

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

**Final Draft**

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**social development**

Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

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## **DEFINITIONS**

The following terms are used in this policy document:

**“Accreditation”** is a formal, external monitoring process whereby the DSD accreditation unit set performance standards for service quality, measure the merit of an organization in relation to these standards, and keep the organization accountable to the public. The process is based on self-assessment and review, as teams of peers and/or professional surveyors assess the quality of an organization’s service delivery and provide assistance aimed at improvement. Accreditation signifies formal recognition by the DSD’s accreditation unit, through a quality assurance procedure, that an organization and diversion programme meets professional and minimum standards criteria laid down for the type of programme.

**“Accredited organization/programme”** means an organization or programme that meets the requirements for accreditation (compliance with standards) established by the department and set out in the department’s policy on accreditation.

**“Service user/client”** is used in two ways. It can refer to:

- a child at risk or in conflict with the law that is referred to an intervention or programme for the purpose of diversion out of the criminal justice system;
- family member(s) of a child at risk or in conflict with the law that is referred to an intervention or programme for the purpose of diversion out of the criminal justice system.

**“Service provider”** is an external organization or individual who provide the Department of Social Development with specialized services that have been “funded” or “purchased” including but not restricted to social services (i.e. diversion, child cares) or consultation services

**“Service”** refers to an operational unit of a service provider, (that which service providers provide i.e. a diversion programme).

**“Policy Framework”** is a description of an interlinked and interdependent set of statements established as a policy guide to action to support the achievement of the goal of a high quality of services.

**“Quality Assurance”** is a system of planned and systematic activities that is undertaken in order to guarantee that the quality of diversion programmes and services provided by organizations and the DSD meets predetermined standards.

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

**“Registration”** means the least restrictive form of professional credentialing whereby a regulatory body maintains a list of people or organizations who have informed the body that they perform professional services for the public in a particular field. With regards to this policy registration of an organization refers to registration in terms of the Non Profit Organizations Act (1997) and registration of an individual refers to registration in terms of the Social Services Professions Act

**“Child in Conflict with the Law”** refers to anyone under 18 who comes into contact with the judicial system, as a result of being suspected or accused of committing an offence<sup>i</sup>.

## **ACRONYMS**

**CEO** - Chief Executive Officer  
**DG** - Director General  
**DDG** - Deputy Director General  
**DSD** - Department of Social Development  
**DQA** - Developmental Quality Assurance  
**PFMA** - Public Finance Management Act  
**NPO** - Non Profit Organisation  
**MTEF** - Medium Term Expenditure Framework  
**SETA** - Sector Education and training Authority  
**ODP** - Organisational Developmental Plan

# **PART ONE**

## **CHAPTER 1**

### **1. INTRODUCTION**

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

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

In this regard, the Act, particularly Section 56 (2)a, places the responsibility of developing such system on the Cabinet member for Social Development. Consequently, the Department of Social Development (DSD) was tasked with the development of a national policy framework and system for accreditation of diversion service providers and

programmes in South Africa. As such, this policy and accreditation system framework has then been developed to provide strategic as well as practical guidelines and processes for the accreditation of diversion service providers and programmes delivered by these service providers. The development of guidelines and processes took into account mandates and legislation relevant to the social development and child justice contexts.

As this policy is complementary to all other policies of the Department, that deals with the provision of social services in general, it aims, on a strategic level, to facilitate the achievement of priorities of the department. The Policy allows the DSD to through accreditation, prioritise and support the implementation of quality services and effective and impactful programmes to children at risk and in conflict with the law. Accreditation thus provides the DSD with a quality assurance mechanism, enabling monitoring and evaluation of the impact of diversion services and programmes in South Africa. Hence the Department of Social Development endorses accreditation as a practice for all departmental-funded agencies that provide rehabilitation and developmental services to children at risk and in conflict with the law, as part of a multi-dimensional approach to quality assurance and continuous quality improvement in diversion practice. As envisaged by the DSD, accreditation carries the primary purpose of accountability and improvement in services and programme quality delivered to children at risk and in conflict with the law.<sup>1</sup> In this regard, the system serves to benchmark evidence based, successful practices, share information and assure the public about the quality of services delivered to these children.

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<sup>1</sup> Department of Social Development. (2009). The terms of reference to appoint a service provider to develop the National system for Accreditation of Diversion Programmes and Service Providers for the Department of Social Development for a period of ten Months. P. 5.

## **CHAPTER 2**

### **SITUATIONAL ANALYSIS**

#### **2.1 Accreditation of training programmes versus therapeutic programmes**

Currently in South Africa provision is made for the accreditation of education and training programmes. These programmes are governed by legislature comprising of numerous acts such as the Skills Development Act (Act No. 97 of 1998), the SAQA Act (Act No. 58 of 1995) and other acts such as the Higher Education Act (Act No.101 of 1997) and Further Education and Training Act (Act No. 98 of 1998). Education and Training Quality Assurance (ETQA) regulations were published in 1998 and provided for the accreditation of Education and Training Quality Assurance bodies. These bodies are responsible for accrediting providers of education and training standards and qualifications registered on the NQF (National Qualifications Framework), monitoring provision, evaluating assessment and facilitating moderation across providers, and registering assessors. Service providers in the education and training sector must be registered with a SETA (Sector Education and Training Authority) which are responsible for the quality assurance of education and training initiatives/programmes.

SAQA (South African Qualifications Authority) is responsible for overseeing the development and implementation of the NQF, a comprehensive system approved by the Minister for the classification, registration, publication and articulation of quality-assured national qualifications (SAQA website). Unit standards are registered for individual training programmes and qualifications thereby ensuring standardised norms for qualifications within the education and training sector. South Africa's NQF are unique as it was designed from the start to be fully inclusive of all learning areas<sup>2</sup>, namely Further and Higher Education in both institutional and workplace contexts. The NQF consists of one set of qualification types and level descriptors for institutional- and workplace-based qualifications at

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<sup>2</sup> Internationally, the idea of developing a NQF originated in Scotland, England and New Zealand and from there on spread rapidly. Most NQFs worldwide are in their infancy or still in conceptualisation and only a handful of countries have relatively mature NQF systems. Some of these Qualification Frameworks cover only vocational education and training while others omit higher education and/or maintain separate NQFs for different sectors, which may or may not be related to one another. In contrast South Africa's NQF was designed from the start to be fully inclusive of all learning areas and levels (Joint Policy Statement by the Ministers of Education and Labour: 2007).



all levels of the framework<sup>ii</sup>. This is inclusive of pre- and post graduation courses, vocational based further training, skills programmes and short courses<sup>3</sup>.

The primary outcome of education and training programmes is usually a qualification associated with the development of vocational knowledge and/or skills. Outcomes of therapeutic programmes do not fall within this paradigm as its purpose lies on an intra- and interpersonal level.

Therapeutic programmes are associated with the treatment of physical, mental, or behavioural disorders. In the social service sector therapeutic programmes are linked to addressing behaviour that is anti-social or related to a person's inability to function effectively on an interpersonal level and/or within society. The purpose and outcome of a therapeutic programme therefore will be to change the behavior, or behavior patterns, that have a negative impact on a person's intrapersonal and social functioning. This is achieved by means of psychosocial intervention<sup>4</sup> and skills development. It should be noted that the skills development component referred to has no connotation to skills development as understood from an education and training context.

Skills development within a therapy and social service context are generally associated with the development of life skills. Life skills can be defined as the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. It is a core set of skills that are at the heart of skills-based initiatives, namely: decision making; problem solving; creative and critical thinking; effective communication; interpersonal relationship skills; self-awareness; empathy; and coping with emotions and stress. Life skills are generally taught as abilities that a person can acquire through learning and practice<sup>iii</sup>. Programme outcomes are linked to the specific skill the programme aims to teach or behaviour it aims to change. Even though therapeutic interventions and programmes also have a "learning of theory and skills" component, the evaluation of achievement in these programmes cannot be measured in the same way as educational and training programmes because of the difference in their purpose and outcomes.

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<sup>3</sup> A skills programme is a short learning programme that is occupationally-based and when completed, provides a learner with credits towards an NQF qualification. It is made up of one or more unit standards that are found within a qualification. A short programme is a programme that contains less than 120 credits. Some short programmes are aligned with Unit standards on the NQF and others are not.

<sup>4</sup> Psychosocial intervention relate to programmes focussed on both the psychological and the social aspects of a person's functioning.

Traditionally, in a social service context, program evaluation and behavioural change in clients are measured (assessed) by means of psychometric<sup>5</sup> or ecometric scales<sup>6</sup>. In both instances these are measuring instruments standardized to assess the strengths and weakness associated with a person's psychosocial functioning. Scales are developed to assess specific behavioral constructs, for example stress, depression, a person's ability to make responsible decisions or solve problems effectively. A pretest-posttest design<sup>7</sup> is usually followed through which behavioural change can be measured.

Therapeutic programmes, unlike education and training programmes, cannot be measured in terms of a one-dimensional level, for example the achievement of a qualification. Behavioural change and the development of life skills is multi-dimensional and dependant on knowledge- and skills development, practical experience as well as the person's motivation to change. The effectiveness of therapeutic programmes can only be determined if all of these factors are taken into consideration. It is factors such as these that make the notion of accrediting therapeutic programmes challenging.

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

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

Henceforth theoretical principals and models will be explored to guide the conceptualisation process for the accreditation of theoretical programmes. Specific emphasis will be placed on models and principals within a criminal justice framework seeing that the purpose of this project is to develop an accreditation framework for diversion services. Firstly, the "what works principle" will be explored, followed by the cognitive behavioural theory.

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<sup>5</sup> Psychometric assessments are used for the measurement of cognitive, behavioural and personality constructs of an individual.

<sup>6</sup> Ecometric scales are standardised scales used by social workers. Ecometric scales aims to measure social functioning with the emphasis on behavioural strengths and coping skills. In this regard ecometrics refer to the measurement or quantification of people-in-environment. It measures the degree of adaption between people and their biospyshosocial environment. The (South African Council for Social Service Professionals) SACSSP have a subcommittee for the evaluation and accreditation of ecometric scales for use by social workers (SACSSP 2003).

<sup>7</sup> Pretest-posttest design is a research design where the pretest is conducted before a therapeutic intervention/ programme to determine baseline behaviour. The same scale is used after the therapeutic intervention/programme (posttest) to determine is the anticipated outcomes were achieved (behavioural change or skills development).

## **What works principle**

The “what works” principal originated in opposition to the “nothing works” movement in the 1970s, which took hold after an article published by Robert Martinson. The article described the apparent lack of effectiveness of correctional rehabilitation and resulted in the adoption of a more punitive approach with an increased reliance on sanctions as a means of crime control. Since then research found that treatment can be effective and can reduce repeat offending. It contributed to the development of an alternative approach to correctional research, namely to focus on what works (Ferguson).

The premises of the “what works” research are rooted in three key principles required for effective correctional intervention, namely risk, need, and responsivity. These principles outline the appropriate targets for treatment and how treatment should be delivered. It furthermore links assessment to treatment and highlight the importance of assessment in the delivery of effective treatment programmes.

The risk principle advocates that treatment services should be matched to the risk level of the offender and the higher the risk of reoffending the more intensive and extensive the treatment programme should be. This principle is supported by research that has found that low-risk individuals who have received intensive services have had no change or increases in their level of risk for reoffending, whereas high-risk individuals who receive intensive services were found to show reductions in levels of reoffending.

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

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

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

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

The multi-modal intervention principle suggests that the most effective programmes are multi-modal and social skills oriented. In this regard research found that highly structured, cognitive – behavioural treatments directed at the development of concrete skills have been shown to be most effective and to have more lasting effects. It was furthermore found that effective treatment programmes provide cognitive behavioural programming; enforce programme rules in a firm but fair manner; provide more positive reinforcers than punishers; use therapists that respond in sensitive and constructive ways; and use therapists who have appropriate training and supervision<sup>vii</sup>.

Intervention integrity principle recommends that intervention should be research-based throughout; have sufficient resources to achieve objectives. The objectives should be linked to intervention components and desired outcomes. It is furthermore important that should be systematically monitored and evaluated<sup>viii</sup>. The assessment of static and dynamic risk factors is viewed as a key component to effectively implementing the risk, need and responsivity principles<sup>ix</sup>.

In general all of the “what works” principle should reflect the prevention model in its concern to minimizing future harm.

Dawes and Van der Merwe<sup>x</sup> also identified “what does not work” principals in their study. They found that the following programmes were least effective;

- Interventions in which participants are mismatched according to the risk, need and responsivity;
- Non-directive, relationship-dependent and/or unstructured psychodynamic therapeutic approaches;

- Milieu and group approaches that emphasize in-group communication, without a clear plan for participants to gain control over target offending and or antisocial behaviours. The risk in this instance is that the risk is that antisocial bonding could occur;
- Poorly targeted academic and vocational approaches, for example 'life skills' approaches that do not have clear and direct links to the causes associated with the target behaviour;
- Single-component wilderness/adventure therapy interventions that are not multi-modal, and that do not include problem-focused components;
- Punitive approaches such as 'boot camps' ; and
- Residential interventions where the negative effects of residential settings diminish the positive effects of otherwise appropriate interventions

In recent years the “what works” principals moved away from key performance areas to an outcome based approach<sup>xi</sup>. This paved the way for the “what works” principal to be used to inform research in terms of programme evaluation and the identification of effective practices in rehabilitation services. This approach advocates that as soon as best practices in the criminal justice sector are identified, the practices should be consolidated and replicated to create an more effective penal system.

The “what works” principle focuses on various elements that are of importance for the accreditation of therapeutic services and programmes. The three key principals, namely risk, need, and responsivity, reflect a philosophy of shared responsibility which should form the core of each and every therapeutic initiative. This philosophy identifies important aspects which can be associated with the delivery of effective therapeutic services, namely that services should be client centered (risk principal), need directed (need principal) and accountable (responsivity principle).

The “what works” principles propose that programme content should be theory based and grounded in scientific research focusing on clients' unique therapeutic needs. This is inclusive of rendering community based services. Interventions should be multi-modal and preventative in nature. All programmes should furthermore be outcomes based, thus paving the way for programme evaluation and the identification of effective practices in rehabilitation services. The role and

responsibility of organisations (hosting and implementing) and programme facilitators in the delivery of effective therapeutic services are also emphasized.

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

## **2.3 CONTEXTUALIZATION OF DIVERSION IN SOUTH AFRICA**

In South Africa, various accreditation systems exist to regulate and monitor products and services in the business, chemical and manufacturing service. Recognized providers and programmes in the education and training sector must also be accredited under the South African Qualifications Authority (SAQA). Up-until now the accreditation of services delivered in the social service or human service sector is not covered in any of these accreditation systems.

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

Against this background the focus of this literature review will be to conceptualise and contextualise accreditation within a social service and legislative context and to identify operational elements of successful accreditation systems and procedures that could inform the design thereof.

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

## **CHAPTER 3**

### **3.1 POLICY AND LEGISLATIVE MANDATES**

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

The National Policy Framework and System for Accreditation of diversion programmes and service provider is a mandatory obligation under the following legislations, and policies:

#### **National Obligations**

- **Probation Services Act 35 of 2002**

The Act mandates the Department of Social Development to develop, implement and monitor the implementation diversion programmes at all levels of intervention and to promote Restorative Justice Initiatives within the child Justice System.

- **Child Justice Act 75 of 2008**

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

- Objective of diversion ( Section 51)
- Consideration of diversion ( Section 52)
- Diversion options ( Section 53 )
- Selection of diversion options ( Section 54)
- Minimum norms and standards applicable to diversion ( Section 55 )
- Provision and accreditation of diversion programmes and diversion service providers ( Section 56 )
- Monitoring of compliance with diversion order (Section 57 )
- Failure to comply with diversion order ( Section 58 )
- Legal consequence of diversion and (Section 59 )
- Register of children in respect of whom diversion order has been made (Section 60).

- **Children’s Act 41 of 2007**

The Act considers prevention and early intervention programmes as a must initiative towards combating and preventing children’s antisocial behaviour. It also emphasizes development and implementation of regulations, minimum norms and standards and procedures that will regulate code of ethical practice of service providers, child youth care centres, care facilities and programmes towards children in need of care, protection and other vulnerable group.

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

Section 28 (1) of the Constitution of the Republic of South Africa emphasizes that children’s rights should be at all times protected and prioritized. The children’s best interests should also be of paramount importance and further affording children in conflict with the law specific safeguards. Subsection 1 (g) further puts emphasis that detaining children should be a measure of last resort, and if detained only for the shortest appropriate period of time and be:

- Kept separately from detained person over the age of 18 years and
- Treated in a manner and kept in condition that takes account of the child’s age.

- **Minimum Norms and Standards for diversion**

This policy document enables the Department of Social Development to regulate diversion service providers and the programmes in order to protect the rights and



interest of the client and stakeholders. It further provides mechanism to prevent and effectively manage risks such as:

- Mal – administration of resources
- Poor programme quality
- Inappropriate programmes content
- Lack of capacity
- Lack of skills
- Unequal access to diversion services and
- Poor monitoring and evaluation of client progress and services.

• **Policy on financial awards of 2004**

This policy aims at guiding the country's response to financial procedures and requirements for service providers in the Social Development sector and facilitating the transformation and reprioritisation of services to the poor and vulnerable sectors of society. The policy strives to achieve social and political objectives, as spelled out in the legislative and policy framework of the country in general and the Department in particular. It also aims to:

- Rationalise welfare funding
- Target beneficiaries
- Ensure that resources are used efficiently and effectively and
- Correct injustice and imbalance

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

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

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

- **Non Profit Organization Act of 71 of 1997**

This Act provides for an environment in which non-profit organizations can flourish; to establish an administrative and regulatory framework within which non-profit organizations can conduct their affairs to repeal certain portions and provide for matters connected therewith. The Act also gives directive on the procedures that determine and co-ordinate the implementation of its policies and measures in a manner designed to promote, support and enhance the capacity of non-profit organizations to perform their functions. In addition the Act clarifies the roles and responsibilities of the section monitoring non profit organizations as to:

- Facilitating the process for developing and implementing policy;
- Determining and implementing programmes,
- Support non-profit organizations in their endeavour to register; and ensure that the standard of governance within non-profit organizations is maintained and improved;
- Liaising with other organs of state and interested parties and
- Facilitating the development and implementation of multi-sectoral and multi-disciplinary programmes.

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

Section 28 (1) of the Constitution of the Republic of South Africa emphasizes that children's rights should be at all times protected and prioritized. The children's best interests should also be of paramount importance and further affording children in conflict with the law specific safeguards. Subsection 1 (g) further puts emphasis that detaining children should be a measure of last resort, and if detained only for the shortest appropriate period of time and be:

- Kept separately from detained person over the age of 18 years and
- Treated in a manner and kept in condition that takes account of the child's age.

## **3.2 POLICY STATEMENT**

This *Policy Framework* outlines a total quality management framework (Figure 1) for the accreditation, quality monitoring and quality improvement of diversion service providers and programmes. It addresses the accreditation of:

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

It describes the principles, objectives and key processes of establishing and maintaining a comprehensive accreditation and quality assurance system within the child criminal justice services sector in South Africa as well as outlines the standards and criteria for accreditation. The policy is integral to a quality assurance system that supports funded and provided services to meet quality benchmarks and encourages continuous improvement of programmes. The quality benchmarks underwritten by the policy are reflected in the Principles and Objectives of the Child Justice Act, The Children's Act, and the Probation Services Act as well as within the Values and principles of the integrated service delivery model of the DSD and the Minimum Norms and Standards for .Diversion.

Quality is best assured by a combination of internal and external processes; the most important of these being the internal processes of the service providers. In this regard the Department of Social Development encourages and supports service providers to develop or adopt their own internal quality assurance processes complimentary to Departmental Quality Assurance and Accreditation. The quality assurance process of the service providers should enable the delivery of services to the agreed standards.

Service Providers operates within this policy framework as part of:

- Designing and developing diversion programmes and services;
- Implementing and managing the implementation of diversion programmes and services;
- Monitoring and evaluating the implementation and impact of diversion programmes and services provided;
- Reviewing and adjusting diversion programmes and services to achieve individual client as well as organizational outcomes;

The DSD accreditation unit operates within this policy framework as part of:

- Accepting applicants for accreditation.
- Facilitating the accreditation process.

- Assessing implementation of and performance against standards for diversion and generic social services as set by the Department of Social Development.
- Reaching accreditation decisions.
- Monitoring continuing performance and compliance to minimum standards
- Reviewing, updating and developing policies and procedures in relation to accreditation

The Accreditation policies and procedures encompass the following elements:

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

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

## **CHAPTER 4**

### **4.1 POLICY OBJECTIVES**

Objectives of this policy are to ensure that:

- All service providers, employees of the Department of Social Development and relevant stake holders in services provided to children and risk and in conflict with the law, are aware of and support the DSD's approach to quality.
- An appropriate accreditation and quality assurance system (a set of accreditation and quality assurance policies, procedures and performance indicators) is in place to realize the vision and mission of the DSD in relation to services to children at risk and in conflict with the law.
- Structures are in place to monitor and review the effectiveness of such policies
- The Unit's quality assurance system is coordinated, developmentally oriented, and is characterized by minimum bureaucracy and maximum effectiveness.

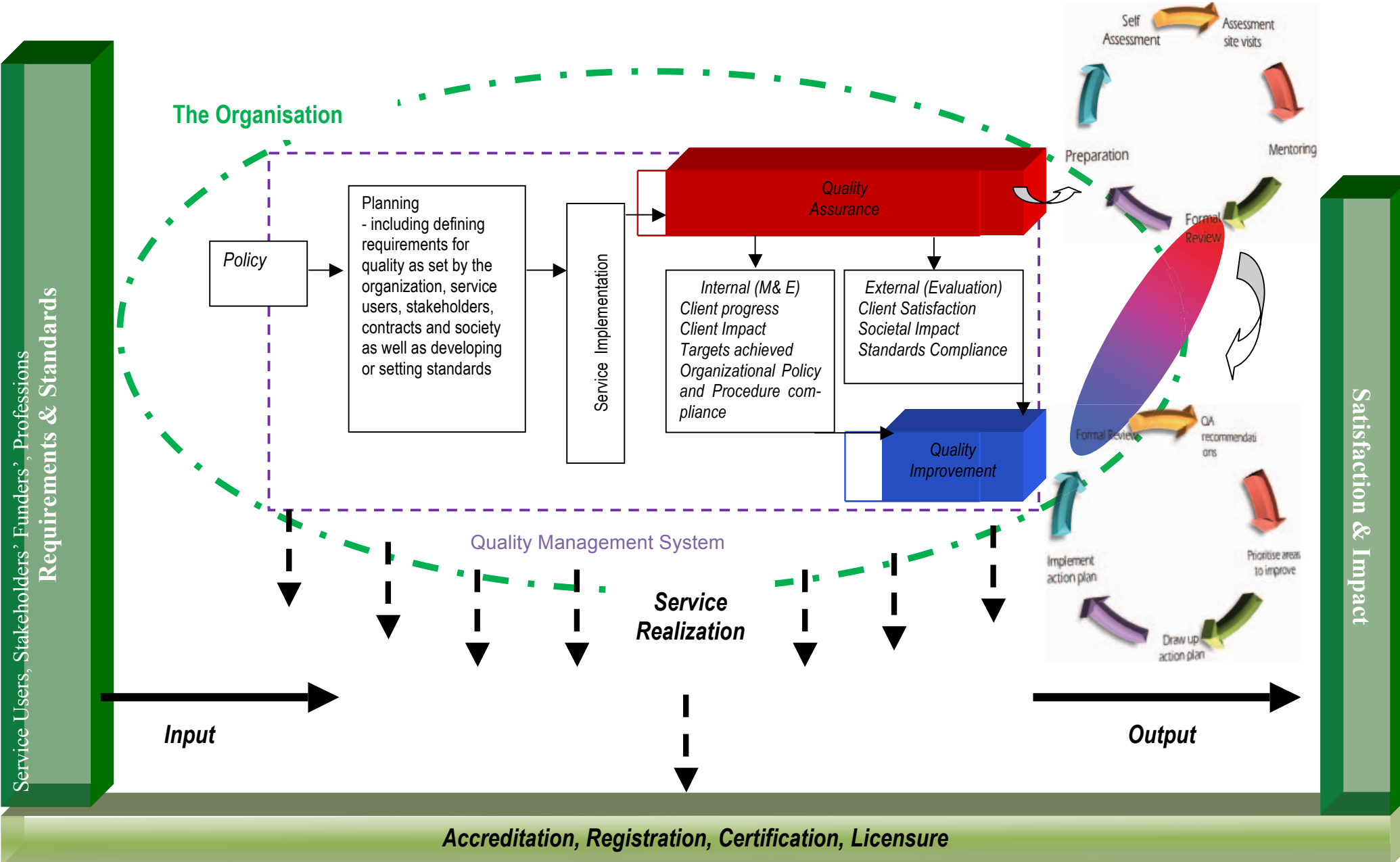


Figure 1: Total Quality Management System

## **4.2 PURPOSES OF ACCREDITATION**

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

The objectives of the accreditation and quality assurance system are to:

- serve and protect the needs of children and youth at risk and in conflict with the law;
- ensure diversion service providers and programmes complies with minimum standards;
- support, through capacity building, the focused development and implementation of evidence based practice in the field of criminal justice work;
- enable and facilitate sustained quality service delivery through support, guidance and capacity building
- benchmark successful practices through the sharing of information;
- promote accountability;
- take decisive and appropriate action where violations of Rights occur
- facilitate continuous quality improvement of diversion programmes; and
- broaden the credibility and public acceptance of diversion practice within the criminal justice system

The benefits flowing from a national accreditation system include benefits to service users, the accredited organization, funding bodies and other stakeholders. In this regard accreditation acknowledges a level of organizational proficiency that is comparable to other organizations accredited by the DSD. It also identifies areas in need of improvement and provides suggestions on how those improvements could be made. Accreditation requires that an organization have numerous management controls in place related to effective and efficient use of available resources in providing services.



**a) Benefits to service users, clients, and the public:**

- level of assurance that service quality meets or exceeds industry standard;
- able to expect same level of service quality across the country in all accredited service provider organizations and programmes;
- can be confident that there are appropriate protections in place for their privacy, staff competence and supervision, handling of complaints and incidents, physical and emotional safety, etc.;
- there are mechanisms for accountability to the person served and funder;
- know that there is a quality assurance process in place to continually improve services;
- Know that there is generally an opportunity for them to have input into services (e.g., part of client based planning processes) and can expect to participate specifically in the planning for their own services.

**b) Benefits to the organization being accredited:**

- confidence that the organization is providing good services and has built-in mechanisms to ensure the organization is continually working to improve its services;
- legitimization of its work and the organization itself;
- opportunity to receive feedback at the time of the accreditation site visit/survey from objective, informed, and skilled peers;
- level of functioning of the organization is identified in relation to others in the industry, in the country, and sometimes internationally; and
- Support requests for funding.

**c) Benefits to funding bodies:**

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

#### Benefits to the Criminal Justice System

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

#### **d) The Limitations of Accreditation**

As with any system limitations also exists in relation to accreditation. Although accreditation holds many benefits in relation to the assurance of the provision of quality services, accreditation in itself does not guarantee a certain level of individual competence or that problems of an urgent nature will not arise occasionally. It does, however, ensure that the organizational basics are in place and appear to be the best predictors of good service and sound organizational performance. If challenges to quality services reside in the environment related to professional knowledge and capacities, accreditation should be used in conjunction with professional licensing and registration that necessitates competency testing or verification on a cyclical basis. Hence staff development and continuous professional development needs to be included as a quality assurance strategy within the organization.

Accreditation is not the end point in an organization's development; rather it sets the minimum level of competence in critical functions. Accreditation is a launching pad for further initiatives to improve service quality.

## **CHAPTER 5**

### **5.1 SCOPE OF THE POLICY**

Complementary to other policies of the DSD, this policy allows the DSD to prioritize the provision of appropriate, non-discriminating, effective and high quality social services and

programmes to children at risk and in conflict with the law. It allows service providers and the DSD to set performance standards and indicators for assessing, monitoring and evaluating the quality and impact of diversion services and programmes – by attempting to change high risk and offending behavior of children at risk and in conflict with the law.

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

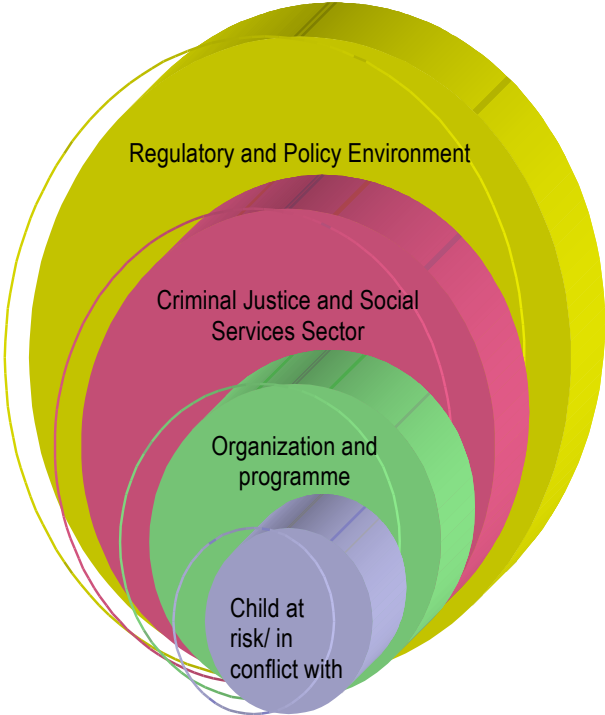


Figure 2: Tiers of application of the Accreditation Policy and Framework

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

**5.3 The organizational and programme level** the organization is defined as an agency or individual providing services to children at risk or in conflict with the law that is in receipt of funding from the DSD. It involves both government and non government providers. At this level the organization providing diversion services is accountable for not only

providing a quality experience to the individual client, but also for appropriate use of public funding and scarce resources to the benefit of the individual client. This requires various organizational and programme capacities to be in place.

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

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

In this regard the policy thus broadly applies to:

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

The Directorate Social Crime Prevention and Accreditation Unit at the National DSD Office, and the Provincial Coordinators at provincial DSD offices are primarily responsible for ensuring implementation of this Policy and for the reporting and accounting thereof.

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

## **5. 2 UNDERPINNING PRINCIPLES**

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

### **5.1 PRINCIPLES FOR DIVERSION SERVICES PROVIDED TO CHILDREN AT RISK AND CHILDREN IN CONFLICT WITH THE LAW.**

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

#### ***a) Transparency and Accountability***

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

#### ***b) Appropriateness and Evidence based***

All diversion programmes and services provided to children, families and communities should be appropriate to the individual's, the family and the community's needs. All diversion service providers must build upon the research and evaluation of promising and effective programmes. It must also work to reduce risk factors and enhance protective factors to successfully address children's risky and offending behavior. Thus methods, techniques and approaches used to base services and programmes that must reflect

evidence based practice (what works), complement and strengthen self determination, enhance self development and independence and be responsive to the strengths, risks, and social, cultural and economic circumstances of the individual

***c) Holistic and integrated services***

Diversion services and programmes provided to children at risk and in conflict with the law should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible. As such an inter-sectoral approach will guide the design, formulation, implementation and monitoring of evidence based, high quality, effective and impactful strategies, services and programmes to address juvenile delinquency in South Africa.

***d) Investment in human capital and empowerment***

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

***e) Quality services***

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

***f) Balanced and Restorative Justice***

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

***g) Victim Centeredness***

All diversion programmes and services will be victim centered. Victim centeredness in this regard implies that programmes and services benefitting offenders, should not place the victim at risk of being re-victimized by forcing victims to participate in processes seen to support restorative justice. Programmes and services should at all times recognize and

promote the rights of victims as well. This is achieved through providing victim notification, restitution, victim impact statement, victim information and referral services to individuals victimized by diversion programme participants.

#### ***h) Family and community Centered Services***

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

#### ***i) Graduated Sanctions (Continuum of Care and Development)***

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

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

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

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

Thus children, at risk and in conflict with the law should have access to a range of differentiated and integrated services on a continuum of care and development, ensuring access to the least restrictive, least intrusive and most empowering environment and/or programmes most appropriate to their individual level or risk and developmental and therapeutic needs. Links with continuing support networks and resources, should be encouraged after disengagement from the service or programme.

***j) Democracy and Participation***

All service providers and the DSD should create appropriate and effective mechanisms to promote the participation of the public and all welfare constituencies in decision-making about welfare policies and programmes that affect them. Consultation should be conducted with all role players, including service users (beneficiaries), service providers, and other stakeholders where possible. Those constituencies that are unable to represent themselves, for example younger children and profoundly mentally impaired people will be allowed to be represented by interest groups.

All diversion programmes and services, should therefore provide for stakeholder and client (beneficiary) input in the quality assurance process. Clients receiving diversion services



and utilizing diversion programmes must be actively involved in all levels of service delivery, including planning, design and development, implementation and evaluation of programmes and services. Active participation of the individual in his own intervention process is of extreme importance.

***k) Accessibility***

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

***l) Protection of Rights***

All programmes and services used for the purposes of diversion or sentencing should be based on respect for human rights and the fundamental freedoms as articulated in the Constitution of the Republic of South Africa. In this regard programmes and services should at all times also serve to protect the rights of children at risk and in conflict with the law, victims, families and communities as established in the South African Constitution and various international conventions.

## **5.2 PRINCIPLES FOR ESTABLISHMENT AND FUNCTIONING OF THE ACCREDITATION SYSTEM**

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

***a) Legitimacy***

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

***b) Validity***

The accreditation process must be valid in that the procedures are appropriate for assessing the meeting of criteria. These criteria must be evidence-based and explicitly related to the necessary service quality outcomes and other specified purposes of the

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

**c) *Efficiency***

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

Financial costs should not be excessive. Rather, they should be proportionate to the benefits and be allocated fairly and transparently. The Accreditation system should involve as little new infra-structure as is possible. Where feasible, functions should be devolved to the Department of Social Development and existing organisations,

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

**d) *Accountability***

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

**e) *Transparency***

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

***f) Inclusiveness and procedural fairness***

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

***g) Facilitation of Quality and Improvement***

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

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

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

The Accreditation system should promote consistency across sectors within social services where this is possible, and allow for diversity where additional accreditation requirements are appropriate or already in existence. Duplication with other processes should be avoided. For example creating separate accreditation systems within the DSD

as related to substance abuse, adoption and diversions services should be avoided. Joint accreditation, joint elements of accreditation or recognition of accreditation by another body should be undertaken and recognized where appropriate and possible. Where an educational or skills development programme is applied as part of an intervention plan for a child referred for diversion, the DSD as the accreditation body will not accredit the programme, however, will require that such a programme be accredited with the relevant authority such as a SETA, for recognition as part of the delivery of a diversion intervention.

The Accreditation system should be comparable with similar accreditation systems.

***j) Review***

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

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

- Accreditation will be national, and will be sensitive and responsive to both national and local needs.
- Accreditation will involve all stakeholders in a collaborative system.
- Accreditation will be objective, rigorous and independent of the institution whose programme is being reviewed.
- Accreditation will focus primarily on the achievement of expected behavioral and development outcomes as well as on specification of content and inputs.
- Compliance with minimum standards and accreditation procedures will be subject to an on-going cycle of review and quality assurance
- The system will promote and support excellence, diversity, innovation, and the dissemination of evidence based practices in services provided to youth in conflict with the law.

- Integrated to accreditation where appropriate, is existing quality assurance processes (audit, accreditation and review).
- Accreditation procedures will be transparent, cost-effective, efficient and timely.

### **5.3 PRINCIPLES FOR THE IMPLEMENTATION OF QUALITY ASSURANCE PROCESSES DURING ACCREDITATION CYCLES**

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

#### **a) Non-judgmental Attitude**

Although no evaluation process is entirely objective, the DQA should be based on an attitude of open-mindedness, without prejudice and preconceived ideas. The conclusions reached in the ODP should be the result of the internal DQA and the full DQA assessment, not individual opinions and biases.

#### **b) Strengths- based**

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

#### **c) Diversity**

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

#### **d) Appropriateness**

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

#### **e) Competency**

Skilled, knowledgeable and experienced team, who are competent in DQA work, should carry out the DQA.

#### **f) Expertise**

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

#### **g) Rights-based**

The DQA should *respect and protect* the Human, Constitutional and special *Rights of individuals* throughout the process and in finalising the ODP. This is the core component that is subject to monitoring - thus violations of any kind and degree should be given priority and immediate attention, over and beyond “developmental” support and mentoring to the organisation. Violations of Rights by any member of the DQA team (should this occur) should result in withdrawal of accreditation and any further involvement in the DQA.

#### **h) Participation**

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

## **CHAPTER 6**

### **ELIGIBILITY CRITERIA**

#### **6.1 Eligibility Requirements for Organizations**

##### **a) Authority and competence**

The organization is authorized to operate (registered with the department) as a welfare organization and to provide social services.

The organization has at least six (6) months experience in working with children with offending and difficult behavior, or has a qualified individual in the organization, with at least 2-3 years relevant experience in the field.

**b)Mission**

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

**c) Governing Body and management**

The institution has a functioning governing body responsible for the quality and integrity of the organization and for ensuring that the institution's mission is being carried out. Its membership is sufficient in size and composition to fulfill all board responsibilities.

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

**d) Chief Executive Officer**

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

**e) Administrative Capacity**

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

**f) Operational Status**

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

**g) Staff compliment (establishment)**

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

In addition, the application requires the signature of the organization's chief executive officer, or his/her designee. The Accreditation unit confirms receipt and processing of an application by sending the organization a welcome letter. In cases where organizations do not qualify to proceed with candidacy the application will be referred to the Quality Assurance Committee for support and capacity building of the organization for future application for accreditation.

## **6.2. Eligibility Criteria for accrediting Programmes**

Every diversion programme to be accredited should amongst other things have the following:

- Pre-intervention and post intervention assessment to measure changes in behaviour;
- Reasonable geographical accessibility to the client;
- Appropriate to the child's age, physical and cognitive ability;
- Based on research evidence of what works in reducing criminal behaviour;
- Clearly articulated objectives and outcomes;
- Programme design and activities must have factors that are likely reduce re-offending;
- Must have a system of monitoring the quality of programme delivery;
- Programme must have an indication of less intensive and most intensive services;
- Programme should be managed and supervised by professionals.

## **6.3 Application review and Candidacy for Accreditation**

The purpose of this phase is to:

Demonstrate key components of high quality programming, preparedness for site visit and compliance with accreditation criteria through the self-assessment material; and



Demonstrate to an Assessor through Observable, Survey and Portfolio Evidence how the organization and programme meets the standards (verification site visit).

**a) Step five: Desk Assessment**

Once the Unit have screened the application and verified that all necessary information needed for a desk assessment is included in the self-assessment material, the accreditation co-ordinator and appointed assessor (subject matter expert/ content specialist) reviews all relevant evidence in order to determine candidacy requirements compliance as well as the organization's or programme's readiness for a site visit. Organizations and programmes that successfully complete this step are considered Candidates for Accreditation and can expect a site visit within 6 weeks of notification of Candidacy status.

Candidacy is a pre-accreditation status, awarded to an organization pursuing accreditation once the desk assessment of the self assessment materials have been undertaken.. Candidacy indicates that an organization or programme has achieved initial recognition and is progressing toward accreditation and has the potential to achieve compliance with standards within two (2) years. Thus candidacy is a period in which the institution undertakes the necessary steps within the allocated period to reach demonstrable compliance with standards. Candidacy status does not indicate that a programme is accredited, nor does it guarantee eventual accreditation of the programme.

Candidacy status is granted for a non-renewable term not to exceed two years. Candidate programmes and organizations must seek accreditation after the two years, but may if ready enter the process again prior to expiry of the two years.

Candidacy status can be granted to organizations and programmes during first time accreditation as well as during re-accreditation or quality assurance activities.

**b) First time accreditation**

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

- 1). Non- Compliance with desk assessment of:
  - New and emerging organizations and programmes that have not yet demonstrated compliance with the majority of standards (candidacy eligibility criteria); and
  - Established organizations and programmes that have not demonstrated compliance with the standards at desk assessment (candidacy eligibility criteria).
- 2) Non-Compliance with verification site visit of:
  - New and emerging organizations and programmes that have complied with candidacy eligibility criteria, but had non compliance on standards during the verification visit; and
  - Established organizations and programmes that have complied with candidacy eligibility criteria and the majority of standards during the verification site visit, but have to develop further in order to comply with other standards.

A programme with candidacy status is thus judged to be not in compliance with all accreditation standards, as indicated by clear evidence either at desk assessment or verification site visit level.

### **c) Quality Assurance and Re- accreditation**

A programme or organization may also be given candidacy status as result of a quality assurance or re-accreditation application, because deficiencies and non-compliance noted earlier were not addressed or corrected. If this is the case, a programme or organization is granted a 1-year candidacy status, at which time the organization or programme must address all non-compliance issues. However, if at any time during the year, the organization or programme is able to rectify the deficiencies noted and achieve compliance with the standards, the Unit will consider removing the candidacy status when the candidacy review so warrants.

If compliance with the accreditation standards is not demonstrated within 1 year, accreditation will be withdrawn. Candidacy may be extended for one additional year only under extenuating circumstances, but will under no circumstances exceed 2 years. An organization or programme “brought down” to candidacy status maintains its current accreditation status and will be required to submit an progress reports as any accredited organization or programme on the original due dates. However, review and approval of the

progress report does not affect the candidacy status. Because candidacy is not a decision to reaccredit, the original accreditation cycle remains in effect until the Team makes a decision, based on the Candidacy review report, to withdraw accreditation or to reaccredit. If the decision is to reaccredit, a new accreditation cycle is initiated, based on the end date of the previous accreditation cycle.

#### **d) Step six: Verification Site Visit**

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

The on-site verification visit may last from 1 to 4 days, depending on the number and size of the programme(s) being reviewed and will involve:

- Interviews with leadership, programme staff, volunteers, service professionals, and clients;
- Review of staff, volunteers, service professionals, and client files;
- Review of on-site documents related to the organization and services including policies, systems and programme manuals; and
- Observation of practice within the programme(s).

Individuals to be interviewed as well as files to be reviewed will be randomly selected. In this regard it would be expected that consent sought from clients in particular, to partake in and utilize information for evaluation purposes is on file, as this is inherent to rights based service delivery. However, if contracting with clients have omitted this, it is the organization's responsibility to ensure that all of the consents from clients, staff and volunteers have been obtained prior to the site visit. The sample size used for purposes of the review (files, and people interviewed) has to be representative of the size of the organization (for example the smaller the organization the larger the sample size)<sup>8</sup> as well as the characteristics of the population/clients served by the organization (for example the

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<sup>8</sup> If an organization has only for example ten staff members it is preferable that all ten staff members have to be interviewed. It is accepted practice that the sample size be determined by using equation  $n = \frac{N}{1 + N(e)^2}$

or by using published tables. The level of precision, confidence level and degree of variability is criteria used to determine the sample size.

more heterogeneous the population the larger the sample size)<sup>9</sup> The verification site visit report will reflect the sample size and findings of the team and if the sample size is not considered representative the team will forward this information to the Accreditation Team, which may impact upon their decision to grant, defer or deny accreditation status.

The team undertaking verification site visits consists of between two and five Team members, from other organizations, and an Accreditation coordinator from the accreditation committee of the DSD. Team members are most often from organizations within the same geographical region as the programme under review as well as from the regional/ district, provincial and one nominated person from national office of Department of Social Development. The Accreditation Team reserves the right to assign the members of the professional Verification team. A member(s) of the Accreditation Committee could themselves be included in the Verification team, to observe an organization's site visit in order to evaluate appropriate application of the team's site visit methodology and protocols by the assigned Verification team.

A site visit is conducted pursuant to protocols that include a code of permissible and prohibited conduct for both the organization and the Verification Team. Once the team has completed all the interviews, file reviews, and observations - a summary report of the findings will be presented to the leadership of the organization in an exit meeting on the last day of the review. The organization will have an opportunity to respond to review findings or ratings.

## **CHAPTER 7**

### **INSTITUTIONAL MECHANISM**

#### **(STRUCTURE, AUTHORITY AND RESPONSIBILITIES OF TEAMS)**

##### **7.1 General Authority of the DSD**

As the primary funder of diversion services in South Africa, the Department of Social Development is ultimately accountable to Parliament and the citizens of South Africa for

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<sup>9</sup> Israel, G.D. Determining Sample Size. associate professor, University of Florida. available [www.  
http://edis.ifas.ufl.edu/pd006](http://edis.ifas.ufl.edu/pd006)

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

- equitable distribution of finances and resources to enable service delivery;
- monitoring of the distribution of resources;
- monitoring and evaluation of the utilization and the impact of the use of the resources;
- facilitating and promoting the development of capacity and sustainability of organizations providing services; and
- Reporting to the Minister and Parliament on the above.

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

1. *response to individual issues* - investigating complaints and critical incidents,
2. *supportive assistance or technical assistance* - consulting on management and service delivery matters not in compliance with the Service Level Agreements
3. *registration* - compliance with basic health, building, safety, and other organizational standards
4. *inspection and audit* - compliance with internal standards and policies; and

5. *Accreditation* - the most comprehensive “checking” by skilled and trained surveyors/peer reviewers against national or international sector standards.

### **7.1.1 The Verification Team**

Every effort must be made to put together a team that incorporates broad experience, cultural diversity, and knowledge of the programme areas to be reviewed. To ensure the on-going development of peer reviewers, new members are included in reviews as part of their training.

#### **i) Verification Team Responsibilities**

It is expected that all team members:

- Understand the intent of the standards and the accreditation process;
- Review, understand and rate the organization’s policy manuals and the self assessment materials;
- Participate in the pre-site meeting and all meetings throughout the accreditation process, in order to share information and clarify areas of uncertainty;
- Are accurate and professional in the completion of all assigned tasks;
- Provide support and feedback to fellow reviewers in the completion of their tasks, and
- Maintain confidentiality of information gained during the accreditation process.

The coordinator’s primary role is to coordinate and manage the pre-site and on-site activities. The committee leader is ultimately responsible for the team’s performance and assures that the team functions in accordance to the department of Social Development ‘s policies and legislative framework.

It is expected that team leaders:

- Co-ordinate and chair meetings – pre-site; introduction at the beginning of the on-site and the exit interview
- Review the comments for all non-compliant findings from the pre-site meeting with the programme staff;
- Ask if the programme wants to receive verbal observations and recommendations that may go beyond the issues which are addressed by the standards (an

observation report). If so, these observations and/or recommendations will become part of the exit meeting;

- Oversee duties and responsibilities to the team members;
- Facilitate discussion towards consensus in team decision-making and makes the final decision when consensus is not achieved;
- Share preliminary findings throughout the process and keeps the programme liaison person informed of the progress;
- Speak on behalf of the team to programme staff and organizations, and
- Deals with any issues arising between staff or persons served and team members.

## **ii) Competency and Qualifications**

Verification Team members are trained representatives from service provider organizations, government departments, and academic institutions that volunteer to review an organization's implementation of/or continuing performance with accreditation and minimum standards. These representatives are either:

- management staff with a minimum of 3 years experience; and/or
- front line staff, with a minimum of 5year experience of accredited or applicant organizations; and/or
- individuals with comparable experience and expertise, though not necessarily associated with an accredited organization. Individuals that have retired or left the field can only be included in a review team if they have done so in the last 4 years.

## **iii) Training**

Verification Team members must undergo training in accordance with the Accreditation Unit's requirements. Completing the training is a prerequisite for serving in the team.

Team must be trained to apply rating indicators to an organization's procedures, practices and performance and to determine the level of the organization's implementation of/continuing performance with standards. Members are expected to exercise professional judgment in the conduct of their work during a site visit. If an individual has not undertaken a verification site visit within a period of 12 months, they may be required to attend refresher training.

## **(iv) Team Size and Assignment to verification visits**

The Team must consist of at least one (2) – three (5) members, one of whom acts as the team leader. The accreditation committee advises an organization of the estimated number of verifiers at the time it confirms the accreditation process timeline. The Accreditation committee reserves the right to increase or decrease the number of verifiers at any time during the accreditation process when, in its opinion, a different number of verifiers are needed to carry out the activities necessary to determine an organization's implementation of or continuing performance with standards.

Verification Team's assignments are based on compatibility with the organization. The Accreditation Team, prior to assigning a verification team to a site visit, considers the team member's professional background and expertise to determine the appropriate fit with an organization's programme(s) and structure. It is the duty of the Accreditation Team to prior to the verification site visit notify the organization of the verification team assignment in order to allow time for the organization to present objections at that time. The Accreditation committee changes a verification team's assignment only if the organization presents a valid objection (i.e. the assignment creates a conflict of interest). In this regard, the organization also then has the right to veto a team member.

## **A. Site Visit Activities**

### **i) Scheduling of Activities and site visit duration**

The site visit includes, but is not limited to:

- An opening meeting of the verification committee and the organization to which the organization's chief executive officer/director invites governing/advisory body members, management staff, and all other appropriate individuals. The purpose of the opening meeting is to provide a formal platform to introduce the verification team and all concerned to outline the site visit process.
- An organization tour.
- A service and facility visit, in accordance with sampling guidelines.
- Staff interviews that include managerial and non-managerial employees.
- Governing/advisory body interviews.
- Review of case records, personnel files, financial records, and minutes of governing body and committee meetings, in accordance with sampling requirements.
- The observation of programmes.



- Service user/client interviews, in accordance with *standards* and as deemed necessary by the verification team.
- Community representative interviews, when deemed necessary by the verification team.
- An exit meeting with the organization's leadership and governing body. The purpose of the exit meeting is to provide a formal platform to conclude the on-site review. The peer review team highlights their findings and explains the next steps in the process.

Site visits span a minimum of 1½ days. The Accreditation committee determines the site visit duration by considering the organization's size, its services, and its service delivery locations. The Accreditation committee reserves the right to extend the length of a site visit to determine an organization's implementation of/ continuing performance with standards, if necessary.

## **ii) Team Requirements**

While on-site, the team will require:

A private space (i.e. board room or enclosed dining room), to meet and discuss their findings;

Other spaces to interview staff and persons served;

Access to telephones; and

A designated staff person available to:

Explain how files are ordered;

Respond to questions;

Co-ordinate interviews;

Locate file documents; and/or

Direct the team to find missing pieces of documentation.

## **iii) Recording of review data**

As the team interviews, reviews documents and observe practice within the programme, the initial verified data are recorded by individual team members on the relevant templates and formats provided. At the end of each day the verification team meets and questions and findings of non-compliance are brought back to the team and are recorded by the team leader onto the summary of peer review findings. Throughout the duration of the verification site visit the team will have a number of these short meetings (between other

pieces of work) to discuss what is being found by the other reviewers. It is the team's role as a collective to identify areas of practice in the organization or programme that are non-compliant to standards. The verification team has the authority to gather further information, speak to programme staff about a particular finding, and come to a decision that the programme has operated within the parameters of practice that is compliant to the standards. If there is a reasonable explanation and/or documentation to support a change, a particular finding of non-compliant may be found to be compliant.

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

#### **iv) Exit Meeting**

The exit meeting will occur after all the interviews, file reviews, and observations have been completed and the data has been compiled onto the Findings Summary Sheet.

If, due to exceptional circumstances, the exit meeting cannot be held at the end of the last scheduled day, it will be re-scheduled for the earliest possible time, within 2 working days.

The exit meeting team will minimally consist of the team member, and the organization director or chief executive officer (or designate). The director or chief executive may invite other individuals to be present. The team member will reaffirm that the purpose of the exit meeting is to present the summary of the Verification Team findings to the Accrediting Committee. The Verification Team is allowed to share positive information and caucus any of the findings. A rationale is given for all standards found to be non-compliant with substantive reasons.

When the findings are Non-Compliant to the Standards;

- the organization or programme staff are given a final opportunity to provide the information or relevant evidence;
- If the team is satisfied that the presented evidence meets the requirements, the rating may be changed to compliant;
- The findings will only be changed with consensus of the team; and
- If the team does not change a rating, the programme will address the issue in their response to the Accreditation Team.

In their findings, the Verification team is allowed neither to make recommendations nor to make any statement, in relation to whether and organization will or will not be accredited

until all relevant information is forwarded to the Accrediting Team for a final decision. The Verification Team does not have the authority to make a decision or judgment about an organization's accreditation, except to provide a recommendation. The ultimate decision lies with the Accrediting committee, when all other factors/ materials are reviewed – such as summary of Verification Team findings, self-assessment material, organization's response to the Verification Team findings, recommendation from the Verification Team, and any additional information related to implementation of the standards.

At the conclusion of the exit meeting the Team member, organization's director (or designate) and Verification Coordinator initial all pages of the Summary of Findings form in order to ensure that there is no misunderstanding as to which standards were found to be not compliant and require a response. The initialed form is attached as supporting documentation to the final report submitted by to the Accreditation Committee. All standards identified on the Summary of Verification Team Findings are to be regarded as the final findings. A copy of the Summary of Findings is left with the organization's director (or designate), and is to be used as the basis for developing the response for the Accreditation Panel.

#### **v) Post site visit evaluation/feedback**

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

The Accreditation committee provides the Verification Team with a report of the overall evaluation results and also addresses concerns, as needed, with a specific evaluator's performance on an individual basis. The Accreditation committee does not provide an organization with these evaluation results.

### **B. Organization's Response**

Once the verification site visit is done, the organization or programme has 30 days from the exit meeting to respond, in writing, to the Summary of the Verification Team Findings. The request for accreditation will be presented at the first scheduled meeting of the Accreditation committee after the expiration of the 30 day period. An organization or programme may choose to waive the 30 day response time and ask that the Accreditation committee to address their information at the next scheduled meeting. The response is

required to be submitted to the Accreditation committee within a minimum of 10 working days prior to the scheduled Accreditation committee meeting.

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

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

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

The Accreditation committee requires that programmes demonstrate patterns of practice that are consistent and congruent to the intent and meaning of the Standards. In this regard the committee utilizes a rating scale of compliance or non-compliance for performance evaluation purposes. As such **COMPLIANCE (C)** means that the programme is deemed by the committee to have demonstrated adequate compliance to the standard and **NON-COMPLIANCE (NC)** means that the programme is deemed by the committee to not have demonstrated adequately compliance (either qualitatively or quantitatively) to the standard or requires a demonstration of compliance over a longer period of time.

## **7.2 The Quality Assurance and Accreditation Mechanism: Structure and Responsibilities**

### **7.2.1 Structure**

It is envisaged that a national accreditation and Quality Assurance Team within the National Department of Social Development will need to be established for governing the National Diversion Accreditation and Quality Assurance Framework. The DSD will through this Unit provide support to the provincial structures, ensure accreditation of diversion service providers and programmes, monitor the implementation of the policy framework and the accreditation system. The unit will be expected to evaluate quality of services as

well as provide assistance with organizational capacity building in relation to quality improvement of services and programmes in partnership with provinces.

**National Structure:**

Dedicated capacity to ensure coordination and management of the process and maintenance of the national register. Two officials and the Head of Social Crime Prevention Unit will be based at National office and amongst other be responsible for the following;

- Capacity building of service providers at all levels of government and non-governmental sector;
- Support provincial teams and monitor the implementation of policy framework for accreditation of diversion services;
- Review of policy framework on accreditation of diversion service providers;
- National representative will be an ex-officio member of the accrediting committee.

**Provincial Structure:**

Will have three structures namely: (i) Accrediting committee (ii) Quality Assurance Panel (iii) and Site Verification team;

**(i) Accrediting Committee:**

- Composed of 4-8 members;
- Can form a quorum if they are 4+1;
- Process to be led by a Provincial Coordinator;

**(ii) Quality Assurance Panel:**

( as outlined in section 32 of CJA Regulations)

- Composed of not less than 3 and not more than 7 members;
- Members of the panel must have knowledge and experience relating to diversion programmes and children's issues;
- An official employed in the State may be appointed as a member of the panel...

**(iii) Site Verification Team:**

( as outlined in 7.1.1)

- To be composed of 2-5 officials consisting of government, subject specialists and Civil society organizations;

Dedicated Provincial Personnel to have accreditation tasks in their job description & work plans.

#### **7.4 Authority and Responsibilities of the Accreditation committee**

Broadly the Unit would primarily be responsible for:

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

These responsibilities include the execution of the following tasks:

##### **a) Adopt and Modify the Accreditation Framework and system.**

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

##### **b) Establish and Review Standards for Diversion Services.**

Pursuant to legislation and policy the Unit has the authority and responsibility to establish and review standards for Diversion programmes and service providers. Based on evidence based practice the unit should ensure relevancy of the standards used for performance assessment and accreditation.

- I. Receive applications for accreditation
- II. Facilitate public invitation of service providers for expressing interest in applying for accreditation.
- III. Receive expressions of interest and forward application form and self-assessment materials to organizations.
- IV. Receive and screen completed applications to ensure that all relevant documents are appropriately completed prior to approving the application for a desk assessment.
- V. Referral of completed application to the accreditation panel

**c) Accreditation Candidacy Approval.**

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

**d) Make recommendations to the Head of Department for allocating resources annually for Accreditation Operations.**

The Accreditation committee annually recommends to the Head of Department of the DSD for allocation of resources for accreditation operations to implement this *Accreditation Framework*. Consistent with general practice, staff assignments to accreditation operations are made by the Deputy Director-General, in accordance with state budgets, laws and regulations.

**e) Provides recommendations for review of legislation and policy related to Accreditation.**

The committee in implementing accreditation practice, needs to on a continuous basis evaluate the effectiveness of legislative regulation in relation to accreditation and

recommend where appropriate reviews to legislation to amend sections in the Child Justice Act relevant to the accreditation of diversion programmes and service providers. This is to ensure synergy between evidence based practice and legislation.

#### **f) The Accreditation Committee**

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

Other functions of the Accreditation Committee include:

- Recommending to the Accreditation Unit changes and reviews to standards and criteria in terms of accreditation;
- Analyzing activities of the whole system of accreditation of diversion service providers and programmes; and
- Taking part in development and realization of policy and strategy in the sphere of accreditation of diversion service providers and programmes.

#### **g) The Quality Assurance Panel**

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

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



- notifying service providers and programmes in reasonable time of the intention to conduct quality assurance;
- conduct preliminary meetings with leadership and staff of organizations and programmes to prepare them for the quality assurance;
- facilitate a self assessment process allowing programmes and organizations to submit written as well as oral evidence for purposes of quality assurance;
- consider and assess all evidence received for purposes of quality assurance;
- conduct organizational and programmatic site visits, which include reviews of relevant documentation and interviewing of clients (children in programmes, parents and other stakeholders where relevant);
- preparation of documentation and reports (preliminary and final) reflecting findings and recommendations of quality assurance activities undertaken;
- allowing and considering organizational and programme responses to the preliminary reports

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

- Advising the Director (Head of Unit) at his/her request proactively on all matters related to quality assurance;
- Monitor and evaluate whether the policy goals and objectives for diversion of children at risk and in conflict with the law are being realized; and
- Contribute to developing diversion practice through publications;

Membership of the Quality Assurance Panel will be in accordance with Section 32 (1) (a)-(e). The Quality Assurance Panel will consist out of seven (7) members of which two will be independent and five will be officials employed by the Department of Social Developments. These members have to have knowledge and experience in relation to diversion programs and children's issues. It is imperative that at least four members should be behavioral science experts, preferably with a minimum qualification of a bachelor's degree in social work, employed in a supervisory or management position and have at least two to three years experience in the field.

The independent members should preferably be individuals with a background in social science research and/or therapeutic programme design and development and monitoring

and evaluation. The provincial department of Social Development will appoint the Quality Assurance Panel members.

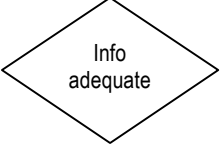
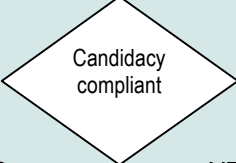
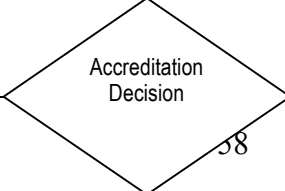
## **PART 2**

### **CHAPTER 1**

#### **1. ACCREDITATION PROCESS**

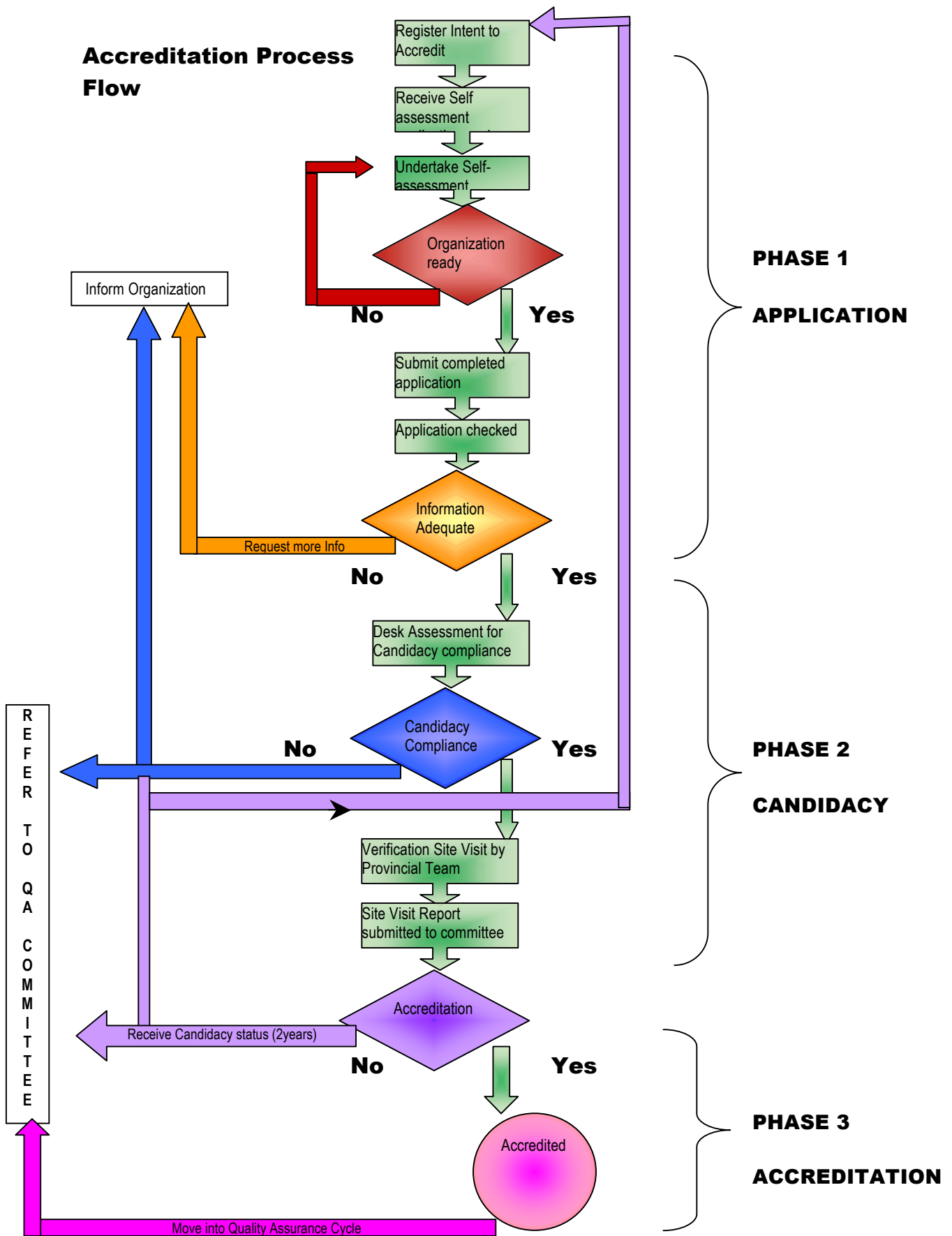
Service providers must demonstrate how they meet specific requirements throughout the accreditation process. The chart below indicates all

requirements associated with each of the four steps of the accreditation process.

PHASE	STEPS	TASKS	Forms
<p><b>Phase 1: Application</b></p> <p><b>No requirements -</b> Open to any service provider providing rehabilitation/personal development services to youth in conflict with the law as diversionary or sentencing options</p>	<p>1.1 Enrolment/ Intent to accredit/ Self assessment/ Application Preparation</p> <p>1.2 Submit completed self-assessment &amp; application form</p> <p>1.3 Submission checked by accreditation coordinator</p> <div style="text-align: center;">  <p>Info adequate</p> </div>	<p>1.1.1 Voice intent to accredit</p> <p>1.1.1.2 Receive self-assessment docs</p> <p>1.1.3 Undertake self-assessment</p>	<p>Form 1: <i>Intent to accredit</i> (Appendix A)</p> <p>Self-assessment package</p> <p>Form 2 <i>Application Form</i> (Private/Public Organizations) (Appendix B)</p>
<p>Phase 2 : Desk Assessment/ Candidacy</p> <p>Requirements, including educational qualifications required for staff</p>	<p>2.1 Accreditation application forwarded to assessment committee/panel</p> <p>2.2 Desk Assessment of Candidacy Compliance by National Accreditation Committee</p> <div style="text-align: center;">  <p>Candidacy compliant</p> </div> <p>2.3 Verification Site visit undertaken by peer review teams</p> <p>2.4 Peer review team prepares documents necessary to submit to Accreditation Committee</p> <p>2.5 Peer Review Report and summary of peer review findings document submitted to accreditation committee</p> <p>2.6 Organization prepare and submit response to accreditation Unit</p>		
<p><b>Phase3: Decision/ Accreditation status</b></p>	<p>3.1 Accreditation Committee Receives relevant documentation and undertake assessment</p> <div style="text-align: center;">  <p>Accreditation Decision</p> </div>		

	<p style="text-align: center;"> <span style="margin-right: 100px;">Non-compliance</span> <span>Compliance</span> </p> <pre> graph TD     A[Non-compliance] --&gt; B["Candidacy status awarded (Accreditation deferred) OR Accreditation Denied"]     C[Compliance] --&gt; D[Accreditation Awarded]   </pre> <p>     Candidacy status awarded (Accreditation deferred)      OR      Accreditation Denied   </p> <p>     Accreditation Awarded   </p> <p>3.2 Accreditation Unit notifies by letter the organization of the decision taken by the Accreditation Panel.</p> <p>3.3 In cases where accreditation is deferred or denied the organization have 15 days upon receipt of letter to initiate appeals process</p> <p>3.4 In cases where accreditation is awarded organizations go in to the quality assurance cycle which focuses of maintenance of accreditation.</p>	<p style="text-align: center;">Non-Compliance Result</p> <p style="text-align: center;">No</p>	
<p><b>Phase 4:</b> <b>Maintenance of Accreditation/Quality Assurance</b></p>			<p style="text-align: center;">       Certificates        (Appendices D &amp; E)     </p>

# Accreditation Process Flow



## **Phase 1 (i): Application**

The application process includes expression of intent to accredit by a service provider, the completion of a self-assessment and upon completion of the self-assessment the submission of the self-assessment with an application form to the Quality Assurance and Accreditation Unit at the National Department of Social Development.

The purpose of this phase is to:

- allow time to align the organization and programme with the required standards and criteria for accreditation
- Enable the accreditation unit to reach an initial determination of the organization's eligibility for accreditation.

### **a) Step one: Expression of Intent to Accredit**

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

### **b) Step two: Receive self-assessment materials and undertake self-assessment.**

At this point on the application process the organization engages in a systematic way of self-examining the organization's overall performance and of evaluating service quality against consensus based minimum standards for diversion services and programmes. This provides the framework for a fair and thorough accreditation review process, with the

organization providing evidence through the self-assessment. The Self-assessment serves as a self-assessment tool for the potential applicant to evaluate the organization's strengths and opportunities for growth based on appropriate administration, management and service delivery standards.

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

The Self-assessment is both a *process* and a *document*.

□ *Process*

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

□ *Document*

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

### **c) Function of Self-assessment**

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

assessment serves as a guide and a first source of evidence for the verification team to determine the organization's implementation of/continuing performance with the standards.

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

#### **d) Step three: Completion of application and submission of the Self-assessment**

After completing the Self assessment, service providers officially begin the accreditation process by submitting an application form ([form 2 – private](#); [form 3 – public](#)) with the completed self-assessment documentation in which they commit to a site visit due date and demonstrate compliance with eligibility requirements. The DSD's accreditation unit provides organizations with a timetable for completing the accreditation process. This timetable sets forth the date by which the application and self-assessment materials are due. An organization's failure to meet the established timeline can result in the application for accreditation having to stand over until the next cycle of accreditation. An organization must provide its completed self assessment to the accreditation committee at least twelve (12) weeks prior to the site visit. This allows the verification team adequate time to review the material before the site visit. In preparation for this site visit due date, programmes must ensure that the specific sources of evidence that have been compiled during the selfstudy clearly demonstrate how the organization and programme meets the accreditation requirements as well as minimum standards. Evidence includes portfolio evidence, observable evidence, and survey evidence.

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

#### **e) Application Requirements**

An organization submits the following with its completed application form and self-assessment materials:

- Copies of all applicable registrations (registration of professionals with professional bodies, registration of organization as NPO, etc).



- Service brochures and/or a description of the organization's services.
- The organization's mission statement.
- The organization's most recent financial audit.
- A current organizational chart.

#### **f) Step four: Application Receipt and Processing**

Upon receipt of a completed application, the Accreditation committee screens the information to reach an initial determination of an organization's eligibility for candidacy against the basic criteria for organizational eligibility stated below. If the information at this stage is limiting and eligibility cannot be established the Unit will request further information. Compliance with the requirements is expected to be continuous and will be validated periodically as part of quality assurance after accreditation. If organizations at this point do not meet eligibility requirements the organization will be informed by the unit and provided with recommendations on how to proceed.

### **Phase 3: Accreditation decision making**

Upon completion of the verification site visit the team leader submits a final review report to the Accreditation Coordinator for presentation to the Accreditation Committee. Accreditation Committee reviews and decision-making affords applicant organizations the benefit of an accreditation decision-making process which incorporates multiple levels of review and the collective exercise of professional judgment.

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

#### **Accreditation Committee Decisions:**

##### **i) Accreditation Granted**

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

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

If the team, during verification site visits found areas of non-compliance, **all** non-compliant rated standards by the team need to be considered by the committee. Taking into account the considerations of non-compliance, the committee bases their decision of the accreditation status upon a consideration of:

- Findings on the Summary of site verification team ; and
- The organization's response.

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

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

- Meet all required candidacy desk assessment criteria; and
- Meet each of the Diversion Programme Standards. This is demonstrated by:
  - The programme meeting at least 90 percent of the criteria upon which it is assessed in each standard, and
  - Each service/programme observed meeting at least 80 percent of criteria upon which it is assessed across all standards.

The Accreditation Team will issue a [service provider](#) as well as [programme with accreditation certificate](#), once an accredited status is conferred.

## **ii) Accreditation Denied and Candidacy status granted**

The Accreditation committee may make a decision to deny accreditation (grant non-accreditation status) or grant candidacy status based on the nature of the issues identified on the Summary of site verification team findings and the organization's response.

### **iii) Non-Accreditation Status**

Non-accreditation status may be decided by the committee if issues identified are of such a nature that the committee is not assured that, the programme is operating or has the capacity to operate within the parameters of compliance to standards on a consistent basis. In this regard an initial applicant for accreditation shall be denied accreditation for any of the following reasons:

- The organization or programme fails to comply with any fundamental practice and programme standard and thus does not meet the requirements for accreditation at the time of decision-making.
- The organization submits self-assessment materials or information as part of the accreditation decision-making process that misrepresents the factual situation or that is otherwise prepared dishonestly.
- The organization fails to disclose information during the accreditation process that is or would have been germane to an accreditation decision.
- The organization holds itself out as accredited before formal notification by the Accreditation Unit
- The organization's failure to comply with standards is so pervasive that the organization is unlikely to be able to demonstrate sufficient implementation of standards within one year of review.
- The organization fails to comply with a standard that addresses client/service user safety.
- The organization fails to respond to requests for information by the accreditation unit or committee.

In case of the above the Accreditation Unit will, in writing, inform the organization or programme, it has not met the requirements for accreditation, resulting in the organization or programme having a Non-Accreditation status.

Organizations or Programmes that is denied accreditation status can do one of the following:

- Withdraw from the Accreditation process at this time and resubmit an Application (step 2) when the programme is ready to continue towards Accreditation.
- Submit a complaint in writing on the accreditation committee decision within seven days

#### **iv) Candidacy Status**

In the event that an organization or programme has had limited compliance with requirements for accreditation, but the Accreditation Committee is relatively assured that the programme is operating or has the capacity to operate within the parameters of compliance to standards within a short period of time, an organization or programme can be granted candidacy status. If candidacy status is granted the organization or programme can:

- Resubmit during the next available accreditation cycle before expiry of candidacy status.
- Appeal the accreditation decision by moving forward with a formal appeal process as described in this document.

Please refer to candidacy status as discussed under step five desk assessment above.

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

Throughout the 4year accreditation period, organizations and programmes are required to maintain continuous implementation of /and compliance with contractual obligations as well as general social service standards and minimum standards for diversion. Maintenance of accreditation and quality improvement responsibilities include completion of a required annual progress report, self-reporting of changes or events, quality assurance processes, or third party complaint reviews, as required by the quality assurance panel and accreditation committee.

When during quality assurance processes, serious issues of non-compliance and weak quality of services are evident, the Accreditation committee has the authority to take immediate action to suspend or revoke the accreditation of an organization or programme. As quality assurance activities are also related to contract management and funding obligations, such performance and non-compliance issues could also impact on the funding of the organization or programme.

## **PART THREE**

## CHAPTER 1

### 1.1 The Developmental Quality Assurance (DQA) process

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

The DQA is a developmental *monitoring tool* for ensuring both effective and quality service delivery. This tool is appropriate as a quality assurance instrument for any organisation - government and non-government alike. The tool itself, while maintaining integrity, can be adapted for use under various circumstances and in relation to any particular area of service delivery. It applies as much to national departments and provincial departments as it applies to organisations which deliver direct services<sup>10</sup>. The DQA is an important tool for ensuring that funding and human resources are allocated and used wisely, efficiently and effectively and that those who receive services derive the maximum benefit from these resources.

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

The purpose of the DQA is to essentially:

- Assess the developmental needs of the organization;
- Monitor the implementation of and compliance with practice standards and minimum standards; and
- Develop an Organisational Developmental Plan supporting improvement in the quality of services and programmes delivered.

The assessment process is based on the following assumptions:

- Each human being and each organisation has the potential to be effective;
- Development cannot be forced, only supported and nurtured;
- Each human being and organisation has strengths;
- Each organisation must be understood and responded to as an integrated whole at any particular moment and over time;

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<sup>10</sup> As from this point the word “organisation” will apply to any non-government organisation, or provincial department, or national department, or training organisation etc.

- Labeling and categorising of people or organisations is not helpful to development;
- and is to be avoided;
- The organisation is the “expert” on itself and this knowledge should be drawn upon;
- within the DQA process;
- All people and organisations have the capacity to grow and change.

The DQA model has three core components, or cornerstones, each inter-dependent upon the other: (a) principles and minimum standards, (b) funding and other resources, and (c) human and organisational development and capacity building. The three components of the model work “in concert” to produce quality service delivery. Within a DQA process all three should be given simultaneous attention.

## **1.2 The DQA Process**

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

### **Phase 1: Preparation**

#### **i) The Organisation**

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

organisation's manager. Once an organisation has already undergone a DQA, they would be expected to take responsibility for their own capacity building regarding information and knowledge of principles, policy, and minimum standards.

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

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

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

The self-assessment undertaken by the organization is submitted to the DQA panel, which will undertake the organization's assessment at least 2 weeks prior to the DQA assessment. The panel should be fully prepared with regard to understanding the minimum standards, principles and rights and their application to the practice, which they will assess in the organisation. Members should come equipped with the necessary documents and frameworks. The Panel should come together for a minimum of 3 hours to prepare together prior to doing the DQA, to understand the strengths, perspectives and diversity which each panel member brings to the process.

This preparation should include:

- What the team leader's expectations are of the team;
- Identifying team strengths, perspectives and diversity;
- The style and approach to be used;
- Who will work with each component;
- How the process will flow;
- How debriefing will be included throughout the assessment;
- The decision-making and communication process to be used.

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

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

The DQA involves an assessment of whether Rights are appropriately protected and whether the organisation is complying with and implementing the RSA Constitution and the relevant international instruments supported by South Africa. Where serious violations are discovered, these should be reported in writing by the DQA team to the appropriate authorities within 48 hours of the on-site assessment. Where actual abuse of individual's is identified charges should be laid with the South African Police Services. The statutory body (eg Minister and national department) responsible for monitoring legislation related to the particular service should be notified in writing within 7 days of the DQA assessment.

The organisation concerned will be notified at the assessment that such violations have been observed and will be reported to the appropriate authorities. Where immediate protection measures for individuals and/or groups are indicated, the DQA team should take such immediate actions as deemed necessary after consultation with the provincial or national statutory body. Where individual professionals have knowingly broken the law and/or violated their professional code of conduct, they should within 3 weeks of the DQA be reported in writing to their Council, or Professional Board.

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

### **Phase 3: Mentoring**



Once the DQA assessment is complete and the ODP is finalised, the organisation is assigned

a mentor by the DQA authorities, who will:

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

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

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

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

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

- progress towards achieving policy principles and minimum standards
- progress towards achieving identified Organizational Development Plan (ODP) goals
- whether the organisation has satisfactorily addressed any violations
- whether there are any new violations to be addressed.

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

## 2.1 Complaints Mechanism

### a) Hear and Resolve Accreditation Complaints.

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

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

### b) On-Site Conflicts Between Verification Team Members

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

### c) On-Site Conflicts between the Organization, Verification and Accreditation Team

If, after discussion with the Team Leader, the organization continues to have concerns about:

- A particular team member's approach, attitude or presentation;
- The team's objectivity and/or
- The impartiality or fairness of the process,

the organization has **7 calendar days from the date of the exit meeting** to initiate a conflict resolution process by outlining the concerns, in writing and forwarding them to: Head of Social Services of that particular province.

The Head of Social Development has **14 calendar days** to hear the concern **and 30 calendar days** within which to respond to the relevant organization or programme.

The decision of the committee would be to:

- Agree with the program that the review was not handled appropriately and order a new review with a new verification team; or
- Find that the program's concern was not validated and have the process proceed onto the Accreditation Committee.

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

#### **d) Complaint against a decision of Accreditation committee**

All complaints in relation to Accreditation committee Decisions will be submitted in writing to the Head of Social Services.

Organizations that are initial applicants for Accreditation may appeal the following decisions:

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

An organization may appeal an ineligibility to continue with accreditation application determination when it identifies the specific eligibility requirement(s) on which ineligibility is based and provides reliable information or evidence demonstrating that the organization complies with the same. The organization must identify the grounds for the appeal and the specific facts that support the grounds.

##### 2. Denial of accreditation.

Accredited organizations may appeal the following decisions:

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

An organization may lodge a complaint or dissatisfaction regarding an accreditation denial or revocation decision for any of the following reasons:

- When the organization disagrees with either of the teams' (accreditation and quality assurance) application of its standards to the organization's performance as set forth in the accreditation decision or other notification letter.

- When the organization contends that the teams fails to consider information or materials, which, in the opinion of the organization, should have been considered as part of the decision or review process.
- When the organization demonstrates that, the minimum standards are unreasonable based on current best practice.

Upon receipt of the letter of notification of the decision of the Accreditation Team, an organization or programme has **7 calendar days to initiate and** lodge a complaint/dissatisfaction.

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

The organization must clearly identify the grounds for the appeal and specific facts that support the grounds. Final outcome of the complaint to be sent to National Department of Social Development for recording purposes (data-base)

## **CHAPTER 3**

### **MONITORING AND EVALUATION**

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

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

- ensuring mandatory legislative requirements are adequately addressed and monitored (compliance with standards);
- contract management processes to enable understanding and evaluation of service provider governance, financial and service delivery suitability and performance;
- assessing service outcomes achieved for individuals; and
- Using data and results to guide and change policies and practices related to diversion;
- increase operational efficiency and effectiveness of diversion service providers and programmes;
- standardize the quality of services rendered in regions/districts and provinces;
- ensure that children in conflict with the law receive as stipulated in the organizations documents;
- provide a yard stick for measuring programme performance and its ability to impact on behaviour and attitudes of service recipients;
- ensure that appropriate programmes content, policies and legislative mandates are adhered to.

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

Monitoring and Quality Improvement by the Quality Assurance Panel is a three tiered strategy that relates to:

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

During the four-year accreditation cycle, the quality assurance activities and processes occur across the above-mentioned levels (see figure 4). The process involves the active participation of all the role-players throughout the process, at every level.

Figure 4: Three Tiers of the Quality Assurance Strategy



## **CHAPTER 4**

### **4.1 Conclusions**

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

- Accreditation of the content of therapeutic programmes must be informed by relevant psychological, developmental, criminological and behavioral theories.
- International evidence based practice indicates that the risk, need and responsivity principles are central to impact full and effective services that succeed in changing offender behavior.
- Programmes to be accredited should reflect their relevancy to the level of risk that the client presents. This relates to the risk principle, the higher the risk of the offender the more intensive the combination of interventions and the programme should be. Intensive therapeutic programming is contra-indicated for low risk offenders – evidenced in research.
- Evidence based practice and research suggests that the most effective programmes are multi modal.
- Effective programmes – as based on relevant theories- utilize a combination of relevant treatment modalities.

This policy framework will be reviewed once in every five years.



## **4.2 ADDENDA**

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

Registration of Intent Form (Appendix A)

Application Form for Accreditation (Appendix B)

Application Form for Accreditation (Appendix C)

Certificate of Accreditation of Diversion Service Provider (Appendix D)

Certificate of Accreditation of Diversion Programme (Appendix E)

*Registration of Intent Form (Appendix A)*

<b>Organization Details</b>				
Date:				
Name of organisation				
NPO registration number (if applicable)				
NPO registration date (if applicable)				
Contact person				
Contact person's position				
Contact postal address				
Phone		Cell		Fax
Email address				
<b>Details of proposed accreditation</b>				
Do you intent to accredit the following (please choose only one)		<input type="checkbox"/> Organization <input type="checkbox"/> Programme(s) <input type="checkbox"/> Both		
Is this for the re-accreditation of an existing programme?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state code(s) and name(s) of programme(s)				
Have you applied to have this programme, accredited by another body?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes to the above please provide the following details	Name of accreditation body Status of accreditation			
Is this for the re-accreditation of the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state code and date of accreditation				
<b>Organizational experience and scope, programme need and behavioural outcome</b>				
State the industry area (sector)				

within which the organization primarily operates		
How long has the organization been operational within this sector		
<p>Please tick which best describes the services and programmes the organization provides.</p> <p> <input type="checkbox"/> Psycho social development      <input type="checkbox"/> Therapeutic      <input type="checkbox"/> Vocational Skills development  <input type="checkbox"/> Life skills and Self development      <input type="checkbox"/> Preventative and Educational </p>		
<p>State the relevant outcome/s of the organization and programmes the organization intends to accredit.</p>	Organizational outcomes	Programme Outcomes
<p>Please describe the organizations expertise in relation to providing the above programmes to children at risk and in conflict with the law. Refer to staff expertise, organizational structure, knowledge and experience.</p>		

***In order to register intent for Accreditation this form should be completed, signed and returned to the Accreditation Co-ordinator at the Accreditation Unit at the National Department of Social Development.***

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

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

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

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

## *Application Form for Accreditation (Appendix B)*

### PRIVATE ORGANIZATIONS

The submission of this form and the required self-assessment documentation (evidence) is part of the first phase in applying for accreditation. The form and self-assessment documentation will be evaluated in detail and the Accreditation Unit will not proceed further with the verification site visit unless it appears from this submission that the organization and programme is likely to meet the requirements for accreditation. It is therefore essential that the information provided is comprehensive and accurate and that **two** copies of all required documentation is provided. In addition to completing the application form, appendices A, B and C must be completed, and the head of the institution must sign the declarations on pages 2 and 10.

Please complete this form **electronically** before printing it, signing the declarations, and returning **two** copies of all the documentation to the Accreditation Unit. Hand-completed forms will be returned.

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

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

Does your organization hold all applicable licenses, certifications, and the like required to operate?

Yes (Please attach certified copies of all certificates to this application)

No (Please attach an explanation)

<b>Governing Body information in relation to legal status of organization</b>				
Status (Director/Partner/Sole Proprietor)	Full names	Date of birth	Gender	Contact Number

Name and address of organization's bankers:	Name and address of organization's auditors:

**SERVICES INFORMATION**

<p>How would you describe the services that your organization provides? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Generic Welfare Services including child protection services <input type="checkbox"/> Criminal Justice Services <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Community Development and Support Services <input type="checkbox"/> Youth/Child Development Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Residential Services <input type="checkbox"/> General Healthcare Services <input type="checkbox"/> Other (please list)
---	---

<p>Which best describes the population(s) you serve? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Children (0 to 10years) <input type="checkbox"/> Children & adolescents(11 to 18 years)/ <input type="checkbox"/> Adults (19 to 60years) <input type="checkbox"/> Seniors <input type="checkbox"/> Families	<p>Total number of clients served in last financial year:</p>	
--	--	---	--

List all locations and premises in which the organization operates above services and programmes:

Province	Location (City/Town/Area)	Physical Address	Notice period

--	--	--	--

**PROGRAMME INFORMATION**

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

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

**MANAGEMENT AND STAFF**

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

**SENIOR MANAGEMENT STAFF**

Position	Full Name & Title	Qualification	Location/Province/Area
		PERMANENT	CONTRACT
NUMBER OF FULL-TIME SOCIAL WORKERS			
NUMBER OF PART-TIME SOCIAL WORKERS			
NUMBER OF ADMINISTRATIVE STAFF			
NUMBER OF AUXILLIARY STAFF			

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

- I confirm the accuracy of this form and of the supporting documents.
- 
- I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.

4. I am prepared to accept the final decision of the accreditation unit as to the outcome of the accreditation process.
5. I accept that the terms "approved candidate for accreditation", "accredited by the Department" mean that the quality of programmes and services of my organization has been verified by the Accreditation Unit of the Department and found satisfactory, and I undertake not to represent my institution as having this recognition before it has been granted or after it has been withdrawn.
9. I accept that I remain responsible for ensuring that the institution complies with relevant statutory requirements along with quality service standards and criteria as set out by policy of the Department.

Signature (CEO) **(GN4)** .....

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



## *Application Form for Accreditation (Appendix C)*

### PUBLIC AGENCY

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

<p>How would you describe the services that your organization provides? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Generic Welfare Services including child protection services <input type="checkbox"/> Criminal Justice Services <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Community Development and Support Services <input type="checkbox"/> Youth/Child Development Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Residential Services <input type="checkbox"/> General Healthcare Services <input type="checkbox"/> Other (please list)		
<p>Which best describes the population(s) you serve? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Children (0 to 10years) <input type="checkbox"/> Children & adolescents(11 to 18 years)/ <input type="checkbox"/> Adults (19 to 60years) <input type="checkbox"/> Seniors <input type="checkbox"/> Families	<p>Total number of clients served in last financial year:</p>	

**CERTIFICATE OF ACCREDITATION OF DIVERSION SERVICE PROVIDER (Appendix D)**

**SECTION 56 OF THE CHILD JUSTICE ACT, 2008 (ACT NO. 75 OF 2008)  
REGULATIONS RELATING TO CHILD JUSTICE  
[Regulation 31]**

This is to certify that:

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-----  
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*(Name and physical address)*

Reg No:-----

Accreditation Certificate No: -----

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

- Minimum standards referred to in section 55 of the Act;
- Minimum Norms and Standards for Diversion;
- General service standards for social services; and
- General professional ethics and standards.

This certificate of accreditation is valid for a period of four years commencing .....

-----  
**Minister: Social Development**

**Date:**

(Appendix E)

**CERTIFICATE OF ACCREDITATION OF DIVERSION PROGRAMME**

**SECTION 56 OF THE CHILD JUSTICE ACT, 2008 (ACT NO. 75 OF 2008)  
REGULATIONS RELATING TO CHILD JUSTICE  
[Regulation 31]**

This is to certify that :

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-----,

an accredited service provider,

Accreditation Certificate No. -----

is accredited to provide the following diversion programme-

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-----,

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

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

This certificate of accreditation is valid for a period of four years commencing .....

-----  
**Minister: Social Development**  
-----

**Date:**  
**Official Stamp:**





Production: Internal Communication

Department of Social Development  
Private Bag X901, Pretoria, 0001,  
134 Pretorius Street, HSRC Building, Pretoria  
Tel: +27 12 312 7653  
Fax: +27 12 312 7988/ 7470  
Toll Free: 0800 60 10 11  
[www.dsd.gov.za](http://www.dsd.gov.za)