GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF SOCIAL DEVELOPMENT

NO. 3881 11 September 2023

ADDENDUM

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

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

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

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

NAME AND CONTACT DETAILS:

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

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

Comments must be submitted to:

Comments must be submitted to:

(a) by Post:
The Director-General: Department of Social Development
Private Bag X901
Pretoria
0001;

(b) by Hand:
 The Director-General: Department of Social Development Human Sciences Research Council Building 134 Pretorius Street Pretoria;

(c) by Email:

<u>LuyandaMt@socdev.gov.za</u> or <u>MatlhogonoloS@dsd.gov.za</u>

Ms Lindiwe D Zulu

Minister of Social Development

FORM 38A

Notice of Abandoned/Orphaned Child (Regulation 56(1)

To: The public/members of interested family/affected parties
Municipal District ofProvince, Republic of South Africa
Date of Publication:
KINDLY take notice that on
KINDLY TAKE NOTICE further that a designated social worker, Name and surname :Office AddressTel:/Mobile/
has been appointed to handle the matter of the above child.
The child's details are apparently as follows:
Child's Name and surname:
Child's estimated age:years;
Gender: Male/Female/other;
Nationality:
Race Group:
Name of guardian/parent (where applicable)
Last known address:
Reasons for issuing the notice:
KINDLY FURTHER TAKE NOTICE that this notice will be published also on the website of the provincial department of social development, and may be removed once the child has been positively identified alternatively placed into relevant child protection or re-united with parents.
IF YOU OR ANY PERSON KNOWN TO YOU may be familiar with or known to the child, kindly contact the above designated social worker or the nearest police station.

KINDLY FURTHER note that should no person claim the child within 30-days hereof, the child may be made available for foster care/adoption or other child protection measure at the discretion of the Children's Court. in the meantime mentioned below, is currently investigating the possibility of NB: The designated social worker may be contacted for further enquiries on the contacts stated above.

For Public Notice Issued by: Provincial Head of Social Development:

Province

[official date stamp of office where publication is made]

FORM 38B (Regulation 56B(1))

SCREENING AND REPORTER FORM

CONFIDENTIAL

Screening Office:

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

Recommended to be completed by Social Service Practitioner

Province.....

Name and surname of Social Service

Address.....

		Practitioner	er
		Office Tel:	/ Mobile
		No:	
Section 1: Details	of person repo	orting a case	
Briefly explain to the	reporter your	name, title and c	details of the organization. Indicate that you
are going to ask son	ne basic inform	nation about the i	reporter, in the event that the Social Worker
would need to conta	ct him/her at a	later stage to ga	gain additional information. Indicate to the
reporter that the info	rmation shared	d will be confider	ential and that the reporter can choose to remain
anonymous			
Select anonymity	Reporter	Reasons for	
preference of	wishes to	preference (if	:
reporter	remain	relevant)	55.00.00
	anonymous		
	□ Yes		
	□ No		
Relationship with	☐ Relative		☐ Community Based Organization
client	Cl Noighbor /	Family friend r	representative
	LI Meighbor /	army mena	•
	☐ Teacher	. uning mond	Labour inspector

	☐ Health Professional	□ Other, specify
Name and Surname of reporter (if not anonymous)	Contact de (telephone	20.00
Name of organization (if applicable)	The state of the s	

Section 2: Details of known write "not known			all available inforn	nation. If info	ormation is not
First Name(s)	Note that the second se	terren of easy many very common or entire years of years over the	Surname		e quae in presidentiale de gree serve se policie de se se divident de se se seu dividentiale de se se se de se
Date of birth (or if not available age):			Address		
Gender	□ Male	Nationality	☐ South African	Racial	□ Black
			☐ Other,	Group	☐ Coloured
	Female		specify:		☐ Asian
	Other	methodological company of the compan			☐ White
	Non-				□ Other
	Binary				
	Preferred				
	not to				
	specify				

Section 3: Relevant inform relevant information as provi			eporter. Describe all
. В надажения в не простоя простоя по под том постоя под под том под	enterzente arte entre		
- V			
	THE PARTY OF THE P		
		**	

Section 4: Action taken	ikan kalendari da dipundukun da 1 km/m, perpensi kendi erang da pentua da pendua da pendua da pendua da pendua Barang da pengunya da pendua d		ти де долга
Internal referral	☐ Yes	Referred to:	
Referral to external organization	☐ Yes	Name of organization referred to:	
Other	☐ Yes	If other, please specify	
SSP Name and Surname	Signature	SACSSP Number	

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

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

	Findings following
	screening:
	•••••

Intervention	I propose that you
measures	consider:
proposed	
10000	•••••••••••••••••••••••••••••••••••••••
	·····
***	••••
Referral:	I,in my capacity as social
	auxiliary worker/social service practitioner/social worker, SACSSP
	number:with contact details: Tel:
777	email:

	, hereby refer the above-named child to you
	for further assessment and
	intervention
	•••••••••••••••••••••••••••••••••••••••
	•••••
	Signed by:date:
OFFICIAL	
STAMP	

Case referred from

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

CONFIDENTIAL

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

Agreement to the company of the control of the cont	
Service Point(Province)	Tel
Case referred to	
Organisation name	E-mail
Physical Address	Tel
Referral of client	
Dear Sir/ Madam	
Dear Sir/ Madam	
	on
The below named consulted our offices	
The below named consulted our offices You are requested to assist him / her wit	on th services linked to the following (<i>mark X where</i>
The below named consulted our offices You are requested to assist him / her wit applicable)	th services linked to the following (<i>mark X where</i>
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas	th services linked to the following (<i>mark X where</i>
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas Poverty alleviation	th services linked to the following (<i>mark X where</i>) □ Care and protection of Vulnerable Groups
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas □ Poverty alleviation □ Social integration	th services linked to the following (mark X where Care and protection of Vulnerable Groups - Persons with Disabilities
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas Poverty alleviation	th services linked to the following (<i>mark X where</i>) □ Care and protection of Vulnerable Groups
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas Poverty alleviation Social integration Family preservation Social Crime Prevention	th services linked to the following (mark X where Care and protection of Vulnerable Groups - Persons with Disabilities Description, Care and Support of Substance abuse
The below named consulted our offices You are requested to assist him / her wit applicable) Social Welfare Services (Focus areas □ Poverty alleviation □ Social integration □ Family preservation	th services linked to the following (mark X where Care and protection of Vulnerable Groups Persons with Disabilities Prevention, Care and Support of

		☐ Othe	er (specify)	:	
		. :	· · · · · · · · · · · · · · · · · · ·		
Other services					
☐ Grants		□She	lter for victims of viole	ence	
☐ Food and nutrition		□ Poli	ce		
☐ Education		□ Lega	al assistance		
☐ Health		□ HIV	services		
☐ Other (specify)					
	··-				
		1			
Details of the client					
Client name**			Contact number/s		
DSD Reference Number			Identity no		
Gender	□ Male		If foreign national,	complete section below	N
	□Female				
	□ other				
	0				
Date of Birth			Type of		<u> 1866</u>
			identification		
Address, including			Country of origin		
district			Language spoken		
Parent/guardian/caregiver					
name **					
1.1. F	<u> </u>				

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

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

and ID/DSD reference number					
Risk Level	☐ Emerg	ency	□ High	***************************************	□ Mild
Response required within	24 hours		48 hours		5 days
	I				
Consent and information sha	ring	····:			and the second s
Describe preferred way to conta	act the			· · · · · · · · · · · · · · · · · · ·	
client and any restrictions on co	ntacting				
the client					
Has the client consented to sha	re	☐ Yes	If yes, add sign	ature	
information with the service pro	vider?	□ No			
		•			
Briefly describe service requi	red and a	ny releva	nt information t	hat clie	nt has consented to
share with service provider.	Ensure suf	ficient inf	ormation is provi	ded for s	ervice provider to
provide relevant service; avoid	sharing de	tails not r	equired for the p	rovision (of that specific service.
***************************************				1.000	
· · · · · · · · · · · · · · · · · · ·					
			The contraction of the contracti		
, , , , , , , , , , , , , , , , , , , ,					MANAGER CO.

Feedback required from service provider		Date Feedback required		
☐ Yes			and the second s	
□ No				
SW/SAW Name and	Signature	SACSSP Number	Date	
Surname				
<u>Tananaran andaran kan kan kan kan kan kan andaran saran kan kan kan kan kan kan kan kan kan k</u>				

FORM 38 E

PLACEMENT OF CHILD

(Regulation 56 (E) (2))

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

The Alternative care provider/caregiver	
My Reference Number:	
Your Reference Number:	
Enquiries: Ms/Mrs/Mr:	
Telephone number:	
E-mail address:	
Dear Sir/Madam	
In terms of Section 156/158(3) an application is he the following child(ren) in your care:	reby made for the placement of
1. 2. 3. 4. 5.	
A panel discussion was held on deliberations it was concluded that in terms of the programmes that you are offering will be best suite	needs of this child(ren) the
Attached please find the panel discussion report.	
SOCIAL WORKER	DATE

FORM 38 (F)

REPORT FOR EXTENSION OF COURT ORDER

(Regulation 56G (2) (a))

(SECTION 159 OF THE CHILDREN'S ACT 38 OF 2005)

REPORT FOR EXTENSION OF COURT ORDER IN TERMS OF SECTION 159 OF THE CHILDREN'S ACT 38 OF 2005 AS AMENDED

1.	IDENTIFYING	DETAILS	OF THE	CAREGIVER
	IDEM ING			CWITCHAFIL

a) Foster care

Name and surname	ID number	Address

b) Child and youth care centre

Address
111111111111111111111111111111111111111

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

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

1.2. Other persons living with the foster family

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

				, may 1
				Telon
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.3. Children in alternati	ve care			
Names of child(ren)	DOB	Gender	Name of the School/Partial care	Grade/ECD
1.4. Full residential addr	ess of the	alternative	e caregiver	
1.5. Details of designate	•		ant):	
Reference number:				
Magisterial district:				
Court reference Number				
2. INTRODUCTION (Desc previous statutory interv the current placement)				
3. PRESENT CIRCUMST	ANCES O	F THE CAR	EGIVER	
3.1. Foster care (Provide physical, psychological and family relationships children)	informati aspects c	ion on the v	work and finances, ses of the foster pa	rents' own children

	STAATSKOERANT, 11	SEPTEMBER 2023	No. 4
	·		
3.2 CHILD AND	O YOUTH CARE CENTRES (Des	cribe the programmes provide	d)
4. VIEWS OF T	HE CAREGIVER REGARDING T	HE CHILD(REN) IN ALTERNAT	IVE CARE
(Reflect emotic	ons, feelings, preferences, pers	onal needs and any other relev	/ant
observations)			
4.1. Support an	d services that were provided t	o the caregivers (Indicate the t	ype of
support and se care)	rvices provided to the caregive	rs whilst the child was still in a	alternative
Date	With whom	Types of services an support	đ
		support	
o. VIEWS OF TH personal needs	HE CHILD(REN) CONCERNED (F and any other relevant observa	Reflect emotions, feelings, pref	ferences,
oloonal necas	and any other relevant opserva	ations by child(ren))	
		•	

5.1	. Services	and support	rendered to the	e children in	alternative	care (As	indicated	ir
the	care plan	1)						

Date	With whom	Types of services and support
71 7		
5.2. Progress ma	ade by the child(ren) since the	placement
5.3. Do the reaso	ons for the removal of the chil	d(ren) still exist?
		s of the concerned child(ren) progress views conducted with teachers/
	E PARENT(S)/FAMILY MEMBE sonal needs and any other rel	R (Reflect emotions, feelings, evant observations)

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

.2. Support and s	ervices provided to the parents	
Date	With whom	Types of support and services
	re deceased, was the possibility	
onsidered? (Give	reasons for not considering the	e option)
7. RESULTS ACHIE	EVED THROUGH SERVICE REN	IDERING
B. EVALUATION		
9. CARE PLAN (att	ach reviewed care plan)	
Short-term		

GOVERNMENT GAZETTE, 11 SEPTEMBER 2023

Long-term		
10. CONCLUSION		
11. RECOMMENDATION		
SOCIAL WORKER:		
RANK:		
DATE:		
ORGANISATION:	Name:	
	Address:	
	Reference Number:	