, as services and programmes primarily exist to help and support him or her. In this regard, services and programmes should strengthen the individual's self-determination and choices, and enhance the general quality of life by addressing behavioural challenges that prevent optimal individual functioning.

**5.1.2 The organisational and programme level:** At this level the organisation providing diversion services are accountable for not only providing a quality experience to the individual client, but also for appropriate use of public funding and scarce resources for the benefit of the individual client. This requires that various organisational and programme capacities are in place.

**5.1.3 The criminal justice and social services sector** is defined as the collective of organisations that provides support, services and programmes to children at risk and/or those in conflict with the law. At this level, a collective responsibility exists in relation to the quality of services provided within the sector. In addition to being accountable to an organisation, organisations and individuals in organisations providing services have to show professional accountability towards a broader profession. Programmes and services provided within the sector should, therefore, be indicative of high levels of professional knowledge and skill to avoid bringing the profession involved in disrepute.

**5.1.4 The regulatory and policy environment** is defined as the government's requirements, principles, procedures and strategies, which guide the operation and execution of the provision of services to children at risk and in conflict with the law within the sector. As policy determines and sets the environment in which services are provided, it is vital in determining the degree to which diversion services and programmes are of high quality or not. As such, policies developed to support high-quality diversion services and programmes have to be portable, flexible and individualised, promoting capacity, and availing funds for innovation and development of high-quality approaches, and evidence-based practices. Government policy can assist this process of change toward new ways of working. This includes legislative parameters set in various pieces of legislation regulating the broader environment in which criminal justice and social services are provided.

In this regard, the policy thus broadly applies to:

- all service providers providing diversion services and programmes to children at risk and in conflict with the law
- all employees and officials within the DSD, managing and providing services and programmes to children at risk and in conflict with the law
- all programmes used for purposes of diversion.

The Provincial Heads of Social Development will be primarily responsible for ensuring the implementation and reporting of this policy. The Head of Department is the accounting officer per province.

The Director General (DG) of the department remains responsible for reporting and accounting for implementation of this policy to political principals.

## **5.2 Underpinning principles**

**Three sets of principles underpin this policy framework. These include principles related to and underpinning diversion services provided, principles related to and underpinning the establishment and functioning of the accreditation system, and**

**principles related to and underpinning the implementation of quality assurance processes.**

### **5.2.1 Principles for diversion services provided to children at risk and children in conflict with the law**

The principles on which diversion services to children at risk and in conflict with the law are based echo the principles identified in the White Paper for Social Welfare, as well as the Financing Policy of Developmental Social Welfare Services. Important principles include:

#### **a. Transparency and accountability**

All organisations and institutions, both public and private, which provide or make available programmes or services for purposes of diversion, will be transparent and accountable at all levels. Everyone who intervenes with children at risk and in conflict with the law should be held accountable for the delivery of an appropriate and high-quality service.

#### **b. Appropriateness and evidence-based**

All diversion programmes and services provided to children, families and communities should be appropriate to the needs of the individual, the family and the community. All diversion service providers must build upon the research and evaluation of promising and effective programmes. They must also work to reduce risk factors and enhance protective factors to successfully address children's risky and offending behaviour. Therefore, methods, techniques and approaches used to base services and programmes that must reflect evidence-based practice (what works), complement and strengthen self-determination, enhance self-development and independence, and be responsive to the strengths, risks, and social, cultural and economic circumstances of the individual.

#### **c. Holistic and integrated services**

Diversion services and programmes provided to children at risk and in conflict with the law should be holistic, intersectoral and delivered by an appropriate multidisciplinary team, wherever possible.

As such, an intersectoral approach will guide the design, formulation, implementation and monitoring of evidence-based, high-quality, effective and impact of strategies, services and programmes to address juvenile delinquency in South Africa.

#### **d. Investment in human capital and empowerment**

All diversion programmes and services provided to children at risk and in conflict with the law should contribute to the optimal social and personal development of individuals, families and communities. The resourcefulness of each individual, family and community should be promoted by providing opportunities to use and build their own internal and external capacities, and support networks, and to act on their own choices and sense of responsibility.

### **e. Quality services**

All service providers providing diversion services and programmes for children at risk and in conflict with the law will strive for service excellence and for the provision of high-quality programmes and services. High-quality includes efficient, effective, satisfactory, impact and value-for-money service provision.

### **f. Balanced and restorative justice**

All diversion programmes and services provided within the criminal justice system must reflect community protection, accountability and competence development as objectives of the service. As such, the approach to children at risk and in conflict with the law should focus on restoring societal harmony and putting wrongs right, as well as ensuring public safety and developing the competence of the child offender. The individual should be held accountable for his or her actions and, where possible, make amends to the victim.

### **g. Victim-centeredness**

All diversion programmes and services will be victim-centred. Victim-centeredness in this regard implies that programmes and services benefiting offenders should not place the victim at risk of being re-victimised by forcing victims to participate in processes seen to support restorative justice. Programmes and services should at all times recognise and promote the rights of victims, as well. This is achieved by providing victim notification, restitution, victim impact statement, victim information and referral services to individuals victimised by diversion programme participants.

### **h. Family and community-centred services**

All diversion programmes and services provided to children at risk and in conflict with the law should be contextualised within the family, the extended family and the community environment. Families and communities are important support networks that play an integral part in the maintenance of changed behaviour through reintegration of the child into these systems. Changes in these systems are necessary, if risk factors contributing to the child's risky and offending behaviour are evident in these systems. Regular assessment and capacity-building of families and communities will strengthen the family's and community's development over time, reducing risk factors contributing to child risk and offending behaviour.

### **i. Graduated sanctions (continuum of care and development)**

For diversion interventions (and services and programmes used for sentencing purposes) to be maximally effective, they should be swift, certain and consistent. An effective system of graduated sanctions and treatment must also incorporate increasingly severe sanctions when an individual child fails to respond to initial interventions. As the severity of sanctions increases, so must the intensity of "therapy", "development" or "treatment". A graduated sanction system includes:

- Immediate intervention – for individuals found suitable (this could include first-time and repeat non-violent offenders, children under ten years of age). In general, level-one diversion programmes, as well as prevention programmes serving at-risk youth, will fall into this category.
- Intermediate sanctions and interventions – offenders for whom immediate intervention is

inappropriate or offenders, who commit repeat offences, despite immediate intervention, are appropriate subjects for intermediate sanctions.

These sanctions and interventions may be community-based, residential or non-residential – while being highly structured, continuously monitored and individualised. Programmes and interventions are generally client, group and family-focused and include a combination of intake, case management, treatment planning, individual, group and family counselling, and supervision activities in a well-developed individual development and treatment plan.

- Secure corrections – child offenders whose presence in the community would constitute a threat to public safety, or an offender who failed to respond to community-based sanctions and interventions, may require extended placement in secure facilities that are not community-based. These facilities must be registered and accredited by the Accreditation Committee of the DSD. Such facilities must offer comprehensive treatment programmes that focus on reversing criminal behaviour patterns.
- Intensive aftercare – standard parole and supervision practices, particularly those that focus on social control, have not been effective in normalising offending behaviour over the long term. If children successfully complete immediate, intermediate and secure correctional treatment programmes, they should not be abruptly returned to the environment where the misconduct occurred, without appropriate transitional support. In this regard, all programmes and services provided for diversion and sentencing purposes should incorporate:
  - The facilitation of youth-community interaction and involvement
  - Work with both the offender and targeted community support systems
  - The development of needed resources and community support
  - The monitoring and successful reintegration into the community.

Therefore, children at risk and in conflict with the law 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 programmes most appropriate to their individual level or risk, and developmental and therapeutic needs.

Links with continuing support networks and resources should be encouraged after disengagement from the service or programme.

#### **j. Democracy and participation**

All service providers and the DSD should create appropriate and effective mechanisms to promote the participation of the public and all welfare constituencies in decision-making about welfare policies and programmes that affect them. Consultation should be conducted with all role-players, including service users (beneficiaries), service providers and other stakeholders, where possible. Those constituencies that

are unable to represent themselves, for example younger children and profoundly mentally impaired people will be allowed to be represented by interest groups.

All diversion programmes and services should, therefore, provide for stakeholder and client (beneficiary) input in the quality assurance process. Clients receiving diversion services and utilising diversion programmes must be actively involved at all levels of service delivery, including planning, design and development, implementation and evaluation of programmes and services. Active participation of the individual in his own intervention process is of extreme importance.

#### **k. Accessibility**

All organisations providing programmes and services for diversion and sentencing purposes should be easily accessible and responsive to those children, families and communities using these services. Barriers making it difficult or impossible for individuals to participate equally in the services and programmes should as far as possible be removed or managed by the organisation and the individual to facilitate accessibility to and participation in these services.

#### **l. Protection of rights**

All programmes and services used for the purposes of diversion or sentencing should be based on respect for human rights and the fundamental freedoms, as articulated in the Constitution of the Republic of South Africa.

In this regard, programmes and services should at all times also serve to protect the rights of children at risk and in conflict with the law, victims, families and communities, as established in the South African Constitution and various international conventions.

### **5.2.2 Principles for the establishment and functioning of the accreditation system**

The specific features of this proposed system are based on the following considerations:

#### **a. Legitimacy**

The accreditation system should be perceived as legitimate by significant numbers of individuals and groups with interest in the practice and operation of diversion, including providers of diversion services, users of diversion services, funding institutions and experts in the sector. Such legitimacy includes real and apparent impartiality, in relation to particular stakeholder groups, and appropriate respect for the professional and practice autonomy of diversion service providers.

#### **b. Validity**

The accreditation process must be valid, i.e. the procedures should be appropriate for assessing compliance with criteria. These criteria must be evidence-based and explicitly related to the necessary service quality outcomes and other specified purposes of the accreditation process. To ensure and assure the validity of accreditation, those involved in accreditation must have appropriate expertise and standing. Alternative



perspectives of appropriate individuals outside the jurisdiction or the profession should be sought. Orientation, induction and any necessary training should be provided. Potential or perceived conflicts of interest must be avoided or declared. There must be sufficient financial, human and other resources to carry out the operations of accreditation effectively. The period and status of accreditation must be appropriate to the general nature of the service and developments in the professional field of social services.

### **c. Efficiency**

The accreditation process must cover what is necessary and sufficient to attain the objectives. It must not be unnecessarily burdensome for service providers, Accreditation Committee members or other participants.

Financial costs should not be excessive. Rather, they should be proportionate to the benefits and be allocated fairly and transparently. The accreditation system should involve as little new infrastructure as possible. Where feasible, functions should be devolved to the DSD and existing organisations.

The period of assessment prior to the conference of accreditation status should not be so long as to raise questions of validity, nor so short that re-accreditation creates an unnecessary administrative burden.

### **d. Accountability**

The accreditation process and its outcomes must be accountable to direct stakeholders and relevant government authorities. The accreditation process and its outcomes should also be accountable to the professions, other stakeholders and the public, through appropriate dissemination and publication of reports, and information.

### **e. Transparency**

The accreditation process and its outcomes must be transparent to direct stakeholders, so that the validity and appropriateness of decisions are apparent. The accreditation process and its outcomes should also be transparent to other stakeholders and the public, as long as appropriate confidentiality and protection of privacy is maintained. Transparency is especially important within the national framework, where processes in different jurisdictions are not identical because of different legislative requirements or local circumstances.

### **f. Inclusiveness and procedural fairness**

While the DSD has final responsibility for the development, implementation and evaluation of the accreditation process and its criteria, other stakeholders must also participate or be consulted. The accreditation system should incorporate objective and measurable requirements against which those seeking accreditation would be assessed. The accreditation processes must be in accordance with principles of procedural fairness and, as such, not exclude any service provider from initially applying for accreditation. Potential service providers should have early access to the criteria for accreditation (which must be public and accessible) and be provided with full information about the process. Service providers must have the opportunity to correct or add factual information and to respond to evaluative judgments. Criteria for accreditation should be interpreted and applied fairly without bias - where reasons for decisions made are

clear to those affected. There should be appropriate opportunities for review or lodging of complaint. All participants should be treated equitably.

#### **g. Facilitation of quality and improvement**

The accreditation processes and criteria should facilitate the development of programmes and services of the highest professional quality, and facilitate the continuous improvement of such programmes and services over the period for which they are accredited. Requirements for reporting on services and programme changes during a standard accreditation period should not prevent changes that would lead to programme and service improvement.

The accreditation processes and criteria should be flexible and responsive to the different circumstances, institutional contexts and orientations of providers and programmes, without compromising the primary purpose of accreditation. In this regard, the accreditation processes and criteria should support diversity and innovation, to meet the current and future needs of diversion services in South Africa.

#### **h. Consistency within accreditation in the DSD and recognition of other accredited programmes falling outside the sphere of behavioural change, and therapeutic and psychosocial programmes**

The accreditation system should promote consistency across sectors within social services, where possible, and allow for diversity where additional accreditation requirements are appropriate or already in existence. Duplication with other processes should be avoided, for example, creating separate accreditation systems within the DSD, related to substance abuse, adoption and diversion services should be avoided. Joint accreditation, joint elements of accreditation or recognition of accreditation by another body should be undertaken and recognised, where appropriate and possible. Where an educational or skills development programme is applied as part of an intervention plan for a child referred for diversion, the DSD as the accreditation body will not accredit the programme. It will, however, require that such a programme be accredited with the relevant authority, such as a SETA, for recognition as part of the delivery of a diversion intervention. The accreditation system should be comparable with similar accreditation systems.

#### **i. Review**

The accreditation system should be amenable to evaluation, review and adaptation over time. As such, the proposed system should be seen, and evaluated, as an initial step in the ongoing development of accreditation that could subsequently be developed into a more elaborate system. The accreditation processes must undergo an ongoing cycle of review to maintain consistency with the developments in the field and the principles of this section, and for ongoing improvement. All stakeholders should have an opportunity for input or participation in the evaluation and review of the accreditation processes. There must also be periodic review of the framework as a whole. ***This policy framework therefore will be reviewed once every five years starting from 2015.***

In short, the undertaking of accrediting diversion service providers and programmes is based on the following set of principles that shape the accreditation arrangements and processes.

- Accreditation process will be sensitive and responsive to needs of all service providers at various levels including those of beneficiaries.
- Accreditation will involve all stakeholders in a collaborative system.
- Accreditation will be objective, rigorous and independent of the institution whose programme is being reviewed.
- Accreditation will focus primarily on the achievement of expected behavioural and development outcomes, as well as on specification of content and inputs.
- Compliance with minimum standards and accreditation procedures will be subject to an ongoing cycle of review and quality assurance.
- The system will promote and support excellence, diversity, innovation and the dissemination of evidence-based practices in services provided to youth in conflict with the law.
- Integrated to accreditation, where appropriate, is existing quality assurance processes (audit, accreditation and review).
- Accreditation procedures will be transparent, cost-effective, efficient and timely.

### **5.2.3 Principles for the implementation of quality assurance processes during accreditation cycles**

Quality assurance activities and processes to be undertaken as part of the maintenance phase of accreditation will be based on the current Developmental Quality Assurance (DQA) model of the DSD. This model is grounded in a number of basic principles:

#### **a. Non-judgmental attitude**

Although no evaluation process is entirely objective, the DQA should be based on an attitude of open-mindedness, without prejudice and preconceived ideas.

The conclusions reached in the Organisational Developmental Plan (ODP) should be the result of the internal DQA and the full DQA assessment, not individual opinions and biases.

#### **b. Strengths- based**

The DQA should, as a matter of priority, identify and build on strengths in the organisation and staff. This does not, however, preclude the identification of weaknesses or serious violations of rights. Weaknesses identified in the processing and development of an ODP may highlight areas that require attention.

#### **c. Diversity**

The DQA team should be representative of the languages and cultures of the staff and service recipients within the organisation. The team should be able to conduct the DQA in the language/s of the organisation and with respect for cultural norms and practices, unless these violate rights. A diverse team with regard to language, culture, race, disability, gender, sexual orientation, profession/discipline and sector best serves the DQA process.

#### **d. Appropriateness**

Without losing its integrity, the DQA process and model should be adapted to be most appropriate within the environment and context of the organisation subjected to DQA, and within the resources available to follow through on the organisational development plan.

#### **e. Competence**

A skilled, knowledgeable and experienced team, competent in DQA work, should carry out the DQA.

#### **f. Expertise**

At least one person on the DQA team (preferably the team leader) should have specific and “expert” knowledge, skill and experience, with regard to the field of service delivery in which the organisation, subject to the DQA process, practises.

#### **g. Rights-based**

The DQA should *respect and protect* the human, constitutional and special *rights of individuals* throughout the process and in finalising the ODP. This is the core component that is subject to monitoring – therefore, violations of any kind or degree should be given priority and immediate attention, over and above “developmental” support and mentoring to the organisation. In the unfortunate event of any violation of rights by any member of the DQA team, the said member must be reported to the HOD in of the respective province who will decide on feasible and appropriate action. Depending on the severity of the violation, the member concerned must be reported to the South African Police Service where a criminal conduct was suspected and to the professional body, which the member belongs to. The details of a member who has violated the rights of service providers or recipients of diversion services must be submitted to the National office of Social Development for escalation to the Minister’s office for an opinion.

#### **h. Participation**

The DQA is a participatory approach, where service recipients, staff and management, in partnership with the DQA team, play an equally important role in the assessment and ODP formulation. The DQA is not something done “to” an organisation, but “with” an organisation.

# CHAPTER 6

## 6. Eligibility Criteria

### 6.1 Eligibility requirements for organisations

#### a. Authority and competence

Any organisation, that is registered with the department, authorised to operate as a welfare organisation and to provide social services, including diversion programmes. The criteria also include hosting and/ or implementing organisations.

i) A hosting organisation include a non-profit organisation (a trust, voluntary non-profit association or a Section 21 company)

- A school;
- A company;
- A government department

ii) The implementing organisation may be:

- A non-profit organisation
- A school
- A company
- A government department
- An individual
- A close corporation or
- A partnership

The organisation has at least 6 (six) months' experience in working with children with offending and difficult behaviour, or has a qualified individual in the organisation with at least 2-3 years' relevant experience in the field. Where an organisation does not have the six months experience, it may be placed under candidacy status with conditions, and allowed to operate.

#### b. Mission

The organisation's mission is clearly defined, adopted and published by its governing body, consistent with its legal status and appropriate to a welfare (social services) organisation and the constituency it seeks to serve.

#### c. Governing body and management

The institution has aw functioning governing body responsible for the quality and integrity of the

organisation and for ensuring that the institution's mission is executed. Its membership is sufficient in size and composition to fulfil all board responsibilities.

The governing board is an independent body, capable of reflecting constituent and public interest in board activities and decisions. A majority of the board members have no employment, family, or personal financial interest in the institution.

#### **d. Chief executive officer**

The institution has a chief executive officer who is appointed by the governing board and whose primary responsibility is to lead the organisation.

#### **e. Administrative capacity**

The institution has sufficient staff with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.

#### **f. Operational status**

The institution has been operational for at least 6 (six) months, with service users actively involved in its services and programmes.

#### **g. Staff complement (establishment)**

The organisation has a substantial core of qualified staff with full-time responsibility towards the organisation and sufficient in size and experience to support all of the organisation's services and programmes. There must be a clear statement of staff responsibilities.

In addition, the application requires the signature of the organisation's chief executive officer or his/her designated representative. The Accreditation Committee confirms receipt and processing of an application by sending the organisation a welcoming letter. In cases where organisations do not qualify to proceed with candidacy, the application is referred to the Quality Assurance Committee for support and capacity-building of the organisation for future application for accreditation.

### **6.2 Eligibility criteria for accrediting programmes**

Every diversion programme to be accredited should, among others, have the following:

- Pre-intervention and post-intervention assessment to measure changes in behaviour
- Reasonable geographical accessibility to the client
- Appropriate services for the child's age and physical and cognitive ability
- Services based on research evidence of what works in reducing criminal behaviour
- Clearly articulated objectives and outcomes
- A programme and activities designed to reduce repeat offences
- A system of monitoring the quality of programme delivery

- A programme giving an indication of less intensive and most intensive services
- A programme managed and supervised by professionals
- Lay counsellors who facilitate programmes to do so under supervision of a professional qualified in behavioural sciences.

### **6.3 Application review and candidacy for accreditation**

*The purposes of this phase are:*

- *to demonstrate key components of high-quality programming, preparedness for site visits and compliance with accreditation criteria, by means of the self-assessment material*
- *to demonstrate to an assessor, by means of observable, survey and portfolio evidence, how the organisation and programme meet the standards (verification site visit).*

#### **a. Step 5: Desk assessment**

Once the site verification chairperson has screened the application and verified that all the necessary information is included in the self-assessment material, the site verification chairperson and with assistance of a site verification team member, must review all relevant evidence, in order to determine compliance with application requirements, as well as the organisation's or programme's readiness for a site visit which must take place within six weeks of notification. Organisations and programmes that successfully complete this step are considered for the next level in the accreditation process.

Candidacy is a pre-accreditation status, awarded to an organisation pursuing accreditation. Once the desk assessment of the application forms, self-assessment materials and site verification team visit has been undertaken, the accrediting committee may make a decision regarding candidacy status. Candidacy indicates that an organisation or programme has achieved recognition and is progressing towards receiving full accreditation, and has the potential to achieve compliance with standards within 2 (two) years. Thus, candidacy is an allocated period in which the institution undertakes the necessary steps to reach demonstrable compliance with standards. Candidacy status does not indicate that a programme is accredited, nor does it guarantee eventual accreditation of the programme.

Candidacy status is granted for a non-renewable term, not to exceed two years. Candidate programmes and organisations must seek accreditation after two years, but may, if they are ready, they can enter the process prior to expiry of the two years. Candidacy status can be granted to organisations and programmes during first-time accreditation, as well as during re-accreditation or quality assurance activities.

#### **b. First-time accreditation**

Candidacy status can be granted to two categories of organisations and programmes during first-time accreditation:

- 1) Non-compliance with desk assessment

- New and emerging organisations and programmes that have not yet demonstrated compliance with the majority of standards (candidacy eligibility criteria)
- Established organisations and programmes that have not demonstrated compliance with the standards at desk assessment (candidacy eligibility criteria).

## 2) Non-compliance with verification site visit

- New and emerging organisations and programmes that have complied with candidacy eligibility criteria, but did not demonstrate compliance with standards during the verification visit;
- Established organisations and programmes that complied with candidacy eligibility criteria and the majority of standards during the verification site visit, but have to develop further, in order to comply with other standards.
- Organisations, whether emerging or established that do not meet any set criteria.

A programme with candidacy status is, therefore, judged not to be in compliance with all accreditation standards, as indicated by clear evidence, either at verification site visit or level desk assessment. The accreditation committee, however, must make a decision regarding the status of the organisation whether to be granted candidacy or not.

### **c. Quality assurance and re-accreditation**

A programme or organisation may also be given candidacy status, as a result of a quality assurance or re-accreditation application, because deficiencies and non-compliance noted earlier were not addressed or corrected. If this is the case, a programme or organisation is granted a one-year candidacy status, at which time the organisation or programme must address all non-compliance issues. If, however, at any time during the year, the organisation or programme is able to rectify the deficiencies noted and achieve compliance with the standards, the committee will consider removing the candidacy status when the candidacy review warrants it.

If compliance with the accreditation standards is not demonstrated within one year, accreditation will be withdrawn. Candidacy may only be extended for one additional year under extenuating circumstances, but will under no circumstances exceed two years. An organisation or programme “brought down” to candidacy status maintains its current accreditation status and will be required to submit progress reports like any accredited organisation or programme, on the original due dates. Review and approval of the progress report does not, however, affect the candidacy status. Because candidacy is not a decision to reaccredit, the original accreditation cycle remains in effect until the committee makes a decision, based on the candidacy review report, to withdraw accreditation or to reaccredit. If the decision is to reaccredit, a new accreditation cycle is initiated, based on the end date of the previous accreditation cycle.



#### **d. Step 6: Verification site visit**

The verification site visit follows the self-assessment and allows for the direct review and observation of the organisation's information, services and facilities. This provides an independent assessment of the programme's full compliance with general service and diversion programme standards.

The on-site verification visit may last between one and four days, depending on the number and size of the programme(s) being reviewed and involves:

- Interviews with leadership, programme staff, volunteers, service professionals and clients
- A review of staff, volunteer, service professional and client files
- A review of on-site documents related to the organisation and services, including policies, systems and programme manuals
- Observation of practice within the programme(s).
- Organisation to be visited 30 days after notification of visit;
- Subsequent to the visit, organisation to be provided with feedback on outcome of visit within 14 calendar days.

Individuals to be interviewed, as well as files to be reviewed will be randomly selected. In this regard, it would be expected that consent sought from clients, in particular, to partake in and utilise information for evaluation purposes is on file, as this is inherent to rights-based service delivery. If contracting with clients has omitted this, however, it is the organisation's responsibility to ensure that all the consent from clients, staff and volunteers was obtained prior to the site visit. The sample size used for purposes of the review (files and people interviewed) has to be representative of the size of the organisation, for example, the smaller the organisation, the smaller the sample size. It must also be representative of the characteristics of the population/clients served by the organisation, for example, the more heterogeneous the population, the larger the sample size. The verification site visit report will reflect the sample size and findings of the team and, if the sample size is not considered representative, the team will forward this information to the accreditation committee, which may impact on their decision to grant, defer or deny accreditation status.

The team undertaking verification site visits is comprised of between two and five team members from other organisations and where possible, an accreditation coordinator from the Accreditation Committee of the DSD. Team members are most often from organisations/ government departments within the same geographical region as the programme under review, as well as from the region/ district/province. The nominated person/ official from National Office of DSD will avail themselves at sporadic intervals during site verification visits. The accreditation committee reserves the right to assign the members of the professional verification team. A member(s) of the Accreditation Committee could be included in the Verification Team to observe an organisation's site visit, in order to evaluate appropriate application of the Verification Team's site visit methods and protocols.

A site visit is conducted pursuant to protocols that include a code of permissible and prohibited conduct for both the organisation and the verification team. Once the team has completed all the interviews, file reviews and observations, a summary report of the findings is presented to the leadership of the organisation in an exit meeting on the last day of the review. The organisation has an opportunity to respond to findings or ratings and such responses may be directed to the chairperson of the accreditation committee.

# CHAPTER 7

## 7. Institutional Mechanism

### (Structure, authority and responsibilities of teams)

#### 7.1 General authority of the DSD

As the primary funder of diversion services in South Africa, the DSD is ultimately accountable to Parliament and the citizens of South Africa for the appropriate use of public funding. Hence, a primary responsibility of the DSD, in line with the Medium-term Expenditure Framework (MTEF), as well as the financing policy for developmental welfare services, is to monitor the allocation and use of resources, in order to enable government to live up to constitutional commitments of meeting basic needs and redressing historical imbalances. As such, the DSD's responsibilities are:

- Equitable distribution of finances and resources to enable service delivery
- Monitoring of the distribution of resources
- Monitoring and evaluation of the utilisation of resources and the impact of the use of resources
- Facilitating and promoting the development of capacity and sustainability of organisations providing services
- Reporting to the Minister and Parliament on the above.

Following various legislative reforms and amendments, the need for partnerships between the government and the non-governmental welfare sector emerged as a necessity for the provision of sustainable, efficient, effective and quality services. Through financing service delivery, the DSD and service provider enter into such a partnership with a certain responsibility and undertaking, in relation to service planning, implementation, management and evaluation. This is formalised in service level agreements, representing a contractual agreement between the DSD and service provider. A contract between two parties brings with it the obligation to demonstrate compliance with the terms of the contract – to be accountable. In the public sector, accountability is required for services delivered, the competence with which they are delivered and the achievement of the desired outcomes for clients. The DSD has a responsibility to monitor compliance by means of quality assurance activities. Quality assurance activities are those that measure an organisation's performance against an accepted way of performing the activities of that kind of organisation. There are five general types of quality assurance activities that can be undertaken by the DSD:

- *response to individual issues* – investigating complaints and critical incidents
- *supportive assistance or technical assistance* – consulting on management and service delivery matters not in compliance with the service level agreements
- *registration* – compliance with basic health, building, safety and other organisational standards
- *inspection and audit* – compliance with internal standards and policies
- *accreditation* – the most comprehensive “checking” by skilled and trained surveyors/panel members

against national or international sector standards.

## **7.2 The verification team**

Every effort must be made to put together a team that incorporates broad experience, cultural diversity and knowledge of the programme areas to be reviewed. To ensure ongoing development of site verification team members, where necessary, new members may be exposed to functions of the team. Term of office is four years. Members of the team who are not in the employ of DSD may be identified by the provincial coordinator/ provincial head of probation services within DSD. The Head of Department (DSD) will second such nomination in writing to the selected members. The chairperson of the team, provincial coordinator/ provincial head of probation services within DSD, must have a copy of the letter.

### **a. Verification team responsibilities**

The following is expected from all team members:

- To understand the intent of the standards and the accreditation process;
- To review, understand and rate the organisation's policy manuals and the self-assessment materials;
- To participate in the pre-site meeting and all meetings throughout the accreditation process, in order to share information and clarify areas of uncertainty;
- To be accurate and professional in the completion of all assigned tasks;
- To provide support and feedback to the chairperson and fellow team members in the completion of their tasks;
- To maintain confidentiality of information gained during the accreditation process.
- To abide by terms of reference

The chairperson or deputy chairperson's primary role is to coordinate and manage the pre-site and on-site activities, which includes record keeping, administration of site verification tool and other activities referred to below. The accreditation committee leader/ chairperson is ultimately responsible for the team's performance and ensures that the team functions in accordance with the DSD's policies and legislative framework.

The following is expected from team leaders or chairperson:

- To coordinate and chair meetings – pre-site; introduction at the beginning of the on-site verification and the exit interview;
- To review the comments for all non-compliant findings from the pre-site meeting with the programme staff ;
- To ask whether the programme managers want to receive verbal observations and recommendations that may go beyond the issues addressed by the standards (an observation report).and, if this is the case, to ensure that these observations and/or recommendations become

part of the exit meeting;

- To oversee duties and responsibilities of team members;
- To facilitate discussion towards consensus in team decision-making and make the final decision when consensus is not achieved
- To share preliminary findings throughout the process and keep the programme liaison officer informed of progress;
- To speak on behalf of the team to programme staff and organisations;
- To deal with any issues arising between staff or persons served and team members.

## **b. Competence and qualifications**

Verification team members are trained representatives from service provider organisations, government departments and academic institutions, who are nominated to review an organisation's implementation of/ or continuing performance with accreditation and minimum standards, during site verification visits. These representatives are one or all of the following:

- Management staff with a minimum of two-three years' experience; or
- Frontline staff with a minimum of two-three years' experience of accredited or applicant organisations;
- Individuals with comparable experience and expertise, though not necessarily associated with an accredited organisation;
- Individuals who have retired or left the field – such individuals can only be included in a site verification team if they have been on a team in the last two-four years.
- Individuals who are subject specialists.

## **c. Training**

Verification team members must undergo training, in accordance with the Accreditation Committee's requirements. Teams must be trained to apply rating indicators to an organisation's procedures, practices and performance and to determine the level of the organisation's implementation of/ continuing performance with standards. Members are expected to exercise professional judgment in the conduct of their work during a site visit. If an individual has not undertaken a verification site visit within a period of 12 months, he or she may be required to attend a refresher-training course.

## **d. Team size and assignment to verification visits**

The team must consist of at least 2 (two) to 5 (five) members, one of whom must act as the team leader or chairperson. The Site Verification Team chairperson must advise an organisation of the estimated number of verifiers when it confirms the accreditation process timeline. The Site Verification Team chairperson reserves the right to increase or decrease the number of verifiers at any time during the accreditation

process if, in its opinion, a different number of verifiers is needed to carry out the activities necessary to determine an organisation's implementation of or continuing performance with standards. Where visits are to be conducted at DSD sites, then deputy chairperson who is not in the employ of the department must coordinate and lead the processes.

The site verification team's assignments are based on compatibility with the organisation. Prior to assigning a verification team to conduct a site visit, the accreditation team considers the professional background and expertise of team members to determine an appropriate fit with an organisation's programme(s) and structure. It is the duty of the chairperson to notify the organisation of the site verification team assignment before it takes place, in order to allow time for the organisation to present objections if any. The site verification chairperson may make changes to the team's assignment only if the organisation presents a valid objection, i.e. where the assignment creates a conflict of interest. In this regard, the leader of site verification team also has the right to veto a team member. However, the site verification team is accountable to the accreditation committee.

## **A. Site Visit Activities**

### **a. Scheduling of activities and duration of site visit**

The site visit includes, but is not limited to the following:

- An opening meeting of the Verification Team and the organisation to which the organisation's chief executive officer/director invites governing/advisory body members, management staff and all other appropriate individuals, with the aim of providing a formal platform to introduce the verification team and all concerned to outline the site visit process
- An organisation tour
- A service and facility visit, in accordance with sampling guidelines
- Staff interviews that include managerial and non-managerial employees
- Governing/advisory body interviews
- Review of case records, personnel files, financial records and minutes of governing body and committee meetings, in accordance with sampling requirements
- The observation of programmes
- Service user/client interviews, in accordance with *standards* and as deemed necessary by the verification team
- Community representative interviews, when deemed necessary by the verification team
- An exit meeting with the organisation's leadership and governing body, with the purpose of providing a formal platform to conclude the on-site review. The peer review team highlights their findings and explains the next steps in the process.

Site visits span a minimum of one to four days depending on the nature and size of the organisation. The Site Verification Team leader determines the duration of the site visit by considering the organisation's size, services and service delivery locations. The site verification leader reserves the right to extend the length of a site visit to determine an organisation's implementation of, or continuing performance with, standards, if necessary.

## **b. Team requirements**

While on-site, the team will require:

- A private space, i.e. boardroom or enclosed dining room, to meet and discuss their findings
- Other spaces to interview staff and persons served
- Access to telephones
- A designated staff person, available to:
  - explain how files are ordered
  - respond to questions
  - coordinate interviews
  - locate file documents
  - direct the team to find missing pieces of documentation.

## **c. Recording of review data**

As the team conducts interviews, reviews documents and observes practices within the programme, the initial verified data is recorded by individual team members on the relevant templates and formats provided. At the end of each day, the verification team members meet and ask questions, and findings of non-compliance are brought back to the team and recorded by the team leader onto the summary of findings. Throughout the duration of the site verification visit, the team will have a number of these short meetings (between other pieces of work) to discuss the findings of other members. It is the team's roles as a collective to identify areas of practice in the organisation or programme that are non-compliant with standards.

The site verification team has the authority to gather further information, speak to programme staff about a particular finding and come to a decision that the programme has operated within the parameters of practice that is compliant with the standards. If there is a reasonable explanation and/or documentation to support a change, a particular finding of non-compliance may be found to be compliant.

Under no circumstances may a verification team, at any point (during or after a site visit), remove any organisational and programme documentation, copied or original, from the premises of the organisation or programme.

#### **d. Exit meeting**

The exit meeting will take place after completion of all the interviews, file reviews and observations, and the data has been compiled onto the Findings Summary Sheet. If, due to exceptional circumstances, the exit meeting cannot be held at the end of the last scheduled day, it will be rescheduled for the earliest possible opportunity, within two working days.

The exit meeting team will, at the very least, be comprised of a team member and the organisation director or chief executive officer (or designate). The director or chief executive may invite other individuals to be present. The team member will reaffirm that the purpose of the exit meeting is to present the summary of the verification team findings to management of the organisation. The verification team is allowed to share positive information and discuss any of the findings. Grounds with substantive reasons are given for all findings on non-compliance with standards.

If the findings reflect non-compliance with the standards, the organisation or programme staff is given a final opportunity to provide the information or relevant evidence. Once the team leader is satisfied that the presented evidence meets the requirements, the rating may be changed to compliant. The findings will only be changed with the consensus of the team leader and, if the team leader does not change a rating, the programme will address the issue in their response to the accreditation team.

In its findings, the site verification team is allowed to make recommendations or statements, in relation to the status of the organisation whether it may or may not be accredited. All relevant information must be forwarded to the accreditation team for a final decision. The verification team does not have the authority to make a decision or judgment about an organisation's accreditation, except to provide a recommendation.

The ultimate decision lies with the Accreditation Committee, when all other factors/materials are reviewed, such as the summary of the verification team's findings, self-assessment material, the organisation's response to the verification team findings, recommendations from the verification team and any additional information related to the implementation of the standards.

At the conclusion of the exit meeting, the team member, the organisation's director (or designate) and the verification coordinator initial all pages of the Summary of Findings form, in order to ensure that no misunderstanding exists regarding the standards for which there was non-compliance and which require a response. The initialled form is attached as supporting documentation to the final report submitted to the Accreditation Committee. All standards identified on the Summary of Site Verification Team Findings are to be regarded as the final findings. A copy of the summary of findings is left with the organisation's director (or designate), to be used as the basis for developing the response for the Accreditation Panel.



## **e. Post-site visit evaluation/feedback**

Where evidently necessary, the Accreditation Committee employs a post-site visit evaluation process to ascertain certain aspects which may create ambivalence, thereby having the potential to negatively influence the team's decision.

The Accreditation Committee provides the verification team with a report of the overall evaluation results and addresses concerns, as needed, with a specific evaluator's performance on an individual basis. The Accreditation Committee does not provide an organisation with these evaluation results.

## **B. Organisation's Response**

Once the verification site visit is completed, the organisation or programme has 30 days from the exit meeting to respond, in writing, to the summary of the verification team findings. The request for accreditation will be presented at the first scheduled meeting of the Accreditation Committee after the expiration of the 30-day period.

An organisation or programme may choose to waive the 30-day response time and ask the Accreditation Committee to address their information at the next scheduled meeting. The response must be submitted to the Accreditation Committee at least ten working days prior to the scheduled Accreditation Committee meeting.

In order to inform the Accreditation Committee's decision-making, the following documents are presented:

- The **Verification Team Report**, which provides background information, including the type and nature of the programme(s) reviewed and sample sizes used;
- The initialled **Summary of Verification Team Findings**, which rates the team's findings regarding the programme's compliance with the standards;
- The **Organisation's Response** to the Summary of Verification Team Findings.

The organisation name, programme name and location of the programme are not shared with the members of the committee to ensure objectivity and avoid any real or perceived bias affecting the decision to grant or deny accreditation.

The Accreditation Committee requires that programmes demonstrate patterns of practice that are consistent and congruent with the intent and meaning of the standards. In this regard, the committee utilises a rating scale of compliance or non-compliance for performance evaluation purposes.

As such, **COMPLIANCE (C)** means that the programme is deemed by the committee to have demonstrated adequate compliance with the standard and **NON-COMPLIANCE (NC)** means that the programme is deemed by the committee to not have demonstrated adequate compliance (either qualitatively or quantitatively) with the standard, or requires a demonstration of compliance over a longer

period of time.

## **7.3 The quality assurance and accreditation mechanism: structure and responsibilities**

### **7.3.1 Structure**

The establishment of a national accreditation and quality assurance team within the National DSD is envisaged for governing the national diversion accreditation and quality assurance framework. Through this unit, the DSD will provide support to the provincial structures, ensure accreditation of diversion service providers and programmes, and monitor the implementation of the policy framework and the accreditation system. In partnership with the provinces, the unit will be expected to evaluate the quality of services, as well as provide assistance with organisational capacity-building, with relation to quality improvement of services and programmes.

#### **National structure:**

The National DSD should have a dedicated capacity to ensure coordination and management of the process and maintenance of the national register. Two officials and the Head of the Social Crime Prevention Unit will be based at the national office and, among others, be responsible for the following:

- Where there is a need to accredit national organisations rendering programmes only at national level, national accreditation structures will be set up specifically for that course;
- Capacity-building of service providers at all levels of government and the non-governmental sector;
- Support of provincial teams and monitoring the implementation of the policy framework for accreditation of diversion services;
- Review of policy framework on accreditation of diversion service providers;
- The national representative will be an *ex-officio* member of the Accreditation Committee.

#### **Provincial structure:**

Three components, namely:

##### **i) Accreditation Committee**

- Comprised of four to eight members
- Can form a quorum, if there are four plus one present (4+1)
- Process to be led by a provincial coordinator.
- DSD to excuse itself when own programmes are accredited

##### **ii) Quality Assurance Panel (as outlined in section 32 of CJA Regulations)**

- Comprised of not less than three and not more than seven members

- Members of the panel must have knowledge and experience relating to diversion programmes and children's issues
- An official employed by the state may be appointed as a member of the panel. (i.e. Quality Assurance Panel)

### iii) Site verification team (as outlined in 7.1.1)

- Comprised of two to five officials, including government officials, subject specialists and civil society organisations.

Dedicated provincial personnel to have accreditation tasks in their job descriptions and work plans.

## 7.3.2 Authority and responsibilities of the Accreditation Committee

Broadly speaking, the unit would primarily be responsible for:

- *Brand Support and capacity-building* – including marketing, raising awareness, capacity-building and communication with regard to accreditation and quality assurance carried out by the unit.
- *Standards* – including research and, in consultation with principals, stakeholders and service users, establishing and maintaining appropriate standards, audits and compliance functions for service providers, in relation to accreditation and quality assurance.
- *Governance/Integrity* – the administration and implementation of the accreditation and quality assurance framework and system, inclusive of developing, establishing, reviewing and administering processes, and procedures related to the system, facilitating the accreditation process itself, and administering complaints and appeals processes in relation to accreditation.

These responsibilities include the execution of the following tasks:

### a. Adopting and modifying the accreditation framework and system

Pursuant to policy and legislation, the unit – based at National Office of the DSD has the authority and responsibility to adopt an *Accreditation Framework*, which sets forth the policies of the unit and the DSD regarding the accreditation of diversion service providers and programmes. In addition, the unit may modify the framework, in accordance with evidence-based practice. Modifications are effected after sectoral consultation and the unit determines when a policy modification takes effect. As such, the unit coordinates the regular review of policies and procedures relating to the accreditation of diversion service providers and programmes to ensure that interventions remain current.

### b. Establishing and reviewing standards for diversion services

Pursuant to legislation and policy, the Accreditation Committee based at the Provincial Office of DSD has the authority and responsibility to implement standards for diversion programmes and service providers. Based on evidence-based practice, the Accreditation Committee should ensure relevance of the standards

used for performance assessment and accreditation.

### **c. Accreditation candidacy approval**

The Accreditation Committee determines the eligibility of an institution/programme applying for accreditation. The committee recognises institutions/programmes that meet the established criteria for candidacy. This approval by the committee establishes the eligibility of an institution/programme sponsor to achieve candidacy status and thus submit applications to the Accreditation Committee.

### **d. Making recommendations to the Head of Department for the annual allocation of resources for accreditation operations**

The Accreditation Committee makes annual recommendations to the Head of Department of the DSD for allocation of resources for accreditation operations to implement the *Accreditation Framework*. Consistent with general practice, the assignment of staff to accreditation operations is performed by the Deputy Director-General, in accordance with state budgets, laws and regulations.

### **e. Providing recommendations for review of legislation and policy related to accreditation**

In implementing accreditation practice, the committee needs to continually evaluate the effectiveness of legislative regulation, in relation to accreditation, and recommend appropriate reviews to legislation to amend sections in the Child Justice Act relevant to the accreditation of diversion programmes and service providers. This is to ensure synergy between evidence-based practice and legislation.

### **f. The Accreditation Committee**

Evaluation for the purposes of the accreditation of diversion service providers and programmes in the field are undertaken by the Accreditation Committee. Members of the Accreditation Committee are representatives (highly recognised for their competence and professionalism in the field of social services and criminal justice) of various stakeholder organisations and are either nominated onto the committee by organisations in the service field, or by themselves (self-nomination). It needs to be ensured that Accreditation Committee members are qualified individuals with a professional background, which is conducive to thoughtful and skilful participation in the decision-making process. Members are to serve on the committee for no more than one term. The primary responsibilities of the Accreditation Committee include cyclical accreditation decision-making and maintenance of accreditation reviews (re-accreditation).

### **Other functions of the Accreditation Committee include:**

- Consider recommendations from Site Verification Team regarding application of standards and criteria, in terms of accreditation processes;
- Receive copies of organisations application forms from site verification team;

- Conduct desk assessment;
- Facilitate sittings for accreditation which are to be conducted quarterly;
- DSD to chair proceedings
- Deputy chairpersonship to rotate among other members from other sectors;
- Secretariat to rest with DSD, other members from other sectors to rotate the position of secretariat;
- Secretariat to facilitate claims of non-state employees;
- Accreditation Committee to make decisions on accreditation and candidacy status;
- Organisations to be informed of their status within twelve (12) weeks of receipt of documentation from site verification team;
- Committee to hold quarterly sittings;
- Analyse activities of the whole system of accreditation of diversion service providers and programmes;
- Participate in the development and realisation of policy and strategy in the sphere of accreditation of diversion service providers and programmes.

#### **g. The Quality Assurance Panel**

The Quality Assurance Panel is a permanent committee under the provincial DSD. This panel is established in terms of Section 32 of the Child Justice Regulations.

The panel's main responsibility is to implement a quality assurance process, as referred to in section 56(2) (g) of the Child Act No. 75 of 2008. Functions of the Quality Assurance Panel, as set out in section 32(2) (a)-(g), include the following:

- Notifying service providers and programmes in reasonable time of the intention to conduct quality assurance
- Conducting preliminary meetings with the leadership and staff of organisations and programmes to prepare them for quality assurance
- Facilitating a self-assessment process, which allows programmes and organisations to submit written, as well as oral evidence, for purposes of quality assurance
- Considering and assessing all evidence received for purposes of quality assurance
- Conducting organisational and programmatic site visits, which include reviews of relevant documentation and interviews with clients (children in programmes, parents and other stakeholders, where relevant)
- Preparation of documentation and reports (preliminary and final), reflecting findings and recommendations of quality assurance activities undertaken
- Allowing and considering organisational and programme responses to preliminary reports.

Additional functions of the Quality Assurance Panel, not stipulated in the regulations, include:

- Advising the director (Head of Unit) proactively, at his/her request, on all matters related to quality assurance
- Monitoring and evaluating whether the policy goals and objectives for diversion of children at risk and in conflict with the law are being realised
- Facilitate and motivate for capacity building of organizations and programmes,
- Advocate for transferral of organizations on candidacy status to be accredited,
- Recommend removal of organizations and programmes that do not comply
- Contributing to the development of diversion practice through publications
- Recommend organizations and programmes for re-accreditation.
- Chairpersonship may be selected from any member of the panel,
- Deputy Chairperson to rotate among members.
- Secretariat and deputy secretariat to be nominated by members of the panel, and the chairperson should second.
- Panel to form a quorum when 3+1 are present
- Sittings should be quarterly

Membership of the Quality Assurance Panel will be approved, in accordance with Section 32(1) (a)-(e). The Quality Assurance Panel will be comprised of seven members, of which two will be independent and five will be officials employed by the DSD. These members have to have knowledge and experience in relation to diversion programmes and children's issues. It is imperative that at least four members be behavioural science experts, preferably with a minimum qualification of a Bachelor's degree in social work, be employed in a supervisory or management position and have at least two to three years experience in the field.

The independent members should preferably be individuals with a background in social science research and/or therapeutic programme design, development, monitoring and evaluation. The provincial DSD will appoint the Quality Assurance Panel members.


# Part 2




# CHAPTER I

## I. Accreditation Process

Throughout the accreditation process, service providers must demonstrate how they meet specific requirements. The chart below indicates all requirements associated with each of the four steps of the accreditation process.

PHASE	STEPS	TASKS	FORMS
<b>Phase I: Application</b>  No requirements – Open to any service provider providing rehabilitation/personal development services to youth in conflict with the law as diversionary or sentencing options	1.1 Enrolment/Intent to accredit/Self-assessment/ Application preparation  1.2 Submission of completed self-assessment & application form  1.3 Submission chairperson for Site Verification  <div style="text-align: center;">  <p>Info adequate?</p> <p>NO YES</p> </div>	1.1.1 Voice intent to accredit  1.1.1.2 Receive self-assessment documents  1.1.3 Undertake self-assessment	Form 1: <u>Intent to accredit</u>  (Appendix A)  Self-assessment package  Form 2: <u>Application form (Private/public organisations)</u>  (Appendix B)

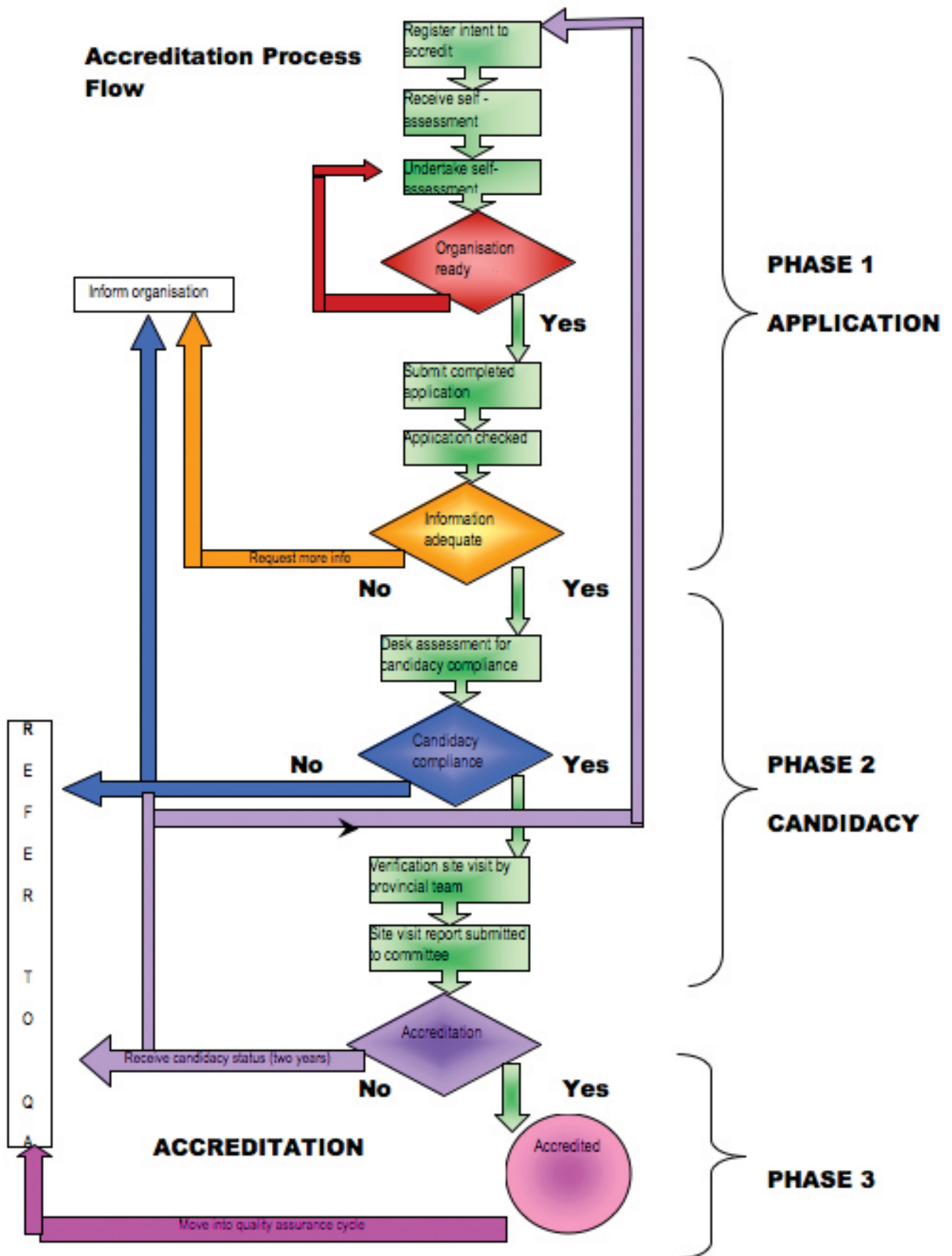


PHASE	STEPS	TASKS	FORMS
<p><b>Phase 2: Desk Assessment/ Candidacy</b></p> <p>Requirements, including educational qualifications required for staff</p>	<p>2.1 Accreditation application forwarded to Assessment Committee/Panel</p> <p>2.2 Desk assessment of candidacy compliance by Accreditation Committee</p> <div style="text-align: center;">  <p>Candidacy compliant</p> <p>NO YES</p> </div> <p>2.3 Site Verification team visits</p> <p>2.4 Site Verification team prepares documents necessary for submission to Accreditation Committee</p> <p>2.5 Site Verification team report and summary of findings submitted to Accreditation Committee</p> <p>2.6 Organisation prepares and submits response to the Accreditation Committee</p>		

PHASE	STEPS	TASKS	FORMS
<p><b>Phase3: Decision/ Accreditation Status</b></p>	<p>3.1 Accreditation Committee receives relevant documentation and undertakes assessment</p> <div data-bbox="549 394 895 813" data-label="Diagram"> <pre> graph TD     A{Accreditation decision}     A --- B[ ]     B --- C[Non-compliance]     B --- D[Compliance]   </pre> </div> <p>Candidacy status awarded Accreditation awarded (Accreditation deferred)</p> <p>OR</p> <p>Accreditation denied</p> <p>3.2 Accreditation Unit notifies the organisation by letter of the decision taken by the Accreditation Panel</p> <p>3.3 In cases where accreditation is deferred or denied, the organisation has 14 days upon receipt of letter to initiate the complaints process</p> <p>3.4 In cases where accreditation is awarded, organisations go into the quality assurance cycle, which focuses on maintenance of accreditation</p>	<p>Non-compliance Result</p>	
<p><b>Phase 4: Maintenance of Accreditation/ Quality Assurance</b></p>	<p>4.1 Undertake site visits</p> <p>4.1 Undertake quality assurance processes &amp; capacity building</p>		<p>Certificates (Appendices D &amp; E)</p>

PHASE	STEPS	TASKS	FORMS
<p><b>Cessation of section 98 (2) of the Child Justice Act 75/2008</b></p>	<p>Application for renewal of accreditation is open for four months, the second two months is reserved for consideration of application by the accrediting body.</p>	<p>1.1.1 Voice intent to accredit</p> <p>1.1.1.2 Receive self-assessment documents</p> <p>1.1.3 Undertake self-assessment</p>	<p>Form 1: <u>Intent to accredit</u> (Appendix A)</p> <p>Self-assessment package</p> <p>Form 2: <u>Application form (Private/public organisations)</u> (Appendix B)</p>
<p><b>Return to Phase I</b></p>	<p><b>1<sup>st</sup> phase: April-July</b></p> <p><b>2<sup>nd</sup> phase: August - November</b></p>		

# Accreditation Process Flow



## Phase I: Application

*The application process includes the expression of intent to accredit by a service provider, and the completion and subsequent submission of a self-assessment, together with an application form, to the Accreditation Committee at the Provincial office of DSD.*

*The purpose of this phase is to:*

- allow time to align the organisation and programme with the required standards and criteria for accreditation*
- enable the Accreditation Committee to reach an initial determination regarding referral to Site Verification Team and allowing the latter team to schedule site visits.*

### **a. Step 1: Expression of intent to accredit**

An organisation interested in applying for accreditation should notify the committee in the prescribed way of the organisation's intent to accredit as a service provider and/or accredit programmes used for diversion purposes for intervening with children at risk and in conflict with the law. The registration of intent form must be completed and delivered to the Accreditation Committee. This form can be downloaded from the departmental website, or requested telephonically or by e-mail. Upon receipt of the registration of intent, the committee will forward the accreditation information and self-assessment pack with an application form to the organisation concerned. All organisations providing programmes for the purposes of diversion can register their intent to accredit with the committee. The committee will continuously review expressions of intent and forward the self-assessment information and application packs to organisations within five working days of receipt of registration of intent.

### **b. Step 2: Receiving self-assessment materials and undertaking self-assessment**

At this point on the application process the organisation engages in a systematic way of self-examining the organisation's overall performance and of evaluating service quality against consensus on based minimum standards for diversion services and programmes. This provides the framework for a fair and thorough accreditation review process, with the organisation providing evidence through the self-assessment. The Self-assessment serves as a self-assessment tool for the potential applicant to evaluate the organisation's strengths and opportunities for growth based on appropriate administration, management and service delivery standards.

All evidence provided for the self-assessment will, after a desk assessment by the Accreditation Committee, be verified during a verification site visit.

The self-assessment is both a process and a document.

- Process

Organisations pursuing accreditation engage in a process of self-evaluation as they assess their implementation of the minimum standards. This process determines how accreditation can facilitate change in the organisation's policies, procedures, and standards of practice and allows for the organisation to put in place whatever needs to be established in order to become compliant with the minimum standards prior to applying for accreditation. The Self-assessment also reinforces the necessary maintenance and explanation of practices that are currently operational.

- Document

Organisations complete and submit a Self-assessment document prior to their site visit that includes evidence of implementation of the standards. The Self-assessment serves as the first source of evidence for the accreditation body as they plan the site visit, gain knowledge about the organisation, and begin to assess the implementation of and continuing performance with the standards.

### **c. Function of self-assessment**

Apart from providing formal recognition of service quality and excellence accreditation is an opportunity for organisations providing diversion services to strengthen its capacity and to employ a performance/quality improvement process. The self-assessment is the key component of this accreditation process and provides the first opportunity for an organisation to demonstrate its implementation of/continuing performance with diversion minimum standards. The self-assessment process requires the participation and involvement of the organisation's staff, governance body, and service users/beneficiaries. The self-assessment also serves as the framework for the site visit. A site verification team reviews an organisation's self-assessment information prior to coming on site. The self-assessment serves as a guide and a first source of evidence for the verification team to determine the organisation's implementation of/continuing performance with the standards.

No pre-determined requirements exist for organisations to undertake the self-assessment. This step is open to any programme or organisation interested in using the self-assessment materials and tools for organisational and programme improvement.

### **d. Step 3: Completion of application and submission of self-assessment**

After completing the Self assessment, service providers officially begin the accreditation process by submitting an application form ([form 2 – private](#); [form 3 – public](#)) with the completed self-assessment documentation in which they commit to a site visit due date and demonstrate compliance with eligibility requirements. The DSD's Accreditation Committee provides organisations with a timetable for completing the accreditation process. This timetable sets forth the date by which the application and self-assessment materials are due. An organisation's failure to meet the established timeline can result in the application

for accreditation having to stand over until the next cycle of accreditation. An organisation must provide its completed self assessment to the Accreditation Committee at least 12 (twelve) weeks prior to the site visit. This allows the verification team adequate time to review the material before the site visit. In preparation for this site visit due date, programmes must ensure that the specific sources of evidence that have been compiled during the self-study clearly demonstrate how the organisation and programme meets the accreditation requirements as well as minimum standards. Evidence includes portfolio evidence, observable evidence, and survey evidence.

The Accreditation Committee retains both copies of an organisation's completed self-assessment material only for the duration of the decision-making process. Once accreditation status is decided upon the DSD will return one of the self-assessment packs with relevant comments and reports for future programme and service improvement efforts.

### **e. Application requirements**

The organisation should submit the following, together with a completed application form and self-assessment materials:

- Copies of all applicable registration (registration of professionals with professional bodies, registration of organisation as NPO, etc).
- Service brochures and/or a description of the organisation's services
- The organisation's mission statement
- The organisation's most recent financial audit
- A current organisational chart.

### **f. Step 4: Receipt and processing of application**

Upon receipt of a completed application, the Accreditation Committee screens the information to reach an initial determination of an organisation's eligibility for candidacy against the basic criteria for organisational eligibility stated below. If the information at this stage is limiting and eligibility cannot be established the Unit will request further information. Compliance with the requirements is expected to be continuous and will be validated periodically as part of quality assurance after accreditation.

If organisations at this point do not meet eligibility requirements they will be informed by the accreditation committee and furnished with recommendations on how to proceed.

### **Phase 3: Accreditation Decision-making**

Upon completion of the verification site visit, the team leader submits a final review report to the accreditation coordinator for presentation to the Accreditation Committee. Reviews and decision-making by the Accreditation Committee afford applicant organisations the benefit of an accreditation decision-making process, which incorporates multiple levels of review and the collective exercise of professional

judgment.

Relevant documents must be presented to the Accrediting Committee, in order to inform the team's decision-making.

## **Accreditation Committee decisions:**

### **i) Accreditation granted**

If a programme has demonstrated compliance with standards, accreditation status will be granted.

Accreditation status is granted, in line with Section 56 (2) (f) of the Child Justice Act 75 of 2008, for a period of four years, after which an organisation or programme has to be reaccredited. For re-accreditation purposes, an organisation must meet ongoing compliance requirements, evidenced during quality assurance activities.

If the team has found areas of non-compliance during verification site visits, **all** standards rated as not having been complied with, need to be considered by the committee. Taking into account the considerations of non-compliance, the committee will base its decision on the accreditation status upon consideration of:

- findings on the summary of the site verification team
- the organisation's response.

Non-compliance findings of standards addressing safety, rights of persons served and processes to ensure consistency of practice are weighted heavier than standards reflecting an unintentional oversight, "slippage" due to staff turnover, a single staff person being unaware of some expectations and/or a misunderstanding of the intent or meaning of a standard. "Patterns of practice" and the intent to have practice compliant to standards is the measure of decision-making, not a narrower interpretation of compliance - meaning the programme has provided evidence of compliance to a particular standard but not the pattern. (i.e. submitting evidence of training having been completed may address the single issue of an individual's training but may not address the issue of ensuring that all training is completed within timelines).

To successfully earn accreditation, an organisation or programme must meet the following requirements:

- All required candidacy desk assessment criteria
- Each of the diversion programme standards. This is demonstrated by:
  - o the programme meeting at least 90 percent of the criteria upon which it is assessed in each standard
  - o each service/programme meeting at least 80 percent of criteria upon which it is assessed across all standards.



The accreditation team will issue a service provider and programme with an accreditation certificate, once an accredited status is conferred.

## **ii) Accreditation denied and candidacy status granted**

The Accreditation Committee may make a decision to deny accreditation (grant non-accreditation status) or grant candidacy status, based on the nature of the issues identified in the summary of site findings by the verification team and the organisation's response.

## **iii) Non-accreditation status**

The committee may grant non-accreditation status, if issues identified are of such a nature that the committee is not assured that the programme is operating, or has the capacity to operate, within the parameters of compliance with standards on a consistent basis.

In this regard, an initial applicant for accreditation will be denied accreditation for any of the following reasons:

- The organisation or programme failed to comply with any fundamental practice and programme standard and, therefore, did not meet the requirements for accreditation at the time of decision-making.
- The organisation submitted self-assessment material or information, as part of the accreditation decision-making process, which misrepresented the factual situation or which had otherwise been dishonestly prepared.
- The organisation failed to disclose information during the accreditation process that was or would have been relevant to an accreditation decision.
- The organisation presented itself as accredited before formal notification by the Accreditation Committee.
- The organisation's failure to comply with standards was so pervasive that the organisation was unlikely to be able to demonstrate sufficient implementation of standards within one year of review.
- The organisation failed to comply with a standard that addressed client/service user safety.
- The organisation failed to respond to requests for information by the Accreditation Committee.

In these cases, the Accreditation Committee will, in writing, inform the organisation or programme that it has not met the requirements for accreditation, resulting in the organisation or programme having a non-accreditation status.

Organisations or programmes that have been denied accreditation status can do one of the following:

- Withdraw from the accreditation process at this time and resubmit an application (step 2) when the programme is ready to continue with accreditation.
- Submit a complaint, in writing, about the Accreditation Committee's decision, within fourteen days.

#### **iv) Candidacy status**

If an organisation or programme shows limited compliance with requirements for accreditation, but the Accreditation Committee is relatively assured that the programme is operating or has the capacity to operate within the parameters of compliance with standards in the very near future, an organisation or programme can be granted candidacy status. If candidacy status is granted, the organisation or programme can:

- resubmit during the next available accreditation cycle, before expiry of candidacy status
- lodge a complaint to the accreditation decision by moving forward with a formal complaint process, as described in this document.

Please refer to candidacy status as discussed in Step 5 (a) on desk assessment above.

### **Phase 4: Quality Assurance: Maintenance of Accreditation, Contract Management (funded organisations) and Quality Improvement**

Throughout the four-year accreditation period, organisations and programmes are required to maintain continuous implementation of/and compliance with contractual obligations, as well as general social service standards and minimum standards for diversion. Maintenance of accreditation and quality improvement responsibilities include completion of a required annual progress report, self-reporting of changes or events, quality assurance processes, or third party complaint reviews, as required by the Quality Assurance Panel and Accreditation Committee.

If, during quality assurance processes, serious issues of non-compliance and weak quality of services are evident, the Accreditation Committee has the authority to take immediate action to suspend or revoke the accreditation of the organisation or programme concerned. As quality assurance activities are also related to contract management and funding obligations, such performance and non-compliance issues could also influence the future funding of the organisation or programme.

# Part 3



# CHAPTER I

## I. The Developmental Quality Assurance (DQA)

The DQA is based on a *developmental approach*, combining a monitoring tool with a capacity building developmental process. The tool is designed for use by the Quality Assurance Committee.

The DQA is a developmental *monitoring tool* for ensuring both effective and quality service delivery. This tool is appropriate as a quality assurance instrument for any organisation - government and non-government alike. The tool itself, while maintaining integrity, can be adapted for use under various circumstances and in relation to any particular area of service delivery. It applies as much at national departments and provincial departments as it applies to organisations which deliver direct services. The DQA is an important tool for ensuring that funding, human resources are allocated and used wisely, efficiently and effectively, and that those who receive services derive the maximum benefit from these resources.

Once initiated with an organisation, the DQA process should continue, unless officially terminated for a specific reason. Both initiation and disengagement of the DQA process should be handled carefully and professionally.

The functions of the DQA are, essentially:

- Assessing the developmental needs of the organisation
- Monitoring the implementation of and compliance with practice standards and minimum standards
- Developing an ODP and supporting improvement in the quality of services and programmes delivered.

The assessment process is based on the following assumptions:

- Every human being and organisation has the potential to be effective
- Development cannot be forced, only supported and nurtured
- Every human being and organisation has strengths
- Each organisation must be understood and responded to as an integrated whole at any particular moment and over time
- Labelling or categorisation of people or organisations is not helpful to development and is to be avoided
- The organisation is the “expert” on itself and it should draw on this knowledge within the DQA process
- All people and organisations have the capacity to grow and change.

The DQA model has three core components, or cornerstones, interdependent on one another: principles and minimum standards; funding and other resources; and human and organisational development, and capacity-building. The three components of the model work in concert to produce quality service delivery. Within a DQA process, all three should be given simultaneous attention.

## **1.2 The DQA process**

The DQA process essentially mirrors the accreditation process. This process is, however, less tedious and focuses primarily on providing organisations with support to develop areas of non-compliance into areas of compliance and to further develop the quality of services and programmes. Secondary to this is the function of monitoring ongoing compliance with standards and contracts.

### **Phase I: Preparation**

#### **i) The organisation**

The organisation to be subjected to the DQA requires preparation and if necessary, support. The organisation is asked to complete their internal DQA (self-assessment) at least 1 month in advance of the DQA site visit. The internal DQA is a self-evaluation process, and it is particularly important that the organisation is provided with the knowledge and skill to do this as effectively as possible. In most instances the manager and/or one of the senior professional staff would facilitate the internal DQA for the organisation and it is important that these persons be equipped to do so with integrity and confidence. As the DQA assessment is based on principles, rights and minimum standards, the organisation should be given sufficient information on these and be enabled to make sense of these in relation to their particular service as thorough as possible. The responsibility for ensuring and facilitating this preparation (to the extent requested by the organisation) lies with the Quality Assurance Committee who works in partnership with the organisation's manager. Once an organisation has already undergone a DQA, they would be expected to take responsibility for their own capacity building regarding information and knowledge of principles, policy, and minimum standards.

#### **ii) Step 1: Undertaking self-assessment (internal DQA)**

The self-assessment undertaken by organisations is based on a framework developed from the principles and minimum standards and is conducted by the manager/s and staff team/s of the department, organisation, residential care facility, school, or project concerned. The internal DQA is a major contribution to the full DQA and forms the starting point for the DQA team's assessment of the organisation. The internal DQA is a major contribution to the full DQA and is implemented in preparation for the DQA assessment.

### **iii) Step 2: Submission of self-assessment to DQA panel and preparation of DQA panel**

The self-assessment undertaken by the organisation is submitted to the DQA panel, which will undertake the organisation's assessment at least 2 weeks prior to the DQA assessment. The panel should be fully prepared with regard to understanding the minimum standards, principles and rights and their application to the practice, which they will assess in the organisation. Members should come equipped with the necessary documents and frameworks.

The Panel should come together for a minimum of 3 hours to prepare together prior to doing the DQA, to understand the strengths, perspectives and diversity which each panel member brings to the process. This preparation should include:

- The team leader's expectations of the team
- Identification of team strengths, perspectives and diversity
- The style and approach to be used
- Allocation of personnel to each respective component
- How the process will flow
- How debriefing will be included throughout the assessment
- The decision-making and communication process to be used.

### **Phase 2: DQA Assessment (On-site visit)**

A visit of between 2-4 days duration is carried out by no fewer than 2 persons and preferably a team of 3-4 persons depending on the size and complexity of the organisation or project. This procedure is also based on a *developmental framework* drawn from the principles and minimum standards, focussing on assessing the individuals, families, communities, or organisations to whom services are being provided, the service providers themselves (practitioners), and the manager/s.

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 panel to the appropriate authorities within 48 hours of the on-site assessment. Where actual abuse of individual's is identified charges should be laid with the South African Police Services. The statutory body (e.g. Minister and national department) responsible for monitoring legislation related to the particular service should be notified in writing within 7 days of the DQA assessment.

The organisation concerned will be notified at the assessment that such violations have been observed and will be reported to the appropriate authorities. Where immediate protection measures for individuals and/or groups are indicated, the DQA panel should take such immediate actions as deemed necessary after consultation with the provincial or national statutory body. Where individual professionals have knowingly

broken the law and/or violated their professional code of conduct, they should within 3 weeks of the DQA be reported in writing to their Council, or Professional Board.

The DQA assessment visit culminates in at least 2 developmental assessment meetings in which staff, management, service recipients (including children and youth where this applies), community representatives, and the DQA team draft an ODP with the organisation/project. The DQA team then goes away and refines the plan, submitting it to the delivery organisation for signature, and the broader statutory/monitoring organisation (such as the Provincial Department or National Department or National NGO) within a 3-week period after the completed DQA assessment.

### **Phase 3: Mentoring**

Once the DQA assessment is complete and the ODP is finalised, the organisation is assigned a mentor by the DQA authorities, who will:

- provide support and guidance in achieving the ODP goals – as required and/or requested by the organisation
- facilitate access by the organisation to information on programme, material and financial resources
- provide support and guidance in crisis situations, as required and/or requested by the organisation
- follow up on any violations identified in the assessment and monitor the organisation between DQA assessments
- lead and facilitate the DQA review in collaboration with the organisation.

The mentor is expected to build a professional, positive and supportive relationship with the organisation. He/she is a resource for and consultant to the organisation and should have the technical expertise to gain the trust of the organisation; build capacity at all levels and facilitate the achievement of developmental goals and minimum standards by the organisation. It is preferable, but not essential, that the mentor is one of the team members who undertook the DQA assessment of the organisation. While the mentor is expected to act as a monitor, he/she only assumes an authoritative position over the organisation in circumstances where the organisation violates the law, international instruments or rights.

At the heart of the DQA is a commitment to supportive development and capacity-building by the DQA authorities.

### **Phase 4: DQA Review**

The DQA review takes place 8-15 months after the DQA Assessment – preferably no later than 12 months. The process is facilitated by the mentor working in close co-operation with the management and team of the organisation. Based on a framework, the organisation and mentor review the following:

- Progress towards achieving policy principles and minimum standards
- Progress towards achieving identified ODP goals
- Whether the organisation has satisfactorily addressed any violations
- Whether there are any new violations to be addressed.

The DQA Review results in an “updated” report and ODP, which are then monitored until the next full DQA assessment. If, for any reason there is no appointed mentor, the DQA authorities will have to appoint someone to facilitate the DQA review.



## CHAPTER 2

### 2. Complaints Mechanism

#### a. Hearing and resolving accreditation complaints

In support of a democratic and participative service delivery environment organisations are afforded a fair and impartial written process for appealing accreditation decisions that impact their right to become or remain accredited.

Conflict can arise at any point during the execution of accreditation and quality assurance processes. When this occurs a professional, efficient and sensitive process has to be in place to address the conflict. If conflicts are not dealt with appropriately and swiftly the credibility of the entire quality assurance and accreditation system can become tainted.

#### b. On-site conflicts between verification team members

Where issues arise that are standards related, discussion with the verification team occurs. The Team Leader facilitates the discussion and agreement is reached on the direction the team will take in regard to compliance to the standards. Where interpretation of standards is an issue, the Accreditation Coordinator from the Committee provides direction, understanding of the intent of the standards that are perceived as problematic and provides examples of how other verification teams have approached the issue. The accreditation team Leader makes the final decision.

#### c. On-site conflicts between organisation, and verification and accreditation teams

If, after discussions with the team leader/ chairperson, the organisation continues to have concerns about a particular team member's approach, attitude or presentation; the team's objectivity and/or the impartiality or fairness of the process, it has **fourteen calendar days from the date of the exit meeting** to initiate a conflict resolution process by outlining the concerns, in writing, and forwarding them to: Team leader/ Chairperson of Site Verification Team or Accreditation Committee of that particular province. The team leader/ chairperson has **thirty (30) calendar days** to respond in writing to aggrieved organisation of outcome of decision reached. Where the organisation is still not satisfied with the outcome of team leader/ chairperson, the matter may be referred to the provincial Head of Social Development within **fourteen (14) calendar days** of receipt of team leader/chairperson's response. The provincial Head of Social of Development has **ninety (90) calendar days** to hear the concern within which to respond to the relevant organisation or programme.

The decision of the relevant committee would be either:

- to agree with the programme that the review had not been handled appropriately and to order a new review with a new verification team; or
- to find that the programme's concern was not validated and have the process proceed to the Accreditation Committee.

This process must be completed before the Accreditation Committee will consider the request for accreditation.

#### **d. Complaint against a decision by Accreditation Committee**

All complaints in relation to decisions by the Accreditation Committee will be submitted, in writing, to the Head of Social Services.

Organisations which are initial applicants for accreditation may appeal the following decisions:

##### **1. Determination of ineligibility to apply for accreditation**

An organisation may lodge a complaint regarding an ineligibility to continue with accreditation application determination. If it identifies the specific eligibility requirement(s) on which ineligibility is based and provides reliable information or evidence demonstrating compliance by the organisation. The organisation must identify the grounds for the complaint/s and the facts that support the grounds.

##### **2. Denial of accreditation**

Accredited organisations may lodge a complaint against the following decisions:

- a) Determination of ineligibility to undergo the re-accreditation process
- b) Revoking accreditation, as a result of an accreditation review process
- c) Revoking accreditation, as a result of findings from the maintenance of accreditation review, or as a result of a supplementary site visit.

An organisation may lodge a complaint or dissatisfaction about an accreditation denial or a resolution to revoke a decision for any of the following reasons:

- If the organisation disagrees with either of the teams' (accreditation and quality assurance) application of its standards to the organisation's performance, as set out in the accreditation decision or other notification letter.
- If the organisation contends that the teams failed to consider information or materials, which, in the opinion of the organisation, should have been considered as part of the decision or review process.
- If the organisation demonstrates that the minimum standards are unreasonable, based on current best practice.

Upon receipt of the letter of notification of the decision of the accreditation team, an organisation or programme has **fourteen calendar days to initiate and lodge** a complaint/ dissatisfaction, following the complaints mechanism on chapter 2 of this document.

If an accredited programme is aggrieved by the decision of the accreditation team, the programme's accreditation status immediately preceding the decision remains in effect until the hearing process is completed.

The organisation must clearly identify the grounds for the complaint and facts that support the grounds. Final outcome of the complaint will be sent to National DSD for recording purposes on the database.

Where a public organization/ government department lodges a complaint against any decision taken by any of the structures of accreditation, such a complaint must be handled by an accrediting committee of another province for an objective decision to be reached. This will eliminate prejudice and subjectivity.

In instances whereby a member of the public is despondent about services rendered by any accredited organisation or observed any form of abuse of the system by accredited organization, such a member has the right to approach any nearest DSD office to lodge a complaint. DSD will in turn investigate and respond pertinently within 90 days (in writing).

# CHAPTER 3

## 3. Monitoring and Evaluation

### 3.1 Quality Assurance Strategy (M&E)

The Quality Assurance Panel is responsible for monitoring accreditation compliance, as well as assisting organisations with improving the quality of services and programmes. In this regard, the purpose of the quality assurance and improvement strategy is to collect robust information, in order to inform the assessment of performance at an organisational level. This includes:

- Ensuring that mandatory legislative requirements are adequately addressed and monitored (compliance with standards);
- Contracting management processes to enable understanding and evaluation of service provider governance, financial and service delivery suitability and performance;
- Assessing service outcomes achieved for individuals;
- Using data and results to guide and change policies and practices related to diversion by using information and addressing gaps identified during the implementation of the policy framework on accreditation of diversion services;
- Increasing operational efficiency and effectiveness of diversion service providers and programmes;
- Standardising the quality of services rendered in regions/districts and provinces by encouraging them to align the services with standards and criteria set for accreditation;
- Ensuring that children in conflict with the law receive what is stipulated in the organisation's documents;
- Providing a yardstick for measuring programme performance and the programme's capacity to impact on behaviour and attitudes of service recipients;
- Ensuring that appropriate programme content, policies and legislative mandates are adhered to.

The collection and analysis of this information facilitates a focus on continuous improvement by targeting priorities and guiding future investment decisions.

Monitoring and quality improvement by the Quality Assurance Panel form part of a three-tiered strategy that relates to:

- Monitoring, evaluation and quality improvement activities undertaken at individual service provider level
- External monitoring and evaluation by the Quality Assurance Panel
- Community-based, independent safeguards for complaints, disputes and advocacy issues regarding diversion service provision.

During the four-year accreditation cycle, the quality assurance activities and processes take place across the abovementioned levels (see figure 2). The process involves the active participation of all role-players throughout the process, at every level.

Community-based Safeguards	<p><b>Tier 1</b></p> <p>Internal Quality Monitoring and Evaluation</p>	<p>Annual Organisational Assessment (Progress Reporting)</p> <p>Organisational Monitoring (Governance &amp; Financial)</p> <p>Complaints &amp; Grievance Processes (Policy &amp; Procedure)</p> <p>Service/Programme Evaluations &amp; Reviews (Impact)</p> <p>Service/Programme Implementation Monitoring (Targets &amp; Procedures)</p>
Quality Assurance Strategy	<p><b>Tier 2</b></p> <p>External Quality Monitoring and Evaluation by QA Committee</p>	<p>Annual Self-assessments</p> <p>Service-level Agreements &amp; Contract Management</p> <p>Site Visits</p> <p>Serious Incident Reporting</p>
	<p><b>Tier 3</b></p>	<p>Professional Bodies – Complaints &amp; Grievance Processes</p> <p>Independent Advocacy</p>

**Figure 2: Three Tiers of the Quality Assurance Strategy**

## CHAPTER 4

### 4. Conclusion

In conclusion, the policy document seeks to improve services to children in conflict with the law by recognising diversion programmes and service providers that continuously review and upgrade their services, in line with legislative mandates. It further seeks to raise the confidence of other key stakeholders in the Child Justice System. It is envisaged that this process will encourage parental and community participation in moulding the behaviour of young persons. The long-term objective is to reduce repeat offences. The policy is, therefore, based on the following theoretical framework for the accreditation of therapeutic services and programmes:

- Accreditation of the content of therapeutic programmes must be informed by relevant psychological, developmental, criminological and behavioural theories.
- International evidence-based practice indicates that risk, need and responsiveness principles are central to impacting complete and effective services that succeed in changing offender behaviour.
- Programmes to be accredited should reflect their relevance to the level of risk that the client presents. This relates to the risk principle: the higher the risk of the offender, the more intensive the combination of interventions and the programme should be. Intensive therapeutic programming is contra-indicated for low-risk offenders – evidenced in research.
- Evidence-based practice and research suggest that the most effective programmes are multimodal.
- Effective programmes – as based on relevant theories – utilise a combination of relevant treatment modalities.

## **5. ADDENDA**

### **Annexed to the document are:**

3. Registration of Intent Form (Appendix A)
4. Application Form for Accreditation (Appendix B)
5. Application Form for Accreditation –(Public Agency (Appendix C)
6. Certificate of Accreditation of Diversion Service Provider (Appendix D)
7. Certificate of Accreditation of Diversion Programme (Appendix E)
8. Table of Evidence (Appendix F)
9. Organizational Infrastructure System (Appendix G-1)
10. Administrative & Management Narrative (Appendix G-2)
11. (Private Organization)
12. Administrative & Management Narrative (Appendix G-3a)
13. (Public Agency)
14. Service/Programme Personnel Register (Appendix G-3b)
15. Human Resource – Private Organization (Appendix G -4)
16. Human Resource – Public Agency (Appendix G -5)
17. Administrative Personnel & Management Register (Appendix G -6)
18. Case/Client Record Checklist (Appendix G-7)
19. Training & Supervision (Appendix G- 8)
20. Programme Narrative – Programme content & outcomes (Appendix G-9)

No.	Title	Standard	Criteria	Evidence
<b>1.2.1.1. Legal Structure &amp; Governance Standards</b>				
<b>1</b>	Legal Structure	<p>The hosting organisation of a diversion programme may be:</p> <ul style="list-style-type: none"> <li>• A non-profit organisation</li> <li>• A school;</li> <li>• A company;</li> <li>• A government department</li> </ul>	<p>The organization is a legally established entity in terms of relevant legislation and is registered</p>	<p>Application Form (Form 2A &amp; Form 2B) for Accreditation with registration number recorded/submitted as part of self assessment</p>
<b>2</b>		<p>The implementing organisation may be:</p> <ul style="list-style-type: none"> <li>• A non-profit organisation</li> <li>• A school</li> <li>• A company</li> <li>• A government department</li> <li>• An individual</li> <li>• A close corporation or</li> <li>• A partnership</li> </ul>		<p>Registration Certificate Copy submitted as part of self assessment.</p>
<b>3</b>		<p>Non-profit organisations (trusts, section 21 companies, voluntary associations) should be registered as an NPO with the Directorate of Non-profit Organisations, Department of Social Development in terms of the Non-profit Organisations Act (No 71 of 1997).</p>		
<b>4</b>		<p>Schools should have been established under the South African Schools Act (no 84 of 1996).</p>		
<b>5</b>		<p>Companies should have been established under the Companies Act</p>	<p>The organization has an established and active governing body</p>	<p>List of governing body members on application form and submitted as part of self assessment</p>
<b>6</b>		<p>Non-profit organisations should ensure that they are governed in alignment with standards set out in section A of the Codes of Good Practice for Non-profit Organisations, developed by the Department of Social Development in 2001, which includes the establishment of a governing body.</p>	<p>The organization's governing body is sufficiently active and have at least quarterly meetings</p>	<p>Abbreviated CV's of governing body members Governing body agendas and minutes of meetings for past two years</p>
<b>7</b>	Governance	<p>Companies should ensure that they are governed in alignment with the standards set out in the King Report on Corporate Governance in South Africa (2002), which includes the establishment of a governing body.</p>	<p>The governing body reflects:</p> <ul style="list-style-type: none"> <li>o governance expertise, including leadership ability and policy development skills;</li> <li>o relevant financial expertise;</li> <li>o business experience;</li> <li>o knowledge of service user issues</li> </ul>	<p>Interview with randomly sampled governing body member(s) Organization and Legal Structure Narrative (Form 3)</p>



No.	Title	Standard	Criteria	Evidence
<b>I.2.1.2 Service Administration and Management</b>				
8	Service/ Programme Management	<p>The governing body of the hosting organisation should appoint:</p> <ul style="list-style-type: none"> <li>An individual or implementing organisation who will be responsible for the day to day running of the programme and to ensure that the programme's implementing organisation who will ensure that the programme's finances are correctly managed, and that record-keeping and reporting are done correctly.</li> </ul>	<p>An individual is responsible for the oversight and management of the diversion programme/ service manager/area manager/ (programme manager/ service manager/area manager)?</p> <p>An individual is responsible for the day to day supervision and management of staff implementing and co-ordinating diversion services? (supervisor/line manager)</p>	<p>Appointment Contract (programme manager/ service delivery manager/ area manager/ verified during verification site visit.</p> <p>Job Description of manager responsible for management of the diversion service verified on site verification visit</p>
9	<p>If the governing body of the hosting organisation has appointed another organisation to implement the diversion programme, then the implementing organisation must appoint a person or persons responsible for the functions of programme co- ordination and financial management (see standard 10).</p>	<p>Individuals appointed in programme management capacities has at least 3 years experience in direct practice working within programme implementation and 2 years experience in programme co-ordination/management.</p> <p>Clearly defined management responsibilities are set out in job descriptions and policy?</p> <p>Appropriate financial, direct practice (services), training and professional development, management, personnel, research and organisational development policies and procedures have been developed to support the day to day running of the programme?</p> <p>Policy and procedures are documented in presentable format?</p> <p>Policies and procedures are available in writing to all staff, clients and other relevant parties?</p> <p>Policies and procedures are reviewed and updated as needed?</p> <p>Policies and procedures conform to relevant legislation?</p> <p>The organisation complies with applicable laws and regulations governing fair employment practices and contractual relationships</p> <p>All personnel receive, and confirm in writing, receipt of an up-to-date employee policies and procedures manual</p>	<p>Appointment contract (supervisor/line manager) responsible for day to day oversight and management of programme delivery.</p> <p>Job description of supervisor/line manager responsible for day to day oversight and management of programme</p> <p>CV's of appointed individuals</p> <p>Financial policy and procedure manual available</p> <p>Services (programme) policy and procedure manual available. Must include policy and procedure related to:</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Case management</li> <li>Group work</li> <li>Case work(individual counselling)</li> <li>Record keeping</li> <li>Referral</li> </ul> <p>Personnel/HR Policy and Procedure Manual available. Must include at minimum Staff recruitment, conditions and procedures for layoffs, emergency and safety procedures, employment equity; nepotism and favouritism protections; grievance procedures; insurance protections including unemployment, disability, medical care, and malpractice liability; performance appraisal system; promotions; professional development; standards of conduct; time-off policies; wage policy; and working conditions.</p>	

No.	Title	Standard	Criteria	Evidence
<b>1.2.3 Organisational and Service/ Programme Management</b>				
10	Business Plan	<p>The organisation should have a written business plan for each programme, that has been approved by the relevant department, and which describes:</p> <ul style="list-style-type: none"> <li>• the needs of target group</li> <li>• the strategy for implementing the programme</li> <li>• the specific objectives of the diversion programme (against which the programme can be evaluated at a later date)</li> <li>• the content/methodology and theoretical basis for the diversion programme</li> <li>• the names, qualifications and experience of the programme facilitators</li> <li>• the lines of accountability and authority within the programme</li> <li>• the budget and work-plan for the programme</li> <li>• how the programme and its activities will be monitored and evaluated</li> <li>• risk management and emergency procedure in relation to achieving set out objectives in the business plan</li> </ul>	<p>A written business plan for each programme approved is readily available?</p> <p>Business plans available contains <b>all</b> the required information as described under standard 10?</p> <p>Diversion service and programme objectives as set out in the accreditation application and the business plan is consistent</p> <p>Financial systems and accounting procedures are clearly articulated in financial policy?</p> <p>Financial management and accounting policy and procedures conform to relevant legislation and is in alignment with standards set out as noted in standard 11?</p> <p>Budget and other resource expenditure are clearly identified?</p> <p>Budget and other resource requirements and processes are clearly identified, accounted for and open to scrutiny?</p> <p>Processes are established to ensure changing budget and other resource requirements are identified and addressed in a timely manner?</p>	<p>Drafted Business plan as submitted to the department is available on site and staff members have easy access to or have a copy of the business plan.</p> <p>Interviews with selected management and staff members in relation to the business plan.</p> <p>Fiscal summaries/analyses available on site Fiscal Policies and Procedures Manual available onsite. Must include at minimum:</p> <ul style="list-style-type: none"> <li>• Financial Control</li> <li>• Financial Risk Management</li> <li>• Budgeting</li> <li>• Strategic Planning</li> <li>• Financial management systems and procedures</li> <li>• Payroll</li> </ul> <p>Governing body minutes</p> <p>Financial Audit</p> <p>Financial Management Narrative (Form 4A &amp; Form 4B submitted as part of self assessment).</p>
11	Financial Management	<p>Financial management and accounting procedures should be in alignment with the standards set out by the South African Accounting Practices Board, GAAP, the Accounting Practices Committee and the Public Finance Management Act (No 1 of 1999)</p>	<p>The organization's governing body or designated committee of the governing body, as appropriate:</p> <ul style="list-style-type: none"> <li>• approves the annual budget and any revisions to the budget;</li> <li>• reviews fiscal summaries at least quarterly to evaluate expenditures against revenues;</li> <li>• ensures that budget-to-actual variance analyses are performed after year end numbers are finalized;</li> <li>• reviews fiscal policy and the recommendations of the organization's auditors; and</li> <li>• annually evaluates the executive director's management of the organization's fiscal affairs.</li> </ul>	

No.	Title	Standard	Criteria	Evidence
12	Record Keeping	<p>All records (regardless of type – e.g. financial, client etc) should be kept neat, and correctly filed.</p>	<p>A relevant record keeping system is in place and is maintained according to standardized formats?</p>	<p>Review of records on site which include:</p> <ul style="list-style-type: none"> <li>Record Keeping Policy and Procedure Manuals (in relation to all areas of operation) exist and available on site.</li> <li>Personnel records (Use Form 8 as checklist for client/case records)</li> <li>Financial records</li> <li>Client records (Case files)</li> <li>Management records e.g. <ul style="list-style-type: none"> <li>Management and governing body meeting minutes</li> <li>Strategic and business plan</li> </ul> </li> <li>Financial Records</li> <li>Service Administration records – e.g. programme evaluations, client registers, internal M &amp; E records</li> <li>Training records</li> </ul>
13		<p>All records should be kept appropriately secure to prevent unauthorised access</p>	<p>All personnel, financial and client files and records are neat and presentable?</p>	
14		<p>The organisation should open a personnel file on all programme staff, inclusive of volunteers, part-time staff, and full-time staff. This file must contain the following:</p> <ul style="list-style-type: none"> <li>personal particulars required for administrative procedures</li> <li>records of performance appraisals, grievances and disciplinary procedures and associated and relevant correspondence.</li> <li>Employment or volunteer contract between the volunteer/employee and the hosting and/or implementing organisation</li> <li>Job description in which the tasks and responsibilities of the employee/volunteer is described. These should be in alignment with the standards set out by the Basic Conditions of Employment Act (No 95 of 1995) as amended, Occupational Health and Safety Act, Labour Relations Act (No 55 of 1995 as amended).</li> </ul>	<p>Concise, accurate, meaningful and internally consistent client records are available</p> <p>Records are clearly marked and clear distinction exists between general administration, personnel (HR), financial and client records?</p> <p>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</p> <p>Records are easily accessible to relevant personnel only?</p> <p>Personnel files exist for all programme staff, including volunteers and part-time staff?</p>	<p>Verification of existence and security of recording and filing systems</p> <p>Interviews with selected staff</p> <ul style="list-style-type: none"> <li>Administrative staff</li> <li>Social workers for client records</li> <li>HR staff for staff records</li> <li>Supervisors for staff records</li> <li>Finance staff for financial records</li> <li>Senior Management for management records e.g. Minutes of board meetings, strategic plans</li> </ul>
15		<p>The implementing organisation should keep a case file on each child referred to it for diversion. This file must contain:</p> <ul style="list-style-type: none"> <li>A copy of the initial referral form sent by the referral agency (prosecutor, school or welfare agency) to the organisation giving the name of the child, the charge (where applicable), the case number (if applicable) and the date on which the child must return to the agency</li> <li>All case notes that have been recorded on the child during the programme commenting on the child's progress</li> <li>Reports on any incidents, injuries, deaths, disciplinary infractions, or any other matter deemed reportable in terms of the regulations of the Child Care Act (No 74 of 1983) as amended</li> <li>Records of all the assessments conducted by the referral agency</li> <li>Notes of the organisation's initial assessment of the child</li> <li>Notes on all other assessments of the child that have been conducted during the programme, or by other service providers</li> <li>A copy of the letter/document notifying the child of the content and schedule of the programme</li> <li>A copy of the letter notifying the referral agency that the child has been accepted onto the programme, and commencement and completion dates for the programme</li> <li>Notes on all relevant phone calls, meetings and correspondence made on behalf of the child</li> <li>The contact details of the child and his/her primary caregiver</li> <li>The consent form, signed by the child's primary caregiver</li> <li>The release of information form, signed by the child's primary caregiver (where applicable)</li> </ul>	<p>All personnel files contain all documentation as described under standard 14.</p> <p>Job descriptions, clearly setting out and describing job incumbents responsibilities, is available on personnel files?</p> <p>The organisation keeps case files on each child referred for diversion?</p> <p>All client case files contain all <b>the information</b> as described under standard 15?</p>	

No.	Title	Standard	Criteria	Evidence
16		<ul style="list-style-type: none"> <li>A copy of the report to the referral agency explaining whether the child has successfully completed the programme or not</li> <li>Records pertaining to non-attendance. In the event that a child did not attend a part or the whole of a programme, for valid or invalid reasons, the organisation must keep records of steps taken to establish the reasons for the non-attendance, the decisions made, and the actions taken in this regard. The organisation must also keep a record of the written report that was given the prosecutor explaining the above. Any relevant supporting documentation should be attached to this report and included in the case file; and</li> <li>Any other relevant correspondence and documentation</li> </ul> <p>The hosting organisation should ensure that records are kept of the programme's strategic planning sessions</p>	Strategic planning documents in relation to service delivery is available in the organisation	
17		The hosting organisation should ensure that the minutes are kept on the meetings of governing body and management	Minutes of management and governing body minutes are available in the organisation	
18		The organisation should maintain an updated list of resources and potential service providers to the programme to address the needs of clients that fall outside of the abilities of the hosting or implementing organisation	Personnel delivering services to clients (social workers and programme facilitators) know community resources and have updated list of resources available	
19		<p>The organisation should keep a register of all the children that have been referred to the programme. This register should contain the following information</p> <ul style="list-style-type: none"> <li>The child's name, known aliases, ID number if available, date of birth and gender;</li> <li>Whether the child has completed the programme or not</li> <li>The name of the referral agency and the contact person; and</li> <li>The CAS number or court case number if applicable</li> </ul>	<p>The organisation administers at least a manual register of all children referred for diversion services and must reflect the following:</p> <ul style="list-style-type: none"> <li>Name &amp; Surname of child</li> <li>Residential Address</li> <li>Contact Number</li> <li>Age/Date of Birth</li> <li>Gender</li> <li>Details of Next of Kin/Guardian/Parent.</li> <li>Court Case Number</li> <li>Referral Agency Name &amp; contact person</li> <li>Programme child is attending</li> <li>Service status – whether child completed or not completed programme with reasons for non completion</li> <li>Date child was referred to the organization</li> </ul>	
20	Profit	The organisation should keep records of all service agreements with other service providers or agencies.		
21		The profit made by companies on the hosting and implementation of diversion programmes should be set at a level in line with the guidelines on public-private partnerships set by the Treasury		
22	Code of Conduct	The organisation should have a written and displayed code of conduct that sets ethical and professional standards for all programme staff.	All Staff is aware of and understands the Code of Ethics of different professions particularly professions involved in service delivery to children	Onsite Review of records in relation to code of conduct including: <ul style="list-style-type: none"> <li>Publicly displayed code of conduct</li> <li>Policy and procedure in relation to code of conduct transgressions</li> <li>Professional Registration Certificates displayed by registered staff</li> </ul>
23		The standards set out in this code of conduct should be aligned with the UN Convention on the Rights of the Child, the South African Bill of Rights, the African Charter on the Rights and Welfare of the Child, the UN standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the UN Rules for the Protection of Juveniles Deprived of their Liberty, the UN Guidelines on the Treatment of Prisoners and the Code of Conduct for Social Service Professionals..	Where organizations employ social workers, psychologists or any other professional for which a professional board or council exists all practitioners providing services are registered with the relevant council and professional board.	

No.	Title	Standard	Criteria	Evidence
24		The hosting organisation should ensure that all programme staff understand, agree, sign and comply with this code of conduct.	The organization have a written down code of conduct, that is in line with professional ethics and values of relevant professions	
25	W o r k i n g Agreement	The hosting organisation should have a written agreement, with any individual (employee/ volunteers), organisation, or company contracted to provide additional and/or specialised services. This agreement must describe the roles and responsibilities of each party	The Organization publicly displays the code of conduct in offices/locations where children are participating in programmes/services	Professional registration number reflected on Staff register (Form 5) submitted as part of self assessment documentation.
26	R e c r u i t m e n t Procedures	All programme staff should be recruited in such a way as to ensure that they pose no risk to the welfare of the child: To this end: <ul style="list-style-type: none"> <li>individuals with the appropriate skills, qualifications, attitude, profile, potential and credibility should be selected through a rigorous background check; and</li> <li>persons with a known history of offences against children should be excluded.</li> </ul> Records must be kept of all recruitment and selection processes.	The Organization keep an active register of disciplinary held clearly reflecting the reason for and the outcome of disciplinary action	Copies of latest registration payment receipts of all professionally registered staff submitted as part of self assessment
27			The organization have clear records of the number of any action (warnings, disciplinary, reporting to professional councils) taken in relation to transgression of the professional codes of conduct.	HR Narrative (Form 6A & Form 6B) Personnel/HR Policy
28		The recruitment process should be in alignment with the standards set out in the Employment Equity Act (No 55 of 1998 and the Labour Relations Act (No 55 of 1995).	Job descriptions and selection criteria for recruitment purposes: <ol style="list-style-type: none"> <li>clearly state the qualifications, job expectations, essential functions, and responsibilities for each position or group of like positions;</li> <li>are reviewed and updated regularly.</li> </ol> Relevant and adequate personnel recruitment policies and procedures exist and are available in the organization?	Register of administration and management personnel (Form 7) Interviews with selected personnel about recruitment/ disciplinary/ performance appraisals/ induction programmes and other HR practices including: <ul style="list-style-type: none"> <li>Programme staff (social workers)</li> <li>HR manager/personnel</li> </ul> <b>Onsite verification of induction programme content</b>
29	D i s c i p l i n a r y Procedure	The organisation should ensure that all staff and volunteers working within the programme are aware of: <ul style="list-style-type: none"> <li>what constitutes unacceptable behaviour</li> <li>the consequences of the different types of unacceptable behaviour</li> <li>the disciplinary procedure that the organisation will follow</li> </ul> The organisation should keep records of all disciplinary actions and results	Recruitment processes is in alignment with the standards set out in the Employment Equity Act? Records are kept of all recruitment and selection processes?	
30			A formal and written up new employee induction programme exist in the organization. The content of the induction programme reflect at minimum the following: <ul style="list-style-type: none"> <li>background to the organization</li> <li>the organization's mission, philosophy, goals, and services, service policies and procedures</li> <li>orientation to relevant legislation governing delivery of services;</li> <li>organization's personnel policy; and</li> <li>lines of accountability and authority within the organization.</li> </ul> New personnel are formally oriented within the first three months of their employment	
31		Disciplinary procedures should be conducted in alignment with the standards set out in the South African Labour Relations Act, particularly schedule 8 – Code of Good Practice: Dismissal, and other relevant legislation.		

No.	Title	Standard	Criteria	Evidence
32	Performance Appraisal Procedure	Their manager or supervisor should appraise the performance of programme staff at least once each year.	Disciplinary procedures followed are in line with approved labour practices as set out in the Labour Relations Act.	Records of performance appraisals in personnel records
33	A Personal Development Plan should be developed for all programme staff.	A Personal Development Plan should be developed for all programme staff.	Performance Appraisal Procedures exist and is described in the HR Policy	Verification of HR policy in relation to performance appraisal
34	Programme staff should be allowed to appeal against the results of an appraisal	Programme staff should be allowed to appeal against the results of an appraisal	Every full-time and part-time employee has received at least a written annual performance evaluation conducted by the person to whom he or she reports.	Interviews with selected programme staff and clients (consumers) in relation to grievance procedures
35	The organisation should keep records of all performance appraisal sessions.	The organisation should keep records of all performance appraisal sessions.	Performance appraisals assess job performance, and emphasize self-development and professional growth, in relation to: 1. specific expectations defined in the job description;	Verification of documents including: • Grievance policy & procedures • Records of lodged grievances and results thereof
36	Grievance Procedure	The hosting organisation should ensure that all programme staff participants (children) and parents or guardians or the participants are aware of the process by which they may lodge a grievance without prejudice to their rights, against the organisation, a member of the organisation or someone else delivering services to the programme.	2. organization-wide expectations for personnel; 3. objectives established in the most recent evaluation and objectives for future performance as they relate to the organizations' mission and goals; 4. developmental and professional objectives;	
37		The organisation should keep records of all grievances lodged and the results thereof.	5. recommendations for further training and skill building; and 6. knowledge and competence related to the characteristics and needs of service recipients, if applicable.	
38		Grievance procedures should be aligned with the standards set out in the South African Labour Relations Act (No 55 of 1995 as amended, and the Social Work Act (No 110 of 1978).	The organization has a complaints procedure that is simple to use and client friendly. This grievance procedure is written up in policy	
39	Debriefing & supervision	Moved to training and professional development standards	A written policy is available outlining external grievance procedures as it relates to professional boards. A written policy is available in the organization outlining internal grievance procedures. Notices of grievance procedures are publicly displayed in areas Records of grievances lodged and results thereof are available in the organization. All staff is aware of and understands grievance procedures to be followed.	

No.	Title	Standard	Indicators Compliance	Evidence																																						
40	Programme environment, material resources and safety (Health and Safety)	The implementing organisation should be aware of activities that are potentially dangerous and apply suitable risk management strategies.	Clients are informed and aware of grievance procedures to be followed.	Verification of records onsite including: <ul style="list-style-type: none"> <li>Health &amp; Safety Policy &amp; procedure manual</li> <li>Emergency procedures &amp; drills</li> </ul>																																						
41		The organisation should ensure that all programme equipment is of a safe standard and properly maintained.	A Written Health and Safety policy and procedure manual is available in the organization	Copies of first aid certificates of trained personnel/health & safety officers submitted as part of self-assessment																																						
42		The organisation should have a procedure for ensuring that programme facilitators and children do not have unauthorised access to or possession of weapons or potentially dangerous items while participating in the programme.	The organization have available trained Health and Safety Officers on all premises where children are participating in programmes/services  Emergency procedures and drills are displayed in public areas	Verification of availability of first aid kits																																						
43		The organisation should conduct the programme in accordance with appropriate safety legislation and procedures where they exist.	The organization has service/programme staff trained in first aid.	Interviews with selected personnel trained in first aid																																						
44		When and wherever children are participating in a programme, they must have access to first aid equipment.	First aid kits are available on all premises where children are participating in programmes/services  First aid kits are easily accessible to trained programme facilitators or health and safety officers.  First aid kits are well maintained and contain contents as required by legislation (Government Regulation First Aid Kit). This kit must include																																							
			<table border="1" data-bbox="868 636 1458 1099"> <tbody> <tr><td>10</td><td>Safety Pins</td></tr> <tr><td>4</td><td>75mm Roller Bandage</td></tr> <tr><td>4</td><td>100mm Roller Bandage</td></tr> <tr><td>1</td><td>Adhesive Plaster Roll 25mm x 5m</td></tr> <tr><td>8</td><td>Latex Examination Gloves</td></tr> <tr><td>10</td><td>Gauze Swabs 75 x 75 x 8 Ply</td></tr> <tr><td>1</td><td>Gauze Swabs 75 x 75 x 8 Ply (Pack 100)</td></tr> <tr><td>2</td><td>CPR Mouth Piece</td></tr> <tr><td>10</td><td>Plaster Strips</td></tr> <tr><td>1</td><td>Cetrimide Solution 100ml</td></tr> <tr><td>4</td><td>First Aid Dressing # 3</td></tr> <tr><td>4</td><td>First Aid Dressing # 5</td></tr> <tr><td>4</td><td>Cotton Wool Pads (25g)</td></tr> <tr><td>1</td><td>Scissor</td></tr> <tr><td>1</td><td>Forceps</td></tr> <tr><td>1</td><td>Microporous Paper Tape</td></tr> <tr><td>4</td><td>Triangular Bandage</td></tr> <tr><td>2</td><td>Wooden Splints</td></tr> <tr><td>1</td><td>Nylon Pouch/Plastic Box/Metal Case</td></tr> </tbody> </table>	10	Safety Pins	4	75mm Roller Bandage	4	100mm Roller Bandage	1	Adhesive Plaster Roll 25mm x 5m	8	Latex Examination Gloves	10	Gauze Swabs 75 x 75 x 8 Ply	1	Gauze Swabs 75 x 75 x 8 Ply (Pack 100)	2	CPR Mouth Piece	10	Plaster Strips	1	Cetrimide Solution 100ml	4	First Aid Dressing # 3	4	First Aid Dressing # 5	4	Cotton Wool Pads (25g)	1	Scissor	1	Forceps	1	Microporous Paper Tape	4	Triangular Bandage	2	Wooden Splints	1	Nylon Pouch/Plastic Box/Metal Case	
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45	Overnight and away-from-home care (Need to cross reference with norms and standards for child and youth care centres as well as in-patient drug treatment programmes)	<p>When children participate in programmes that necessitates overnight or away from home care the organisation should ensure that:</p> <ul style="list-style-type: none"> <li>the children have adequate clothing to keep them warm</li> <li>the children are provided with a healthy and balanced diet and have access to water at all times</li> <li>the children are allowed private time and time to socialise</li> <li>the children are under 24 hour supervision by a suitably qualified person</li> <li>the children are protected from physical, social and emotional harm from themselves and others</li> <li>The children/staff are familiar with applicable emergency procedures</li> <li>the children have access to first aid equipment and expertise</li> <li>the children have access to sleeping bags or sufficiently warm bedding</li> <li>the children are able to keep their valuable personal possessions safe</li> <li>reasonable provisions have been made to ensure the safety of programme staff and participants from fire, accidents and other hazards</li> <li>there is way for outside help to be contacted in the case of an emergency</li> <li>suitable provisions have been made for any physically challenged programme staff or participants;</li> <li>Children's spiritual and cultural needs and beliefs are respected</li> <li>The children are sufficiently sheltered from adverse weather conditions with specific reference to sleeping arrangements</li> <li>Acceptable health and hygiene standards must be maintained in respect of ablution arrangements; and</li> <li>The premises or campsite and camping equipment are safe, clean, and well maintained</li> </ul>	<p>The Government Regulation First Aid Kit is required by legislation where there are 5 or more employees in any workplace. Please note that contents of the first aid kit as set out above is a small Government Regulation First Aid Kit and is suitable for up to 15 people</p> <p>All Fire Extinguishers and emergency exits on premises where children are participating in services/programmes must be in working order</p> <p>All staff facilitating programmes that necessitates overnight or away from home care have at least level three basic first aid certification?</p> <p>A written emergency procedure with emergency numbers is available, stipulating arrangements to get in outside help if needed?</p> <p>Premises where children are accommodated are safe, clean and well maintained?</p>	Verification of fire extinguishers & emergency exits on premises



No.	Title	Standard	Criteria	Evidence
46	Drugs and Controlled Substances (Medication control and administration) Need to cross reference with minimum norms and standards for child & youth care centres & inpatient drug treatment	<p>The organisation should have written policy on controlled substances such as illegal drugs, alcohol, tobacco and prescription drugs use that applies to all programme staff and participants (Children).</p> <p>In cases where children are in child and youth care facilities or attending programmes overnight away from home, the organization/residential facility ensures safe, uniform medication control and administration.</p> <p>The programme should be run in a drug-free environment. Children who are on medication should have their medication handled appropriately by the programme facilitator in alignment with appropriate medical procedures.</p>	<p>Protocols and controls governing the proper administration and storage of medication exist in the organization (as part of policy) and include:</p> <ol style="list-style-type: none"> <li>1. locked, supervised storage with access limited to authorized personnel;</li> <li>2. packaging in childproof containers and labelling with the name of person served, medication name, dosage, prescribing physician name, and number or code identifying the written order;</li> <li>3. appropriate disposal of out-of-date or unused medication, syringes, medical waste, or medication prescribed to former persons served;</li> <li>4. a record of who received medications, what medications were dispensed or administered, and when and by whom medications were dispensed or administered;</li> <li>5. protocols for the administration of over-the-counter medications; and</li> <li>6. a prohibition against dispensing drug samples without a prescription.</li> </ol> <p>Personnel directly involved in medication control and administration received training and demonstrates competence in medication control and administration, and knowledge of applicable legal requirements.</p> <p>Clients participate in all service decisions and have the right to:</p> <ol style="list-style-type: none"> <li>1. request an in-house review of their care, treatment, and service plan;</li> <li>2. refuse any service, or treatment/intervention unless mandated by law or court order; and</li> <li>3. be informed about the consequences of such refusal, which can include discharge.</li> </ol>	<p>Verification of onsite documents including:</p> <ul style="list-style-type: none"> <li>• Copies of legislation available and accessible to personnel in the office</li> <li>• Publicly displayed poster on children's rights</li> <li>• Medication administration protocols and controls policies and procedures</li> </ul> <p>Narrative on Protection of Children's Rights (Form 9)</p>
47	Protection of Children's Rights	<p>The organisation should keep and make accessible to all staff the latest copies of the following documents:</p> <ul style="list-style-type: none"> <li>• Labour Relations Act (No 55 of 1995) as amended;</li> <li>• Basic Conditions of Employment Act (No 95 of 1995) as amended;</li> <li>• Constitution of the Republic of South Africa (No 108 of 1996);</li> <li>• Children's Act (No 38 of 2005);</li> <li>• Probation Services Act 116 of 1991 (amended by Act 35 of 2002);</li> <li>• Prevention and Treatment of Substance Abuse Act (no 20 of 1992) as amended; and</li> <li>• Child Justice Act (Act 75 of 2008)</li> </ul> <p>Including the following policy documents:</p> <ul style="list-style-type: none"> <li>• Diversion Minimum Standards Policy Documents.</li> <li>• Minimum Norms and Standards for Child and Youth Care Centres</li> <li>• Minimum Norms and Standards for Inpatient Drug Treatment Programmes</li> </ul> <p>And the following International Instruments:</p> <ul style="list-style-type: none"> <li>• Un Convention on the Rights of the Child; and</li> <li>• African Charter on the Rights and Welfare of the Child.</li> </ul>		
48	Promotional Material	<p>The programme's promotional material, annual reports and media releases should not contain any information that could identify a child or children participating in a programme, except with the express written permission of the child's primary caregiver, as this would infringe on the child's right to confidentiality.</p>		

No.	Title	Standard	Criteria	Evidence
50		<p>The organisation must have an information sheet describing the programme to be given to each child and that child's primary caregiver, detailing the following:</p> <ul style="list-style-type: none"> <li>• Description of content, purpose and duration of the programme;</li> <li>• Dates, times and venue of sessions</li> <li>• Name and contact details of the facilitator and his/her manager; and</li> <li>• Grievance and complaints procedures (cross reference with grievance procedures reflected in earlier standards)</li> </ul>		
51	Equipment	The organisation should maintain an appropriate stock of equipment and stationery that is required for the diversion programme	Facilities or venues where interventions with participants take place are client friendly, neat and clean	
52	Premises	<p>The premises in which the programme is facilitated should be appropriate to the diversion programme in so far that it is conducive for intervention and promotes client confidentiality and anonymity</p> <p>As far as health and safety is concerned please refer to previous standards reflecting on health and safety issues</p>	<p>Facilities or venues where programmes are facilitated are well lit and ventilated?</p> <p>Facilities or venues where programmes are facilitated / assessments are conducted provide a <b>safe</b> and <b>confidential</b> space for clients to participate in without external interference?</p> <p>Facilities or venues where programmes are facilitated can comfortably accommodate 15 individuals seated in a circle on chairs?</p> <p>Facilities/venues where programmes are facilitated does not pose any immediate health &amp; safety threats</p>	

No.	Title	Standard	Criteria	Evidence
53	<p>Qualifications</p> <p>Generic knowledge and skills of facilitators</p>	<p><b>1.2.1.4 Qualifications, Training, Professional Development &amp; Supervision</b></p> <p>All staff providing services for the purpose of achieving behaviour change or improving psycho-social functioning must have at least a formal qualification in preferably social work or psychology.</p> <p>All facilitators, regardless of their prior training, should have:</p> <ul style="list-style-type: none"> <li>A working knowledge of the principles of child and youth care as articulated in the international instruments and domestic legislation with specific reference to the UN Convention on the Rights of the Child, Children's Bill, Child Justice Bill and relevant policy documents;</li> <li>A working knowledge of current theory and practice on working with children at risk and in conflict with the law;</li> <li>A working knowledge of the developmental stages that children go through and the challenges they encounter at each stage;</li> <li>A working knowledge specifically:</li> <li>A working knowledge of "diversion" and the purpose of diversion programmes</li> <li>How diversion differs from other approaches to crime and unacceptable behaviour;</li> <li>The principles of restorative justice</li> <li>A working knowledge of family systems and how to involve primary caregivers in the diversion programme</li> <li>A working knowledge of when a child has specialised needs and should be referred to an appropriately qualified professional;</li> <li>The ability to write appropriate notes and case reports on each child's progress in the programme;</li> <li>The ability to build and maintain appropriately positive relationships with the children and their primary caregivers, staff, volunteers and other stakeholders;</li> <li>The ability to communicate in a language the child understands, and facilitate, counsel and interact in a manner that is appropriate to the child's age, maturity, intellectual abilities, interests, and culture;</li> <li>The ability to identify children that are abusing/misusing drugs and controlled substances</li> </ul>	<p>All staff members directly engaging with children in a behaviour change/emotional distress management/psycho-educational capacity (therapeutic/psycho-social) have a formal qualification in either social work or psychology.</p> <p>All staff implementing and facilitating behaviour change/therapeutic/psycho-social/educational programmes and applying primary methods of the profession of social work (case management, individual counselling, group work, supervision and community work) have at least 2 years experience in generic practice and 1 year experience in working with children in the Criminal Justice System</p> <p>All staff engaging with children in a behaviour management, development and education capacity have a formal qualification in child and youth care, lay counselling, youth development, social work, psychology, education or social auxiliary work.</p> <p>All staff implementing behaviour management, development, educational/awareness programmes must have at least 1 years experience in working with children in the Criminal Justice System.</p> <p>Supervisors of direct service/programme personnel have a minimum qualification of a Bachelors Degree in social work (if they supervise social work and social auxiliary workers) or a Masters Degree in Psychology (if they supervise psychologists) with a minimum of 3 years experience in practice.</p> <p>The organization implements an annual training and development program that enhances the knowledge, skills, and abilities of personnel and prepares personnel to assume their responsibilities.</p> <ol style="list-style-type: none"> <li>is reviewed annually and revised in accord with an assessment of the organization's training needs;</li> <li>outlines specific expectations regarding training required of personnel in different positions and categories;</li> <li>provides the opportunity for personnel to fulfill the continuing education requirements of their respective professions; and</li> </ol>	<p>Certified Copies of qualifications attached to Form 5 (Register of direct programme staff) submitted as part of self assessment</p> <p>Certified Copies of supervisors qualifications attached to Form 7 (Register of Administrative and Management Personnel) submitted as part of self assessment</p> <p>Interviews with randomly selected programme staff</p> <p>Observation of randomly selected programme staff during interventions (this will have to be done carefully as issues of confidentiality will come up. It is suggested that maybe video recordings of sessions can be viewed on site for assessment of staff skills in relation to services).</p> <p>Review of organisational in-service annual training plan</p> <p>Onsite review of training documentation and material including:</p> <ul style="list-style-type: none"> <li>Training manuals</li> <li>Training evaluation reports</li> <li>Signed attendance registers</li> <li>Training agenda's</li> </ul>

No.	Title	Standard	Criteria	Evidence
	<p>Criminal Justice Knowledge of facilitators and Supervisors</p>	<ul style="list-style-type: none"> <li>• The ability to actively encourage the active participation of children in the programme;</li> <li>• The ability to keep and maintain records of services rendered;</li> <li>• The ability to communicate, facilitate, counsel and interact in a way that matches the learning style of the children participating in the programme;</li> <li>• The ability to render basic first-aid to provide first-aid appropriate to the potential dangers posed by the setting in which the programme occurs;</li> <li>• Received the training appropriate to the programme he/she is facilitating</li> <li>• The ability to demonstrate the required level of competence in the designated areas of the programme in which he/she is involved;</li> <li>• The ability to support children in forming positive and appropriate relationships with each other;</li> <li>• The ability to plan and schedule programme activities for children; and</li> <li>• The ability to monitor the children's progress in the particular programme or set of activities that they are facilitating.</li> </ul> <p>All personnel involved in direct services, regardless of their prior training, should have :</p> <ul style="list-style-type: none"> <li>• Explicit knowledge and clear understanding of the principles of effective intervention with clients in the criminal justice system including: <ul style="list-style-type: none"> <li>o The risk principle</li> <li>o The responsibility/treatment principle</li> <li>o The Need principle; and</li> <li>o The program fidelity principle</li> </ul> </li> <li>• A clear understanding of the interaction of the above principles when it comes to service delivery.</li> <li>• Explicit knowledge about the nature of crime and offending behaviour</li> <li>• Explicit knowledge of appropriate evidence based models and approaches to changing offending behaviour</li> <li>• Explicit knowledge of relevant legislation influencing services provided to criminal justice populations</li> <li>• Explicit knowledge of statutory responsibilities of professionals in relation to criminal justice populations</li> <li>• Explicit knowledge of the functioning of the criminal justice system ( courts)</li> </ul>	<p>d. provides opportunities to support advancement within the organization and profession.</p>	

No.	Title	Standard	Criteria	Evidence
39	Professional Debriefing and/or Supervision	The organisation should ensure that all programme facilitators are able to access appropriate support or debriefing services on a regular basis, at no cost to themselves and from an appropriately qualified professional or suitable lay person.	<p>The organization has available a written policy on supervision practice (specifically as it relates to specific professionals such as social workers, psychologists etc) that is in line with broader requirements and practice of the profession.</p> <p>The supervision policy provides for a defined supervision strategy indicating level of supervision and relevant levels of supervision in relation to the professional experience, professional maturity and professional competence of staff.</p> <p>At minimum supervision of staff needs to take place as follows:</p> <ul style="list-style-type: none"> <li>• Newly qualified social worker – 1 year experience at least weekly supervision</li> <li>• 1-3 years experience social worker – at least monthly supervision</li> <li>• 3years+ experience – on consultation</li> </ul> <p>All staff, not qualified in social work but performing social work duties must regardless of experiences beyond 1 year receive supervision on at least a monthly basis.</p> <p>Supervisors support and enhance staff's ability to perform their jobs by teaching and modeling, as appropriate:</p> <ol style="list-style-type: none"> <li>a. technical knowledge and skills;</li> <li>b. work management and communication skills; and</li> <li>c. conflict management skills.</li> </ol> <p>Supervisors are responsible for:</p> <ol style="list-style-type: none"> <li>a. delegating and overseeing work assignments;</li> <li>b. ensuring that service delivery is performed according to the organization's mission, policies and procedures, and service philosophy;</li> <li>c. providing case consultation and in-service training, as appropriate;</li> <li>d. identifying unmet training needs;</li> <li>e. ensuring case reviews are conducted at least quarterly; and</li> <li>f. Conducting performance evaluations.</li> </ol> <p>Supervisors of direct service personnel assume the following administrative responsibilities, as appropriate:</p> <ol style="list-style-type: none"> <li>a. tracking and monitoring the progress of the families and individuals receiving services;</li> </ol>	<p>Onsite Review of professional development records held by supervisor including:</p> <ul style="list-style-type: none"> <li>• Supervision notes</li> <li>• Practice Reflections</li> <li>• Training Records and reflections of personnel that have attended training</li> </ul> <p>Training and Supervision Narrative (Form 10)</p>

No.	Title	Standard	Criteria	Evidence
			<ul style="list-style-type: none"> <li>b. collecting and applying data to improve client outcomes; and</li> <li>c. meeting the organization's quality improvement and evaluation requirements.</li> </ul>	

## 1.2.2 Service/Programme Standards and Criteria

Service/programme standards and criteria set forth recommended practice for distinct service areas, such as sex offender treatment, life skills programmes etc. The standards represent a set of practices that support, collectively, strong organizational performance, and positive service delivery outcomes. The standards do not stand separate from professional practice within professions that deals with behavioural change. Thus the standards need to be carefully applied within the context of the profession being practiced.

### a. Programme Content

Providing a programme or intervention (which can also be individual counselling) to an individual is a process in which the individual is led to an increased awareness of the self destructive nature of his/her behaviour and of alternative ways of behaving. It aims at removing barriers to self direction and personal growth and assist in uncovering resources (internal and external) that the individual can use to forge a pro-social lifestyle and develop into a healthy individual and function optimally. Providing these services to offenders (children in conflict with the law/at risk) though is different as:

- a. Offenders generally do not seek intervention voluntarily and therefore the social worker are more likely to encounter reluctance and resistance to the process of change;
- b. offenders in general have fewer coping resources (internally and externally,) on which to draw than other clients;
- c. offenders have very specific psycho social skills deficits; and
- d. offenders often have a psychological and economic investment in maintaining their “offending” lifestyle. (Walsh A. 2006:2-3).

Hence programmes and interventions that are focussed on assisting this target group must address certain issues, from a certain approach.

All programmes provided to youth in conflict with the law must address multiple needs of the individual within a broad offence focussed framework. What this implies is that destructive behaviour (in this case offending behaviour) displayed by children and youth cannot be merely addressed on one level, for example an educational level where the child is taught life skills and then hopefully they will not re-offend again. Programmes designed and used to assist children who display offending behaviour must address issues relevant to the behaviour. According to the Australian Institute of Criminology<sup>6</sup> *research conducted in juvenile justice settings around the world consistently shows that young people who come to the attention of criminal justice agencies have multiple problems and experience high levels of need across all areas of functioning.* These programmes have to be based on appropriate methodologies and techniques proved in practice and research to be effective. In their review of more than 200 programs delivered to serious and violent young offenders, Lipsey and Wilson (1998: 338) reported that relevant programs were capable of reducing recidivism rates by as much as 40 per cent. Typically these programs have a strong theoretical basis, employ a structured behavioural

or cognitive behavioural approach that focuses on the attitudes and beliefs of offenders, and are delivered by well trained staff. Hence the following are principles that consistently have to be reflected in all programmes| (to be accredited) that are used for the purpose of assisting youth in conflict with the law to change their behaviour<sup>7</sup>.

**b. Principles of Effective Intervention/Appropriate Content**

**i. The Risk Principle:**

**The programme/intervention/services offered should be relevant to the risk profile of the child.**

Adherence to this principle requires that services/interventions/programming for offenders (children or adults) should be provided on a graduated scale, where these (services/programmes/interventions) should be matched to the risk level of the offender. The higher the risk the more comprehensive the intervention plan for the child and the more intensive and restrictive the programming/intervention provided, must be. Children who have a low risk (low re-offending risk, low dangerousness risk and low treatment need), profile should not be subjected to intensive programming.

*Please take note: HIGH RISK does not automatically refer to and include individuals that are a danger to themselves and society. In risk assessment, risk is established by considering re-offending risk, dangerousness risk as well as treatment needs. Combinations of these will provide an overall risk profile of either High – Moderate/High- Moderate-Low and Low. Professional judgment should be carefully applied to facts and behavioural information assessing levels of risk.*

When accrediting programmes the following should serve as guidelines when considering the appropriateness interventions/programmes to the level of risk of the target group.

Level of Risk	Description	Extend of total involvement in direct services	Intensity and Frequency of programming
High Risk	Offender has <b>high risk factor</b> prevalence <b>AND multiple (high level) treatment needs</b> with very few constructive strengths	Minimum of 300 hours of interventions.	Minimum of 3 sessions per week of active therapeutic engagement 85% of 300 hours (255 hours) therapeutic engagement 15% of 300 hours (45hours) any non- therapeutic engagement – psycho social education



Level of Risk	Description	Extend of total involvement in direct services	Intensity and Frequency of programming
Moderate-High Risk	Offender has <b>EITHER high risk factor</b> prevalence <b>OR multiple (high level) treatment need</b> – not both	Minimum of 180 hours	Minimum of two sessions per week of active therapeutic engagement 70% of 180 hours (125hours) therapeutic engagement 30% of 180 hours (55 hours) any non-therapeutic engagement – psycho social education
Moderate – Low Risk	Offender has moderate risk factor prevalence and multiple treatment needs	Minimum of 100 hours	One session per week minimum–two recommended – 60 hours active therapeutic engagement 40 hours non-therapeutic engagement – psycho social education
Low Risk	Offender have low risk factor prevalence and development rather than treatment needs	Minimum of 40 hours	One session per week 40 hours of non-therapeutic - psycho educational work

Table 1: Intensity & Frequency of Programs/Interventions in relation to Risk Levels

**ii. The Need Principle:**

**The programme must address treatment needs as informed by presence of risk factors**

All programmes have to address criminogenic needs (risk factors related directly to the offending behaviour that can be changed through intervention – dynamic risk factors). Criminogenic factors are those that contribute to a person committing crime, and therefore when changed will reduce recidivism. Research has identified eight criminogenic factors/needs, that regardless of age stands central to offending behaviour (see table 2). In addition to criminogenic needs, non criminogenic needs which relates to general human needs, are also identified. Although these needs are not factors that contribute to criminal behaviour, they are essential needs that must be considered and addressed when appropriate in addition to the “treatment” of criminogenic needs.

	Criminogenic	Non-Criminogenic
<b>The BIG Five</b>	<b>Anti Social Temperament</b>	<b>Personal emotional distress (low self-esteem)</b>
	<b>Anti-social cognition (attitudes &amp; values)</b>	<b>Low Positive emotionality</b>
	<b>Anti social Peers/associates</b>	<b>History of victimization / abuse</b>
	<b>Family Dysfunction</b>	<b>Medical Needs/Problems</b>
	<b>History of anti social behaviour</b>	<b>Psychopathology (Anxiety, Depression, Schizophrenia etc)</b>
<b>The Other Three</b>	<b>Substance Abuse</b>	<b>Low Spirituality</b>
	<b>School/Work dysfunction/problems</b>	<b>Low Verbal Intelligence</b>
	<b>Lack of Pro-social Leisure</b>	<b>Lower Class Origins</b>

**Table 2: Criminogenic & Non-Criminogenic factors/needs informing treatment needs**

Thus in order to address and change the criminal behaviour of the individual all criminogenic needs/factors (at minimum the BIG Five) have to be considered and addressed through intervention. In this regard intervention encompasses a number of activities/services or processes provided to of undertaken by the individual to help change behaviour. Programmes are one such intervention that can be made available and used to help the individual change their behaviour, by addressing criminogenic needs.

In addition to addressing criminogenic needs, interventions could also address essential non-criminogenic needs. Non criminogenic needs (risk factors) are those factors that do not have a direct or strong link to offending behaviour. Addressing non-criminogenic needs, are not associated with changes in criminal behaviour, but still contribute to the growth and development of the individual. As these non-criminogenic needs are highly specific to the individual, one-on-one intervention such as counselling would be more relevant than programmatic intervention to deal with such needs.

Table 3 is a summary of the major criminogenic risk factors, and related treatment needs and intervention goals that must be addressed through programming. For purposes of accreditation all programmes provided for the purpose of preventing recidivism and changing offending behaviour must address treatment needs related to all (or at minimum the BIG FIVE<sup>8</sup>) as mentioned above<sup>9</sup>.

Risk Factor/ Criminogenic Need	Risk indicator (if not addressed child will re- offend)	Treatment Need	Intervention goal	Type of programmes	Treatment/ Approaches & Intervention methodology
Anti Social Personality (temperament).	Adventurous, pleasure seeking, weak self-control (impulsivity), restlessly aggressive, irritable, egocentrism Below average verbal intelligence Weak socialization Lack of empathy Hostile interpersonal relations Poor self-regulation Criminal identity	Problem- solving, self- management, emotional regulation (anger management ) constructive coping skills	The programme goals and objectives cover a multi- faceted and wide range of personal and emotional needs that feeds into the offending behaviour. <ul style="list-style-type: none"> <li>Enhance/ build problem solving skills</li> <li>Build inter personal relationship skills</li> <li>Enhance emotional self awareness</li> <li>Develop appropriate emotional language</li> <li>Develop &amp; build victim empathy</li> <li>Develop decision making skills</li> <li>Develop self management and regulation skills (impulse control, anger management, risk taking)</li> <li>Developing coping skills</li> <li>Character Building</li> </ul>	Life skills (criminogenic need specific)  Anger Management  Mental Health	Social Learning – modelling, social skills training  Cognitive Behavioural Therapy – Cognitive skills training & Cognitive Restructuring
Anti-social cognition (attitudes & values) and cognitive emotional states	Pro-criminal attitudes Rationalizations for crime, Negative attitudes towards the Law Cognitive emotional states of anger Oppositional defiant “issues with authority” Lack of Respect-Attitudes, values, beliefs and rationalisations supportive of crime, cognitive emotional states of anger, resentment and defiance	Anti-social cognition,  Risky thoughts and feelings,  criminal identity	Programming to change anti social cognitions should focus on a multidimensional model of attitude change. Intervention goals should encompass helping the individual to: <ul style="list-style-type: none"> <li>Reduce anti-social cognition</li> <li>Identify and recognize risky thinking and feelings (thinking errors)</li> <li>Develop appropriate thinking</li> <li>Redefine values and beliefs</li> <li>Establish pro-social self identity</li> <li>Develop constructive coping mechanisms</li> <li>Development of trust in pro- social role models</li> </ul>	Life Skills (cognitive focussed – specific skills focussing on attitudinal changes)	Moral Reconation Therapy  Cognitive Behavioural Therapy
<b>Anti social Peers/ associates</b>	Close association with criminals and relative isolation from pro- social people	Reduce association with criminals, enhance association with pro-social people	Intervention goals for programmes should focus on the following: Restrict associates Set and enforce curfews Ban hangouts, etc. Teach to recognize & avoid negative influences (people, places, things) Practice new skills (like being assertive instead of passive) Teach how to maintain relationships w/o getting into trouble Identify or develop positive associations: mentors, family, friends, teachers, employer, etc. Train family and friends to assist offender Support development Develop sober/pro-social leisure activities	Life skills (relational & social skills training)	Social Learning and skills training  Psycho-educational

Risk Factor/ Criminogenic Need	Risk indicator (if not addressed child will re-offend)	Treatment Need	Intervention goal?	Type of programmes	Treatment/ Approaches & Intervention methodology
School/Work dysfunction/ problems	Low levels of educational achievement (not attending school, poor performance) Unemployment Low levels of employment achievement (poor performance, low work satisfaction)	Enhance performance rewards, and satisfaction	Programmes/ interventions that are provided to address this domain of risk should focus on: Enhancing work/academic/school performance Developing positive rewards for performance and development on intrinsic motivational levels Enhance personal satisfaction and sense of achievement and competence	It is recommended that appropriate vocational/ educational/training programmes accredited by SAQA be utilized for vocational/work skill training purposes. The service organization however has to ensure, and remains responsible for working on the successful achievement of the client in this regard. Merely training a person t d a job is not going to prevent re- offending.	
Leisure and/or recreation	Low levels of involvement and satisfaction in anti-criminal leisure activities	Enhancement involvement and satisfaction in pro-social activities	Encourage participation in pro-social recreational activities, teach pro-social hobbies and sports Advocate for recreational development in communities Establish recreational programmes (The service provider would primarily take up the role of broker of services and supporter, rather than the facilitator. The key is to use existing community resources).	Recreational programmes accredited or recognized by local authorities Sports development programmes in existence If such programmes are used with offenders – take care of subculture forming	
Substance Abuse	Experimentation with illegal substances Abuse of legal substances i.e. – underage alcohol use, binge drinking, glue sniffing, other over the counter drug abuse Use and abuse of illegal drugs Drug dependency issues	Address substance abuse, reduce the personal and interpersonal supports for substance abuse behaviours, enhance alternatives to substance abuse	Intervention goals for this programming should be focussing on stopping the use of illegal substances and address addiction disorders.		

Table 3: Major Criminogenic Factors and Related Treatment Needs and Intervention Goals.

### iii. Treatment/Responsivity Principle:

**The programme is based on specific approaches that have been proven by research to be effective and relevant in addressing specific criminogenic treatment needs.**

Programmes and interventions that are designed and implemented to prevent recidivism (re-offending) and change offending (anti-social) behaviour to acceptable pro-social behaviour have to be based on relevant and effective treatment approaches.

Both general and specific responsivity considerations must be addressed for interventions with offenders to be effective. **General responsivity** is concerned with the actual characteristics of service delivery and programmes. It argues that the modes and techniques of intervention must be able to directly influence the intermediate criminogenic needs targeted within the program. Research in this regard (Harrington & Bailey, 2003: 21-27<sup>10</sup>; Gornik, date unknown:3-14<sup>11</sup>) have clearly indicated that not all approaches work with offenders and subsequently cognitive behavioural intervention approaches with an ongoing focus on skill enhancement and cognitive change, was found to be the most effective in accomplishing behaviour change with offenders. Programmes and interventions based on these approaches have several attributes that are important in addressing offending behaviour, these include:

- they are centred on the present circumstances and risk factors that contributes to the offender's behaviour;
- they are action oriented rather than talk oriented, implying that offenders do something rather than just talk; and
- they teach pro-social skills to replace the anti-social skills.

In terms of the above mentioned, research have identified the **most effective and appropriate approaches** when working with offenders to be:

- Structured social learning approaches where new skills and behaviors are modeled (Behaviorism – social learning principles – specifically for children under 12 years of age)
- Cognitive behavioral approaches such as cognitive restructuring, transactional analysis, rational emotive therapy, positive reinforcement, motivational interviewing, relapse prevention; and
- Family based approaches such as systems therapy, multi-systemic therapy that focuses on train family on appropriate behavioral techniques.

For purposes of accreditation then any programme that has as its goal behavior change (change anti –social to pro-social) or the prevention of recidivism by changing behavior must reflect one or a combination of the above approaches it programme content and design.

Treatment approaches and modalities that are **ineffective** in relation to changing offending behaviour include:

- Non-directive, client centred/psychodynamic therapy

- Pure Educational/Didactic/ Information giving strategies
- Self help approaches
- Freudian Approaches
- Medical Therapies – aversive therapies
- Scared straight Therapies/ Physical / emotional shaming – i.e. physical exercise\

Programmes based on above approaches cannot be accredited and programme redesign needs to happen if the programme wishes to address the changing of offending behaviour.

**Specific responsivity** argues that treatment can be enhanced if the treatment intervention pays attention to personal factors that can facilitate behaviour change. Adherence to this requires that programmes used, take cognisance of factors such as gender, levels of motivation, language, levels of reading and that when the programme is designed these responsivity issues is addressed. In addition the principle also requires the intervention to be holistic, for example if an individual presents high levels of anxiety or a mental health problem that could debilitate their participation in a programme that address criminogenic needs, they should first be assisted with that. Client participation in drawing up an intervention plan, identification of priorities for intervention and brokering services that would address needs outside the scope of the organization delivering offender rehabilitation or diversion services are all elements that promote responsivity in intervention.

For purposes of accreditation, it must be confirmed that the organization subscribe to holistic service delivery

#### **iv. Program Integrity/Fidelity Principle:**

**Programme is delivered in accordance to its design by competent, qualified well trained staff.**

Although the risk, need and responsivity principles set the stage for a programme to effectively change offending behaviour, they do not produce results in a vacuum by itself. Programmes designed and based on these principles are implemented by people, and these people (programme staff) form the nucleus of an effective, impactful program (Fretz, 2006:7)<sup>12</sup>. Successful programmes use competent, well trained and well supervised staff and these staff is able to translate and communicate programme content to the client on the level of the client without compromising the design or intent of the programme.

For purposes of accreditation, quality assurance and programme evaluations should be proving compliance with the principle of programme integrity/fidelity. This implies that staff, is delivering and implementing the programme truthful to its design.

Based on the above, it can be concluded that six main characteristics must exist within programmes in order to achieve accreditation status. Programmes should be:

1. cognitive-behavioural in orientation;
2. highly structured, specifying the aims and tasks to be covered in each session;
3. implemented by trained, qualified, and appropriately supervised staff;
4. delivered in the correct manner and as intended by program developers to ensure treatment/ programme integrity,
5. manual based; and
6. housed within institutions with personnel committed to the ideals of rehabilitation and a management structure that supports rehabilitation (Andrews & Bonta, 2003<sup>13</sup>; Gendreau&Andrews, 1990<sup>14</sup>; Gendreau, Goggin, Cullen, & Andrews, 2000;<sup>15</sup> Gendreau, Little, & Goggin, 1996; Hollin, 1999;<sup>16</sup> McGuire, 2002;<sup>17</sup> Ogloff & Davis, 2004<sup>18</sup>).

#### 1.2.2.1 Assessment Standards

The accurate and objective assessment of children in conflict with the law is one of the most important features of an effective system that aims to change offending behaviour and prevent recidivism. Attempting to provide a service or recommend a criminal justice disposition to an offender in the absence of a comprehensive assessment carefully considering offender risk, need and responsivity issues is similar to prescribing a drug to a patient without a diagnosis of what is wrong. Without professionally administered comprehensive assessments, informed decisions about what could be offered to individuals in terms of interventions can not be taken. In order to get the client the most appropriate assistance in terms of right levels (intensity) and type of interventions, assessments needs to be of high quality. Weak, uninformed assessments will subsequently impact negatively on programme success as individual's needs and risks would be mismatched to the intervention. . This can lead to further trauma of individuals or worse contribute to recidivism (O' Connor ,2008:1; Latessa,2008). Thus to achieve successful outcomes with programmes focused on changing offending behaviour and preventing recidivism, assessment practice must be of high quality.

For purposes of accreditation the following in terms of assessment must be considered.

- All assessment undertaken must be comprehensive and include variables that research has determined predict re-offending. This implies that the assessment must assess and allude to factors relevant to criminogenic risk, need and responsivity as set out in table 3.
- All assessments must be based on multiple sources of information including interviews with the client, family or any other significant individual, interviews with previous service providers as well as case records,

- Assessment practice should be based on a combination of actuarial and clinical assessment strategies. This implies that valid, reliable and objective tools should be used if available. Collateral information gathered during assessment must be subjected to professional analysis and professional judgment by the person doing the assessment. Professional judgment implies a conclusion supported by theory about the relevant factors and dynamics relevant to the situation and behaviour of the individual, and the most appropriate way forward in addressing these issues. Hence assessment is NOT merely gathering information and presenting it.
- Assessment is not a once off ad-hoc activity that happens at the beginning of “something”. Assessment is continuous and organic and is done with a purpose. Continuity in assessment should be visible throughout the services being provided. Assessment is not just information gathering and the summarizing of information in reports. It is the critical analysis, weighting and consideration of information gathered about a client’s behaviour, circumstances etc in order to come to a professional conclusion (professional judgment) about the situation at hand. The professional judgment, will inform recommendations on how to go ahead in assisting the client to address the behaviour or situation.
- Assessment has different functions/purposes. Organizations, programmes and interventions must clarify the purpose of assessments they undertake as relevant to the service delivered. The function(s)/purpose of assessment could be different at different points in engagement and service delivery to a client. Purposes of assessment include:

**a. Identification.** Information gathered is used to identify what the potential elements/factors/issues are that have to be considered in taking a specific course of action. These identified elements/factors would then inform what the best course of action would be. For example a probation officer will identify

- the factors that qualifies a child for diversion or not/ identify what is in the best interest of the child;
- relevant information to be presented to court to assist decision making by the court;
- risk factors present in sustaining the child’s behaviour;
- relevant aspects to address with the child in order to prevent re-offending ;and
- possible course(s) of action to address those factors.

**b. Selection.** Information gathered is used to help make decisions about general changes in the status of the individual. These are specifically decisions about the general nature and form of needed intervention/ action to be taken. For example: Once a probation officer has identified that inappropriate parenting is one of the risk factors that hugely contributes to the child’s offending, and has identified parenting to be addressed as part of a diversion intervention, and identified an organization that provides parenting interventions, the organization now assesses with the purpose of selecting/not selecting the child into the program. The organization makes placement



or relevant intervention decisions based on the characteristics of the child and the program, taking into account the risk, need and responsivity principles of effective offender intervention.

**c. Planning for specific change.** Data are used to decide about immediate and short term objectives and procedures for accomplishing long-term goals. For example once an organization have appropriately decided upon placement or intervention/programmes to include the child in, very specific plans with behavioural objectives are set out for any given day's intervention.

**d. Evaluation of Intervention.** Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made with respect to the impact on:

- particular persons or environments or both,
- all experiencing a specific intervention, or
- society as a whole.

*Please take note: Assessment is an intrinsic part of the professional practice in the fields of social work, psychology, psychiatry etc. It is a professional skill, where critical analysis, weighting and consideration of factual information gathered is undertaken and professional judgment (based on professional experience and theoretical foundations) applied in charting the way forward for intervention to take place. If assessments are flawed success in following interventions cannot be expected. Hence the skill of assessment is critical.*

*Assessment cannot be accredited as a standalone programme, as it is a professional function. For example one cannot say to a social worker that they cannot do assessments because their assessments have not been accredited. For purposes of accreditation assessment, must be considered within the professional context of the person undertaking assessment, as well as the broader intervention plan of the individual.*

*Assessment is a continuous function undertaken by professionals at different times during contact with a client, for different purposes. This needs to be considered for accreditation purposes. The manner standards for assessments in the Diversion minimum norms and standards have been set out implies that assessment is a once off activity undertaken by the probation officer. This is a misrepresentation of a professional function.*

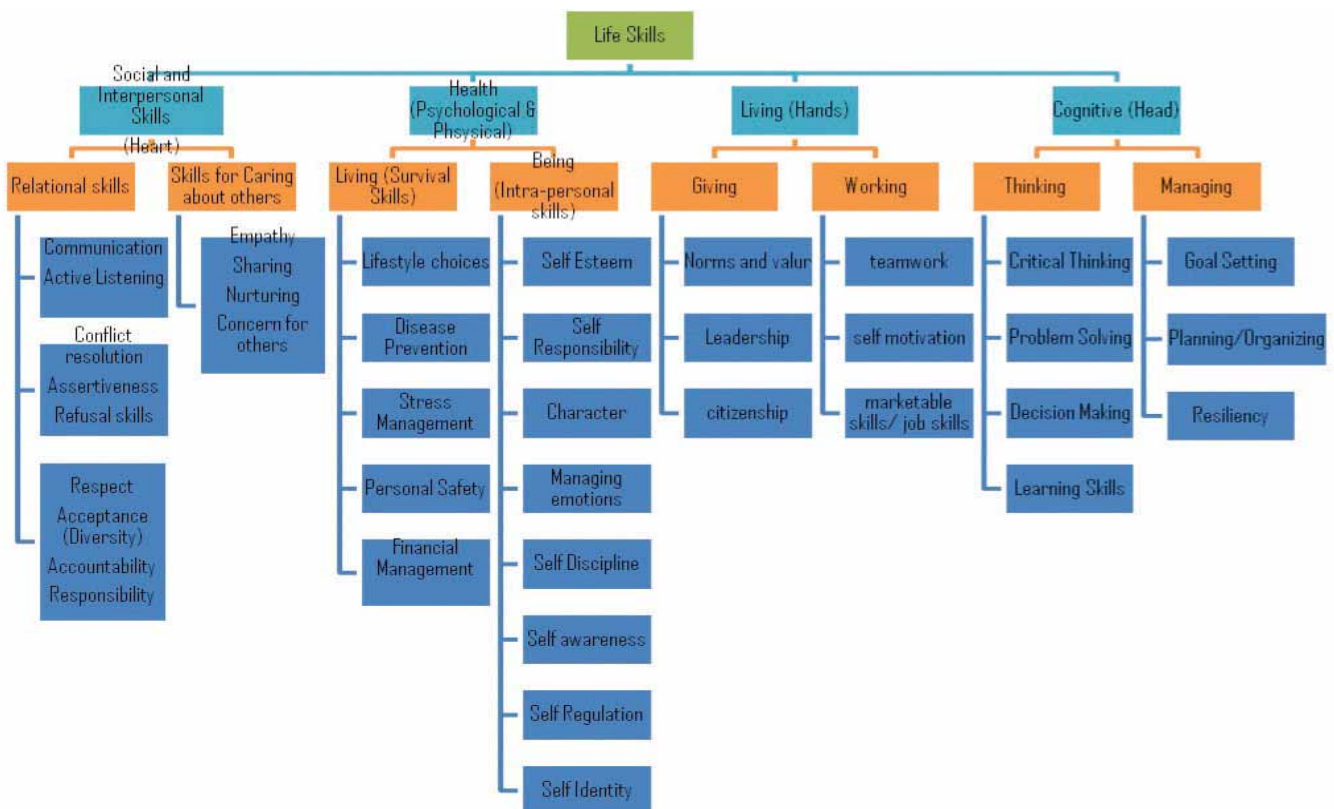
No.	Title	Standard	Criteria	Evidence
a. Post Arrest Assessment before Referral (Probation Screening & Assessment) <sup>19</sup>				
61	Time frames	Every arrested child is assessed within 48 hours of arrest by a probation officer before the prosecutor makes the decision to (or not) to divert.	All children are assessed within 48 to 72 hours of arrest by a probation officer. No child awaits assessment by a probation officer for a period longer than 72 hours.	<b>How do we measure compliance to timeframes for assessment?</b>
63	Training and skills	<p>Probation Officers are qualified by relevant training, skill, and experience, to conduct assessment and screening of criminal justice populations and can clearly identify appropriate risk levels and associated treatment needs to be addressed as part of intervention.</p> <p>Probation Officers are able to in support and addition to risk assessment and screening, initiate and/or complete holistic psycho-social assessments of criminal justice clients in order to facilitate relevant referrals and ongoing support services to criminal justice clients</p> <p>Probation officers have been trained in conducting the screening and assessment procedure.</p> <p>Probation officers use a standard national screening and assessment procedure.</p> <p>The purposes of the probation officer's assessment, and the procedures immediately following the assessment are explained to the child in a manner appropriate to the child's age.</p> <p>The assessment is appropriate to the child's age and conducted in a language the child understands.</p>	<p>Probation Officers undertaking assessments must have a minimum qualification of a Bachelors Degree in Social work. No assistant Probation Officer or Auxiliary worker may undertake independent assessments.</p> <p>Probation Officers have received a minimum of 35 hours training in risk assessment of criminal justice populations</p> <p>Assessment reports show evidence of the application of professional judgment to information gathered.</p> <p>PO's skilfully gather information through interviewing and the use of objective, reliable tools.</p> <p>A national standardised screening and assessment procedure exists and is described in policy and procedure documents?</p> <p>A standardized assessment tool/form exists and is used by all probation officers nationally?</p> <p>All assessments include the consideration of criminogenic risk and need.</p> <p>Probation Officers interact in a developmentally appropriate way with the child and explain procedures and rights to the child in layman's terms</p> <p>Clients understand the purpose of assessment by the PO.</p> <p>Assessments that have been done reflect the contents of all the basic information as described under standard 66.</p> <p>Assessments conducted are comprehensive, and clearly identifies:</p> <ul style="list-style-type: none"> <li>• Criminogenic risk and need factors</li> <li>• Significant non-criminogenic risk and need factors as well as;</li> <li>• Treatment needs that has to be addressed by a relevant programme</li> </ul>	<b>Certified copies of qualifications attached to register.</b>
62				Observation of PO doing assessment
64	Procedure and Content of screen/ assessment	<p>The probation officer's assessment includes the following:</p> <p><b>Basic descriptive information, including:</b></p> <ul style="list-style-type: none"> <li>• the child's name, age and gender;</li> <li>• contact details for child's parent/guardian;</li> <li>• the school the child attends; and</li> <li>• the child's place of residence</li> <li>• description of the context and type of offence</li> <li>• assessment of the child's motivation for committing the offence, and the immediate circumstances surrounding the offence</li> <li>• assessment of the child's acknowledgement of responsibility</li> </ul>		Interview PO's – PO's can describe the assessment procedure and shows professional insight into assessment practice.
65				Evidence of training attended (Review of training records and documentation)
66				Assessment policy and procedure describe in policy and procedure manual (verified during verification site visit)
				Contents of assessment reports (verified during verification site visit)
				Interview clients – during verification site visit.

No.	Title	Standard	Criteria	Evidence
67		<ul style="list-style-type: none"> <li>assessment of the child's understanding of the meaning of acknowledging responsibility</li> <li>case administration details</li> <li>relationship to the victim where applicable</li> </ul> <p><b>And to the extent possible</b><sup>20</sup>, detailed information on factors associated with offending ("risk" factors) present in the child's life including:</p> <ul style="list-style-type: none"> <li>social relationships, including family and peers</li> <li>education, including school grade, attendance and performance</li> <li>history of antisocial behaviour</li> <li>substance abuse</li> <li>medical psychiatric history</li> <li>whether the child has been found in need of care (in terms of the Children's Act)</li> <li>the child's skills in the area that the programme is designed to address</li> </ul>	<p>Recommendations about potential courses of action/intervention to be taken to address the needs of the child correlates with the risk and need profile of the child as identified by the assessment. Example less intensive course of action for low risk children and more intensive course of action for high risk children</p> <p>Assessment interviews are in privacy, away from public interference, with only relevant individuals in attendance</p> <p>When reading assessment reports, the assessment provide a concise picture of the client, the crime committed and relevant risk and need factors to be addressed through interventions or programmes.</p> <p>Assessment reports contain concise recommendations regarding the treatment/intervention needs of the clients in relation to the risk profile and potential diversion options available for addressing these.</p> <p>The prosecutor's or magistrate's decision's as written down makes reference to the probation officer's recommendations in motivating his/her decision to divert or not to divert.</p>	<p>Environment in which assessment takes place (verified during verification site visit).</p> <p>Content of assessments – particularly recommendations (verified during verification site visit).</p>
68		<p>The child's rights to privacy, confidentiality, appeal of decisions and participation during the probations officer's assessment are protected.</p>		
69		<p>The prosecutor's (and/or preliminary inquiry magistrate's) decision to (or not to) divert is informed by the probation officer's assessment</p> <p>The prosecutor (and/or preliminary inquiry magistrate) has sufficient knowledge about the nature of available diversion programmes to make an informal<sup>21</sup> referral.</p>		
70		<p>The prosecutor's referral of the child to a particular diversion programme is based on the needs and circumstances of the child.</p>		

No.	Title	Standard	Criteria	Evidence
<b>b. Service Provider Assessment</b>				
New suggested standards not in current Diversion standards seeing that only probation assessments reflected in current standards	Timeframes	<p>The organization timeously responds to referrals by:</p> <ul style="list-style-type: none"> <li>• contacting youth promptly, within specified timeframes; and</li> <li>• evaluating youth to identify any urgent risks and needs and determine whether any specific programme/ intervention will appropriately address identified needs and risks.</li> </ul> <p>Comprehensive assessments are conducted in a standardized manner, and specifically identify:</p> <ul style="list-style-type: none"> <li>• Criminogenic risk and need factors</li> <li>• Significant non-criminogenic risk and need factors as well as;</li> <li>• Treatment needs that has to be addressed by the relevant programme</li> </ul> <p>Staff who conduct assessments are qualified social workers and/or psychologists with clinical experience, and can recognize specialized treatment needs in relation to offending behaviour</p>	<p>Organizations have an acceptable specified turnover time to make contact with clients once referred. This is part of service delivery policy and procedure. (Acceptable time frame in terms of evidence based practice is 24 hours after referral – 3 days the latest)</p> <p>Children are not placed in a programme without the organization having undertaken assessment with the purpose of matching client risk, need and responsibility to available interventions/ programmes (established that the programme will address the relevant criminogenic risks and needs of the child.)</p> <p>Organizations have a standardized assessment procedure written up in policy. Assessment practice and procedure is informed by research and evidence based practice.</p> <p>The purpose of assessment is understood by all staff in the organization undertaking assessment.</p>	<p>Onsite review of documentation including</p> <ul style="list-style-type: none"> <li>• Policy Standards and Procedure Manual ;Assessment Policy and Procedure</li> </ul> <p>Observation – Assessment reports on client files (verified during verification site visit).</p>
		<p>When youth are in need of further evaluation, the organization promptly provides or arranges for specialized assessments.</p> <p>Assessments are conducted in a responsive manner that includes attention to age, developmental level, gender, language, culture, race, ethnicity, religion, geographic location, sexual orientation, and trauma history. Assessments are updated periodically.</p>		<p>Standards, Policy and procedure manual – assessment procedure available– verified during verification</p> <p>Staff interviews (during verification site visit)</p>

### 1.2.2.2 Offender Life Skills Programmes

A key aspect of human development -- as important to basic survival as intellect -- is the acquisition and mastery of life skills. In this regard the failure of life skills maturation has for a long time been recognized as a contributing factor to the occurrence of delinquency and offending behaviour in general. Broadly life skills maturation and acquisition can be seen as a journey that has taken place from childhood through parenting that gradually gives appropriate responsibilities to children as they grow and mature. In situations where the presence of several risk factors have prevented a gradual maturation and transition into adulthood, significant life skills can be lacking. A lack of, or failure to fully develop life-skills can contribute to the individual's inability to effectively navigate through life transitions and challenges. In this regard life skills can be broadly defined as abilities and competencies of individuals to adopt positive (and adaptive) behaviors that enable them to deal effectively with the demands and challenges of everyday life (Mangrulkar,Whitman & Posner, 2001:5 & World Health Organization, 1993). As such essential life skills can be viewed as vital abilities that enable an individual to act in accordance to the demands of the self, others and the environment, in order to achieve success (Eloff & Ebersohn2003:43-44). As defined above, life skills thus encompass a wide range of skills relevant to all aspects of an individual's existence, and interpretation of the concept of these skills are varied depending on the person in situation. Life skills can broadly be categorized as follows:



**Figure 1: Categories of Life Skills**

Importantly these skills do not stand independent from each other, but rather complement and reinforce each other. Life skills development can be utilized in many content areas including prevention/treatment of drug use, sexual violence, teenage pregnancy, HIV/AIDS prevention and addressing issues of offending behaviour. However the variety and weight placed on the skills that are being developed within participants attending a program can and will fluctuate according to the context in which the behavioural outcomes need to be achieved. Thus, while it is general practice for some programs to attempt to teach life skills generically, research indicates effective programs include normative content and teaching individuals to apply skills to specific behaviours and situations. Recent research shows that skills are not automatically and consistently applied to every problem or social task encountered. Rather, to produce a meaningful effect on development or behaviour, individuals need to practice and apply learned skills to specific, relevant social tasks as determined by the individual's developmental stage and presence of risk factors within the context of the individual. Thus when utilizing a life skills programme as part of a behaviour change strategy for individuals in conflict with the law it is important to ensure that the programme is designed relevant to the etiology of offending behaviour. Life skills programmes designed to address offending behaviour must be congruent with the risk factors that the programme aims to address. The primary goal of life skills education of offenders would thus be to teach offenders the skills necessary to function in a legitimate life. Consistent with the principles of effective offender rehabilitation the intensity of the life skills programme presented will vary based upon the offender's assessed criminogenic risk and treatment needs. Although countless life skills are necessary for different situations, ages and cultures (Nelson-Jones, 1993; Powell, 1985), it is suggested that there is a core set of skills at the heart of the skills-based initiative for the promotion of pro-social behavior in juvenile and adult offenders.

For purposes of accrediting life skills programmes used to build general competencies of offenders the following must be considered:

- The life skills taught must address appropriate criminogenic risk and need factors, identified to contribute to offending behavior.
- The life skills taught must build on protective factors, identified to strengthen resilience in individuals.
- All programme content must be based on appropriate theoretical principles underlying the theoretical foundation of the life skills programme. Theoretical foundations underlying the life skills approach is based on theories about the way human beings develop, learn and behave (Mangrulkar, Whitman, & Posner, 2001:12-13). These theories include social learning, social influence, cognitive behavioural, multiple intelligences (including emotional intelligence), cognitive problem solving, risk and protective factor and constructivist psychology theories. Each of these theories provides an element of the foundation for life skills programmes. Some focus more on behavioral outcomes, justifying skills development as a way to move individuals towards the behaviors that developmental expectations, cultural context and social

norms find appropriate. Others focus more on the acquisition of skills as the goal itself, since competency in problem-solving, interpersonal communication, and resolving conflicts can be seen as crucial elements of healthy human development. Finally, some theoretical perspectives view life skills as a way for an individual to actively participate in their own process of development and the process of constructing social norms. By teaching young people how to think rather than what to think, by providing them with the tools for solving problems, making decisions and managing emotions, and by engaging them through participative methodologies, skills development can become a means of empowerment. Program content MUST at minimum include the following elements and constructs as related to different life skills:

Type of Life Skill	Life Skill Construct important for generic programming with offenders.
<b>Social and interpersonal skills</b>	Communication skills:Active listening, verbal and non-verbal communication
	Conflict Resolution Skills:Assertiveness, Negotiation
	Relationship building skills
	Empathy
<b>Psychological &amp; Physical Health Skills</b>	Survival Skills: Stress management – relaxation, anger management, lifestyle choice
	Intra personal Skills: Self awareness, values clarification, motivation, management and expression of emotions, impulse control – self management, self evaluation, responsibility, self concept and identity
<b>Living Skills</b>	Citizenship skills: laws and norms,
<b>Cognitive Skills</b>	Problem Solving skills: How to obtain help,
	Critical Thinking Skills
	Decision Making Skills
	Goal setting and planning

**Table 4: Important Constructs for Generic Offender Life Skills Programmes**

- The program design must strike a balance between three elements: the development of knowledge, attitudes and skills. According to Nelson-Jones (1993:11) life skills comprise of the afore mentioned three dimensions. Each life skill comprises of a knowledge component of how it works or how to do it. An appropriate attitude to any life skill refers to the wanting to do it. This implies that the individual assumes personal responsibility for acquiring, maintaining, developing and using the skill. The skills dimension of life skills education entails putting the knowledge and attitude into practice. The wanting to do it and the knowing how to do it is translated into the actually doing it. Thus all programmes focussing on life skills

development must do this in relation to developing the relevant knowledge, attitudinal and skills dimension of the particular life skill in question.

- The methodology for developing life skills is a critical aspect of effective programming. Research and theory show that not only is a life skills approach made more effective by using interactive teaching methods, but that skills are learned through interaction, role playing, open discussions, small group activities and other techniques that are an integral part of developing life skills. Most effective methods for skills acquisition and development include cooperative learning, peer support, continual opportunities for rehearsal, accurate feedback and constructive criticism, and modeling of skills by other peers and adults. The Social Learning Theory provides some of the theoretical foundation that explains why interactive teaching techniques work. Bandura's research, found that people learn what to do and how to act by observing others, and behaviors are reinforced by the positive or negative consequences viewed by the learner (Bandura, 1977b). In addition, retention of behaviors can be enhanced by rehearsal: "when people mentally rehearse or actually perform modeled response patterns, they are less likely to forget them than if they neither think about them nor practice what they have seen" (ibid). The Constructivist theory provides an alternative justification to the behavioral perspective. Vygotsky argues that social interaction and the active engagement of the child in problem solving with peers and adults is the foundation of the developing mind. He also takes it one step further to say that the interaction can facilitate the individual's participation in the construction of cultural practices and social norms. In an example, a role play about resolving a situation of conflict can both enhance the skills of the role-playing adolescent, and can reinforce positive social norms about peaceful conflict resolution through the engagement of an audience of peers (Meyer and Farrell, 1998 p. 478).

Some of the most effective techniques that could be utilized for skills acquisition, many of which are not loud and boisterous activities, include:

- o role playing
- o situation analysis
- o small group work
- o debates
- o one-on-one rehearsal
- o decision mapping or problem trees
- o literature/ media content analysis – i.e. watching a video
- o relaxation and trust-building exercises;
- o games.

The programme should take care though not to make the focus of teaching the skill the technique/ or activity being used. Facilitators must be competent in skillfully applying the technique to assist the individual to utilize knowledge and attitudinal insight in the application of their own self to the skill being taught.



No.	Title	Standard	Criteria	Evidence
	<p>Training and Skills of facilitators of offender life skills programmes</p>	<p>All facilitators of offender life skills programmes must have at least a post secondary qualification (degree, certificate, and diploma) in the social sciences/corrections (humanities) field.</p> <p>All facilitators of offender life skills programmes must have in addition been trained on correctional practice, offender support and management, criminological theories and group facilitation.</p> <p>Please take note that there are no specific standards related to offender life skills programmes in the diversion minimum standards.</p>	<p>Theoretical foundations of the programmatic contents include either one or a combination of elements of the following theories and treatment modalities:</p> <ul style="list-style-type: none"> <li>• social learning</li> <li>• Cognitive behavioural therapy</li> <li>• Social skills training</li> <li>• Moral reconnection therapy</li> </ul> <p>The programme contents reflect sound combination of important life skills constructs relevant to the offending behaviour and consistent with the behavioural outcomes the programme was designed to achieve. (For example, if the programme outcome is stated to assist offenders to take responsibility for their actions, addressing anger as a life skill construct might not achieve that outcome, however addressing personal values, self evaluation, critical thinking and empathy will contribute to achieving the outcome). Unless the program is very specifically designed to address one specific life skill domain, the general combination of a well balanced offender life skill programme is recommended.</p>	<p>Certified copies of Qualifications</p>
	<p>Programmatic Content</p>	<p>All programme content must be based on appropriate theoretical principles underlying the theoretical foundation of the life skills programme and evidence based practice.</p>		
	<p>Programme Duration and Delivery</p>	<p>All offender specific life skill programme content must address at least a combination of two or more of the major criminogenic risk factors identified as central to offending behaviour</p>		
	<p>Outcomes and Programme Evaluation</p>	<p>All offender specific life skill programme content must address a combination of at least one life skills constructs (relevant to offender behaviour change) out of each of the life skill categories as identified in table 7 above.</p>		

### 1.2.2.3 Sex Offender Programmes<sup>22</sup>

When providing intervention to children with sexually offending behaviour, it is extremely important that the programme is relevant to the sexual behaviour to be addressed. In this regard it is important to understand the “type” of sex offender one is dealing with and what the motivation of the behaviour was. What research has indicated in this regard is that children who sexually abuse are far more likely than the general population to have been physically, sexually, or otherwise abused. Studies (Centre for Sex Offender Management, 1999) indicate that between 40% and 80% of sexually abusive youth have themselves been sexually abused, and that 20% to 50% have been physically abused. In this regard some professionals believe a history of victimization is virtually universal among juvenile sex offenders. Experienced therapist Robert Longo writes, “As I think back to the thousands of sex offenders I have interviewed and the hundreds I have treated, I cannot think of many cases in which a patient didn’t have some history of abuse, neglect, family dysfunction, or some form of maltreatment within his or her history” (Longo, 2001).

A minority of sexually abusive youth also have deviant sexual arousal and interest patterns. “These arousal and interest patterns are recurrent and intense, and relate directly to the nature of the sexual behaviour problem (e.g., sexual arousal to young children)” (CSOM, 1999). Deviant sexual arousal is more clearly established as a motivator of adult sexual offending, particularly as it relates to paedophilia. A small subset of juveniles who sexually offend against children may represent cases of early onset paedophilia. Research has demonstrated that the highest levels of deviant sexual arousal are found in juveniles who exclusively target young male children, specifically when penetration is involved (Hunter and Becker, 1994, Marshall et al, 1991). In general, the sexual arousal patterns of sexually abusive youth appear more changeable than those of adult sex offenders, and relate less directly to their patterns of offending behaviour (Hunter and Becker, 1994, Hunter et al, 1994).

As with adult sex offenders two distinct groups or sub types of juvenile sex offenders can be distinguished: those who sexually abuse children and those who victimize peers and adults (see Table 1). These two groups have clear differences not only in the victims they select, but in their offence patterns, social and criminal histories, behaviour patterns, and in the treatment they require. Thus programmes addressing sex offending behaviour with children will have to be accredited as appropriate to either one or the other group. It is imperative that these programmes are not implemented on an assumption that sexual offending by children is “naughty behaviour” or “inappropriate developmental behaviour” that will disappear if children receive sex education. In South Africa particularly, professionals dealing with cases of sexual offending, must take the time and professional interest in understanding the type of behaviour being displayed by the child who sexually offend

**Generally effective treatment approaches** and modalities that have to be reflected in programme contents of programmes aiming at addressing sexual offending are:

Multi systemic therapy (work with families are non-negotiable)

Cognitive behavioural therapies

Relapse Prevention treatment; and

Social and interpersonal skills training (psycho educational)

Play therapy and play-therapeutic techniques in general is a very effective modality to use with children of any age to bring the programme contents to the level of the child's understanding and capacity to assimilate behavioural changes.

<b>Characteristics:</b>	<b>Offend Against Peers or Adults</b>	<b>Offend Against Children</b>
<b>Victims</b>	<ul style="list-style-type: none"> <li>• Predominantly assault females.</li> <li>• Assault mostly strangers or acquaintances (Hunter et al, in press).</li> </ul>	<ul style="list-style-type: none"> <li>• Females victimized at slightly higher rates.</li> <li>• Nearly half assault at least one male.</li> <li>• Up to 40 percent of victims are either siblings or relatives (Hunter et al, in press).</li> </ul>
<b>Offense Patterns</b>	<ul style="list-style-type: none"> <li>• More likely to commit in conjunction with other criminal activity.</li> <li>• More likely to commit offenses in public areas (Hunter et al, in press).</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on opportunity and guile, particularly when victim is a relative.</li> <li>• Trick child by using bribes or threatening loss of relationship (Hunter et al, in press, Kaufman et al, 1996).</li> </ul>
<b>Social and Criminal History</b>	<ul style="list-style-type: none"> <li>• More likely to have histories of non-sexual criminal offenses.</li> <li>• Generally delinquent and conduct-disordered (Hunter et al, in press, Kaufman et al, 1996, Richardson, et al, 1997).</li> </ul>	<ul style="list-style-type: none"> <li>• Deficits in self-esteem and social competency are common.</li> <li>• Often lack skills and attributes necessary for forming and maintaining healthy interpersonal relationships (Awad and Saunders, 1989, Monto et al, 1998).</li> </ul>
<b>Behavior Patterns</b>	<ul style="list-style-type: none"> <li>• Display higher levels of aggression and violence (Awad and Saunders, 1989, Monto et al, 1998).</li> <li>• More likely to use weapons and cause injuries to their victims (Awad and Saunders, 1989, Monto et al, 1998).</li> </ul>	<ul style="list-style-type: none"> <li>• Frequently display signs of depression (Becker et al, 1991).</li> <li>• Youths with severe personality and/or psychosexual disturbance may display high levels of aggression and violence (Becker and Hunter, 1993).</li> </ul>

**Table 5: Subgroups of Juvenile sex Offenders.**

No.	Title	Standard	Criteria	Evidence
57	Qualifications, knowledge and skills and registration/licensing of facilitators/therapists	<p>All facilitators of sex offender programmes, regardless of their prior training should:</p> <ul style="list-style-type: none"> <li>• Have an understanding of the risk factors that may cause children to commit sexual offences and the relevant warning signs</li> <li>• Have an appropriate professionally recognised qualification</li> </ul> <p>All facilitators of sex offender programmes must in accordance with legislation be registered or licensed by their respective professional councils/boards.</p> <p>All facilitators of sex offender programmes shall have completed within the past three (3) years a minimum of 200 hours of supervised clinical experience specifically in the areas of evaluation and treatment of sex offenders.</p> <p>All facilitators of sex offender programmes shall have completed sex offender specific training and is involved in continuous professional education activities.</p>	<p>All facilitators of sex offender programmes have:</p> <ul style="list-style-type: none"> <li>• received a masters degree or higher in a clinical or clinically related field (e.g. psychology counselling, social work, marriage &amp; family therapy e.g.) with a minimum of 2 years experience in the field; or</li> <li>• received a bachelors (4year)/ honours degree in a clinical field with a minimum of 3 years experience in the field.</li> </ul> <p>All facilitators of programmes is registered with relevant councils and professional bodies</p> <p>Facilitators of sex offender programmes have completed at least 120 hours of formal specialized training specifically related to the assessment(50 hours) and treatment (70 hours) of sex offenders</p> <p>Each facilitator of a sex offender programme have attended at least eighty (80) hours of documented continuing education activities (in service training and supervision) per year related to the assessment, treatment and evaluation of sex offenders.</p> <p>The organization provides specialized in service training activities for facilitators of sex offender programmes on an annual basis. The content of the training includes:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Psychosocial and ecometric/ psychometric testing</li> <li>• Psychopathology</li> <li>• Risk assessment</li> <li>• Counseling</li> <li>• Cognitive therapy</li> <li>• Family therapy</li> <li>• Family reunification</li> <li>• Relationship and social skills training</li> <li>• Relapse prevention</li> <li>• Sexual arousal control</li> <li>• Social support networks</li> <li>• Victim awareness and empathy</li> </ul> <p>All facilitators of sex offender programmes have adequate knowledge of theories underlying work with sex offenders and contemporary practice?</p> <p>All facilitators of sex offender programmes that have been working with sex offenders for period of less than 2 years is under strict supervision and consultation of an experienced practitioner</p> <p>All participants in sex offender programmes undergo specialized assessment procedures focussing on assessment of sex offending dynamics?</p>	<p>Onsite verification of documents including:</p> <ul style="list-style-type: none"> <li>• Training manuals</li> <li>• Attendance Registers of training</li> <li>• Professional development documentation held by supervisor e.g. supervision notes</li> </ul> <p>Certified copies of qualifications of programme facilitators attached to form 7</p> <p>Verification of registration – registration number submitted on register as part of self assessment</p> <p>Verification of knowledge and skills of programme facilitators during verification site visits through:</p> <ul style="list-style-type: none"> <li>• Interviewing of selected individuals facilitating programme</li> </ul>

No.	Title	Standard	Criteria	Evidence
90	Assessment of sex Offenders	<p>The pre-intervention (specialized) assessment includes information on:</p> <ul style="list-style-type: none"> <li>the degree of violence and coercion involved in the offence</li> <li>the offender's relationship to the victim, particularly the age difference and the offender's ability to demonstrate victim empathy.</li> <li>The offender's ability to regulate his/her emotions and behaviour particularly impulse control.</li> <li>The offender's sexual history, including sex education, exposure to pornography, sexual abuse and sexual fantasies.</li> <li>Social constructs of sex and crime.</li> </ul>	<p>All sex offence specific assessments makes <i>at least</i> reference to:</p> <ul style="list-style-type: none"> <li>the degree of violence and coercion involved in the offence</li> <li>the offender's relationship to the victim, particularly the age difference and the offender's ability to demonstrate victim empathy</li> <li>The offender's ability to regulate his/her emotions and behaviour particularly impulse control.</li> <li>The offenders sexual history, including sex education, exposure to pornography, sexual abuse and sexual fantasies</li> <li>Social constructs of sex and crime</li> <li>The particular child's cycle of sex offending – triggers, underlying beliefs, thoughts, thinking errors etc.</li> </ul> <p>All participants in a sex offender programme have available in writing an offender specific individual treatment plan?</p> <p>The Offender Specific Individual Treatment Plan (ITP) contains measurable treatment goals, objectives and treatment interventions and indicates persons responsible for intervention and supervision.</p>	<p>Assessment information verified during site verification visits through observation of client files.</p> <ul style="list-style-type: none"> <li>Specialized Assessment reports must be on client files</li> <li>Treatment plans are available, completed and on client files</li> </ul> <p>Interviews with randomly selected staff</p> <ul style="list-style-type: none"> <li>Facilitating programme</li> <li>Responsible for program design and development</li> </ul>
91	Programmatic Content	<p>Programmatic content of all sex offender programmes is based on evidence based practice in relation to what works in treatment and management of sex offenders</p>	<p>Programme treatment components (session topics) must include: cognitive restructuring addressing criminal thinking errors, identification of risk factors,</p>	<p>Programme Narrative (Form 11) submitted as part of self assessment.</p>
92	The diversion programme	<p>The diversion programme includes sex education</p>	<p>Developing impulse control mechanisms and coping skills needed to successfully manage sexual and aggressive impulses. Enhancing social skills to promote greater self-confidence and social competency.</p>	<p>Programme contents verified during verification visit through:</p>
94	The diversion programme	<p>The diversion programme addresses the child's ability to regulate his/her behaviour, specifically impulse control</p> <p>The diversion programme addresses the development of victim empathy</p>	<p>Developing assertiveness skills and conflict resolution skills to manage anger and resolve interpersonal disputes. Development and enhancement of victim empathy and promote a greater appreciation for the negative impact of sexual abuse on victims and their families.</p> <p>Relapse prevention. This includes:</p> <ul style="list-style-type: none"> <li>developing understanding of the cycle of thoughts, feelings, and events that are antecedent to the sexual acting-out,</li> <li>identify environmental circumstances and thinking patterns that should be avoided because of increased risk of re-offending, and</li> <li>Identify and practice coping and self-control skills necessary for successful behavior management.</li> </ul> <p>Establishing positive self-esteem and pride in one's cultural heritage. Values clarification and development related to respect for self and others, and a commitment to stop interpersonal violence. The most effective programs promote a sense of healthy identity, mutual respect in male-female relationships, and a respect for cultural diversity. Providing sex education to give an understanding of healthy sexual behavior and to correct distorted or erroneous beliefs about sexual behavior.</p>	<p>observing programmes</p> <p>viewing programme manuals (under no circumstances can copies be made of programme materials and be taken off site)</p>

No.	Standard	Criteria	Evidence
93	<p>The diversion programme should consist of sessions amounting to no less than 24 hours in total, excluding the time taken for conducting the pre-intervention assessment.</p> <p>The child's parent/caregiver is directly involved in the diversion programme</p>	<p>Each session has relevant behavioural, attitudinal, skill and systemic outcomes identified.</p> <p>All programme outcomes is indicative of the actual attitudinal, behavioural and skills changes that the programme is striving to achieve</p> <p>Session outcomes correlate with the overall therapeutic approach the programme is based on.</p> <p>Programme sessions are delivered in accordance with the risk need principle requirements (the higher the risk the higher the frequency and intensity).</p> <p>Two co-therapists are used for each sex offender group programme that exceeds 8 participants.</p> <p>Programme sessions do not exceed 45 – 60 minutes of active therapy/intervention time.</p> <ul style="list-style-type: none"> <li>• 45 minutes for children 13 and younger</li> <li>• 60 minutes for children above 13years</li> </ul> <p>Individual therapy and family work/therapy is undertaken in addition to programmatic interventions. This is evident in the treatment/intervention plan of the child. The duration of family work and individual therapy correlates with the risk and behaviour profile of the child. Family work and individual therapy is NOT a once of activity.</p> <p>Overall programme and individual session outcomes are evaluated according to behavioural scientific methodology. The programme should indicate evaluation design utilized.</p> <p>Programme evaluation policies exist in the organisation</p> <p>Evaluation of programme effectiveness/impact include:</p> <ul style="list-style-type: none"> <li>• Measurement of individual attitudinal, behavioural and skills changes during programme</li> <li>• Measurement of broader life and situational changes</li> <li>• Measurement of broader systemic changes</li> <li>• Measurement of re-offending</li> </ul> <p>Formal and independent evaluations of sex offender programmes and treatment includes evaluation of:</p> <ul style="list-style-type: none"> <li>• Programme integrity – the extent to which the programme is implemented the way it was designed</li> <li>• Programme impact- extent to which treatment and program had an effect on the offender's behaviour (behaviour modification)</li> <li>• Programme outcome – extent to which programme has improved long term behaviour &amp; re-offending</li> </ul>	
95	<p>The evaluation of sex offender programmes and treatment is undertaken on 2 levels:</p> <ul style="list-style-type: none"> <li>• Continuously throughout the provision of the intervention and;</li> <li>• Formally, and independently every 3 to 4 years.</li> </ul>		<p>Formal evaluation reports – submitted as part of self assessment addendum to program narrative</p> <p>Internal programme monitoring and evaluation reports – verified during site verification visits</p> <p>Programme outcomes verified during verification site visit through:</p> <ul style="list-style-type: none"> <li>• Interviewing clients that have attended programmes</li> <li>• Interviewing staff responsible for implementing programme.</li> </ul>

#### 1.2.2.4 Substance Abuse/Addiction Programmes

The connection between drug abuse and crime is well known and research (Inciardi 1979,<sup>23</sup> Johnson, Goldstein, Preble, Schmeidler, Lipton, Spunt and Miller, 1985,<sup>24</sup> Chaiken 1986,<sup>25</sup> ) consistently demonstrates a strong connection between criminal activity and substance abuse. Drug abuse is implicated in at least three types of drug related offences: (1) offences defined by drug possession or sales, (2) offences directly related to drug abuse (e.g., stealing to get money for drugs), and (3) offences related to a lifestyle that predisposes the drug abuser to engage in illegal activity (e.g., through association with other offenders or with illicit markets). Due to the devastating emotional and financial costs of drug-related crimes, governments have over the years employed a number of strategies to break the link between drugs and crimes, including stricter legislation, minimum sentencing laws, and severe penalties for drunk drivers etc. Although these approaches have had mixed results, one consistent research finding that stands is that involvement in substance abuse treatment reduces recidivism for offenders who use drugs (Anglin and Hser 1990,<sup>26</sup> Harwood et al. 1988; Hubbard et al. 1984, 1989; Knight et al. 1999a; Martin et al. 1999; McLellan et al. 1983; Wexler et al. 1988, 1999a; Wisdom 1999). Studies show that substance abuse treatment/intervention can reduce drug abuse with 50 percent, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.<sup>27</sup> Thus if the criminal justice system aims to rehabilitate offenders, it cannot ignore the fact that offenders who abuse drugs must be included in appropriate interventions/programmes that will address this specific criminogenic risk and need (even when incarcerated).

When providing services/interventions/programmes that focus on and address substance abuse as a criminogenic risk and need, it is imperative that one understands the behavioural phenomenon of substance use. Substance use is a complex behavioural issue and occurs with varying degrees of severity (also known as continuum of substance use). It is useful to consider a substance use continuum with the following anchor points.



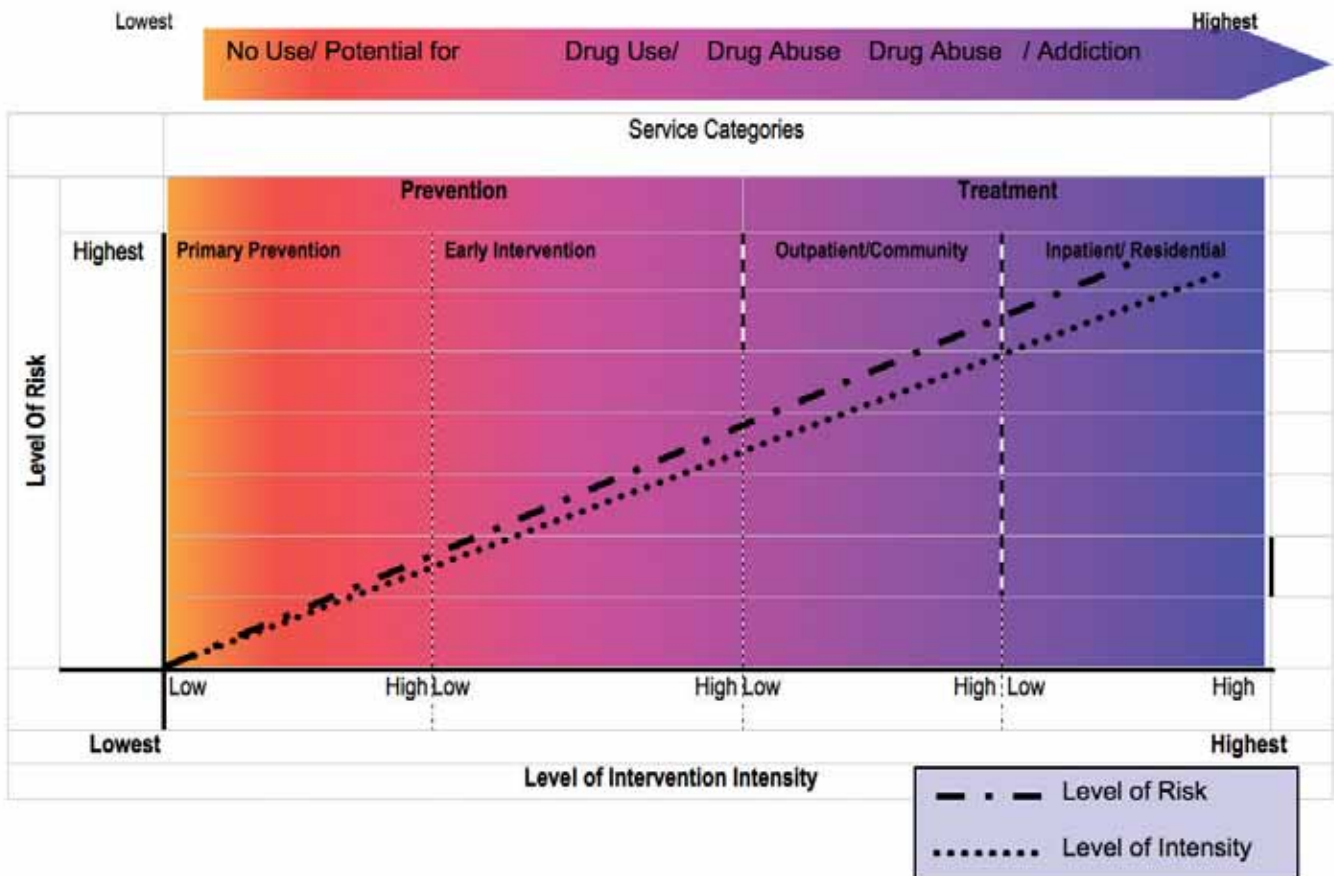
**Figure 2: Continuum of Substance Use (adapted from: American Academy of Paediatrics, 2000)<sup>28</sup>**

Important though is to take cognisance of the fact that progression to addiction is not (as it is with any behaviour) that predictable and that depending on the individual (personality, functioning etc.) addiction can set in at any point. No one can predict after how long or how many times of use a person will become addicted. Being able to identify during assessment the degree of substance involvement is an important determinant of treatment as we are aware of the fact that intervention/treatment is most effective when it is implemented on a continuum of intensity (risk principle and need principle), matching the level of risk and need of the individual. Thus the service must be relevant to the severity level of the substance use (as well as general criminogenic risk), and the most intensive treatment services should be devoted to youth who show signs of addiction --that is, a history of regular and chronic use--with the presence of multiple personal and social consequences and evidence of an inability to control or stop using substances.

Similarly to the continuum of drug use, the continuum of treatment/ intervention levels includes three major categories namely prevention, early intervention and treatment. Within each of these intervention levels/types, levels of intensity exist along a continuum of less intensive to most intensive levels of care/service, encompassing several types of programmes. Research (Simpson, Joe, Broome, 2000:538-544;<sup>29</sup> Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997: 261-278<sup>30</sup>) suggests that all major treatment levels are effective in reducing substance abuse and criminal behaviour, when appropriately matched with the level of risk and treatment/intervention need of the client. The graduated interaction between the levels of risk, level of treatment need (drug use) and level of intensity of programmes/interventions can be depicted as follows:



## Treatment Need: Substance Use/Abuse/Addiction



**Figure 3: Continuum of Service/Intervention Intensity**

Consistent to the general principles of risk and need it can then be said that individuals who have progressed to a level of addiction needs more intensive treatment than a person who is abusing drugs.

For purposes of accreditation the following should be considered as guidelines in relation to the different levels of services and programmes that could be utilized as diversion options.

### a. Prevention Programmes

Prevention programs can be described by the audience or intervention level for which they are designed:

- Universal programs programmes are designed for the general population, focussing on those that have not started to use substances.
- Selective programs target groups at risk, or subsets of the general population such as children of drug abusers or poor school achievers. Universal and selective programs can be seen as generally primary prevention programmes.
- Indicated programs also known as early intervention programmes are designed for people who are already experimenting with drugs.

## i. Primary Prevention Programmes

Primary prevention programmes mostly target individuals who have not yet used substances. Most primary prevention programs are usually located in community settings, for example at schools or churches. Extensive research over the past twenty years has identified strategies and programmes that have as its goal the strengthening of protective factors and the reduction of risk factors, as the most effective in preventing the onset of substance use and abuse.

**Most effective approaches** to strengthening protective and reducing risk factors include the social influences model and personal and social skills training model (**structured social learning approach**) where imparting of knowledge and skills must happen within four distinct domains: individual domain, family domain, peer domain and community domain (SAMSHA, 2001)<sup>31</sup>. Programmatic interventions based on these models must include a combination of at least two or more of the following elements as relevant to the different domains:

- **Information dissemination (drug education).** This aspect of programmes is designed to increase knowledge and alter attitudes and wrong perceptions about issues related to drug use and abuse. Individuals and families must be targeted with relevant information. Drug education and information for parents or caregivers are essential part of prevention programmes as it reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman, Foshee, Ennet, Pemberton, Hicks, King and Koch, 2001<sup>32</sup>).
- **Psycho social education.** This aspect of programmes imparts personal and social skills that promote health and well-being among individuals and help them avoid a lifestyle of drug use and abuse. General contents that must be included in prevention programmes regardless of the age of the target group are
  - drug resistance (refusal) skills, (individual domain)
  - family bonding and relationships strengthening (family domain)
  - problem solving skills (individual domain and peer domain)
  - communication skills (individual, family, peer and society domain)
  - coping & self management skills, (individual domain)
  - norms and values clarification (individual, family, peer and society domain)
  - family management skills (individual domain)
  - academic support (individual domain)
  - life planning and goal setting skills, as well as personal. In general it can be said that prevention programmes should focus on building resilience.

In addition to the above prevention programmes targeting children 7 to 12 must focus on improving academic and social-emotional learning to address risk factors such as early aggression, academic failure and school dropout. Psycho social education should focus (in addition to the above) on the following specific elements of the above contents:

- self control, ( self management skill in individual domain)
- academic support, especially in reading,
- emotional awareness (coping skills in individual domain), and
- normative education (focus on instilling norms and values not clarifying).

In addition to the above prevention programmes targeting children 13 to 18 years must focus on increasing academic and social competence by specifically developing the following skills (Botvin et al 1995, Scheier et al 1999):

- o study habits and academic support;
- o peer relationships;
- o self-efficacy and assertiveness (coping and self management skills);
- o reinforcement of anti-drug attitudes; and
- o strengthening of personal commitments against drug abuse

In the family domain important content includes parenting skills specifically related to, family bonding (parent child relationships), setting rules (discipline), clarifying expectations, monitoring behaviour, family communication, family values clarification and family conflict management. Programmatic content important to address peer domain aspects are societal and peer group values clarification and interpersonal relationship skills.

- **Alternative activities.** Recreational and cultural activities, known generically as “alternative activities” often are regarded as attractive enhancements of prevention programs. Inclusion of these activities in prevention programming is based on the assumption that youth who participate in drug-free activities will have important developmental needs met through these activities rather than through drug related activities. When and if such programmes are used as drug (or crime prevention) programmes the implication is that other activities, such as psycho social development and skills training, that are more essential components of prevention programming, must be included. Important alternative activities to focus on are academic skills building (i.e. study support, after school care, community service learning activities (development of citizenship), drug free community or peer social and recreational events. Inclusion of alternative activities mainly reflects on intervention in the school and community domain.
- **Problem identification and referral.** Any programme utilized for prevention purposes must provide for problem identification and referral. This involves recognizing youths who have already tried drugs or developed substance use problems and referring them to appropriate treatment options. Proper referral protocols and procedures have to be in existence.

**Please take note:** Prevention programmes that is only based on pure educational/awareness (information dissemination) approaches providing information about drug use, addiction, treatment and the consequences thereof, does not work on their own (Larimer & Cronce, 2002<sup>33</sup>; SAMSHA, 2001).

Once off community-based substance abuse prevention and education events alone are unlikely to affect participants' behaviour, and prevent the onset of substance use (SAMSHA, 2001). Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.

Offering alternative activities such as recreation and community service activities without additional psycho social education (learning) and skill development activities, does not work to prevent the onset of substance use (US Department of Education, 2000).<sup>34</sup>

Program contents that only work to promote self-esteem and emotional well-being, without providing social skills training in particularly resistance skills and normative and values clarification, does not work to prevent the onset of substance abuse (Drug Strategies, 1999)<sup>35</sup>.

When formulating goals for prevention programme the following two aspects needs to strongly emerge as primary goals:

- increase awareness about the negative effects of substance use and abuse ;and
- Strengthen and support the individuals' ongoing capacity to abstain from substance use, by maximizing current strengths and developing new capacities (building resilience).

## **ii. Early Intervention Programmes (Indicated programmes)**

Early intervention programmes target those individuals that have started to use substances and are considered to be at high risk to develop substance abuse-related problems but who do not meet the diagnosis of having a substance use disorder (addiction). As such the goal of early intervention programs as related to substance abuse is to minimize the severity of substance abuse and prevent the development of substance use disorders (addiction).

Most effective treatment approaches upon which early intervention programmes must be based include:

- Structured social learning approach – psycho-social skills training with strong cognitive behavioural elements specifically in relation to attitudinal changes (80 % of programme); and
- Brief Interventions and therapies (20% of programme)

**Brief Interventions:** Definitions of brief interventions vary. In the recent literature, they have been referred to as “simple advice,” “minimal interventions,” “brief counselling,” Or “short-term counselling.” They can be simple suggestions to reduce substance use by a professional or a series of interventions provided within a treatment program. Brief interventions are typically conducted in face-to-face sessions, with or without the addition of written materials such as manuals, workbooks, or self-monitoring diaries.<sup>36</sup>

Similar to primary prevention programmes programmatic content of early intervention programmes must include for accreditation purposes all of the following elements:

- **Drug education** (information dissemination) with target group as well as parents or caregivers. Content of education with target group must focus on information about tolerance levels (how addiction develops), brain mechanisms involved in addiction, negative effects of substance use – focus more on short term than long term, i.e. to look unattractive now is more tangible than possibly getting lung cancer; misconceptions about drug use.
- **Psycho social education focusing on psycho social skill development** particularly the following:
  - drug resistance (refusal) skills, (individual domain)
  - cognitive skills in relation to behaviour management e.g. thought stopping, behaviour trigger awareness (individual domain)
  - family bonding and relationships strengthening (family domain)
  - problem solving skills (individual domain and peer domain)
  - communication skills (individual, family, peer and society domain)
  - coping & self management skills, (individual domain)
  - norms and values clarification (individual, family, peer and society domain)
  - family management skills (individual domain)
  - academic support (individual domain)
  - life planning and goal setting skills;
  - interpersonal relationship skills
- **Problem identification and referral.** Early intervention programmes must ensure proper assessments of clients. When risks or problems are identified that are not addressed by the programme content for example family violence these issues must be assessed and referred for intervention. Brief interventions and therapies as treatment modalities could also be utilized to address very specific behavioural issues occurring during a programme, (and this is not addressed by content).
- **Brief Intervention:** The basic goal for a client in any substance abuse intervention/ treatment setting is to reduce the risk of harm from continued use of substances. Thus the

goal of brief interventions with individuals in early intervention programmes would vary from educating her/him about guidelines for low-risk use and potential problems of increased use, to addressing the level of use, encourage moderation or abstinence, and educate about the consequences of risky behaviour and the risks associated with increased use. Brief interventions can help users understand the biological and social consequences of their substance use and as such encourage healthy behaviour choices.

- **Brief Therapies:** Although brief therapies are typically shorter than traditional versions of therapy, these therapies generally require at least six sessions and are more intensive and longer than brief interventions. Brief therapy, however, is not simply a shorter version of some form of therapy. It is the focused application of therapeutic techniques specifically targeted to behaviour and oriented toward a limited length of treatment. Goals of brief therapy in substance abuse treatment focus on the solving of some specified psychological, social, or family dysfunction as it pertains to substance abuse; it focuses primarily on present concerns and stressors rather than on historical antecedents.

Early intervention programmes should be structured focussed programmes, reflecting group, family and individual sessions as part of the structure of the programme.

### **iii. Treatment / Therapeutic Programmes**

Treatment programmes target those individuals that can be diagnosed with a substance abuse disorder or is addicted to substances. Drug dependence or addiction is defined as a pattern of compulsive seeking and using of substances despite the presence of severe personal and negative consequences. Hence treatment is intended to help addicted individuals stop compulsive drug seeking and use. Because drug addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring.

Historically drug abuse/addiction treatment has been seen to only be carried out within residential settings, however this is not the only setting in which treatment for substance abuse and addiction can take place. As reflected in figure 2 substance abuse treatment can take place in a community (outpatient) or residential setting. True to the risk, need and responsivity principles, treatment/intervention within an outpatient or residential setting fall along a continuum that ranges from minimal outpatient contacts to long-term residential treatment, depending on the severity of the problem. This can be summarized as follows:

Treatment Setting					
Outpatient/Community Setting		Inpatient/ Residential			
Levels of Care & Types of Services					
General Outpatient	Intensive Outpatient	Intensive Residential		Intensive Medically Managed/ Monitored Inpatient	
		Short term intensive	Intensive Residential	Medically Monitored	Medically Managed
Less than 9 hours per week	10 to 20 hours per week	Generally 21 to 45 days	Vary from 3 to 24 months	Vary from 7 to 45 days	Vary from 7 to 45 days
Regularly scheduled sessions	Highly structured regularly scheduled sessions	Focus on detoxification and teaching substance free lifestyle	Goal is psychosocial rehabilitation	Around the clock medical monitoring, assessment and treatment	Acute care inpatient setting
	Focus on cognitive skills & social skills, development to achieve abstinence and prevent relapse	Follow up care on outpatient basis		Focus is pharmacotherapy	Treatment of medical and psychiatric problems requiring biomedical treatment or secure services (locked units)
	Simultaneous participation in peer support / 12 step programs	Continued participation in peer support groups/12 step programs to maintain recovery process started in residential setting		Treat acute and severe substance abuse disorders (include co-existing medical or psychiatric	

**Figure 3: Level of care within drug treatment programmes**

Please take note that detoxification can happen at any point within any setting. This however has to be medically managed and a programme that does not specifically include detox as a treatment objective should be aware of withdrawal and the potential risks attached to it. Where detoxification is needed programmes should make appropriate referrals.

Regardless of the treatment setting and type of programme or level of care of the treatment programme, any drug treatment programme used for purposes of diversion should reflect either one or a combination of the following evidence based treatment approaches within the programme design<sup>37</sup>.

Behavioural treatments help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviours related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse. Behavioural therapies shown to be effective in addressing substance abuse and addiction include:

- Cognitive Behavioural Therapy
- Contingency Management/Motivational Incentives
- Motivational Enhancement Therapy
- Multi-systemic Therapy:
- Multidimensional family therapy
- Brief Strategic Family Therapy
- 12 step facilitation therapy

Please note that research have indicated the most effective programming to be based on a combination of the above approaches and treatment modalities.

For purposes of accreditation contents of therapeutic/ drug treatment programmes must include all of the following elements:

- Exploration of positive and negative consequences of continued use;
- Cognitive skills development (management of cravings, triggers and thoughts)
- Identification of high risk situations for use,
- Development of coping with and avoiding high risk situations
- Development of effective general coping and self management strategies, specifically scheduling
- Identification and avoidance of triggers
- Building drug free peer associations/relationships (relationship skills)
- General social skill development – decision making, negotiation and problem solving skills
- Family relationships and communication skills
- Identification of family interactions that are thought to maintain or exacerbate drug abuse
  - Referral to relevant services for problems falling outside of programme content – e.g. domestic violence interventions
- Drug education information specifically in relation to the brain systems involved in addiction
- Relapse prevention strategy development

The structure of treatment programmes must include a combination of group, family and individual sessions.



No.	Title	Standard	Criteria	Evidence
58	Qualifications, Knowledge and skills of substance abuse programmes	<p>All facilitators of substance abuse/misuse programmes, regardless of their prior training, should:</p> <ul style="list-style-type: none"> <li>• Have an understanding of the risk factors that may encourage children to abuse/misuse substances and the warning signs of substances abuse/misuse;</li> <li>• Have an understanding of the theory of substance abuse/misuse prevention and treatment programmes; and</li> <li>• Have appropriate and professionally recognised qualification (lay counsellors with the appropriate levels of training and experience may facilitate the educational exercises and activities for awareness building within the programme, provided they work under the supervision of a qualified professional).</li> </ul> <p><b>Please take note that there are no specific standards related to substance abuse assessment in the diversion minimum standards. This will have to be cross referenced with standards for inpatient treatment programmes. The minimum standards for inpatient treatment appears also to be insufficient in terms of programme content standards</b></p>		
	Substance Abuse Assessment			

No.	Title	Standard	Criteria	Evidence
	<p>Programmatic Content</p>	<p><i>Please take note that there are no specific standards related to programmatic content for substance abuse programmes in the diversion minimum standards. This will have to be cross referenced with standards for inpatient treatment programmes</i></p>		
	<p>Programme Duration and Delivery</p>	<p><i>Please take note that there are no specific standards related to programme duration and delivery of substance abuse programmes in the diversion minimum standards. This will have to be cross referenced with standards for inpatient treatment programmes</i></p>		
	<p>Programme Evaluation</p>	<p><i>Please take note that there are no specific standards related to programme evaluation for substance abuse programmes in the diversion minimum standards. This will have to be cross referenced with standards for inpatient treatment programmes</i></p>		

### 8.2.2.5 Wilderness or Adventure Therapy Programmes

No.	Title	Standard	Criteria	Evidence
54	<p>Qualifications, Knowledge and skills for facilitators of wilderness/adventure therapy programmes</p> <p>Substance Abuse Assessment</p>	<p>All facilitators of wilderness/adventure therapy programmes, regardless of their prior training should,</p> <ul style="list-style-type: none"> <li>• Have an industry-accepted level of qualification/certification and experience in the facilitation of any outdoor activities; and</li> <li>• Be able to provide medical assistance that is appropriate to the wilderness setting.</li> </ul>		

#### 8.2.2.6 Restorative Justice Programmes/ Processes

Within the context of South Africa's justice reform efforts, Restorative Justice has received unabated attention. Various restorative justice processes and programmes were developed and implemented, by various organisations, individuals and government departments. Although all to these endeavours have mostly been well intended, many practices, specifically in the pursuit of swift justice have become questionable and potentially harmful to the affected individuals (particularly the victim and offender). In this regard Braithwaite<sup>38</sup> notes that “... some conventional rights, such as the right to a speedy trial as specified in the Beijing Rules for Juvenile Justice, can be questioned from a restorative perspective. One thing we have learnt from the victim's movement in recent years is that when victims have been badly traumatized by a criminal offence, they often need a lot of time before they are ready to countenance healing. They should be given the right to that time so long as it is not used as an excuse for the arbitrary detention of a defendant who has not been proven guilty.”

In the light of this the establishments of standards for and accreditation of these practices have been looked upon as a way to minimize the damage that could be done, by well intended but weak informed and evidence based practices. In pursuing this however one has to be careful to avert legalistic regulation of restorative justice which is at odds with the philosophy of restorative justice. In addition as restorative justice is more a set of principles and values that underlie and guide the general practice and response of any organization, individual or group in relation to crime; it is difficult to develop a set of concrete standards and criteria that could straightforward measure compliance to set standards. For purposes of accreditation it became then necessary to base the standards and criteria to be used rather on a set of values of what we expect restorative justice to realise rather than on strict methodological considerations (e.g. time frames for the programme, exact content of the programme etc.). Thus accreditation and evaluation of restorative justice processes should primarily be done according to how effectively they deliver and comply with restorative justice values.

Standards related to the implementation and content of restorative justice processes and programmes for diversion purposes is not appropriately formulated as reflected in the Minimum Norms and Standards for Diversion. Consequently developing criteria for accreditation purposes in this regard becomes difficult. Fortunately, a project was commissioned by the Restorative Justice Initiative with funding support from the Royal Danish Embassy, to develop practice standards for the implementation of restorative justice programmes and processes linked to the criminal justice system. In the light of a lack of sufficient standards in the Diversion minimum norms and standards and criteria were identified for use from the practice standards.

Please take care that restorative justice practices are not compromised due to court pressures and the pursuit of swift justice. Practices and interventions that seek to restore the harm caused by crime is a process that is owned by the victim, the community and the offender, and not the criminal justice system. It is a process that can take years, particularly in cases of interpersonal violence.

For purposes of accreditation of restorative justice practices please keep the following in mind:

- Restorative justice is not just about forgiveness, apologies. A process could still be restorative even if a victim is not willing to forgive the offender. Remember that true forgiveness is essentially a spiritual journey towards healing, and is the ultimate goal of any restorative undertaking. However this is not the only indication of the restorative of the process or programme. Various other indicators of the restorative nature and outcomes of the programme/process exist. Forgiveness and apologies as a product or outcome of restorative practices should be a natural development, not a pre-requisite for going to prison or not, or being diverted or not. This defies the value of a true voluntary process.
- All restorative justice practices and processes implemented in the criminal justice system must strike a balance between the needs of the criminal justice system (swift justice and procedural issues) and the needs of the affected parties (healing, emotional and psychological restoration, taking responsibility etc.). The needs of the victim, offender and communities (society) take precedence in a criminal justice system that functions based on the principles of restorative justice. Restorative justice does not stand opposed to adversarial justice but is rather complimentary, supporting and acknowledging the need for healing, restoration and human connection in the pursuit of “punishing” / providing consequences for breaking the law, rehabilitating and reintegrating offenders, protecting victims and society and deterring crime. In this regard Marshall (1999: 9) states that: *“Such practice would normally take place alongside criminal justice rather than as a replacement for it.”*

For purposes of accreditation all restorative processes and/or programmes must continuously pursue and reflect the realisation of the following values as identified in the practice standards

(Frank & Skelton, : 6-7) :

1. Restorative justice processes should be in keeping with the rule of law, human rights principles and the rights articulated in the South African Constitution.
2. Restorative justice must promote the dignity of victims and offenders, and there should be no domination or discrimination.
3. All parties should be provided with complete information as to the purpose of the process, their rights within the process and the possible outcomes of the process.
4. All restorative justice processes should involve careful preparation of the participants, including legal representatives.
4. Parties should clearly understand that they may withdraw from the process at any time.
5. Parties should be given a reasonable amount of time to consider their options, when a restorative justice option is proposed.
6. Referral to restorative justice processes should be possible at any stage of the criminal justice system, with particular emphasis on pre-trial diversion, plea and sentence agreements, pre-sentence process, as part of the sentence, and part of the reintegration process, including parole.
7. Participation in restorative justice processes should be voluntary for all parties.

8. The parties should not be coerced into any specific agreement.
9. Restorative justice processes should provide all parties with equal opportunities for participation.
10. Restorative justice processes should be balanced and fair.
11. Restorative justice processes should generally be confidential. Parties may make an informed decision, by consensus, to dispense with confidentiality.
12. Victims and offenders should be allowed to bring support persons to the encounter provided that this does not compromise the rights and safety of any other party.
13. Victims and offenders should be allowed access to legal advice at any stage of the proceedings
14. The participation of children should be contingent on permission from the parent/guardian as well as his/her presence, or the presence of another designated adult with the sole responsibility and authority to protect the rights and interests of the child.
15. When dealing with a child, care should be taken to ensure that s/he understands the process and can participate effectively.
16. Restorative justice processes should promote healing and restitution.
17. The provisions of restorative justice agreements should not be disproportionate to the harm caused.
18. Restorative justice processes should aim to prevent future offending.
19. Restorative justice programmes should respond to harms, needs and obligations.
20. Restorative justice processes should create space for remorse, the expression of shame, apology, forgiveness, mercy and compassion but should not force these responses to occur.
21. Restorative justice programmes need to ensure that offenders are, as far as possible, in a position to meet the obligations created by the offence.
22. Restorative justice processes should, as far as possible, be culturally appropriate to the parties involved.
23. All those who are responsible for the facilitation of restorative justice processes should be adequately trained or experienced.
24. Restorative justice programmes should provide a trained interpreter where this is required.
25. Restorative programmes should be designed in consultation with victims and offenders.
26. The need for public safety should be taken into consideration in terms of restorative justice processes and outcomes.
27. Restorative justice programmes should have clear aims that are well publicized.
28. Restorative justice programmes should provide a basis by which success may be measured.
29. Restorative justice programmes should be monitored (through internal processes) and evaluated (through independent research) to promote continuous improvement.
30. Restorative justice programmes should have published codes of practice and standards.
31. Restorative justice programmes should take measures to ensure the safety of participants.
32. Restorative justice programmes and processes should establish and maintain effective complaints mechanisms.
33. Restorative justice programme should have documented procedures for the management of disclosures relating to other offences.

No.	Title	Standard	Criteria	Evidence
55	Qualifications, Knowledge and skills of facilitators implementing restorative justice processes and programmes	<ul style="list-style-type: none"> <li>All Facilitators of restorative justice processes (family group conferences, victim-offender mediation, victim offender conferences, community restorative panels, healing circles etc.) regardless of their prior training should: <ul style="list-style-type: none"> <li>Have a good understanding of restorative justice theory and the facilitation of restorative justice interventions; an</li> <li>Be able to monitor and oversee the child's compliance with the resulting agreement</li> </ul> </li> </ul> <p><b>All facilitators of restorative justice processes must undertake an in- depth assessment of victim readiness to engage in restorative processes</b></p>		
85 (Diversions standard)	Assessment for restorative processes and programmes	<p>All restorative justice processes and programmes must be reflective of the following phases of the process:</p> <ul style="list-style-type: none"> <li>Referral phase</li> <li>Preparation phase</li> <li>The Encounter</li> <li>The post encounter phase</li> </ul>	<p>Separate preparation sessions are held with victims and their support persons and offenders and their support persons. No victim and offender will be prepared together in a session.</p>	<p>Review of documentation on site including: Reports on the restorative process on the client file Process notes in relation to the Restorative process undertaken</p>
	The Preparation Phase	<p>During the <b>preparation phase</b> the details of the participants, the procedures involved in the restorative justice process and the possible consequences thereof, are discussed with all parties involved in the process before their participation</p>	<p>Adequate and thorough preparation has taken place.</p>	
	The Encounter	<p>During the Encounter the facilitator logically and appropriately facilitates the process in line with a drafted script that broadly entails the following:</p> <ul style="list-style-type: none"> <li>Opening : <ul style="list-style-type: none"> <li>Formal Welcome</li> <li>Introduction of participants</li> <li>Purpose clarification and explanation of process and agenda</li> <li>Explanation of facilitator role</li> <li>House Keeping items</li> <li>Establishment of ground rules and explanation of rights</li> </ul> </li> </ul>	<p>A clear process is evident and guided by a developed protocol or script. Although the process is steered by the individuals participating, the facilitator has to set structure in order to create a safe space for participation.</p>	

No.	Title	Standard	Criteria	Evidence
88	The post-encounter phase	<ul style="list-style-type: none"> <li>• Story Telling : <ul style="list-style-type: none"> <li>• Summary of Facts</li> <li>• Invite victim to tell their story</li> <li>• Invite offender response</li> <li>• Invite respective support people stories</li> <li>• Discuss losses and generate options to repair: harm</li> </ul> </li> <li>• Family Deliberations <ul style="list-style-type: none"> <li>• Offender family – draft plan</li> <li>• Reflect and debrief of victims &amp; other participants separate</li> <li>• Reconvene</li> </ul> </li> <li>• Reaching/not reaching agreement <ul style="list-style-type: none"> <li>• Propose, discuss &amp; negotiate plan</li> <li>• Record agreement/ non agreement</li> <li>• Confirmation of supervision agreement/way forward if no agreement</li> </ul> </li> <li>• Explain way forward</li> <li>• Closure/Termination <ul style="list-style-type: none"> <li>• Summarize agreements/outcomes/ experiences</li> <li>• Invite additions from participants</li> <li>• Thank attendance</li> <li>• Formally close</li> <li>• Facilitator debrief</li> </ul> </li> </ul> <p>Participants to the restorative justice process and parties with a direct interest must receive as soon as possible a written copy of the agreement that was reached (if applicable), setting out the respective duties and obligations for the relevant parties</p>	<p>The terms of agreement has been provided in writing This should include:</p> <ul style="list-style-type: none"> <li>• the names of the parties,</li> <li>• the specific elements of the agreement,</li> <li>• the time-frames, and</li> <li>• a description of what will occur if there is a failure to comply.</li> </ul>	



## Form 1: Registration of Intent Form

1. Organisation Details					
Date:					
Name of organisation:					
NPO registration number (if applicable):					
NPO registration date (if applicable):					
Contact person:					
Contact person's position:					
Contact postal address:					
Phone:		Cell:		Fax:	
E-mail address:					
2. Details of proposed accreditation					
Do you intend having the following accredited (please choose only one):		<input type="checkbox"/> Organisation <input type="checkbox"/> Programme(s) <input type="checkbox"/> Both			
Is this registration for the re-accreditation of an existing programme?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please state code(s) and name(s) of programme(s):					
Have you applied to have this programme accredited by another body?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes" to the above, please provide the following details		Name of accreditation body: Status of accreditation: <input type="checkbox"/> Conditional <input type="checkbox"/> Without Conditions			
Is this registration for the re-accreditation of the organisation?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please state code and date of accreditation:					
3. Organisational experience and scope, programme need and behavioural outcome					
State the industry area (sector) within which the organisation primarily operates:		<input type="checkbox"/> Child Justice <input type="checkbox"/> Education <input type="checkbox"/> Child Protection <input type="checkbox"/> (other) Specify			
How long has the organisation been operational within this sector?					

Please tick which best describes the services and programmes the organisation provides: <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Therapeutic <input type="checkbox"/> Vocational Skills Development <input type="checkbox"/> Life Skills and Self-development <input type="checkbox"/> Preventive and Educational		
State the relevant outcome/s of the organisation and programmes the organisation intends to have accredited.	Organisational Outcomes	Programme Outcomes
Please list the organisation's expertise in relation to providing the above programmes to children at risk and in conflict with the law. Refer to staff expertise, organisational structure, knowledge and experience.		

**In order to register intent for accreditation, this form should be completed, signed and returned to the Accreditation Coordinator at the Provincial office of the Department of Social Development.**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Form 2A: Application Form for Accreditation Private Organizations

The submission of this form and the required self-assessment documentation (evidence) is part of the first phase in applying for accreditation. The form and self-assessment documentation will be evaluated in detail and the Accreditation Unit will not proceed further with the verification site visit unless it appears from this submission that the organization and programme is likely to meet the requirements for accreditation. It is therefore essential that the information provided is comprehensive and accurate and that two copies of all required documentation are provided. The head of the organization must sign the declarations at the end of the application form.

Date of Application:			
Name of Organization:			
Physical Address:			
City/Town:		Province:	
Postal Address:			
City/Town:	Province:	Postal Code	
Head of Organization:	Name:		
	Title:		
	E-mail:		
	Tel Number:		
Scope of Organization Please tick appropriate box	<input type="checkbox"/> National (All Provinces) <input type="checkbox"/> Provincial <input type="checkbox"/> Local/Community Based	List locations of operational offices/sites where employees are based	
Contact person for purposes of this application	Name:		
	E mail:		
	Tel Number:		

Is your organization or any of your organization's services accredited by any other accreditation body?	<input type="checkbox"/> Yes	If yes please list below			
	<input type="checkbox"/> No	Accrediting Body	Service Accredited	Date of Accreditation	Date of Expiration

**ORGANIZATION LEGAL STATUS & STRUCTURE**

Address of administrative headquarters (if different from above):	
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Legal Status (please tick the appropriate box)	<input type="checkbox"/> Non Profit <input type="checkbox"/> Trust <input type="checkbox"/> Voluntary Association <input type="checkbox"/> Section 21 <input type="checkbox"/> For Profit, <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> SME/CC	Date Organization was established:		
		Date Organization was incorporated/registered:		

Does your organization hold all applicable licenses, certifications, and the like required to operate? <input type="checkbox"/> Yes (Please attach certified copies of all certificates to this application) <input type="checkbox"/> No (Please attach an explanation)	
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**Governing Body information in relation to legal status of organization**

Status (Director/Partner/Sole Proprietor)	Full names	Date of birth	Gender	Contact Number	

Name and address of organization's bankers:		Name and address of organization's auditors:			
<b>SERVICES INFORMATION</b>					
How would you describe the services that your organization provides? <i>(Check all that apply)</i>		<input type="checkbox"/> Generic Welfare Services including child protection services <input type="checkbox"/> Criminal Justice Services <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Psychological/ Mental Health Services <input type="checkbox"/> Community Development and Support Services <input type="checkbox"/> Youth/Child Development Services <input type="checkbox"/> Educational Services (primary education, secondary education etc) <input type="checkbox"/> Crisis Services <input type="checkbox"/> Residential Services <input type="checkbox"/> General Healthcare Services <input type="checkbox"/> Vocational Development Services (vocational training) <input type="checkbox"/> Other (please list)			
Which best describes the population(s) you serve? <i>(Check all that apply)</i>		<input type="checkbox"/> Children (0 to 10 years) <input type="checkbox"/> Children & adolescents (11 to 18 years)/ <input type="checkbox"/> Young Adults (19-21 years) <input type="checkbox"/> Adults (22 to 59 years) <input type="checkbox"/> Older Persons (60+ years) <input type="checkbox"/> Families <input type="checkbox"/> People with Disabilities	Total number of clients served in last financial year:		
List all locations and premises in which the organization operates above services and programmes:					
Province	Location (City/Town/Area)	Physical Address			


**PROGRAMME INFORMATION**

Please list the programmes that needs to be considered for accreditation below

Programme Name (as it needs to appear on certificate)	Type of programme	Duration of programme in hours	

**MANAGEMENT AND STAFF**

Please provide details of all relevant staff below, as well as completing the table in Appendix B (for senior, academic, administration and ancillary staff).

**SENIOR MANAGEMENT STAFF**

Position	Full Name & Title	Qualification	Location/Province/Area	

	PERMANENT	CONTRACT	
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NUMBER OF FULL-TIME SOCIAL WORKERS			
NUMBER OF PART-TIME SOCIAL WORKERS			
NUMBER OF ADMINISTRATIVE STAFF			
NUMBER OF AUXILLIARY STAFF (REGISTERED AS AN AUXILLIARY WORKER)			
NUMBER OF OTHER STAFF EMPLOYED PSYCHOLOGIST CRIMINOLOGIST YOUTH/CHILD CARE WORKER SOCIOLOGIST LAWYER TEACHER OTHER:			

**DECLARATION: (To be made by the Head of the Organization)**

- a. I confirm the accuracy of this form and of the supporting documents.
- b. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
- c. I am prepared to accept the final decision of the accreditation unit as to the outcome of the accreditation process.
- d. I accept that the terms “approved candidate for accreditation”, “accredited by the Department” mean that the quality of programmes and services of my organization has been verified by the Accreditation Unit of the Department and found satisfactory, and I undertake not to represent my institution as having this recognition before it has been granted or after it has been withdrawn.
- e. I accept that I remain responsible for ensuring that the institution complies with relevant statutory requirements along with quality service standards and criteria as set out by policy of the Department.

Signature (CEO/ DIRECTOR).....

Full name.....Date.....

**Form 2B: Application Form for Accreditation  
Public Agency**

Date of Application:			
Department/Office :			
Physical Address (Central Office responsible for services):			
City/Town:		Province:	
Postal Address:			
City/Town:	Province:	Postal Code	
Head of Department/Office:	Name:		
	Title:		
	E-mail:		
	Tel Number:		
Contact person for purposes of this application (if different from above)	Name:		
	E mail:		
	Tel Number:		
<b>AGENCY STRUCTURE</b>			
Structure (please tick the appropriate box)	<input type="checkbox"/> Provincial Government Department	Service Delivery of the agency is organized as follows: (Please tick) <input type="checkbox"/> Regional <input type="checkbox"/> Area <input type="checkbox"/> District <input type="checkbox"/> Other (specify	
	<input type="checkbox"/> Local Government Agency		
		Services are Delivered by: <input type="checkbox"/> Regional <input type="checkbox"/> District <input type="checkbox"/> Area <input type="checkbox"/> Other	





**PROGRAMME INFORMATION**

Please list the programmes that needs to be considered for accreditation below

Programme Name (as it needs to appear on certificate)	Type of programme	Duration of programme in hours	Please indicate who is primarily responsible for implementation or facilitation of this programme (e.g. social worker, PO, APO, Social Auxiliary Worker etc)

**MANAGEMENT AND STAFF**

Please provide details of all relevant staff below, as well as completing the table in Appendix B (for senior, academic, administration and ancillary staff).

**HIGHEST LEVEL MANAGEMENT STAFF INVOLVED IN SERVICE MANAGEMENT (NOT STAFF MANAGING ON POLICY LEVEL – SENIOR STAFF AT IMPLEMENTATION LEVEL)**

Position	Full Name & Title	Qualification	Location/Province/Area
		PERMANENT	CONTRACT
NUMBER OF FULL-TIME SOCIAL WORKERS			
NUMBER OF PART-TIME SOCIAL WORKERS			
NUMBER OF ADMINISTRATIVE STAFF			
NUMBER OF AUXILLIARY STAFF (REGISTERED AS AN AUXILLIARY WORKER)			

NUMBER OF OTHER STAFF EMPLOYED PSYCHOLOGIST CRIMINOLOGIST YOUTH/CHILD CARE WORKER SOCIOLOGIST LAWYER TEACHER OTHER:		
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**DECLARATION:** (To be made by the Head of the Relevant office of the public agency/department applying for accreditation e.g. HOD/Director)

1. I confirm the accuracy of this form and of the supporting documents.
3. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
4. I am prepared to accept the final decision of the accreditation unit as to the outcome of the accreditation process.
5. I accept that the terms “approved candidate for accreditation”, “accredited by the Department” mean that the quality of programmes and services of my organization has been verified by the Accreditation Unit of the Department and found satisfactory, and I undertake not to represent my institution as having this recognition before it has been granted or after it has been withdrawn.
6. I accept that I remain responsible for ensuring that the institution complies with relevant statutory requirements along with quality service standards and criteria as set out by policy of the Department.

Signature (HOD/Director) \_\_\_\_\_

Full name \_\_\_\_\_

Date \_\_\_\_\_

## CERTIFICATE OF ACCREDITATION OF DIVERSION SERVICE PROVIDER

Section 56 of the Child Justice Act, 2008 (Act No. 75 of 2008)  
Regulations Relating to Child Justice  
[Regulation 31]

This is to certify that:

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**(Name and physical address)**

Reg No: \_\_\_\_\_

Accreditation Certificate No: \_\_\_\_\_

is an accredited diversion service provider to provide services to children at risk and in conflict with the law, provided that the service provider continues to comply with the following:

- Minimum standards referred to in section 55 of the Act
- Minimum norms and standards for diversion
- General service standards for social services
- General professional ethics and standards.

This certificate of accreditation is valid for a period of four years, commencing on \_\_\_\_\_  
expiring on \_\_\_\_\_

\_\_\_\_\_  
Minister: Social Development

Date: \_\_\_\_\_

**CERTIFICATE OF ACCREDITATION OF DIVERSION PROGRAMME**

Section 56 of the Child Justice Act, 2008 (Act No. 75 of 2008)  
Regulations Relating to Child Justice  
[Regulation 31]

This is to certify that:

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an accredited service provider,

Accreditation Certificate No. \_\_\_\_\_

is accredited to provide the following diversion programme:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

provided that the diversion programme/s continue to comply with:

- Minimum standards referred to in section 55 of the Act
- Minimum norms and standards for diversion

This certificate of accreditation is valid for a period of four years, commencing on \_\_\_\_\_ expiring on \_\_\_\_\_

\_\_\_\_\_  
Minister: Social Development

Date: \_\_\_\_\_

Official stamp:

**Table of Evidence**

	Self Assessment documents	On-site Documents	On site Activities
Organizational Infrastructure and systems			
Legal Structure and Governance	<p>Application form with registration number recorded</p> <p>List of names of governing body members on application form</p> <p>Abbreviated CV's of governing body members</p> <p>Governance Narrative</p>	<p>Registration Certificate</p> <p>Governing body agendas and minutes of meetings for past two years</p>	<ul style="list-style-type: none"> <li>• Review On site documents</li> <li>• Interview               <ul style="list-style-type: none"> <li>a. Governing body member</li> <li>b. CEO/ Director</li> </ul> </li> </ul>
Service and Programme Management	<p>Application form with names of senior staff (management) recorded</p>	<p>Appointment Contracts of all managers managing diversion programmes (supervisors, manager, programme coordinators)</p> <p>Job descriptions of appointed management staff</p> <p>Policy and procedure manuals in relation to:</p> <ul style="list-style-type: none"> <li>- Day to day operations – financial, safety etc</li> <li>- Services (assessment, intake, group work case management, record keeping etc.</li> <li>- HR/ Personnel policy</li> </ul>	<ul style="list-style-type: none"> <li>• Review on site documentation</li> <li>• Interview               <ul style="list-style-type: none"> <li>a. Relevant manager overseeing diversion</li> <li>b. Supervisor/ manager responsible for implementation and staff oversight on day to day basis</li> </ul> </li> </ul>

Business plan			
Programme Content and Outcomes			
Assessment	<p>Staff list identifying:</p> <ul style="list-style-type: none"> <li>- qualifications</li> <li>- training attended</li> </ul>	<p>Assessment Policy and Procedure</p> <p>Assessment tools/form</p>	<ul style="list-style-type: none"> <li>• Interview: <ul style="list-style-type: none"> <li>vi. Relevant staff</li> <li>vii. Clients served</li> <li>viii. Supervisor/ programme manager</li> </ul> </li> <li>• Observe <ul style="list-style-type: none"> <li>i. Relevant staff</li> <li>• Review case records (assessments)</li> </ul> </li> </ul>
Sex Offender Programmes	Programme Narrative (Form)	Programme Curricula	

### **FORM 3: ORGANISATIONAL INFRASTRUCTURE AND SYSTEMS NARRATIVE: (Legal Structure and Governance)**

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-assessment. In cases where the application is done by a public agency (government department or agency) the narrative must be completed reflecting on the relevant management structures responsible for governance.

The Governance Administration and Management Narrative should provide the Site Verification Team with a clear, concise description of how your governing body helps to shape, advance and sustain your organization's mission and strategic goals.

Provide responses to the following questions that address your organization's achievement of these standards. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the activities of your governing body/ Department that contribute to effective governance.

Response:

2. Cite 2-3 examples of activities or decisions that your governing body/Department has undertaken which contributed to your organization's/Department's growth and development.

Response:



3. Identify a part of your strategic plan that has been:
  - a. the most difficult to advance, and indicate the reasons why; and
  - b. the least difficult to advance, and indicate the reasons why.

Response:

4. Describe the data available to the governing body/Department, and how it is used for setting strategic direction. Specify any significant political, regulatory, cultural or economic changes that have impacted the organization's direction and/or ability to fulfil its mission.

Response:

5. Provide any additional information about your organization's governing body/Department that would increase the Site Verification Team's understanding of how the governance practice(s) increases the organization's viability and sustainability.

Response:

Note: Organizations being accredited for the first time: Please provide information for the last year.

Organizations being reaccredited: Please provide information for the period since the last accreditation review.

**FORM 4A: ADMINISTRATION AND MANAGEMENT NARRATIVE:**

***Financial Management: Private Organization***

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-study.

The Financial Management Administration and Management Narrative should provide the Site Verification Team with a clear, concise description of how your financial management practices help to shape, advance, and sustain your organization’s mission and strategic goals.

Provide responses to the following questions that address your organization’s achievement of the Financial Management Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe the overall health of your organization’s finances.
  - a. Include a description of significant factors that may have impacted your organization’s finances. (e.g., enhanced or reduced program-specific funding streams, successful fundraising activities, new foundation support, etc.).

(e.g., state budget cuts have forced the organization to close one of its family counseling programs...)

Organization’s Response:

2. Describe 2-3 actions that your governing body has taken to enhance your organization’s financial viability. (e.g., in response to recent recommendations of the organization’s auditors, the board approved a plan to strengthen the organization’s system of internal control...)

Organization’s Response:

3. How does your organization's management and the governing body assure that its financial management systems are in accordance with Generally Accepted Accounting Principles, and the requirements of the South African Accounting Practices Board, and the Public Finance Management Act (No 1 of 1999)?(No 1 of 1999)?

Organization's Response:

4. How does your organization remain abreast of changing legal and regulatory requirements in relation to financial management practices?

Organization's Response:

5. Provide any additional information that would increase the Site Verification Team's understanding of how the organization's financial practices contribute to the achievement of its mission.

Organization's Response:

Note: **Organizations being accredited for the first time:** Please provide information for the last year.

**Organizations being reaccredited:** Please provide information for the period since the last accreditation review.

**FORM 4B: ADMINISTRATION AND MANAGEMENT NARRATIVE:**  
***(Public Agency: Financial Management)***

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your agency. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-study.

The Public Agency Financial Management Narrative should provide the Site Verification Team with a clear, concise description of how your financial management practices help to shape, advance and sustain your Department's/ agency's mission and strategic goals.

Provide responses to the following questions that address your agency's achievement of the Financial Management Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

- I. Describe the overall health of your Department/ agency's finances.
  - a. Include a description of significant factors that may have impacted your agency's finances, e.g., enhanced or reduced program-specific funding streams, recent hiring or spending freezes, etc.
  - b. If another governmental entity is fully or partially responsible for managing your finances, what responsibilities does your agency have? If the standards cannot be applied directly to your agency because another department or office has legal or statutory responsibility for overseeing its financial affairs, explain exactly how financial management and oversight occurs, and how the standards are being met.

(e.g., State budget cuts have forced the agency to impose a cap on purchasing services from civil society organizations. This threatens the realization of the Department's or agency's strategic objective of making diversion services more accessible)

Department's / Agency's Response:

2. Describe 2-3 actions that senior management has taken to enhance your agency's/ Department's financial viability. (e.g., in response to recent recommendations of the state auditor, the agency's Director approved a plan to strengthen the agency's system of internal control)

Department's / Agency's Response:

3. How does your agency's management assure that its financial management systems are in accordance with the requirements of its fiscal authority?

Department's / Agency's Response:

4. How does your agency remain abreast of changing legal and regulatory requirements in relation to financial management practices?

5. Provide any additional information that would increase the Site Verification Team's understanding of how the Department's/ agency's financial practices contribute to the achievement of its mission.

Department's / Agency's Response:

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.

**Agencies being reaccredited:** Please provide information for the period since the last accreditation review.



**FORM 5b: SERVICES/PROGRAMME PERSONNEL REGISTER**

POST NUMBER/ NAME & SURNAME	POSITION	QUALIFICATION	PROFESSIONAL REGISTRATION NUMBER	PROGRAMMES/ SERVICES INVOLVED WITH	AREA/OFFICE	PROVINCE

**FORM 6A: HUMAN RESOURCES NARRATIVE****Private Organizations**

The Human Resources Narrative should provide the Accreditation Committee and Site Verification Team with a clear, concise description of how your organization's human resources practices advance and sustain your organization's mission and strategic goals.

Provide responses to the following questions that address your organization's achievement of General Human Resource Management Standards as reflected under standards 26, 27, 28, 29, 30, 31 in the Diversion Minimum Norms and Standards. Highlight any obstacles and innovations, if any, in each of your responses.

1. Describe how your organization manages its human resources: Does your organization have a separate HR department? If not is there a dedicated HR position, or is human resource management the responsibility of an individual with additional non-HR responsibilities? Does your organization outsource some of its human resources functions? If so which ones?

Organization's Response:

2. Describe any challenges that your organization may have faced with regard to recruiting qualified staff. Has your organization implemented any solutions that have proven effective? (e.g., there is a shortage of SW's in your field of practice, or funding cuts have made it difficult to pay for direct service staff with advanced degrees for specialized programmes such as sex offender treatment...)

Organization's Response:



3. Provide 2-3 examples of how your organization has recruited staff that are competent

Organization's Response:

4. Describe any challenges that your organization may have faced and any solutions that have proven effective with regard to staff retention.

Organization's Response:

5. Provide any additional information that would increase the Site Verification Team's understanding of how your organization's human resource practices contribute effectively and efficiently to consumer satisfaction and positive service delivery results.

Organization's Response:

Attachments:

Note:

**Organizations being accredited for the first time:** Please provide information for the last year.

**Organizations being reaccredited:** Please provide information for the period since the last accreditation review.

**FORM 6B: HUMAN RESOURCES NARRATIVE****Public Agencies**

The Administration and Management Narrative should provide an overview of key practices that contribute to the performance and productivity of your agency. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-assessment.

The Public Agency Human Resources Narrative should provide the Site Verification Team with a clear, concise description of how your agency's human resources practices advance and sustain your agency's mission and strategic goals. Adhering to Human Resources standards are important as a stable qualified workforce contributes to consumer/client satisfaction and effective and efficient service delivery.

The Agency is required to provide responses to the following questions that address the agency's achievement of the Human Resource Management standards as reflected under standards 26, 27, 28, 29, 30, 31 in the Diversion Minimum Norms and Standards. Highlight any obstacles and innovations, if any, in each of your responses.

- I. Please describe how your agency manages its human resources. Address the following:
  - a. Does the agency have an HR department? If not is there a dedicated HR position, or is human resource management the responsibility of an individual with additional non-HR responsibilities? Does the agency rely on another government entity for some its human resources functions? If so which ones?
  - b. If the standards cannot be applied entirely to the agency because another entity has responsibility for managing its human resources, explain exactly how HR management occurs, and how the standards are being met.

Agency's Response:

2. Describe any challenges that your agency may have faced with regard to recruiting qualified staff. Has your agency implemented any solutions that have proven effective?  
(e.g., there is a shortage of MSW's in your area, or civil service requirements have made it difficult to pay for direct service staff with advanced degrees for your foster care programme)

Agency's Response:

3. Provide 2-3 examples of how your agency has recruited staff that are competent

Agency's Response:

4. Describe any challenges that your agency may have faced and any solutions that have proven effective with regard to staff retention.

Agency's Response:

5. Provide any additional information that would increase the Site Verification Team's understanding of how your agency's human resource practices contribute effectively and efficiently to consumer satisfaction and positive service delivery results.

Agency's Response:

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.

**Agencies being reaccredited:** Please provide information for the period since the last accreditation review



**Form 8: CASE/CLIENT RECORD CHECK LIST**

Reviewers to: (a) verify the presence or absence of documents, signatures, and other information contained in client case records; (b) gain an understanding of how the organization or program approaches and serves its clients; and (c) help the site verification team conceptualize the service, gain insight into the overall quality of the service, and begin to identify issues or questions that would be pursued in the interview process. The Checklist includes references to specific Administration and Management standards and Service Delivery Administration standards, as well as general references to standards in the Service Sections.

Organizations may find the checklist to be a useful guide to expectations for the content of client’s case records. It can be used by organizations during mock visits which many organizations conduct in advance of an upcoming site visit

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
<b>Demographic and Contact information</b>				
<b>Reason for requesting services or reason for referral reflected in file (copy of referral form included with complete referral details)</b>				
<b>Assessments</b>				
The assessment is up-to-date				
The assessment is comprehensive				
Directed at concerns identified during intake				
Assessment limited to information pertinent to meeting service requests and objectives				
Assessment is culturally responsive				
Completed within established timeframe				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
<b>Service/Intervention Plan</b>				
Developed with full participation of the service recipient				
Service/intervention plan is based on the assessment				
Includes service/intervention goals and desired behavioural and other outcomes				
Includes timeframes for achieving service/intervention goals and outcomes				
Identifies secondary or support services to be provided				
Identifies who will provide specific services/interventions and support services				
Includes signature of service recipient on the intervention/service plan				
Service recipient received explanation of options and how the org. can help them				
Explanation of benefits, alternatives, and risk or consequences				
Identifies the person's family's unmet service/support needs				
Regular review of progress by worker and service recipient				
Service recipient signature on revisions to service goals/plan				
<b>Signed copies of all relevant consents</b>				
<b>Routine documentation of ongoing services</b>				
<b>Case Record Entries/Process Notes</b>				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Made by authorized personnel only				
Are Up-to-date				
Completed, signed, and dated by worker delivering the service				
Supervisor signature, dated, where appropriate				
<b>Evaluation of clients Progress</b> entered at least monthly				
Documentation of at least bi-monthly service/intervention review – based on evaluation of client progress <b>note:</b> frequency may vary by service section				
Includes review of service plan implementation				
Client progress toward achieving service goals/desired outcomes				
Continuing appropriateness of service goals				
<b>Case Closing Summary</b> within 30 days of termination				
Notification of any collaborating service providers				
Referrals made for persons asked to leave the program (reports back to courts, other services needed, support services etc.)				
Termination of service assessment and summary				
<b>Aftercare Plan and Tracking Records</b>				
Development of aftercare plan based on wishes of client (unless mandated by court)				



CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Identify needed/desired ongoing services and support and specific steps to obtain them				
Assignment of aftercare and follow-up responsibility				
Documentation of contact with suitable service providers				
Documentation of follow-up, when appropriate				
<b>Essential legal and medical information</b>				
Psychological, medical, toxicological, diagnostic, other evaluations				
Copies of written order for medications/special tx procedures				
Court reports, documentation of guardianship, etc.				
<b>Client statements</b> in case records				
Documentation of <b>client review of his/her case records</b>				
Written approval of management of refusal to permit client review				
Received <b>written summary of rights and responsibilities</b>				
<b>Consent to communicate confidential information</b>				
Client informed of circumstances the organization may be required to release confidential information				
Client informed of org strategy for maintenance of a safe environment				
<b>Consent to Participate in Research (for programme evaluation purposes).</b>				

CASE RECORD CONTENT:	No/Never	Sometimes	Most of the Time	Yes/Always
Documentation of <b>incident/accident reports or reviews</b>				
<b>Consent to receive medication</b> and documentation of <b>explanation of benefits, risks, and alternatives</b>				
Documentation of <b>client competence to use specific tools and equipment</b>				
<b>Demographic and Contact information</b>				

## FORM 9: TRAINING AND SUPERVISION NARRATIVE

The training and Supervision Narrative should provide an overview of key practices that contribute to the performance and productivity of your organization. The Narrative should provide the Site Verification Team with a clear, concise description of how your training and supervision practices promote staff competence and effective service delivery. Research suggests that workers who receive ongoing professional development and training and supportive supervision are more effective in their work, which can have a positive impact on service recipients.

Provide responses to the following questions that address your organization's achievement of the Supervision Purpose Standard. Highlight applicable obstacles and innovations, if any, in each of your responses.

- I. Describe the overall structure of your agency's training and personnel development program. Include or discuss:
  - a. Your organization's philosophy on personnel development and how it supports professional advancement and the fulfilment of continuing education requirements; and
  - b. Your organisation's process for regularly assessing the training needs of staff and revising the training program as appropriate.

(e.g., the achievement of our agency's mission is dependent upon our staff's ability to competently fulfil their job responsibilities. We continue to budget monetary resources for professional development activities.

Our Training Coordinator meets annually with each program director to discuss the agency's training needs and to redraft training curricula as necessary. This ensures that we are meeting the specific needs of each program site and that across the organisation we continue to support staff, promote staff competence, and achieve desired outcomes. Last year we added a component to our training to strengthen our intensive case management skill sets based on a new program we are instituting for the homeless children in conflict with the law)

Organization's Response:

2. Cite 2-3 examples of training and personnel development activities or decisions that your organisation has undertaken which contributed to the staff's ability to competently provide services.

(e.g., our organisation hired a new Training Coordinator last January. Since then, the coordinator has worked closely with the Director, program supervisors, and staff to develop a training program that meets the organisation's needs)

Agency's Response

3. Describe your organisation's system of supervision.

Agency's Response

4. Identify a part of your training and supervision program that has been:
- the most difficult to advance, and indicate the reasons why; and
  - The least difficult to advance, and indicate the reasons why.

(e.g., Due to recent funding cuts by the DSD, we have been exploring innovative training methods and personnel development opportunities. In March, we entered into a partnership with two local programs to design a structured training program that allows our staff to receive specific aspects of its training at the partnering sites...)

Agency's Response

5. Provide any additional information that would increase the Site Verification Team's understanding of how your agency's training and supervision activities support staff and promote staff competence.

Agency's Response

Note:

**Agencies being accredited for the first time:** Please provide information for the last two years.

**Agencies being reaccredited:** Please provide information for the period since the last accreditation review.

**FORM 10: PROGRAMME NARRATIVE**  
**Programme Content and Outcomes**

Organizations MUST write up a narrative for each programme submitted for accreditation in the following format.

**Part 1: Programme Information**

1.1 Programme Name: \_\_\_\_\_  
 \_\_\_\_\_

1.2 Type of Programme (Please tick):  Prevention;  Early Intervention  Therapeutic/Treatment;  
 Continuing Care/ Reintegration

1.3 Duration of programme in hours: \_\_\_\_\_

Target Group: Please provide a description of the target group the programme is intended for. (Please take care to include the target group's level of risk the programme is designed to address)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 2: Programme Description**

2.1 Problem Statement and Purpose of the Program.

Briefly describe the nature and scope of the problem/behaviour to be addressed by this programme. Research findings and data should be used to provide evidence that the problem exists, demonstrate the size and scope of the problem/behaviour and document the effects of the problem/behaviour on the target population. Please describe what the program intends to do about this problem/behaviour. This part of the narrative must demonstrate a thorough understanding of the juvenile sex offender research and treatment literature.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2.2 Goals and Objectives of the Program

Please describe the goals and objectives of the programme. Goals reflect the programmes intent to change, reduce or eliminate the behaviour/problem described and objectives are quantifiable statements of the desired results of the programme.

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## 2.3 Theoretical foundation and approach of the programme

Please describe the theoretical approach the programme is based on. Motivate why these theoretical and methodological foundations informed the programme design and link it to evidence based practice. Use research findings and data to provide evidence of the appropriateness of the programme design.

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## 2.4 Programme Evaluation Design

Please identify and describe the evaluation design (research methodology) your programme uses to assess and evaluate client progress and programme impact. Please indicate the measures that you use to evaluate programme and client progress and success (in terms of your objectives).

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## Part 3: Programme Structure and Content

### 3.1 Programme structure

Please provide a brief description of your programme structure. Provide information on the length and the frequency of the programme including group sessions, and motivate the rationale behind this.

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### 3.2 Programme methodology

Please describe the methodology the programme utilizes. Refer to types of interventions used (e.g. Group work, individual counselling, interactive learning, gestalt techniques) and motivate the relevance of these interventions in relation to the goals and objectives of the programme.

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### 3.3 Programme Content

Please provide an outline of your programme content according to session topics and session objectives and outcomes, using the following table:





## PROGRAMMES DUE FOR REVIEW

Programme to be reviewed (Exact name as it is to appear on Certificate)	Type of Programme (e.g. Drive, Group Care)	Annual Programme Budget

## PROGRAMMES DUE FOR REVIEW

Programme to be reviewed (Exact name as it is to appear on Certificate)	Type of Programme (e.g. Drive, Group Care)	Annual Programme Budget

## (Endnotes)

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- ii. Hobbis, I.C.A. & Sutton, S. 2005. Are Techniques Used in Cognitive Behaviour Therapy Applicable to Behaviour Change Interventions Based on the Theory of Planned Behaviour? *Journal of Health Psychology*. Vol 10(1)
- iii. Hobbis, I.C.A. & Sutton, S. 2005. Are Techniques Used in Cognitive Behaviour Therapy Applicable to Behaviour Change Interventions Based on the Theory of Planned Behaviour? *Journal of Health Psychology*. Vol 10(1)
- iv. Brown, S. 2005. Treating Sexual Offenders. An introduction to sex offender treatment programmes. Willan Publishing.
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- vi. Andrew Day, Kevin Howells and Debra Rickwood, Current Trends in the Rehabilitation of Juvenile Offenders, October 2004.
- vii. Richard Harrington & Sue Bailey, The Scope for preventing Anti social personality Disorder by intervening in adolescence
- viii. Improving the effectiveness of correctional programmes through research. Presentation done by Edward J. Latessa. Center for Criminal Justice Research, Division of Criminal Justice, University of Cincinnati
- ix. Gendreau, P., French, S.A., and A. Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project
- x. Harrington, R. & Bailey, S. 2003. The Scope for Preventing Antisocial Personality Disorder by Intervening in Adolescence. Report from the National Programme on Forensic Mental Health R&D Seminar. March, Manchester

- xi. Gornik, M. Date Unknown. Moving from Correctional Program to Correctional Strategy: Using Proven Practices to Change Criminal Behavior
- xii. Fretz, R. 2006. What makes a correctional treatment program effective? Do the risk, need and responsivity principles make a difference in reducing recidivism?
- xiii. Andrews, D.A., & Bonta, J. (2003). *The psychology of criminal conduct*. (3rd ed.) Cincinnati, OH: Anderson.
- xiv. Gendreau, P., & Andrews, D.A. (1990). Tertiary prevention: What a meta-analysis of the offender treatment literature tells us about 'what works'. *Canadian Journal of Criminology*, 32, 173–184.
- xv. Gendreau, P., Goggin, C., Cullen, F.T., & Andrews, D.A. (2000). The effects of community sanctions and incarceration on recidivism. In L. L. Motiuk, & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming* (pp. 18–21). Ottawa: Correctional Services Canada.
- xvi. Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, 34, 575–607.
- xvii. McGuire, J. (2002). Criminal sanctions versus psychologically-based interventions with offenders: A comparative empirical analysis. *Psychology, Crime, and Law*, 8, 183–208.
- xviii. Ogloff, J.R.O., & Davis, M.R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime, and Law*, 10, 229–242.
- xix. In terms of the existing minimum standards it is HIGHLY recommended that these be reviewed when becomes more inclusive rather than just focusing on post arrest assessment which enforces the perception that assessment is a once off activity.
- xx. The phrase of and to the extent possible have to be removed – these are essential the criminogenic needs and risks which is the core of effective intervention. Reviews of these standards are necessary, as some of the points mentioned do not reflect on important criminogenic factors.
- xxi. Referrals must always be formal – on the relevant referral form of the organization to provide the service – otherwise no track record and paper trail which will complicate matters later.
- xxii. The minimum standards will have to be reviewed in terms of this programme. Proper narrative descriptions of the differences in sex offending behavior and inappropriate sexual behavior displayed by pre-sexualized, abused children and children lacking social skills have to be included. Sex offending has a very specific cognitive process that needs to be addressed and there is a fine line between a child being sexually reactive (due to abuse or exposure to pornography) and a child that has already assimilated inappropriate sexual responses as a way of life.
- xxiii. Inciardi J.A. Heroin use and street crime. *Crime and Delinquency*. 1979; 25: 335–346.
- xxiv. Johnson, B.D., Goldstein, P.J., Preble, E., Schmeidler, J., Lipton, D.S., Spunt, B., and Miller, T. *Taking Care of Business: The Economics of Crime by Heroin Abusers*. Lexington, MA: Lexington Books, 1985.
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- xxxiii. Larimer, M. & Cronce, J. (2002). Identification, prevention and treatment: a review of individual-focused strategies to reduce problematic alcohol consumption by college students. *Journal of Studies on Alcohol, Supplement* 14, 148-163.
- xxxiv. U.S. Department of Education, (2000). Key School-Linked Strategies and Principles for Preventing Substance Abuse and Violence [http://notes.edc.org/HHD/MSD/mscres.nsf/0/5044870fadcb56d6852568e800532418/\\$FILE/Topic3-Strategy.doc](http://notes.edc.org/HHD/MSD/mscres.nsf/0/5044870fadcb56d6852568e800532418/$FILE/Topic3-Strategy.doc). Accessed 3 June 2010.
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- xxxvi. Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocol (TIP) Series 34. <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A59497>
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