

WORKSHOP NOTES

GUIDANCE FOR HEARTFUL HELPERS

*within the
Child and Youth
Care Centre* 



We learn
better together.



We care
deeply.



We empower
change.



Facilitated by

Sanet Viljoen 


*Together, we create
brighter futures
for our children.* 

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1

Roles and Responsibilities in Child and Youth Care Centres

1. CYCC Social Worker

Primary focus: Care coordination, therapeutic intervention and reporting

Key responsibilities:

- Child must undergo an initial assessment by multi-disciplinary team within 48 hours of admission
- Convene panel discussion after 2 weeks to review the initial assessment
- Provide 6 months progress report
- Ensuring the child's placement is implemented in line with the court order
- Conducting individual therapeutic work with children
- Developing, implementing and reviewing IDP's
- Permanency plan, care plan and IDP must be reviewed every six months
- Make sure that contact takes place between the case manager, child and parents
- Monitoring behaviour, progress and developmental needs
- Documenting care, interventions and significant incidents
- Arrange panel meeting 6 months before order lapses
- Preparing and contributing to court reports where required
- Facilitating child participation in decisions affecting them
- Liaising with the DSD/NGO worker and other professionals

Other:

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2. Social auxiliary worker(SAW)

Primary focus: Supportive social service delivery under supervision of a social worker

Key responsibilities:

- Provide support services to children and families, where applicable, under supervision
- Assist with life story work, programmes and group work
- Support children with appointments, school liaison and practical needs
- Assist with family contact and reunification processes
- Support implementation of the (IDP)
- Assist with record-keeping and case administration
- Observe and report concerns regarding child safety, behaviour or wellbeing to the supervising social worker
- Be part of the multi-disciplinary team

Other:

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3. DSD/NGO Social Worker

Primary focus: Statutory case management and legal decision making

Key responsibilities:

- Investigating and managing cases of children in need of care and protection
- Initiating children’s court proceedings
- Obtaining and reviewing court orders
- Making statutory recommendations to court
- Attend court proceedings with all parties
- Copy of court order to the CYCC social worker
- Leading placement reviews, transfers and discharge decisions
- Coordinating services across placements throughout the case

Other:

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4. Child and Youth Care Worker

Primary focus: daily care, supervision and relationship-based support

Key responsibilities:

- Providing daily care and supervision
- Implementing routines, programmes and behaviour support strategies
- Observing and recording children’s behaviour and progress
- Supporting emotional regulation and social development
- Reporting concerns, incidents and changes to the care team
- Supporting children’s participation and voice in daily care

Other:

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5. Supervisor and Management

Primary focus: oversight, quality assurance and compliance

Key responsibilities:

- Supervising social work (individual supervision, screening of reports, etc)
- Supervising childcare practice
- Ensuring compliance with DSD norms and standards

- Supporting ethical decision making and risk management
- Ensuring appropriate documentation and record keeping
- Addressing systemic or practice challenges within the CYCC

Other:

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6. Child Care and Protection Unit

Primary Focus: Provincial oversight, monitoring and statutory administration of alternative care matters

Key Roles and Responsibilities in the CYCC Sector

- Consider and process section 171 transfers of children in alternative care
- Process section 174 provisional transfer notices and issue written notices
- Monitor compliance with Children’s Act, Regulations, Norms and Standards
- Provide oversight of placements and alternative care administration
- Maintain records and provincial coordination regarding alternative care matters
- Liaise with designated social workers and CYCCs regarding placement, transfer and care arrangements

Other:

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7. Children’s Court

Primary focus: legal authority and oversight

Key responsibilities:

- Authorising placement, review and transfer deeper into the system
- Considering reports and recommendations
- Making decisions in the best interests of the child
- Monitoring compliance with court orders

Other:

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8. Common Area of Role Confusion

- Overstepping statutory authority
- Inadequate consultation between CYCC and DSD/NGO social workers
- Poor communication between social workers and CYCW’s
- Lack of clarity around decision making authority

- Ethical risks when professional boundaries are blurred

Other:

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◆ Practical Application

Please complete Module 1 Role Mapping and Case Study Activity (**Annexure A , page 57**).

2

Children's Act Overview

Section 7 and Section 9: Best interests of the child

What the sections are about:

Section 7 provides 14 factors that must be considered when deciding what is in a child's best interest.

These include:

- The child's relationship with parents, caregivers and significant people
- The child's age, maturity and stage of development
- Safety and protection from harm
- Emotional security and stability
- Need for permanence
- Disability, chronic illness or special developmental needs
- Preserving family relationships and cultural connections
- Protecting the child from physical or psychological harm

Section 9 states:

A child's best interests are of paramount importance in every matter concerning the child

This is one of the most important principles in child protection.

Why it matters in CYCC practice

Social work practitioners and CYC workers make decisions daily that affect children's lives.

The "best interests" principle should guide:

- Placement decisions
- Contact arrangements
- Behaviour management
- Discipline and consequences
- Transfers and discharge decisions
- Education and health decisions
- Child participation

See Section 7 for the full list of considerations.

Practical CYCC application

Ask: “Whose needs are driving the decision?”

Examples:

- Restricting contact because it harms the child emotionally
 - Supporting sibling contact where beneficial
 - Individualising behaviour plans
 - Avoiding convenience-based decisions
-

Section 10: Child Participation

What the section is about:

Section 10 of the Children’s Act recognises the child’s right to participate in matters affecting them.

A child who is:

- of sufficient age
- maturity
- stage of development

must be given the opportunity to participate in decisions affecting them.

The child’s views must:

- be heard
- be respected
- receive due consideration

This does **not** mean that the child makes all decisions. Adults still retain legal responsibility and accountability.

Why it matters in CYCC practice

Children in CYCCs are often affected by decisions made by adults. Section 10 reminds us that children should not simply be informed of decisions, they should be meaningfully involved where appropriate.

Child participation is relevant to:

- Placement decisions
- Contact arrangements with parents and family
- Behaviour management plans
- Daily routines and house rules
- Educational decisions

- Review meetings and permanency planning
- Transfers and discharge planning
- Individual Development Plans (IDPs)

Practical CYCC application

Meaningful child participation may include:

- Involving children in review meetings
- Asking children about goals for their IDP
- Preparing children before decisions are made
- Explaining decisions in age-appropriate language
- Helping children express concerns or preferences
- Creating safe opportunities for children to share their views

Children should not merely be informed - they should be meaningfully heard.

Section 61: Participation of Children

What the section is about

Section 61 reinforces the child's right to participate in proceedings and decisions affecting them.

It recognises that children may:

- participate in matters affecting them
- express their views and wishes
- receive support to communicate those views where necessary

Participation must always be:

- age appropriate
- developmentally appropriate
- meaningful and safe

The section reinforces that children should not simply be passive recipients of decisions.

Why it matters in CYCC practice

Children in CYCCs often experience adults making decisions on their behalf.

Section 61 reminds practitioners to:

- Prepare children for meetings and reviews
- Explain processes in age-appropriate language
- Help children understand decisions
- Support children to express views safely

- Create meaningful opportunities for participation

Practical CYCC application

Meaningful participation may include:

- Preparing children before review meetings
- Helping children understand court processes
- Supporting children to share concerns and wishes
- Discussing placement changes beforehand
- Giving feedback after decisions are made

Meaningful participation requires preparation, understanding and support.

Section 150: Child in need of care and protection

What the section is about

Section 150 explains the 12 circumstances under which a child may be found to be in need of care and protection.

A finding in terms of Section 150 is the starting point for statutory intervention, including possible placement into alternative care such as foster care, temporary safe care or a Child and Youth Care Centre.

(a) Has been abandoned or orphaned and has no family member who is able and suitable to care for that child

CYCC relevance

These children may require:

- Emergency placement
- Family tracing
- Permanency planning
- Immediate emotional support

(b) Displays behaviours which cannot be controlled by the parent or care-giver

CYCC relevance

Important reminder: *Behaviour alone does not justify placement.*

The question becomes: What is driving the behaviour? Trauma? Substance abuse? Mental health? Family breakdown?

(c) lives or works on the streets or begs for a living

CYCC relevance

These children often present with:

- survival-based behaviours
- trauma histories
- substance use risks
- difficulty adapting to structure

This links strongly to the point that many street children struggle to adjust to traditional CYCC rules.

(d) is addicted to dependence-producing substances and is without any support to obtain treatment for such dependency

CYCC relevance

The focus should be on:

- Treatment and rehabilitation
- Safety planning
- Therapeutic intervention

- not punishment.

(e) has been exploited or lives in circumstances that expose the child to exploitation

CYCC relevance

Children who have experienced exploitation often present with:

- Trauma responses
- Distrust of adults
- Survival-based behaviour
- Emotional dysregulation
- Shame, fear or self-blame
- Difficulty forming healthy relationships

The CYCC response should include:

- Therapeutic intervention and trauma-informed care
- Individual support and counselling
- Behaviour support that recognises trauma
- Helping the child rebuild trust and emotional safety
- Life skills and resilience-building
- Multi-disciplinary intervention where required

The focus should not only be protection from further harm - but also healing, recovery and restoration.

(f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being

Examples

- Chronic domestic violence
- Severe substance abuse in the home
- Dangerous supervision failures
- Criminal activity in the home
- Repeated trauma exposure
- Unsafe or chaotic caregiving environments

CYCC relevance

Children exposed to harmful living circumstances may present with:

- Trauma-related behaviours
- Anxiety, fear or emotional dysregulation
- Difficulty trusting adults
- Developmental or relationship challenges

The CYCC response should include:

- Emotional and physical safety
- Trauma-informed and therapeutic support
- Stability, routine and developmental care
- Emotional regulation and life skills support
- Assessment of reunification risks

The CYCC should provide healing, stability and developmental support - not merely placement.

(g) may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is a reason to believe he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child

CYCC relevance

This is critical for:

- Placement reviews
- Contact decisions
- Reintegration planning

(h) is in a state of physical or mental neglect

CYCC relevance

Children who experience neglect may present with:

- Developmental delays

- Attachment difficulties
- Low self-worth or emotional withdrawal
- Behavioural or emotional challenges

The CYCC response should include:

- Meeting the child's physical and emotional needs
- Providing stability, routine and nurturing care
- Therapeutic and developmental support
- Building trust, attachment and emotional safety

Neglect is often less visible than abuse - but can have long-term developmental impact.

(i) is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person in whose care the child is

CYCC relevance

Children who have experienced abuse or degradation may present with:

- Trauma-related behaviours
- Fear, mistrust or emotional withdrawal
- Aggression, anxiety or emotional dysregulation
- Difficulties with relationships and boundaries

The CYCC response should include:

- Immediate emotional and physical safety
- Trauma-informed care and therapeutic support
- Behaviour support that recognises trauma
- Careful observation, documentation and reporting of concerns
- Helping the child rebuild trust, dignity and emotional safety

Behaviour often reflects trauma experiences - not simply "bad behaviour."

(j) is an unaccompanied migrant child from another country

CYCC relevance

An unaccompanied migrant child in a CYCC may need:

- Immediate safety, care and emotional containment
- Assessment of trauma, loss, separation and language barriers
- Assistance with documentation and legal status through the correct role players
- Family tracing and verification where possible
- Cultural sensitivity and interpretation support
- Protection from exploitation, trafficking or further harm

- Care planning that considers reunification, repatriation, alternative care or longer-term placement options

The CYCC must provide safety and stability while the designated social worker and relevant authorities address the child's legal, family tracing and permanency needs.

(k) is a victim of trafficking

This may include:

- Sexual exploitation
- Labour exploitation
- Criminal exploitation
- Forced begging
- Domestic servitude

Children who are trafficked are often exposed to significant trauma, fear and manipulation.

CYCC relevance

A child who is a victim of trafficking may require:

- Immediate safety and protection
- Trauma-informed therapeutic support
- Medical, psychological and legal intervention
- Support to rebuild trust and emotional security
- Multi-disciplinary intervention, including SAPS and relevant stakeholders

The child may present with:

- Fear or hypervigilance
- Distrust of adults
- Trauma-related behaviours
- Difficulty disclosing experiences

Trafficked children may not immediately disclose exploitation. Building safety and trust becomes essential.

This may involve:

- Exploitation for financial gain
- Sexual exploitation
- Forced labour or servitude
- Criminal exploitation
- Illegal adoption or trafficking-related circumstances

CYCC relevance

A child who has been sold may require:

- Immediate safety and protection
- Trauma-informed therapeutic support
- Emotional stabilisation and trust-building
- Careful assessment of attachment and relational trauma
- Multi-disciplinary intervention and legal protection
- Long-term permanency planning

Children may present with:

- Fear, anxiety or mistrust
- Trauma-related behaviours
- Emotional withdrawal or aggression
- Difficulties with attachment and relationships

Section 156: Orders when child is found to be in need of care and protection

What the section is about

Once a child is found to be in need of care and protection (Section 150), the Children’s Court must decide what order is in the best interests of this child.

Section 156 gives the court a range of options - from supporting the family to placement in alternative care.

1. Family Support and Supervision Orders - Keeping the child safely within family care where possible

The court may:

Return or place the child with:

- Parent
- Guardian
- Family member
- Other suitable care-giver

with conditions, supervision or support services.

CYCC relevance

CYCC placement should not happen if a less restrictive safe option exists.

2. Alternative Care Orders - Where the child cannot safely remain at home

The court may place a child in:

- Foster care
- Cluster foster care scheme
- Temporary safe care – pending an application for and finalisation of adoption

- Child and Youth Care Centre (CYCC)

The court determines:

- Duration of placement
- Contact arrangements
- Conditions of care

CYCC relevance

CYCC social workers must understand:

- Why the child was placed
- What the court ordered
- Conditions attached to the placement

3. Therapeutic, Developmental and Support Orders – responding to the child’s specific needs

The court may order:

- Therapy or counselling
- Medical or psychological services
- Educational support
- Family reunification

CYCC relevance

A CYCC placement is not merely accommodation.

It should provide:

- Developmental care
- Therapeutic interventions
- Emotional healing
- Permanency planning

4. Contact and Relationship Orders – Protecting or supporting family relationships

The court may regulate:

- Contact with parents
- Restrictions where contact may harm the child

CYCC relevance

- Contact should always be:
 - Safe
 - Meaningful
 - In the child’s best interest

5. Orders About Permanency and Future Planning – What happens next for the child?

The court may make decisions linked to:

- Reintegration
- Family reunification
- Foster care
- Alternative care options

CYCC relevance

The question should always be:

“What is the long-term plan for this child?”

A CYCC should not become a permanent waiting space.

Section 158: Placement of child in CYCC

What the section is about

Section 158 regulates the placement of a child in a CYCC

A child may be placed in a CYCC when:

- The child requires care and protection outside the family environment
- Specialised developmental, therapeutic or behavioural support is needed
- The child cannot safely remain in family or community care
- Another placement option is not appropriate at that time

What a CYCC should provide

A CYCC is more than accommodation.

A CYCC should provide:

- A residential programme best suited for the child which suits the developmental, therapeutic, educational and other needs of the child
- Permanency plan for the child which was considered by the court
- Following instructions from the court
- Take into account the distance of the centre from the child’s family or community
- Safety of the community and other children in the centre in the case of a child in need of secure care
- Any other relevant factors

Why this section matters in CYCC practice


Section 158 reminds us that a CYCC is not:

- A place of punishment
- A waiting room for children
- A long-term parking place
- Merely a place of safety
- A dumping place

A CYCC should be:

- A healing environment
- A developmental environment
- A therapeutic environment
- A place where children experience safety, belonging and growth

Children should leave the CYCC better supported, more stable and more hopeful than when they entered.

 **Practical Application**

Please complete Module 2 Children's Act Overview: Quiz (**Annexure B, page 59**).

3

Reviews, Transfers and Discharge

Section 159: Duration and extension of orders

What the section is about

Section 159 regulates the review of children placed in alternative care, including CYCCs. A child's placement cannot simply continue indefinitely. Before the placement order expires:

- after two years from when the order was made; or
- after a shorter period set by court,

the matter must go back to the court for review.

The court will then decide whether the order should be extended for up to two years at a time if the child is in a CYCC. The court order cannot go beyond the date on which the child turns 18 years.

The purpose is to consider to extension of the order taking into account the views of:

- the views of the child
- the parent or any other person with parental responsibility and rights
- where appropriate, the management of the centre
- any alternative care-giver

What if the order has lapsed? The court may extend an alternative care order or make an interim order for a period not exceeding six months on good cause shown.

Why it matters in CYCC practice

Review processes ensure that children do not remain in care without purpose or planning.

The CYCC Social worker provides a progress report to the designated social worker who places the matter before the court for review of the placement order.

The review process should ask: *“Why is this child still here and what is the plan moving forward?”*

CYCC relevance

The CYCC social worker should:

- Monitor the child's progress and developmental needs
- Prepare reports for review meetings and court where required
- Facilitate child participation in the review process
- Work with the designated social worker and multidisciplinary team
- Support permanency planning and reunification where appropriate

Reviews should be meaningful — not simply administrative exercises.

Section 171: Transfer of child in alternative care

What the section is about

Section 171 regulates the transfer from one alternative care to another.

Transfers should only happen when:

- It is in the child's best interest
- The placement is no longer suitable
- Specialised care or services are needed
- Another placement better meets the child's developmental or therapeutic needs

Important practice points:

- A section 171 transfer application is submitted to the Child Care and Protection Unit which may issue written confirmation of the transfer
- Where the transfer moves the child deeper into the system or to a more restrictive placement, the matter must return to the court for approval
- A person referred to in section 176(2) may be transferred from a more restrictive form of alternative care to a less restrictive alternative care.

Why it matters in CYCC practice

Transfers can be disruptive and emotionally difficult for children.

Frequent movement may increase:

- Loss and instability
- Trauma and mistrust
- Attachment difficulties

CYCC relevance

Before transfer, practitioners should consider:

- Why the transfer is necessary
- Whether the child understands the process
- Emotional preparation for transition
- Continuity of services and schooling
- Proper transfer of records and information

Transfers should be purposeful — not simply placement management.

SECTION 172: CHANGE IN RESIDENTIAL CARE PROGRAMME

What the section is about

A child placed in a CYCC may be moved from one residential care programme to another programme if the child's needs, behaviour, development or circumstances change.

Key principle

- The programme must fit the needs and best interests of the child

When this may happen

- Change in behavioural or therapeutic needs
- Increased support or specialised intervention needed
- Improvement in functioning requiring a less restrictive programme
- Safety or developmental concerns

CYCC relevance

A child may move within the same CYCC programme structure or to a more appropriate programme where the current placement no longer meets the child's needs.

Section 174: Provincial transfer from alternative care

What the section is about

Section 174 allows for a provincial transfer from alternative care for a trial period of not more than six months.

This happens through a written notice issued by the Child Care and Protection Unit. Regulation 60 is applicable.

The purpose is to test the feasibility of:

- Reunification with family
- Integration into another family placement
- Transfer to another CYCC
- Another suitable form of placement

CYCC relevance

Before the provisional transfer:

- The child should be emotionally prepared
- Clear planning and communication should take place
- The suitability of the placement should be assessed
- Progress during the trial period should be monitored

The goal is to test whether another placement option may better meet the child's long-term needs.

Section 175: Discharge from Alternative Care

What the section is about

Section 175 deals with the discharge of a child from alternative care.

This means the child is formally released from the placement, for example from:

- Foster care
- Cluster foster care scheme
- A CYCC

Why it matters in CYCC practice

Discharge is not just the child “leaving the centre”.

It should be:

- Planned
- Lawful – supported by proper documentation
- In the child's best interest
- Linked to safety, permanency and aftercare planning

Take note of the following:

Notice by the Child Care and Protection Unit may only be issued after

- Procedures prescribed by regulation 61 have been followed.

CYCC relevance

Before discharge, the CYCC and designated social worker should consider:

- Is the child safe to leave?
- Has the child been prepared?
- Is there a suitable caregiver or placement?
- Are services and support in place?
- Has the child's view been considered?

Discharge should be a planned transition - not simply the end of placement.

 **Practical Application**

Please complete Module 3 Reviews, Transfers and Discharge – Case Study (**Annexure C, page 61**).

4

Key Children's Act Sections relevant to CYCC Practice

Section 110: Reporting of abused or neglected child and child in need of care and protection

Section 110(1): Mandatory reporting

Certain professionals working with children are legally required to report where, on reasonable grounds, they conclude that a child:

- has been **physically injured** in a way causing concern
- has been **sexually abused**
- has been **deliberately neglected**
- has been **abused causing physical injury**

This includes professionals such as:

- Social workers
- Child and youth care workers
- Health professionals
- Teachers
- Psychologists
- Other designated professionals working with children

The report must be made to:

- A designated child protection organisation
- Provincial DSD
- SAPS

Why this matters in CYCC practice

Children in CYCCs may:

- Disclose abuse after admission
- Return from contact visits with injuries or concerns
- Show behavioural indicators of abuse or neglect
- Experience incidents in the CYCC requiring mandatory reporting

CYCC relevance

In practice, practitioners should ask:

- *"Do I have reasonable grounds for concern?"*

not

- “Can I prove it happened?”

The duty to report (Form 22) starts with reasonable concern — not certainty or proof.

Section 129: Consent to Medical Treatment and Surgical Operations

What the section is about

Section 129 regulates who may consent to medical treatment and surgical operations for children.

It recognises that, depending on age and maturity, children may sometimes consent for themselves.

Consent to Medical Treatment

A child may consent to medical treatment if the child:

- is 12 years or older, and
- has sufficient maturity and mental capacity to understand the:
 - benefits
 - risks
 - social and other implications of treatment

Examples:

- Medication
- Blood tests
- Treatment for illness
- Mental health intervention

Consent to Surgical Operations

A child may consent to a surgical operation if the child:

- Is 12 years or older, and
- Has sufficient maturity and mental capacity,

BUT

the child must be assisted by a parent or guardian.

Where no parent/guardian is available

Consent may be given by:

- The Superintendent/person in charge of a hospital (certain circumstances)
- The Minister/MEC in specific situations
- The children's court where necessary
- The High Court

Why this matters in CYCC practice

Children in CYCCs often require:

- Medical treatment
- Hospitalisation
- Mental health care
- Surgical procedures

CYCC relevance

Important questions in practice:

- Does the child have capacity to consent?
- Who has the legal authority to sign?

A child in a CYCC does not automatically mean the CYCC can consent to treatment.

Section 130: HIV Testing

What the section is about

Section 130 regulates when and how HIV testing of a child may take place.

An HIV test may not simply be done automatically.

Testing must be:

- In the best interests of the child
- Linked to a legitimate purpose
- Accompanied by appropriate counselling and confidentiality

Consent to HIV Testing (similar for medical treatment)

A child may consent to an HIV test if the child:

- is 12 years or older; or

- is under 12, but demonstrates sufficient maturity to understand the:
 - benefits
 - risks
 - social implications of the test

Where the child is under 12 or not of sufficient maturity

Consent may be given by:

- a parent or care-giver
- Provincial Head of DSD
- A designated child protection organisation
- The Superintendent/person in charge of a hospital
- Children's court

When HIV testing may be done

HIV testing may be appropriate where:

- it is in the child's best interests
- medical treatment or care requires it
- there are concerns about possible exposure or infection
- another legal ground applies

Why this matters in CYCC practice

Children in CYCCs may:

- arrive with an unknown medical history
- need medical care or treatment
- have experienced neglect, abuse or exposure risks

Being placed in a CYCC does not automatically mean the CYCC may consent to HIV testing..

Section 167: Alternative Care

What the section is about

Section 167 explains what is regarded as alternative care for a child.

Alternative care means care provided when a child cannot remain in the care of their parent, guardian or caregiver.

This includes:

- Foster care

- Cluster foster care scheme
- Temporary safe care
- CYCC

Temporary Safe Care

Temporary safe care is a short-term protective placement for a child who:

- Requires immediate protection
- Cannot safely remain in the current environment
- Is awaiting a children’s court process to be finalised

Temporary safe care is intended to be:

- Immediate
- Protective
- Short-term

A child may not remain in temporary safe care for longer than six months without a court order. The Amendment Bill proposes a significant change by limiting placement in temporary safe care to 72 hours in the absence of a court order. Reinforcing the principle that children should not remain in temporary placements without a prompt judicial oversight. The intention is to strengthen accountability, reduce delays and promote timely permanency planning for children.

Important Practice Points

- A Form 36 is applicable for the placement in temporary safe care.
- Temporary safe care may be granted leave of absence by the Provincial Head of DSD.
- A person, facility, place or premises for temporary safe care must be approved by DSD and comply with the prescribed criteria.

Why this matters in CYCC practice

Practitioners should understand:

- The legal status of the child
- Why the child is placed
- Whether placement is temporary or longer-term
- The permanency planning process

Children should not become “stuck” in temporary placements.

Children should experience the least restrictive and most appropriate placement for the shortest period necessary.

Section 168: Leave of Absence

What the section is about

Section 168 regulates leave of absence for a child in alternative care, including a child placed in a CYCC

A child may be granted leave of absence from the placement for a specific period.

This may include:

- family visits
- contact visits
- school or cultural activities
- trial reunification periods (but rather section 174)
- holiday leave/weekend leave

Leave of absence should always be:

- in the best interests of the child
- planned and supervised by the designated social workers
- linked to the child's care and permanency planning

Who may authorise leave of absence?

Leave of absence may be granted by:

- the person in charge of the CYCC
- the Provincial head of DSD
- by the person in whose alternative care the child has been placed

The conditions of the court order should always be checked. Conditions will also be on the application.

Leave of absence can also be cancelled.

CYCC relevance

Before leave is granted, practitioners should consider:

- Is the leave in the child's best interests?
- Is the child emotionally ready?
- Are risks assessed?
- Is the care-giver/family/holiday parent suitable?
- Are court order conditions being followed?

Leave of absence is not merely permission to leave - it is part of assessment, contact and permanency planning.

Section 169: Child in Alternative Care Prohibited from Leaving the Republic

What the section is about

Section 169 regulates the circumstances under which a child in alternative care may leave the Republic of South Africa. They may not leave the Republic without the necessary consent or authority.

Process in terms of the Regulations

Regulation 56C: Procedure for approval of a child in alternative care to leave the Republic

- Approval must be obtained from the Provincial Head of Social Development.
- Before approval is granted, consideration is given to:
 - The designated social workers report
 - Travel arrangements and return of the child
 - The child's safety and protection in the destination country

Why this matters in CYCC practice

Children in alternative care may be invited to:

- School tours or sport events
 - Holiday travel
 - Family visits abroad
 - Programmes, camps or exchange opportunities
-

Section 170: Child Absconding from Alternative Care

What the section is about

Section 170 regulates what should happen when a child absconds from alternative care.

A child absconds when they:

- Leave care without permission
- Fail to return after approved leave of absence or when leave of absence was revoked.

Current legal position

When a child absconds:

- Reasonable steps should be taken to locate the child
- The safety and wellbeing of the child remain important
- SAPS may become involved where necessary

Where a child is apprehended, the matter must proceed to the court for consideration. The court may make decisions regarding:

- Return to the placement
- Transfer to another form of care
- Discharge from alternative care
- Any other order in the child's best interests

What changes in the Amendment Bill?

The Children's Amendment Bill, 2025 introduces a much clearer distinction:

Within 48 hours

If a child:

- is apprehended within 48 hours, or
- returns voluntarily,
- the child must be assessed without delay by the designated social worker or CYCC social worker to establish the reasons for absconding.

After 48 hours

- If the child is apprehended after 48 hours, the matter proceeds differently and must move toward court involvement.

Why this matters in CYCC practice

Children who abscond may be at increased risk of:

- Abuse or neglect
- Substance abuse
- Criminal activity
- Unsafe relationships

Absconding should be understood within the child's context and not viewed only as misconduct.

CYCC relevance

When a child returns, practitioners should consider:

- What contributed to the absconding?
- Was the child exposed to harm or risk?
- Does the care plan need revision?
- Is further therapeutic intervention required?
- Does the placement remain appropriate?

The return of a child should create an opportunity for reassessment, support and intervention.

Section 176: Remaining in alternative care beyond the age of 18 years

What the section is about

Section 176 allows a young person to remain in alternative care beyond the age of 18 years, up to the end of the year the person reaches 21, under the following circumstances:

- The alternative caregiver is willing and able to care for that person
- They are continuing with education with education or training (internship or learnership)

Why this matters in CYCC practice

Many young people in CYCCs:

- Are still attending school at 18
- May be studying further or receive skills training
- May not yet be emotionally or practically ready for independent living
- May have limited family or support systems

CYCC relevance

Planning should start well before the child turns 18. The Independent Living Plan comes into play from the age of 16 years to prepare the young person for transition into adulthood and independent functioning.

Good transition planning starts at 16 — not when the young person is already leaving care.

Section 178: Serious injury, abuse or death of a child in alternative care

What the section is about

Section 178 regulates what should happen if a child is in alternative care:

- Seriously injured
- Abused
- dies

The section places clear responsibility on the person, organisation or CYCC responsible for the child's care to respond immediately.

Current legal position

The matter must be immediately reported to the Provincial Head of Social Development, who must cause an investigation.

If a child dies in alternative care, report must be made to:

- parent or guardian of the child
- SAPS – police investigation
- Provincial Head of Social Development
- social worker dealing with the matter

What changes in the Children's Amendment Bill?

- The Amendment Bill strengthens accountability.
- Instead of only requiring an investigation by the Provincial Head, the Bill links the response to Section 110(5) processes, reinforcing immediate reporting and child protection procedures.

CYCC relevance

In practice, this may include:

- serious injuries in the CYCC
- allegations of abuse by staff, peers or others
- sexual abuse concerns
- neglect or supervision failures
- medical emergencies or unexpected death

Important questions:

- What happened?
- Was there a safeguarding failure?
- Are other children at risk?
- What immediate protective action is needed?

Important practice considerations

- Immediate reporting is critical
- Accurate documentation is essential
- Preserve evidence where relevant
- Inform relevant role players
- Provide therapeutic support to affected children and staff

Good documentation protects both the child and practitioners.

CONSOLIDATED REGULATIONS PERTAINING TO THE CHILDREN'S ACT, 2005

Chapter 14. Child and youth care centres

Regulation 73: Rights of children in child and youth care centre

Every child who is cared for in a child and youth care centre has the right to:

- (a) be informed promptly, in a language which he or she understands, of the reason for his or her admission or detention
- (b) have parent/guardian/next of kin/significant other person informed, within 24 hours of admission and reason of admission
- (c) regular communication with an be visited by parent/guardian/next of kin/social worker/probation officer/case manager/religious counsellor/health care professional/psychologist/legal representative/child and youth care worker unless a court order indicates otherwise or unless he/she chooses otherwise
- (d) adequate nutrition, clothing, nurturing and to be given the same quality of care as other children in the cycc
- (e) be consulted and to express his/her views, according to his/her abilities, about significant decisions affecting him/her
- (f) reasonable privacy, possession and protection of his/her belongings
- (g) be informed that prohibited items in his/her possession may be removed and withheld
- (h) be informed of behaviour expected of him/her, the consequences of his/her failure
- (i) care and intervention which respects, protects and promotes his/her cultural, religious, linguistic heritage and right to learn about and maintain this heritage
- (j) positive discipline appropriate to his/her level of development
- (k) education/training appropriate to his or her level of maturity, aptitude and ability
- (l) respect and protection from exploitation and neglect
- (m) opportunities of learning and care for others
- (n) necessary support and to an interpreter if language disability is a barrier to consulting with them on decisions affecting his/her custody/care and development
- (o) privacy during discussions with people referred to in paragraph (c) unless a court order/care plan/development plan indicates otherwise
- (p) have access to community activities and structures unless a court order/care plan/development plan indicates otherwise.

Regulation 74: Complaints procedure in child and youth care centre

- (1) Each child and youth care centre must have a written complaints procedure approved by the centre's management board which must-
 - (a) be appropriate to the age and stage of development of the children residing at the centre
 - (b) allow for children to complain about particular incidents or staff members
 - (c) be assessable to the children

- (d) be structured in such a manner that it does not cause conflict
 - (e) encourage restorative justice interventions, where appropriate
 - (f) allow for fair procedures for those who have allegations made against them
- (2) a child, must upon admission to the centre, be informed of the complaints procedure.

Regulation 75. Core components and implementation of programmes relating to the developmental, therapeutic and recreational needs of children

Developmental programmes	Life skills	After care	
	Victim empowerment	Family preservation	
	Independent living for children disengaging from the residential programme	Promotion of rights of children	
		Income generating activities	
Therapeutic programmes	Development assessment	Psycho-social support	
	Individual counselling	Group counselling	
	Trauma counselling	Grieve counselling	
	Play therapy	Family therapy	
	Counselling to children in child labour, commercial sexual exploitation and child trafficking		
Recreation programmes	Sport	Art	Drama
	Dancing	Singing	Board games

Regulation 76: Behaviour management in child and youth care centres

Manager and staff must promote approaches to positive discipline by:	<ul style="list-style-type: none"> • Ensuring children are provided with skills and support which enable constructive and effective social behaviour • Demonstrating the expected behaviour by modelling in their attitudes and interactions with children • Ensuring that children feel respected, physically, emotionally and socially safe when disciplined • Ensure through programmes and effective role modelling, that children are given the opportunity and encouragement to demonstrate and practice positive behaviour
Following behaviour management actions prohibited	<ul style="list-style-type: none"> • Group punishment for individual behaviour • Threats of removal or removal from programme • Humiliation or ridicule • Physical punishment • Deprivation of access to family members • Denial, outside of the child's IDP of visits, telephone calls or correspondence with family members • Isolation, except for medical reasons, from service providers or other children admitted to the place of care, other than for the immediate safety of those children or those service providers only after other possibilities have been exhausted and then under strict adherence to policy, procedure, monitoring and documentation • Restraint, other than for the immediate safety of the children or service providers and as an extreme measure, which measure must be governed by specific policy and procedures may be undertaken only by service providers trained in such measure, and must be thoroughly documented and effectively monitored • Assignment of exercise or inappropriate chores

	<ul style="list-style-type: none"> • Undue influence by service providers regarding their religious or personal beliefs including sexual orientation or cross-gendered identity • Measures which demonstrate discrimination on the basis of cultural or linguistic heritage, gender, race, religion, sexual orientation or cross-gendered identity • Verbal, emotional or physical harm • Punishment by another child • Behaviour modification such as punishment or reward systems, other than as a treatment or development technique within a documented IDP which is developed by a team including the child and monitored by an appropriately trained multi-disciplinary team
Isolation	<ul style="list-style-type: none"> • Only if he/she cannot be managed and is deemed to be a danger to himself/herself/others, for a period of no longer than two hours, for the purposes of providing support and giving him/her time to regain control and dignity • Must be under the constant observation of a social worker, child and youth care worker or psychologist and must be provided with physical care, emotional support and counselling which assists in re-integration into the group as soon as possible <ul style="list-style-type: none"> ○ No child may be isolated or locked up as a form of discipline or punishment ○ The room where a child is isolated may not be a bathroom or toilet, a windowless room, a basement room, vault or store-room • A register must be maintained which details the reasons for and the period of a child's isolation, together with a report on the support and counselling provided and the response of the child during the period of isolation
Regulation 77. Reporting responsibilities of staff	
<p>The following incidents must be reported by staff members to the manager of the CYCC within an hour of the discovery or reporting of the incident:</p> <ul style="list-style-type: none"> (a) removal or any attempted removal of a child from the CYCC or programme by anyone who is not permitted to do so (b) any situation in which restraint, isolation, or prohibited behaviour management measures are used (c) accident or illness requiring medical attention or hospitalising (d) allegations of physical, psychological, emotional, sexual or verbal abuse (e) absences of a child or young person from the centre without permission, or as otherwise agreed within the IDP (f) interventions by security personnel or SAPS (g) the death or injury of a child (h) any criminal charge or conviction of a service provider while on duty or when he or she arrives on duty under the influence of alcohol or drugs or he or she deals in drugs (i) any substance abuse by a service provider while on duty or when he or she arrives on duty under the influence of alcohol or drugs or he or she deals in drugs (j) any strike by workers at the centre (k) any other unusual circumstances that are likely to affect the safety or well-being of any child at the centre 	

NATIONAL NORMS AND STANDARDS

Part V National Norms and Standards for CYCC

1. Residential programmes
(a) Children must be received in a manner and a climate which is caring and safe and which minimises trauma and maximises developmental opportunity during engagement or admission processes.
(b) Children must receive services in a safe environment in which they are protected from physical, social and emotional harm.
(c) Children must be accommodated in a safe, healthy, well-maintained environment, which provides appropriate access to the community and which meet their needs in terms of privacy, safety and well being.
(d) All reasonable measures must be taken to ensure that children and staff are safe from the risk of fire, accidents and other hazards.
2. Therapeutic programmes
(a) The privacy and confidentiality of children must be respected and protected
(b) A child must have access to legal or other assistance to prepare for any court processes that he/she is involved in.
(c) Children must receive emotional and social care which enables quality interaction with adults and peers, and which promotes positive, sustained relationships at school and with families, significant others and friends.
(d) Every child and youth care centre must offer a residential care programme that provides a therapeutic environment for the care and development of children.
(e) Every child must receive an effective and appropriate developmental assessment and referral service which should lead to the appropriate placement.
(f) Every child must be provided with the capacity and support which enables constructive and offensive social behaviour.
(g) Therapeutic programmes must be conducted by service providers with appropriate training, support, supervision and mentoring.
(h) Therapeutic programmes must be conducted in a non-discriminatory manner.
(i) Therapeutic programmes must minimise secondary abuse and trauma.
(j) Therapeutic programmes must ensure that concerns and complaints are addressed seriously.
(k) Therapeutic programmes must be reviewed on a regular basis according to the needs of the recipients.
(l) Therapeutic programmes must be sensitive to the linguistic needs, religious and cultural norms and values of children and their families.
3. Developmental programmes
(a) A child's developmental plan and programme must be based on an appropriate and competent assessment of his/her developmental needs and strengths.
(b) Every child in a child and youth care centre must have a plan and programme of care and development.
(c) Every child in a child and youth care centre must participate in formulating their care and development plans and must be informed of those plans.
4. Permanency plans for children
(a) Every child in a child and youth care centre must have a permanency plan based on a developmental assessment of the child.

(b) The child must participate in the development of the permanency plan and be informed about the plan and any changes to it.
5. Individual development plans
(a) Children must receive services in accordance with their individual developmental plan which facilitates their well-being within a temporary programme and which enables them, where necessary, to make a successful transition to new circumstances.
(b) Every child in a child and youth care centre has the right to a permanency plan, which includes reunification, security and life-long relationships.
(c) Every child has the right to participate in formulating his/her individual plan and to be informed about their plan, and to be involved in decisions to make changes to their plans
(d) The individual plan must be based on an appropriate and competent assessment of their developmental needs and strengths and, where reasonably possible, be in the context of their family and community environments
(e) The family of the child, or other persons with bonds to the child, must be involved in the child's individual plan unless it is shown that this would not be in the best interests of the child.
(f) There must be a review of each child's placement and individual development plan at least once every six months while the child remains in the centre.
6. Temporary safe care
(a) Every child and youth care centre must provide temporary safe care to children if appropriate and if the centre allows for it.
(b) Every child should be placed in temporary safe care for the shortest period possible and for the minimum number of days per week appropriate to their needs.
(c) After reception of a child, a developmental assessment must take place to evaluate a more permanent placement of the child.
(d) Children in conflict with the law must be offered the option of diversion in a manner which protects their rights and involves them and their families in decision making.
(e) Children must be given information about their rights and responsibilities within the programme in a manner and form which takes into account their age.
7. Protection from abuse and neglect
(a) Children in child and youth care centres should be received in a caring and safe climate which minimises trauma and maximises developmental opportunity.
(b) The environment should protect children from physical, social and emotional harm, and threats of harm from themselves and others
(c) Children must be given information about their rights and responsibilities within the programme.
(d) Children must be informed about policy and procedure regarding reportable incidents of actions and must be provided with information and knowledge which ensure that they can use these procedures effectively when needed.
8. Assessment of children
(a) Assessment of a child in a child and youth care centre must be undertaken by a multi-disciplinary team.
(b) The initial assessment must take place within 48 hours of the child's admission to the centre, and there must be regular reviews of the process.
(c) Assessments must be strength-based, holistic and appropriate to the child's culture, language and developmental stage

- (d) Assessment must be done with the participation of the child and, as far as it is reasonably possible, with the child's family.
- (e) The assessment process must aim to increase insight and competency and must include shared decision-making.
- (f) Assessment processes and documentation must be of such a nature that they can be used at the point of reception, and do not need to be repeated.

9. Family reunification and integration

Every child should have a care plan which aims to provide life-long relationships with their family or appropriate alternative and re-integration in the family and community within the shortest possible time-frame.

10. Aftercare

Children should receive after care programmes focusing on support in terms of training and education, employment, independent living, family and community integration and psychosocial support.

◆ Practical Application

Please complete Module 5: Regulations, Norms and Standards and Compliance- Self Audit Checklist (**Annexure D, page 61**).

6

Child Participation

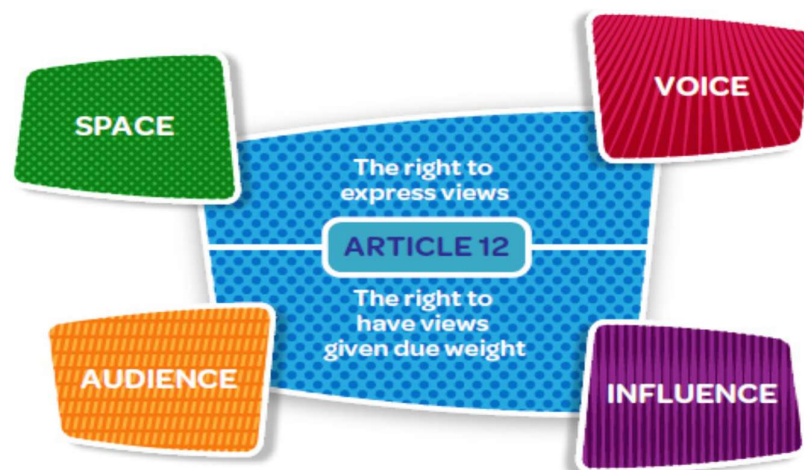
1. Legal Foundation: Child Participation in CYCC

Legal and Practice Framework

- Children’s Act 38 of 2005 as amended:
 - Section 10
 - Section 7
 - Section 9
- DSD norms and standards relating to participation and care planning.
 - Norm 3 Developmental programmes
 - Norm 4 Permanency plans for children
 - Norm 5 Individual developmental plans

2. Lundy’s Model of Participation

Child participation is a legal and ethical requirement in the CYCC practice. Meaningful participation requires more than simply asking for a child’s opinion – it requires structured opportunities for the child to be heard, understood and meaningfully considered in decision-making. Lundy’s model provides a practical framework for implementing section 10 or the Children’s Act in everyday practice.



The model provides a way of conceptualising Article 12 of the UNCRC which is intended to focus decision-makers on the distinct, albeit interrelated, elements of the provision. The four elements have a rational chronological order:

SPACE	Children must be given safe, inclusive opportunities to form and express their view
VOICE	Children must be facilitated to express their view
AUDIENCE	The view must be listened to
INFLUENCE	The view must be acted upon, as appropriate

Questions to consider regarding Lundy's Model of Participation

Outlined below are some simple questions to consider in thinking about your participatory practice:

TICK	SPACE: Have you given attention to the physical space where you meet? Have you sat in the room and looked at it from a child's perspective? Have you given time to developing safe emotional space with the child? Have the children's views been actively sought? Have steps been taken to ensure that the children can take part? Do you have a creative tool box? e.g. box/bag with toys, tissues, markers, paper, games	TICK	AUDIENCE: Have you decided what to do with the information the child has given you? Have you identified who needs to hear what the child is saying? Have you identified who has responsibility to listen to the voice of the child? Is there a process for communicating children's views?
TICK	VOICE: Have you checked out the child's level of communication? Have you thought through the barriers to participation? Do you know their favourite means of communicating? Have you spent time building their capacity to express their voice? Does the child understand the importance and value of their voice being expressed?	TICK:	INFLUENCE: Have you fed back to the child what is happening and why? Were the children's views considered by those with the power to effect change? Are there procedures in place That ensure that the children's views have been taken seriously?

Practical guide: Making Child Participation Practical in the IDP and MDT Process

Meaningful child participation does not happen automatically. It requires planning, preparation and intentional practice. The following practical guidelines may assist practitioners to make participation more meaningful in everyday CYCC work, particularly during IDP reviews and multidisciplinary meetings. The research on CYCC multidisciplinary meetings strongly emphasises preparation, relationships, child-friendly environments and helping children to participate meaningfully.

The following steps can be followed:

1. Prepare the child before the meeting

Do not expect meaningful participation without preparation.

- Explain why the meeting is taking place
- Discuss who will attend and their roles
- Explain what decisions may be discussed
- Give the child time to prepare emotionally

Practice Tip: Children often participate better when they know what to expect and feel emotionally prepared.

2. Build relationships before expecting participation

Children speak more openly when trust exists.

- Spend time building rapport
- Listen outside of crisis moment
- Create opportunities for everyday conversations
- Do not only speak to the child before court or reviews

Practice Tip: Children are more likely to share honest views when they trust the adults involved.

3. Create a child-friendly environment

The meeting environment matters.

- Use simple, child-friendly language
- Avoid social work jargon
- Consider where the child feels safest
- Keep the atmosphere respectful and calm
- Limit unnecessary adults in the meeting

Practice Tip: Children often participate better in familiar, less intimidating environments

4. Make participation meaningful

Participation means more than attendance.

- Ask open-ended questions
- Give the child time to speak
- Offer different ways to communicate (talking, writing, drawing)
- Respect silence – some children need time

Practice Tip: Participation is not simply being present - children should feel heard and respected.

5. Close the loop

Children should know what happened afterwards.

- Explain decisions made
- Clarify why decisions were taken
- Explain what happens next
- Discuss what support is available

Practice reminder: A child whose voice is ignored may stop participating. A child who feels heard is more likely to engage in planning and care.

3. Individual Development Plan as a Participation Tool

Purpose and Scope of the Individual Development Plan

The IDP is the primary planning document used in a CYCC to guide the child’s care, development and intervention. It should identify the child’s strengths, needs, goals and required services, while also supporting permanency planning, reunification and preparation for adulthood where applicable.

Who Contributes to the Plan and How Often it is Reviewed

The IDP should be developed through a multi-disciplinary process, involving relevant role players such as the social worker, child and youth care worker, the child, family members/significant persons (where appropriate), and other professionals involved with the child. The plan should be reviewed every six months, or sooner if circumstances change.

3. How the Child’s Views Must Be Recorded

The child’s views, wishes, worries and preferences should be clearly documented in the IDP. Participation should be meaningful and age, maturity and stage of development should be considered. The IDP should reflect what the child says, what is important to the child and what outcomes the child hopes for.

4. How Decisions Must Reflect Consideration of the Child’s Views

The IDP should demonstrate how the child’s views were considered in decision-making, even where the final decision differs from the child’s wishes. Practitioners should be able to show how the child’s participation influenced planning, interventions and future decisions.

The IDP should not only record decisions — it should demonstrate meaningful child participation.

5. Using the Developmental Assessment Framework in Practice

Assessment in a CYCC should be developmental, holistic and child-centred, taking into account both the child’s strengths and needs. Children in alternative care often present with complex circumstances, and assessment should therefore extend beyond immediate risks and behaviour.

The developmental assessment framework above provides a practical way of considering the child’s functioning across different areas of development, including:

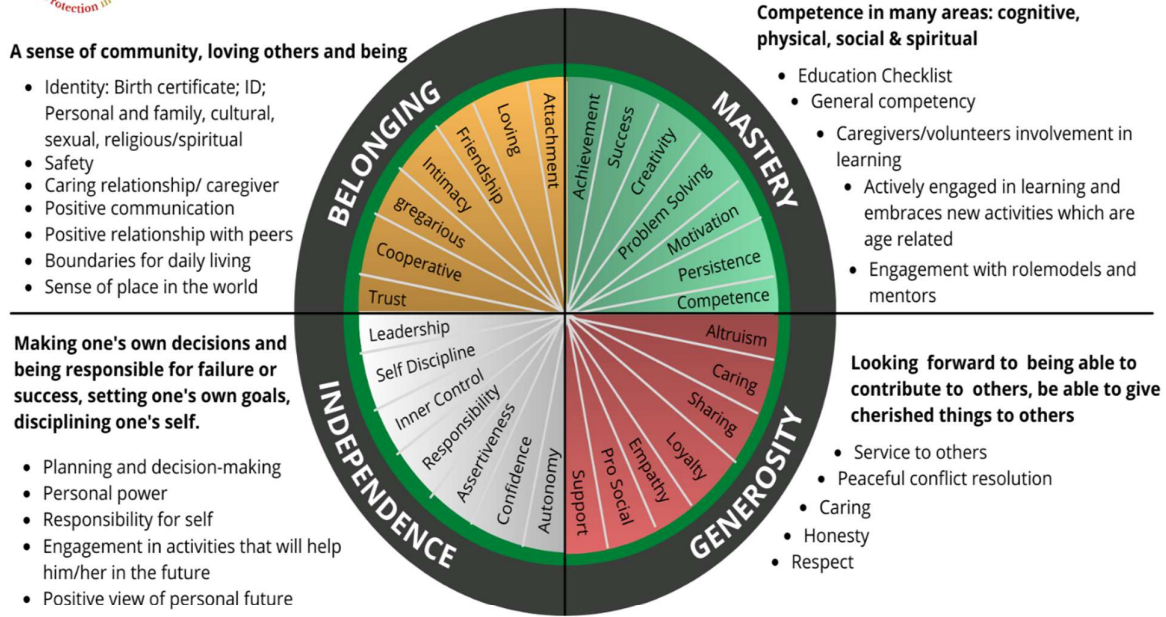
- Belonging: relationships, identity, attachment and emotional connection
- Mastery: education, achievement, motivation and competence
- Generosity: empathy, caring, contribution and social relationships

- Independence: decision-making, responsibility and future planning

Assessment should consider the child's strengths, needs, risks, developmental concerns **and** desired outcomes, which can then inform the Individual Development Plan (IDP) and intervention planning.



Assessment Of Children In Alternative Care



Developmental Area: Physical & Emotional Well-being	Assessment	IDP
<ul style="list-style-type: none"> • Physical well-being list • Chronic and acute illness • Disability • Nutrition • General health • Physical development/ cultural aspects • Clothing • Emotional Development 	<ul style="list-style-type: none"> • Strengths & resources • Needs/ concerns • Changes wanted (desired outcomes) • Actions to effect change (who/ timeframe) 	<ul style="list-style-type: none"> • Developmental Areas • What are the desired outcomes/ goals • What will be done? • Who will do it? • By when?

♦ **Practical Application**
Please complete Module 6: Child Participation (**Annexure E, page 63**).

7

Report Writing

1. Purpose and Role of CYCC Reports

Reports in a CYCC serve an important role in documenting the child's development, well-being, needs, progress and care planning. Reports are used to inform decision-making, monitor interventions and ensure that services remain in the best interests of the child.

CYCC reports may be written for different purposes, including:

- Six-monthly progress reports to monitor the child's development, functioning and progress in care
- Progress reports to the designated social worker for compilation of Section 159 report for the Children's Court to assist in reviewing alternative care placements
- Background reports to provide information regarding the child's history, family circumstances and placement context
- Transfer reports (to add to designated social worker's report) when a child moves to another placement, programme or service
- School-related reports to support educational planning or specialised interventions
- Behavioural or incident reports following significant events, absconding, behavioural concerns, injuries or safeguarding incidents
- Independent living or transition reports when preparing young people for adulthood and leaving care
- Admission or assessment reports to inform care planning and placement needs

The role of CYCC reports

Good reports help to:

- Monitor the child's progress and wellbeing
- Inform children's court and statutory decisions
- Support care planning and IDP reviews
- Record significant events and interventions
- Strengthen continuity of care between professionals and placements
- Provide evidence of child participation in line with section 10

A good report helps decision-makers understand the child's circumstances, progress, needs and what should happen next.

2. Core Principles of Good CYCC Report Writing

Accuracy and Factual Correctness

- Record accurate and verifiable information
- Check dates, names and factual details
- Avoid assumptions and speculation

Clear and Professional Language

- Write clearly and simply
- Use professional language
- Avoid jargon and emotional language

Instead of:

✗ *“The child is impossible.”*

Say:

✓ *“The child displayed difficulty following instructions during structured activities.”*

Neutral and Non-Judgmental Tone

- Describe behaviour objectively
- Avoid blame, labels or personal opinions

Instead of:

✗ *“The mother does not care.”*

Say:

✓ *“The mother missed three scheduled contact visits between January and March 2026.”*

Clear Separation Between Facts, Observations, Assessments and Recommendations

Facts

- What happened
- Objective information
- Dates/events

Observations

What was seen/heard?

- Behaviour
- interactions

Assessment

What does it mean?

- Analysis of needs, risks, strengths

Recommendations

What should happen next?

- Clear, realistic, child-centred recommendations

Inclusion of the Child's View (Section 10)

Reports should reflect:

- The child's wishes and views
- The child's concerns
- Level of participation
- How the child's views were considered

Alignment Between Assessment and Recommendation

Recommendations should follow logically from the evidence.

Weak example:

Assessment shows stability → recommendation suddenly changes placement.

Good example:

Assessment identifies educational support needs → recommendation includes remedial support.

✦ Practical Application

Please complete Module 7: Report writing (**Annexure F, page 64**).

8

Ethical Dilemmas and Professional Conduct

Overview of Ethical Practice in a CYCC Context

Ethical practice in a CYCC involves acting in ways that are professionally responsible, legally compliant and in the best interests of the child. Social workers in residential care settings are regularly required to make difficult decisions where there may not be a simple or perfect answer.

Ethical practice requires practitioners to balance:

- The best interest of the child
- Children's rights and participation
- Legal obligations
- Professional responsibilities
- Organisational expectations
- Safety, well-being and accountability

Ethics is not only about avoiding wrongdoing. It is about making professional, defensible and child-centred decisions, particularly when situations are complex or uncertain.

Legal Compliance and Ethical Practice: Understanding the Difference

Although legal compliance and ethical practice are closely connected, they are not the same.

Legal compliance

Legal compliance refers to following the requirements of the law, policies and court orders.

Examples include:

- Reporting child abuse or neglect in terms of section 110 of the Children's Act
- Complying with children's court orders
- Following statutory procedures and organisational policies
- Maintaining required records and reports

Ethical practice

Ethical practice goes beyond merely following rules. It involves considering what is fair, respectful, child-centred and professionally responsible, even when the law does not provide a clear answer.

Ethical decision-making should be guided by relevant professional ethical codes and rules of conduct, particularly:

- Rules relating to the course of conduct to be followed by social workers in the practising of their profession (Code of Ethics)
- Rules relating to conduct of child and youth care workers practising their profession

Examples include:

- Respecting a child's dignity during difficult situations
- Listening to the child's views before making decisions
- Managing confidentiality respectfully and appropriately
- Using professional judgement when balancing competing interests

Professional Conduct in Residential Care Settings

Professional conduct refers to the standards of behaviour expected from social worker practitioners and child and youth care workers working within a CYCC environment.

Because CYCCs operate in a 24-hour residential care environment, practitioners often work closely with children over extended periods, which may create ethical challenges relating to relationships, authority and boundaries.

Professional conduct includes:

- Treating children with respect and dignity
- Communicating professionally and respectfully
- Maintaining appropriate boundaries
- Acting consistently and fairly
- Promoting child participation and inclusion
- Respecting confidentiality and privacy
- Maintaining professional accountability

Professional conduct should promote trust, safety and emotional wellbeing for children in care.

Power Dynamics Between Adults and Children in Care

Children in residential care are often dependent on adults for protection, care, decision-making and daily needs. This creates an unequal power relationship between adults and children.

Adults in CYCCs hold power because they:

- Make decisions about care and daily routines
- Set rules and boundaries
- Influence placement decisions and access to services
- Have authority within the care environment

Ethical practice requires practitioners to use power:

- Responsibly
- Respectfully
- Transparently
- In ways that promote participation rather than control

Social worker practitioners and child and youth care workers should remain aware of how power may influence communication, trust and the child's willingness to participate honestly.

Boundary Management and Dual Relationships

Professional boundaries are essential in residential care settings to protect both the child and the practitioner.

Social workers often develop meaningful therapeutic relationships with children in care. However, relationships should remain supportive, caring and professional.

Boundary concerns may arise when:

- Favouritism develops
- Personal relationships become blurred
- Social worker practitioners over-share personal information
- Children become emotionally dependent on a practitioner
- Communication takes place outside professional boundaries

Healthy professional boundaries support:

- Safety
- Trust
- Consistency
- Professional accountability

Confidentiality and Information Sharing

Children have a right to privacy and confidentiality. However, confidentiality is not absolute.

Information may need to be shared when:

- A child is at risk of harm
- Statutory intervention is required
- Abuse or neglect is disclosed
- Information is required for multidisciplinary planning or court processes

Social workers should carefully consider:

- What information should be shared
- Who needs the information
- Why the information is necessary
- Whether disclosure is in the child's best interests

Where possible, children should be informed about why information may need to be shared.

Accountability to Children, Families, Colleagues and the Profession

Social workers in CYCCs are accountable to multiple role players.

Accountability to children

Protecting dignity, rights, safety and participation.

Accountability to families

Engaging respectfully and professionally.

Accountability to colleagues and organisations

Maintaining professionalism, collaboration and ethical conduct.

Accountability to the profession

Adhering to the SACSSP Code of Ethics, professional standards and legislative requirements.

Professional accountability includes appropriate:

- Decision-making
- Documentation
- Consultation and supervision
- Ethical reflection

Ethical Decision-Making Framework

Ethical dilemmas often involve competing responsibilities and difficult choices. A structured ethical decision-making process can assist practitioners to make more defensible decisions.

Suggested Ethical Decision-Making Process

1. Identify the ethical dilemma.
2. Identify relevant laws, policies and ethical codes.
3. Consider the child's rights, participation and best interests.
4. Explore possible options and consequences.
5. Consult, supervise and document the decision.
6. Act and review the outcome.
7. Ask: Can this decision be defended professionally?

◆ Practical Application

Please complete Module 8: Ethical dilemmas and professional conduct – Case studies (see **Annexure G, page 65**).

1. Trauma-Informed Understanding of Behaviour in CYCCs

Reframing Behaviour

Behaviour should not only be viewed as “good” or “bad”, but as communication.

Instead of asking:

“What is wrong with this child?”

Trauma-informed practice asks:

“What happened to this child?”

“What is this behaviour communicating?”

Children in CYCCs often express distress, fear, grief, trauma, rejection or unmet needs through behaviour.

Examples:

- Aggression may reflect fear or lack of emotional regulation.
- Withdrawal may reflect trauma, anxiety or depression.
- Sexualised behaviour may reflect trauma exposure or exploitation.
- Defiance may reflect survival strategies or mistrust of adults.

What Do We Mean by Trauma-Informed Practice?

Trauma-informed practice means understanding that many children in care have experienced:

- Abuse
- Neglect
- Abandonment
- Violence
- Loss and grief
- Multiple placements
- Family disruption

Trauma-informed practice recognises how trauma affects:

- Behaviour
- Relationships
- Emotional regulation
- Trust and attachment
- Development and learning

A trauma-informed approach asks:

“How do we respond in ways that support healing rather than punishment?”

Trauma-informed practitioners aim to:

- Promote emotional safety
- Build trust and relationships
- Respond calmly and consistently
- Avoid re-traumatisation
- Strengthen emotional regulation skills

Trauma and the Developing Brain

Trauma can affect how children:

- Think
- Feel
- Trust others
- Regulate emotions
- Respond to stress

Children who have experienced trauma may:

- Be hyper-alert or reactive
- Struggle with emotional regulation
- Have difficulty concentrating
- React impulsively
- Struggle to trust adults

This means behaviour may sometimes be a survival response rather than deliberate misconduct.

Trauma-Informed Responses

Trauma-informed responses focus on:

- Safety
- Connection
- Predictability
- Emotional regulation
- Relationship-building

Instead of punishment-focused responses:

- Shame
- Humiliation
- Escalation

Practitioners should aim for:

- Calm, regulated responses
- Clear boundaries and consistency
- Emotional coaching
- Problem-solving with children
- Opportunities for repair and restoration

Overview of Behavioural Challenges Identified in CYCCs

Children in CYCCs may present with a range of behavioural challenges linked to trauma, loss, attachment difficulties, developmental needs, peer dynamics, mental health concerns, exposure to violence or disrupted caregiving experiences. Behaviour in a CYCC should not automatically be viewed as “problematic” or “defiant”, but rather understood within the context of the child’s experiences, emotional wellbeing and developmental stage.

Behavioural challenges often communicate unmet needs, emotional distress, fear, survival responses, poor emotional regulation or attempts to cope with overwhelming experiences. Understanding the meaning behind behaviour helps practitioners move from punishment-focused responses toward more therapeutic, trauma-informed interventions.

Sexual Behaviour Challenges

Children may display sexualised behaviour ranging from developmentally appropriate curiosity to behaviour that raises concerns regarding trauma exposure, abuse, exploitation, pornography exposure or poor boundaries. Practitioners must distinguish between age-appropriate sexual behaviour and behaviour that may indicate risk or harm. Responses should prioritise safety, assessment, supervision and therapeutic support rather than shame or punishment.

Bullying

Bullying may present as physical aggression, intimidation, threats, social exclusion, relational manipulation or cyberbullying. Children who bully others may themselves have experienced trauma, violence or victimisation. CYCC practitioners should promote a culture of respect, safety and restorative responses, while supporting both the child harmed and the child engaging in bullying behaviour.

Social Media and Technology-Related Risks

Children and young people may be exposed to cyberbullying, online grooming, pornography, unsafe online relationships, sexting, scams or harmful social media influences. Technology can create opportunities for connection but also significant risks. CYCCs should provide

guidance, supervision, digital safety education and clear boundaries regarding online behaviour.

Aggression, Anger and Peer Conflict

Aggressive behaviour may include verbal conflict, emotional outbursts, physical altercations or intimidation of peers. Such behaviour is often linked to trauma, emotional dysregulation, fear, frustration or difficulty managing relationships. Practitioners should respond through de-escalation, emotional regulation support, restorative conversations and consistent boundaries.

Abscondment

Abscondment occurs when a child leaves the CYCC without permission or fails to return as expected. Reasons may include family contact, peer pressure, fear, emotional distress, substance use, gang involvement, exploitation or dissatisfaction within the placement. Practitioners should seek to understand the reasons behind abscondment, while balancing safety planning, relationship-building and accountability.

Substance Abuse Related Behaviour

Children and young people may engage in alcohol or substance use as a coping mechanism, peer influence or means of emotional escape. Substance use may increase vulnerability to exploitation, unsafe relationships, criminal activity and emotional instability. Responses should focus on assessment, support, prevention, education and referral for specialised intervention where necessary.

Emotional and Mental Health Related Behaviour

Some children may present with anxiety, depression, emotional withdrawal, self-harming behaviour, suicidal ideation, mood changes or behavioural distress. Emotional and mental health concerns may not always be obvious and can sometimes appear as anger, withdrawal or disruptive behaviour. Practitioners should respond sensitively and ensure appropriate assessment, referral and emotional support.

Vandalism

Damage to property may reflect anger, frustration, emotional distress, poor impulse control or attempts to communicate distress. Rather than focusing only on punishment, practitioners should explore the emotional meaning behind the behaviour, accountability and restorative opportunities.

Authority and Rule-Related Challenges

Children in care may struggle with rules, boundaries, authority figures or structured routines, particularly where previous caregiving experiences were inconsistent, harmful or neglectful. Resistance or defiance may reflect mistrust, fear, trauma responses or attempts to maintain control. Practitioners should aim for consistent, fair and relationship-based approaches.

Other Behavioural Challenges

Children may also present with behaviour linked to gang involvement, running away, stealing, emotional withdrawal, school refusal, peer pressure, grief, identity struggles or developmental delays. Behaviour should always be understood within the child's history, developmental stage and care context.

3. Therapeutic Responses Within the CYCC

Behaviour should be linked to care planning, intervention and developmental support, rather than punishment alone.

Individual Therapeutic Work

Providing opportunities for emotional expression, problem-solving and healing through supportive intervention.

Group Work as Therapeutic Intervention

Using peer learning, emotional support, life skills and therapeutic group processes.

Linking Behaviour to the IDP and Services

Behavioural concerns should inform:

- Goals in the IDP
- Appropriate interventions
- Support services
- Developmental planning

Referral for Therapy

Referral to psychologists, psychiatrists, social workers or specialised services where needed.

Independent Living Plans

Preparing young people for adulthood through emotional regulation, problem-solving, relationships and decision-making skills.

◆ Practical Application

Please complete Module 9: Understanding and Responding to behavioural challenges in CYCCs – Case Studies (**Annexure H, page 66**).

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11

Annexures

A

Module 1: Case Studies

Scenario	Participant Notes
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<p>Scenario 1: Admission into a CYCC A 13-year-old child is admitted to the CYCC late in the afternoon following a Children’s Court order placing the child in alternative care. The child arrives with minimal documentation. The CYCC has limited background information and the child appears distressed and withdrawn. Groups must discuss:</p> <ul style="list-style-type: none"> • Who has decision-making authority at admission • Who must be consulted • Who must be informed • What must be documented • Risks if roles are unclear 	
<p>Scenario 2: Absconding from the CYCC A 15-year-old boy absconds from the CYCC during a weekend. He returns two days later and refuses to explain where he was. Staff suspect exposure to criminal activity but have no confirmation. Groups must discuss:</p> <ul style="list-style-type: none"> • Who leads the response • Who must be informed immediately • What documentation is required • What legal duties arise • Risks if the incident is minimised 	
<p>Scenario 3: Behavioural incident within the CYCC A physical altercation occurs between two children in the CYCC resulting in injury to one child. There are allegations that supervision was inadequate at the time of the incident. Groups must discuss:</p> <ul style="list-style-type: none"> • Who manages the immediate response • Who must be notified • Who documents the incident • When this becomes a legal issue • Ethical and organisational risks 	
<p>Scenario 4: Placement review A child has been placed in the CYCC for 18 months. Progress has been uneven. The CYCC social worker believes continued placement is necessary, while the DSD social worker is considering alternative options due to resource constraints. A court review is approaching. Groups must discuss:</p> <ul style="list-style-type: none"> • Who prepares reports • Who makes recommendations • Who has final decision-making authority • How professional disagreement should be managed • What documentation is crucial 	

<p>Scenario 5: Preparation for discharge A 17-year-old young person is approaching the age of 18. The child expresses anxiety about leaving the CYCC and requests to remain in care beyond 18. There is uncertainty about readiness and available aftercare support. Groups must discuss:</p> <ul style="list-style-type: none"> • Who initiates planning • Who assesses readiness • Who approaches DSD • What services must be coordinated • Risks if planning is delayed 	
<p>Scenario 6: Serious incident A child in the CYCC sustains a serious injury during a group activity. There are conflicting accounts of what happened and concerns about possible negligence. Groups must discuss:</p> <ul style="list-style-type: none"> • Who ensures immediate protection and care • Who must be informed and within what time frame • Who documents the incident • When statutory reporting applies • Ethical and organisational risks 	

B

Module 2: Children’s Act and CYCC Practice

PART A: MULTIPLE CHOICE

Q1: Which section of the Children’s Act provides for a child to be placed in alternative care such as a CYCC?

<input type="checkbox"/>	Section 150
<input type="checkbox"/>	Section 156
<input type="checkbox"/>	Section 158
<input type="checkbox"/>	Section 186
Motivation:	

Q2: Which section governs the review of a child’s placement in alternative care?

<input type="checkbox"/>	Section 150
<input type="checkbox"/>	Section 156
<input type="checkbox"/>	Section 159
<input type="checkbox"/>	Section 186
Motivation:	

Q3: Section 186 of the Children’s Act applies to which placement?

<input type="checkbox"/>	A CYCC placement
<input type="checkbox"/>	Temporary safe care
<input type="checkbox"/>	Foster care

<input type="checkbox"/>	Secure care
Motivation:	

PART B: TRUE OF FALSE

Q4: A CYCC social worker may discharge a child if it is in the child's best interests.

<input type="checkbox"/>	True
<input type="checkbox"/>	False
Motivation:	

Q5: Section 10 of the Children's Act requires that children be given an opportunity to participate in decisions affecting them.

<input type="checkbox"/>	True
<input type="checkbox"/>	False
Motivation:	
If true, from which age?	

Q6: If a child refuses contact with a parent the CYCC social worker may ignore the court order.

<input type="checkbox"/>	True
<input type="checkbox"/>	False
Motivation:	

PART C: SCENARIO-BASED QUESTIONS

Q7: A 13 year old child has been in a CYCC for 18 months and no court review has taken place. Which section should guide the next step?

<input type="checkbox"/>	Section 150
<input type="checkbox"/>	Section 156
<input type="checkbox"/>	Section 158
<input type="checkbox"/>	Section 159
Motivate:	

Q8: A CYCC social worker prepared a report recommending transfer to a foster family. Which statement is correct?

<input type="checkbox"/>	The CYCC Social Worker can approve the transfer
<input type="checkbox"/>	DSD can transfer without court involvement
<input type="checkbox"/>	The Children's Court must vary the placement order
<input type="checkbox"/>	Section 186 applies
Motivate:	

Q9: A child states that they were not consulted during placement review. Which section may have been violated?

<input type="checkbox"/>	Section 7
<input type="checkbox"/>	Section 9
<input type="checkbox"/>	Section 10
<input type="checkbox"/>	Section 156
Motivate:	

PART D: LINK QUESTION

Q10: According to the roles and responsibilities flowchart developed earlier – who holds overall statutory responsibility for the child?

<input type="checkbox"/>	A CYCC Social Worker
<input type="checkbox"/>	Child and Youth Care Worker
<input type="checkbox"/>	DSD/CPO Social Worker

<input type="checkbox"/>	CYCC Manager
Motivate:	

C

Module 3: Reviews, Transfers and Discharge

CASE STUDY:

Sipho is a 13-year-old boy who was removed from his family home following concerns of neglect and exposure to substance abuse. The Children’s Court found Sipho to be a child in need of care and protection and issued an order placing him in a Child and Youth Care Centre. Sipho has been in the CYCC for 14 months. His school attendance has improved and his behaviour has stabilised. However, contact with his biological family has been inconsistent. The DSD social worker is considering whether Sipho should remain in the CYCC be transferred to foster care or be reunified with family.

Group Task

As a group map Sipho’s journey by completing the table below. Refer to the Children’s Act and the roles and responsibilities discussed earlier.

Stage	Legal Basis	Responsible Role Player	Key Actions	Child Participation	Documentation Required
Placement in CYCC					
Ongoing Care					
Placement Review					
Transfer Decision					
Discharge Planning					

Reflection Questions:

- Which section of the Children’s Act applies at each stage?
- Who holds statutory responsibility at each point?
- How is Sipho’s voice included in decisions?
- What would you recommend as the next legal step?

D

Module 5: Regulations, Norms and Standards and Compliance

This self-audit checklist is designed to support CYCC social workers and management to assess compliance with the Children’s Act, Regulations and DSD Norms and Standards. It may be used for internal quality assurance, supervision preparation and readiness for DSD monitoring and inspections.

A. REGULATORY COMPLIANCE

<input type="checkbox"/>	Children's rights are visibly displayed and actively promoted within the CYCC (Regulation 73). Children are informed of their rights and complaint procedures in an age-appropriate manner (Regulation 73 and 74).
<input type="checkbox"/>	A clear and accessible complaints procedure is in place and documented (Regulation 74).
<input type="checkbox"/>	Complaints are recorded, responded to and reviewed within required timeframes.
<input type="checkbox"/>	Residential, therapeutic, developmental and recreational programmes are implemented as required (Regulation 75).
<input type="checkbox"/>	Behaviour management practices are lawful, rights-based and documented (Regulation 76).
B. NORMS AND STANDARDS: PROGRAMMES AND CARE	
<input type="checkbox"/>	Residential programmes meet children's basic care, safety and emotional needs.
<input type="checkbox"/>	Therapeutic programmes are available and aligned to assessed needs.
<input type="checkbox"/>	Developmental programmes support age-appropriate skills and growth.
<input type="checkbox"/>	Individual Development Plans are in place, updated and implemented.
<input type="checkbox"/>	Permanency planning is actively pursued and documented.
<input type="checkbox"/>	Temporary safe care placements are managed in line with legal requirements.
C. PROTECTION, ASSESSMENT AND FAMILY WORK	
<input type="checkbox"/>	Children are protected from abuse, neglect and exploitation.
<input type="checkbox"/>	Risk assessments are conducted and reviewed regularly.
<input type="checkbox"/>	Incidents and disclosures are responded to appropriately and documented.
<input type="checkbox"/>	Family reunification and reintegration services are planned and monitored.
<input type="checkbox"/>	Child participation is evident in assessments and planning.
D. HEALTH, EDUCATION AND DEVELOPMENT	
<input type="checkbox"/>	Children have access to appropriate health care services.
<input type="checkbox"/>	Medical consent procedures are followed and documented.
<input type="checkbox"/>	Children attend school or educational programmes appropriate to their age and needs.
<input type="checkbox"/>	Educational progress and challenges are monitored and supported.
E. SAFETY, SECURITY AND INFRASTRUCTURE	
<input type="checkbox"/>	Adequate security measures are in place within the CYCC.
<input type="checkbox"/>	Children in secure care programmes are appropriately separated from other programmes.
<input type="checkbox"/>	Emergency procedures are known by staff and tested.
<input type="checkbox"/>	Facilities are safe, clean and suitable for children.
F. DOCUMENTATION, SUPERVISION AND QUALITY ASSURANCE	
<input type="checkbox"/>	Case files are complete, accurate and up to date.
<input type="checkbox"/>	Incident reports are completed and reviewed.
<input type="checkbox"/>	Supervision records reflect oversight and guidance.
<input type="checkbox"/>	Internal audits or reviews are conducted periodically.
<input type="checkbox"/>	Corrective actions are identified and implemented where gaps exist.
G. OVERALL COMPLIANCE REFLECTION	
Areas of good practice identified:	
Areas requiring improvement:	
Immediate actions required:	

Module 6: Child Participation

Case studies:

Instructions for participants:

Work in small groups. Each group will be given one IDP extract. Discuss and record:

- Where the child's voice is visible
- Which elements of Lundy's Model are present
- Which elements are missing or weak
- How participation could be strengthened
- What should be documented differently

Case study 1: Mario 13 years old

Mario continues to present with challenging behaviour, including refusal to attend group activities and frequent conflict with peers. The care team had decided that Mario will attend anger management group sessions twice a week. Increased supervision during afternoon activities has been implemented. Progress will be reviewed in 3 months.

Mario was informed of the programme changes. No objections were recorded.

Case study 2: Tyron 15 years old

Tyron is in the centre for 14 months. He reports feeling frustrated with centre rules and often withdraws from structured activities. During the IDP discussion Tyron stated that he prefers spending time alone rather than attending group programmes. Despite this, it was agreed that Tyron will continue with life skills group as attendance is considered beneficial. Individual counselling sessions will continue once per week.

Tyron's views were noted. No changes were made to the programme.

Case study 3: Asanda 16 years old

Asanda is 11 months in the centre. She expressed that she feels overwhelmed in large groups and finds it difficult to speak openly. She requested more on-on-one support. Following discussion, it was agreed that Asanda will attend individual therapeutic sessions weekly and participate in a smaller social skills group. Progress will be reviewed in six weeks.

Asanda agreed to trial the revised programme and requested regular feedback meetings with her social worker.

Case study 4: Siphon 17 years

Siphon is 2 years in the centre. Siphon shared that he feels anxious about turning 18 and worries about coping independently. He identified a need for support with budgeting, job readiness and emotional regulation. Together with Siphon, the team agreed on the following goals: participation in the independent living programme, weekly individual sessions focused on transition planning and mentorship support. Siphon requested monthly review meetings to track progress.

Siphon's views informed all agreed goals and interventions. He confirmed understanding of the plan and consented to the proposed services. Participation will be reviewed at each IDP update.

Module 7: Report Writing

SECTION 159 REVIEW REPORT SCREENING EXERCISE
<p>This exercise provides multiple CYCC report extracts. Participants must analyse and improve report-writing quality.</p> <p>Instructions: Read each extract. Identify weaknesses and rewrite to improve professionalism, compliance and defensibility.</p>
<p>Extract 1: Statement: The child is very difficult and does not behave well at the centre. He attends some programmes. Task: Rewrite to reflect behaviour objectively and describe services clearly. Answer:</p>
<p>Extract 2: Statement: The mother does not care about the child and does not visit. Task: Rewrite using factual, evidence-based language. Answer:</p>
<p>Extract 3: Statement: The child is doing better. Task: Rewrite with measurable progress and examples. Answer:</p>
<p>Extract 4: Statement: The child said he is fine. Task: Rewrite to reflect meaningful participation. Answer:</p>
<p>Extract 5: Statement: The placement is good. Task: Rewrite with evidence of suitability. Answer:</p>

Module 8: Ethical Dilemmas and Professional Conduct

Case studies:

Guiding questions for all scenarios:

- What is the ethical dilemma?
- Which ethical principles are in tension?
- What legal duties apply?
- What possible courses of action are available?
- What are the risks of poor or unethical decision making?

Scenario 1: Confidentiality and disclosure

A 14-year-old girl placed in a CYCC discloses to the CYCC social worker that she is pregnant. She begs the social worker not to tell anyone including the DSD social worker because she is afraid she will be moved to another placement. The pregnancy was not previously known and there are concerns about the circumstances under which it occurred.

Scenario 2: Boundaries and dual relationships

A CYCC social worker develops a close therapeutic relationship with a child in care who repeatedly seeks emotional support outside of scheduled sessions. The child begins asking the social worker for personal favours and messages the social worker on their personal phone after hours. Management is aware but has not intervened.

Scenario 3: Conflict with the statutory social worker

The CYCC social worker strongly believes that a child is not ready for reunification due to ongoing risk factors. The DSD social worker insists that reunification must proceed due to resource pressures and limited placement options. A placement review is imminent and the CYCC social worker is asked to submit a progress report.

Scenario 4: Absconding and safety

A 16-year-old boy absconds from the CYCC and returns after two days. He refuses to disclose where he was or what happened during his absence. The CYCC is concerned about possible exposure to criminal activity or exploitation. The child asks that SAPS not be informed.

Scenario 5: Documentation and pressure

A CYCC social worker is asked by management to finalise a court report urgently. The social worker feels that important assessments are incomplete but is told that delays could jeopardise the CYCC's relationship with the DSD. The report must be submitted the same day.

Scenario 6: Serious incident in care

A child in the CYCC sustains a serious injury during an altercation with another child. Initial information suggests that supervision may have been inadequate at the time. Management asks the social worker to record the incident in a way that minimises organisational risk.

Module 9: Understanding and Responding to behavioural challenges in CYCCs

Case study 1: Emotional dysregulation and peer conflict

Lebo is a 16-year old girl placed in a CYCC following a children's court order due to chronic neglect and exposure to domestic violence. She has been in the CYCC for 14 months.

Lebo presents with mood swings, withdrawal and frequent verbal conflict with peers. She becomes verbally aggressive when she feels criticised and has damaged property on two occasions during emotional outbursts. Staff report that she struggles to trust adults and often refuses individual sessions.

Behavioural challenges identified:

- Anger outbursts and verbal aggression
- Bullying and peer conflict
- Vandalism during periods of distress
- Emotional withdrawal

Group discussion questions:

1. How can Lebo's behaviour be understood as communication of unmet needs or trauma?
2. Which individual and group interventions would be appropriate?
3. How should behavioural responses be reflected in her IDP?
4. What ethical risks arise if behaviour is managed punitively?

Case study 2: Risky sexual behaviour and social media use

Ayanda is a 15-year old girl placed in a CYCC due to abandonment and prior sexual exploitation. She has been in the centre for eight months.

Staff have become increasingly concerned about Ayanda's use of social media. She has been communicating with unknown adults online and has shared explicit images of herself. Ayanda reacts defensively when limits are placed on her phone use and accuses staff of controlling her.

Behavioural challenges identified:

- Risky sexual behaviour
- Online grooming and exploitation risks
- Boundary violations
- Resistance to authority

Group discussion questions:

1. What immediate protection concerns must be addressed?
2. How can social media behaviour be managed in a developmental and non-punitive way?
3. Which therapeutic services should be prioritised?
4. Based in the case study, what specific interventions and actions should be included?

5. Do you have a reporting duty in this case? If so, to whom and within what timeframe? Which other legislation is applicable to this case study?

Case study 3: Absconding, substance use and transition planning

Sipho is a 17-year old boy placed in a CYCC following findings that he was a child in need of care and protection due to parental substance abuse and criminal involvement. He has been in the CYCC for 2 years.

Sipho has absconded several times during the past six months. When he returns he appears intoxicated and refuses to disclose where he has been. Sipho has expressed frustration about rules in the CYCC and stated that he will be leaving the centre as soon as he turns 18.

Behavioural challenges identified:

- Repeated absconding
- Substance abuse
- Defiance of authority
- Anxiety about transition to adulthood

Group discussion questions:

1. How should absconding and substance abuse be addressed within a developmental framework?
2. How does Section 176 influence planning for Sipho?
3. What independent living and transition services should be prioritised?
4. What risks arise if transition planning is delayed or inadequate?
5. Based on the case study, what specific interventions and actions should be included in the child's IDP?