



Western Cape
Government

**STANDARD OPERATING PROCEDURE FOR THE WESTERN
CAPE DEPARTMENT OF SOCIAL DEVELOPMENTS'
PARTICIPATION IN CHILD DEATH REVIEW PANELS**

Preamble

Purpose of this Document

The purpose of this Standard Operating Procedure (SOP) is to provide clear guidance to the participation of the WC DSD in child death review panels. The response to the Form 22 -report is aligned to the Protocol and will strengthen child protection responses in cases of fatal child abuse and deliberate neglect.

Approval

Marion Johnson
CD: Business Planning and Strategy

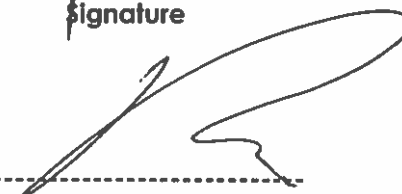
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Date

Dr Robert Macdonald
Head of Department

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Signature

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2019 -02- 25
Date

1. INTRODUCTION

A child's death is a sentinel event and can be a marker in a community of the health and safety of children. Child Death Review (CDR) is a process that works to understand child deaths in order to prevent harm to other children.

Whilst it is parents and caregivers who have primary care for their children, all organs of state involved with the care, protection and well-being of children must co-operate in co-ordinating services toward children (see s4 and 5 of the Children's Act, 38 of 2005, as amended).

The core function of the Department of Social Development in the child death review process is to investigate cases of alleged abuse and deliberate neglect of children, respond to potentially at high risk siblings or other children in the home in terms of the mandatory reporting in s110 and s178 (2) of the Children's Act 38 of 2005, as amended and provide a feedback report to the CDR panel.

(This SOP forms an integral part of the Protocol on the Uniform Integrated Multi-agency Referral Pathway for Child Protection in the Western Cape).

2. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to:

- set out uniform guidelines for the Department of Social Development to participate in mortuary-based child death review panels in the Western Cape;
- strengthen child protection responses in cases of fatal child abuse and deliberate neglect to ensure the safety of the remaining children; and
- ensure standardised reporting to the child death review panel when form 22 referrals are received or cases are referred for prevention and early intervention services

3. KEY TERMINOLOGY DEFINITIONS

CHILD: The child death review process covers viable foetuses, infants and children from birth until the age of 18 years.

CHILD DEATH REVIEW (CDR) PANEL: A multi-agency mortuary-based panel set up as a WCG Health Practice under the auspices of Forensic Pathology Services.

FATAL CHILD ABUSE: All forms of physical and sexual abuse and deliberate neglect resulting in the death of a child, in the context of a relationship of responsibility of care.

UNNATURAL DEATH: Any death not due to natural causes and is subject to medico-legal investigation in terms of the Inquest Act 1959.

SUDDEN UNEXPECTED DEATH OF AN INFANT (SUDI): The unexpected death of a child younger than 1 year old who was previously thought to be in good health or whose preceding illness was considered not severe enough to cause its death.

4. SCOPE OF APPLICABILITY

This SOP applies to designated social workers employed by the Department of Social Development and designated Child Protection Organisations in the Western Cape who are working in the field of child protection services and who have access to supervisory support.

There are five (5) functional CDR teams across the Western Cape: Salt River (attended by DSD Metro South, DSD Metro North and DSD Metro East); Worcester (attended by DSD Cape Winelands); Tygerberg (attended by DSD Metro North and DSD Metro East); Paarl (attended by DSD Cape Winelands) and George (attended by DSD Eden Karoo).

5. THE ROLE OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

The core function of the Department of Social Development is the investigation of suspected cases of fatal child abuse and deliberate neglect, referring such cases to applicable designated Child Protection Organisations within the regions, coordinate, and submit the feedback reports to the CDR panel. DSD office also needs to advise the panel when it is a child in alternative care on their caseload register.

- **The role of the Regional PIC Manager / Child Protection Coordinator**
 - attending the monthly CDR meetings;
 - receiving the mandatory referrals (form 22's) from the forensic pathologist (in terms of s110 and s 178 of the Children's Act);
 - receiving the mandatory referrals (form 40's) of children in alternative care who died;
 - check and inform the panel when it is a child in alternative care
 - referring the matters to either the appropriate DSD service delivery office or NGO office for investigation;
 - receiving the feedback reports;
 - reporting to CDR meetings and advising on case closure or further intervention plans; and
 - assisting the Panel to refer matters directly for prevention and early intervention services where applicable;
 - Provide the provincial coordinator for CDR panels with a copy of the feedback report or feedback of progress made and challenges w.r.t finalising the feedback report.
 - The PIC Manager/Child Protection Coordinator to on a quarterly basis provide the provincial office with a copy of their data base indicating the referrals received, type of referral (form 22, form 40, prevention/early intervention), who the referral was allocated to and the date of submission of the feedback report; and

Child protection system failures will be escalated to the Directorate: Children and Families if the matter cannot be resolved on regional level.

- **Investigation and Report**

- Following acknowledgement of a Form 22 referral by the forensic pathologist, a social worker will conduct a safety and risk assessment within the 48 hours prescribed in the Act;
- Should the social worker not be able to comply with the norm of 48 hours, he/she must immediately report the reasons therefore to his/her supervisor, the social work manager and PIC Manager;
- High quality assessments are holistic and multidisciplinary in approach and ensures that the remaining children's voices are heard;
- The social worker must determine whether the remaining children/offender must be removed;
- The removal of the children should only be considered if there is compelling evidence on a balance of probabilities that the children are in immediate danger of abuse and/or being seriously harmed;
- The feedback report must be done on the attached standardised format (**Annexure B**).
- Return dates are as follows:
Form 22 referrals – within 1 month of receipt of the referral (feedback must be provided to the CDR panel the following month);
- Referrals for prevention and early intervention services – within two months of receipt of the referral; and
- Challenges to comply with the above return dates must be reported to the supervisor/social work manager and Pic Manager.

- **The role of the DSD Provincial Office**

- The office of the HOD has a coordinating role ensuring compliance with feedback to the CDR panel and quality service delivery;
- Receive copies of DSD referrals by the CDR panel and feedback reports and keep a data base;
- Inform the HOD of challenges and progress; and
- Provide quarterly feedback reports to the HOD

A process flow chart is attached – **Annexure A**

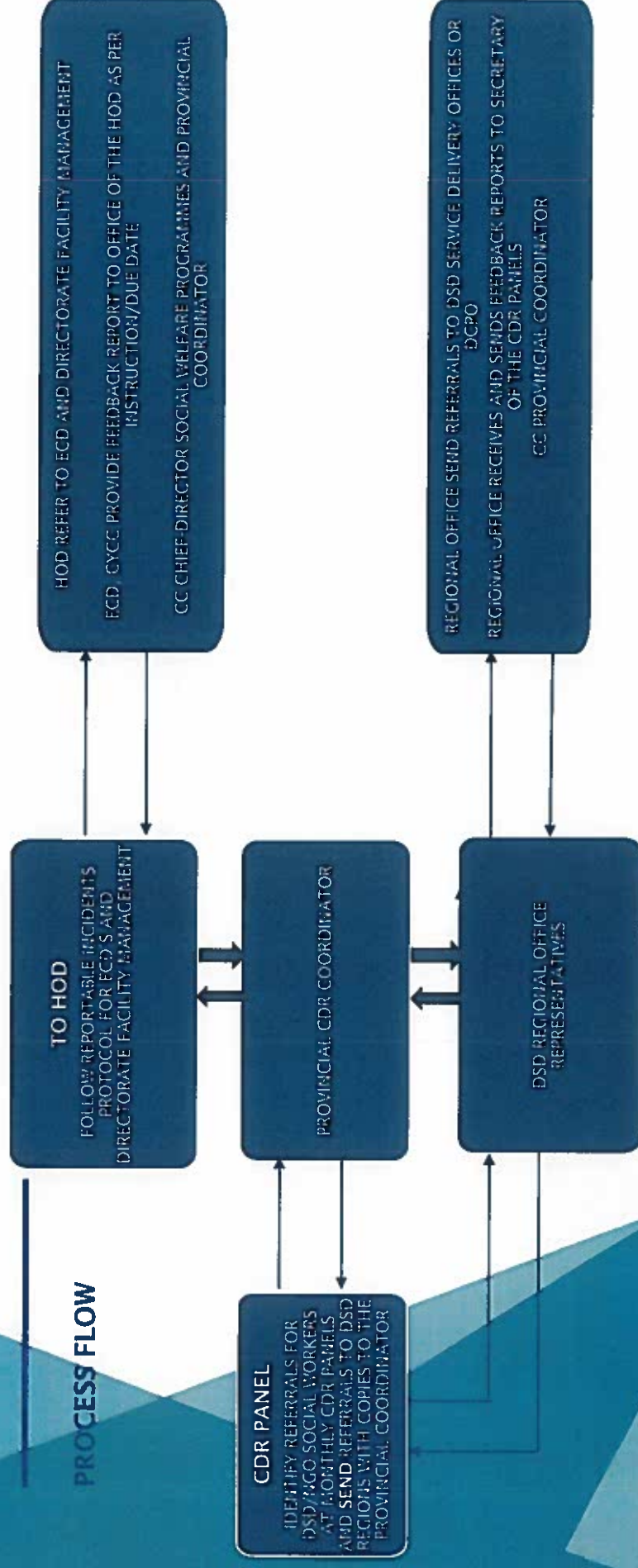
6. DATE OF IMPLEMENTATION

This SOP will be implemented with effect from 1 March 2019 and will be annually reviewed.

Death Review Panel Referrals

PROVINCIAL COORDINATOR: L NOTHNAGEL

PROCESS FLOW



FEEDBACK REPORT FOR THE CHILD DEATH REVIEW MEETING

Name of designated organisation	
Reference number	
Mortuary team	Salt River / Tygerberg / Paarl / Worcester / George
CDR reference number	
Date of referral	

1. IDENTIFYING DETAILS

1.1 Caregiver / Parent(s)

Full name(s)	Gender	Relationship to deceased	Date of birth / ID no

1.2. Full residential address of the caregiver

2. INTRODUCTION (reason for referral)

3. PRESENT CIRCUMSTANCES OF THE REMAINING CHILDREN IN THE FAMILY (PLEASE REPORT IN GRID FORM)

Name of the Child	Date when the referral was received	Who the case was referred to for investigation	Current Circumstances (in whose care is the child placed)	Any other comments

4. SERVICES HAS BEEN RENDERED ON THE FOLLOWING LEVELS

- Early intervention services
(Counselling, support, empowerment, therapeutic) ☐
- Family preservation services ☐
- Safety and risk assessment ☐
- Statutory services ☐
- Reintegration/Aftercare services ☐
- Continuation of services ☐
- Case has been closed ☐

COMMENTS

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SOCIAL WORK PRACTITIONER

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SIGNATURE

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SOCIAL WORK SUPERVISOR

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