

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS**DEPARTMENT OF SOCIAL DEVELOPMENT**

NO. 3881

11 September 2023

ADDENDUM**CHILDREN'S ACT, 2005 (ACT NO.38 OF 2005)
DRAFT REGULATIONS REGARDING CHILDREN**

I, Lindiwe Zulu, Minister of Social Development, hereby issue an Addendum to Notice No. 2608 published in Government Gazette No. 48853 on 26 June 2023. The purpose of the Addendum is to provide the following forms for ease of reference:

Clause	Regulation	Form
7	56	38A
8	56B(1)(c)	38B
8	56B(2)	38C
8	56D	38D
8	56E	38E
8	56G	38F

Interested parties are invited to submit comments within 14 calendar days from the date of publication of this notice in the Gazette. All comments must be submitted in the format indicated below:

NAME AND CONTACT DETAILS:

[Please provide the name of the person or body who submits the comment and contact details, preferably email address]

CLAUSE COMMENTED ON [Please indicate which particular clause of the draft Regulation/Form the comments relate to]	PROPOSAL [Please provide a clear proposal on how the particular clause should be amended]	MOTIVATION [Please provide detailed motivation for the proposed amendment]

Comments must be submitted to:

Comments must be submitted to:

- (a) by Post:
The Director-General: Department of Social Development
Private Bag X901
Pretoria
0001;
- (b) by Hand:
The Director-General: Department of Social Development
Human Sciences Research Council Building
134 Pretorius Street
Pretoria;
- (c) by Email:
LuyandaMt@socdev.gov.za or MatlhogonoloS@dsd.gov.za



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Ms Lindiwe D Zulu

Minister of Social Development

FORM 38A**Notice of Abandoned/Orphaned Child
(Regulation 56(1))**

To: The public/members of interested family/affected parties

**Municipal District ofin
.....Province, Republic of South Africa**

Date of Publication:.....

KINDLY take notice that on.....a male/female child who apparently is abandoned or orphaned was reported to the local department of social development/designated child protection organisation/hospital/police station at.....(place).

KINDLY TAKE NOTICE further that a designated social worker, Name and surname :.....Office
Address.....Tel:...../Mobile.....
.....email address:.....
has been appointed to handle the matter of the above child.

The child's details are apparently as follows:

Child's Name and surname:.....

Child's estimated age:.....years;

Gender: Male/Female/other;

Nationality:.....

Race Group:.....

Name of guardian/parent (where applicable)

Last known address:

Reasons for issuing the notice:

KINDLY FURTHER TAKE NOTICE that this notice will be published also on the website of the provincial department of social development, and may be removed once the child has been positively identified alternatively placed into relevant child protection or re-united with parents.

IF YOU OR ANY PERSON KNOWN TO YOU may be familiar with or known to the child, kindly contact the above designated social worker or the nearest police station.

KINDLY FURTHER note that should no person claim the child within 30-days hereof, the child may be made available for foster care/adoption or other child protection measure at the discretion of the Children's Court.
in the meantime mentioned below, is currently investigating the possibility of

NB: The designated social worker may be contacted for further enquiries on the contacts stated above.

For Public Notice

Issued by: Provincial Head of Social Development:

.....Province

[official date stamp of office where publication is made

**FORM 38B
(Regulation 56B(1))**

SCREENING AND REPORTER FORM

CONFIDENTIAL

Complete at screening for each person reporting a case or on behalf of a child.

Recommended to be completed by Social Service Practitioner

Screening Office:	Address.....
	Province.....
	Name and surname of Social Service Practitioner.....
	Office Tel:...../ Mobile No:.....

Section 1: Details of person reporting a case

Briefly explain to the reporter your name, title and details of the organization. Indicate that you are going to ask some basic information about the reporter, in the event that the Social Worker would need to contact him/her at a later stage to gain additional information. Indicate to the reporter that the information shared will be confidential and that the reporter can choose to remain anonymous

Select anonymity preference of reporter	Reporter wishes to remain anonymous	Reasons for preference (if relevant)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship with client	<input type="checkbox"/> Relative <input type="checkbox"/> Community Based Organization representative <input type="checkbox"/> Neighbor / Family friend Labour inspector <input type="checkbox"/> Teacher		

	<input type="checkbox"/> Health Professional <input type="checkbox"/> Other, specify _____		
Name and Surname of reporter (if not anonymous)		Contact details (telephone/address)	
Name of organization (if applicable)			

Section 2: Details of case / client. Complete all available information. If information is not known write "not known" in relevant section

First Name(s)		Surname	
Date of birth (or if not available age):		Address	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Non-Binary <input type="checkbox"/> Preferred not to specify	Nationality	<input type="checkbox"/> South African <input type="checkbox"/> Other, specify: _____
		Racial Group	<input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other

[illegible]

Internal referral	<input type="checkbox"/> Yes	Referred to:	
Referral to external organization	<input type="checkbox"/> Yes	Name of organization referred to:	
Other	<input type="checkbox"/> Yes	If other, please specify	
SSP Name and Surname	Signature	SACSSP Number	Date

Form 38C
(Regulation 56B(2))
Referral for Assessment

Office Issuing	District Office: Province: Name of Social Service Practitioner: Contacts: Tel: Email:
Details of Child	Name: Surname: Date of Birth: Gender: Race: Parent/Guardian (if known):
Details of Screening	Date/period of screening: Details of reporting of the Child: Findings following screening:

	<p>.....</p> <p>.....</p>
Intervention measures proposed	<p>I propose that you consider:.....</p> <p>.....</p> <p>...</p> <p>.....</p> <p>....</p> <p>.....</p> <p>.....</p>
Referral:	<p>I,in my capacity as social auxiliary worker/social service practitioner/social worker, SACSSP number:.....with contact details: Tel:email:.....</p> <p>....., hereby refer the above-named child to you for further assessment and intervention.....</p> <p>.....</p> <p>Signed by:.....date:.....</p>
OFFICIAL STAMP	

Form 38D
(Regulation 56D(1) (d))
REFERRAL FORM

CONFIDENTIAL

To be completed in all instances where a client is referred to an external service provider. Provide Client with original copy of referral and keep copy of referral either on client's file or on Referral file

Case referred from			
Service Point(Province)		Tel	

Case referred to			
Organisation name		E-mail	
Physical Address		Tel	

Referral of client	
Dear Sir/ Madam	
The below named consulted our offices on _____.	
You are requested to assist him / her with services linked to the following (<i>mark X where applicable</i>)	
Social Welfare Services (Focus areas)	
<input type="checkbox"/> Poverty alleviation <input type="checkbox"/> Social integration <input type="checkbox"/> Family preservation <input type="checkbox"/> Social Crime Prevention <input type="checkbox"/> Victim Empowerment <input type="checkbox"/> Care and protection of Vulnerable Groups – Children	<input type="checkbox"/> Care and protection of Vulnerable Groups – Persons with Disabilities <input type="checkbox"/> Prevention, Care and Support of Substance abuse <input type="checkbox"/> Prevention, Care and Support of HIV and Aids <input type="checkbox"/> Mental Health/Psychosocial

		<input type="checkbox"/> Other (specify) <hr/> <hr/>
Other services		
<input type="checkbox"/> Grants <input type="checkbox"/> Food and nutrition <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Other (specify) <hr/> <hr/>	<input type="checkbox"/> Shelter for victims of violence <input type="checkbox"/> Police <input type="checkbox"/> Legal assistance <input type="checkbox"/> HIV services	

Details of the client			
Client name**		Contact number/s	
DSD Reference Number		Identity no	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other ○	If foreign national, complete section below <div style="background-color: #cccccc; height: 40px;"></div>	
Date of Birth		Type of identification	
Address, including district		Country of origin	
		Language spoken	
Parent/guardian/caregiver name **			

**** For confidentiality purposes, social service practitioner may complete only the preferred first name that the client/caregiver wishes to be used. If there are concerns for safety or**

confidential information included below, do not complete identifying details such as name, and ID/DSD reference number

Risk Level	<input type="checkbox"/> Emergency	<input type="checkbox"/> High	<input type="checkbox"/> Mild
Response required within	24 hours	48 hours	5 days

Consent and information sharing		
Describe preferred way to contact the client and any restrictions on contacting the client		
Has the client consented to share information with the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, add signature

Briefly describe service required and any relevant information that client has consented to share with service provider. Ensure sufficient information is provided for service provider to provide relevant service; avoid sharing details not required for the provision of that specific service.

Feedback required from service provider	Date Feedback required
<input type="checkbox"/> Yes <input type="checkbox"/> No	

SW/SAW Name and Surname	Signature	SACSSP Number	Date

FORM 38 E

PLACEMENT OF CHILD

(Regulation 56 (E) (2))

(SECTION 156 AND 158 OF THE CHILDREN'S ACT 38 OF 2005)

The Alternative care provider/caregiver

My Reference Number:

Your Reference Number:

Enquiries: Ms/Mrs/Mr: _____

Telephone number: _____

E-mail address: _____

Dear Sir/Madam

In terms of Section 156/158(3) an application is hereby made for the placement of the following child(ren) in your care:

- 1.
- 2.
- 3.
- 4.
- 5.

A panel discussion was held on _____(date); after careful deliberations it was concluded that in terms of the needs of this child(ren) the programmes that you are offering will be best suited for the child(ren) concerned.

Attached please find the panel discussion report.

SOCIAL WORKER

DATE

FORM 38 (F)

REPORT FOR EXTENSION OF COURT ORDER
(Regulation 56G (2) (a))
(SECTION 159 OF THE CHILDREN'S ACT 38 OF 2005)

REPORT FOR EXTENSION OF COURT ORDER IN TERMS OF SECTION 159 OF THE CHILDREN'S ACT 38 OF 2005 AS AMENDED
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1. IDENTIFYING DETAILS OF THE CAREGIVER**a) Foster care**

Name and surname	ID number	Address

b) Child and youth care centre

Name of the child and youth care centre	Address

1.1. Dependent child(ren) of the foster parent(s)

Full name(s)	Gender	Date of birth/identity number

1.2. Other persons living with the foster family

Full name(s)	Gender	Date of birth/identity number

1.3. Children in alternative care

Names of child(ren)	DOB	Gender	Name of the School/Partial care	Grade/ECD

1.4. Full residential address of the alternative caregiver

1.5. Details of designated organisation:

Name of the organisation (DSD/CPO/Other dept): _____

Reference number: _____

Magisterial district: _____

Court reference Number: _____

2. INTRODUCTION (Describe the reasons for finding the child(ren) in need of care, previous statutory interventions of the child(ren) in alternative care and duration of the current placement)

3. PRESENT CIRCUMSTANCES OF THE CAREGIVER

3.1. Foster care (Provide information on the work and finances, religious, social, physical, psychological aspects circumstances of the foster parents' own children and family relationships in the foster family, with special reference to the foster children)

3.2 CHILD AND YOUTH CARE CENTRES (Describe the programmes provided)

4. VIEWS OF THE CAREGIVER REGARDING THE CHILD(REN) IN ALTERNATIVE CARE (Reflect emotions, feelings, preferences, personal needs and any other relevant observations)

4.1. Support and services that were provided to the caregivers (Indicate the type of support and services provided to the caregivers whilst the child was still in alternative care)

Date	With whom	Types of services and support

5. VIEWS OF THE CHILD(REN) CONCERNED (Reflect emotions, feelings, preferences, personal needs and any other relevant observations by child(ren))

5.1. Services and support rendered to the children in alternative care (As indicated in the care plan)

Date	With whom	Types of services and support

5.2. Progress made by the child(ren) since the placement

5.3. Do the reasons for the removal of the child(ren) still exist?

5.4. Educator / ECD practitioner's impressions of the concerned child(ren) progress and adjustment (Provide a school report, interviews conducted with teachers/ principal)

6. VIEWS OF THE PARENT(S)/FAMILY MEMBER (Reflect emotions, feelings, preferences, personal needs and any other relevant observations)

6.1. Contact between caregiver, parent(s)/ family member and the concerned child(ren) (Frequency, nature of interaction)

6.2. Support and services provided to the parents.

Date	With whom	Types of support and services

6.3 If the parents are deceased, was the possibility of adoption discussed and considered? (Give reasons for not considering the option)

7. RESULTS ACHIEVED THROUGH SERVICE RENDERING

8. EVALUATION

9. CARE PLAN (attach reviewed care plan)

Short-term

Long-term

10. CONCLUSION

11. RECOMMENDATION

SOCIAL WORKER: _____

RANK: _____

DATE: _____

ORGANISATION:

Name: _____

Address: _____

Reference Number: _____