IN THE HIGH COURT OF SOUTH AFRICA
GAUTENG LOCAL DIVISION, JOHANNESBURG

CASE NO: 2025-112007
(1) REPORTABLE: YES/NO
(2) OF INTEREST TO OTHER JUDGES: YES/NO
(3) REVISED:
18 August 2025

In the matter between:

J[…] B[…] Applicant

and

T[...] D[...] S[...] Respondent

JUDGMENT

SEGAL AJ:

[1] This is an application which came before court during the week of 29 July 2025 in which the Applicant (the mother) sought an urgent order interdicting the Respondent (the father) from relocating with the two minor children, M[...] M[...] S[…] ("**M[...]**"), aged 16 and C[...]S[…] ("**C[…]**"), aged 9 from relocating with the father to Cape Town pending the finalisation of Part B of the application. I will refer to the parties as the mother and the father, respectively.

[2] In addition, in Part A, the mother sought confirmation of the appointment of

social worker, Sarie Nell to conduct an investigation and provide a report regarding:-

2.1 whether the intended relocation is in the children's best interests;

2.2 whether the children immediately be placed in a structured home-schooling institution to receive appropriate academic guidance and consistent educational support;

2.3 the return of the children to the mother's primary care subject to the father's defined rights of contact;

2.4 the immediate therapeutic intervention for both children including reconstructive and bonding therapy between the children and their mother;

2.5 the mother submitting herself to regular drug and alcohol testing to be conducted upon request by the Parenting Coordinator;

[3] The father opposed the application and counter applied for an order in Part A that:-

3.1 primary residence of the children vest with him;

3.2 that the mother be granted supervised physical contact with C[…], which contact is to be supervised by a registered social worker on alternate weekends on a Saturday and Sunday, for a period of six hours per contact session;

3.3 that the mother shall not have any contact with M[...] unless M[...] specifically requests such contact; and

3.4 that the mother pays the costs of the application.

[4] At the hearing of the matter, I indicated to the parties that:-

4.1 I considered the matter to be urgent; and

4.2 the father would not be permitted to relocate with the children at this stage.

[5] When the matter stood down, it was arranged that M[...] would attend an urgent appointment with a psychiatrist in the week following the hearing of the matter in light of the findings of Dr Del Fabbro. The father indicated that he would secure alternative accommodation in Gauteng and undertook not to relocate with the children until a court permitted him to do so. The mother was represented by attorneys and counsel. The father was unrepresented and appeared in person.

[6] Upon reading the papers it appeared that not only is this application indeed urgent, but it is in fact one which gives cause for alarm.

[7] The mother, who resides in Henley on Klip, was the children's primary caregiver until 5 February 2025, when a disagreement arose between the mother and M[...], which regrettably escalated into a physical altercation ("**the incident**") at the mother's home, which resulted in the children telephoning their father to come and collect them immediately and remove them from their mother's home to his home late one night.

[8] There is a dispute about what occurred on that night. The mother contends that the incident was occasioned because M[...] had a tantrum and shouted at her, that M[...] often displays unruly behaviour when reprimanded and that the mother in frustration swung her arm at the wall, which resulted in her arm making contact with the mirror in M[...]'s room and causing it to break.

[9] The mother's erstwhile partner J[...] M[…] T[…] ("**J[...]**") was present at the home at the time of the incident. It appears that he and the mother have since terminated their relationship and that the mother now lives alone. The mother contends that the main problem in her relationship with M[...] is that M[...] is being coached by her father, who allegedly actively discourages M[...] from having a relationship with her.

[10] The father's version is quite different. He contends that on the 5th of February 2025, M[...] contacted him in a state of distress and asked him to "*help [her] and to come now*". The children texted that they were "*so scared"* and asked their father to *"please hurry*" but at the same time, feared that if the father entered their home J[...] would become so angry that he would shoot him. This incident was extremely traumatic for the children.

[11] The father contacted the SAPS, contending *inter alia* that M[...] was physically assaulted by the mother, that M[...] had "*blood splatters on her shoes and clothing*", and that J[...] had threatened both children. This troubling incident resulted in the father removing the children from the mother's primary care and having them reside primarily with him since this date.

[12] Photographs of the aftermath of the incident are disturbing and reflect *inter alia* a broken mirror, a microwave on the bedroom floor and other kitchen items lying on the floor in M[...]'s bedroom. It is common cause that the mother drove herself to the hospital on account of her injuries and profuse bleeding which required immediate medical attention. WhatsApp messages were attached to the papers to corroborate the ongoings on the night of the incident.

[13] The father contends that the mother suffers with mental health challenges, that she has attempted suicide and has attended numerous rehabilitation clinics for drug and alcohol dependency. The father contends that the mother has been "mentally unstable" for the past 2 years.

[14] Until eighteen months ago, it seems that the parties shared a reasonably amicable relationship; they would liaise with one another to make arrangements for the children where necessary, and the mother would assist the father financially from time to time. This relationship apparently began to deteriorate eighteen months ago when it is alleged that the mother and J[...] began drinking alcohol excessively.

[15] The father also contends that the children were neglected and left to their own devices mostly unattended. There are other concerning allegations about substance

abuse in the mother's home which regrettably involve M[...]. There were allegedly physical fights between the mother and J[...] in the presence of the children and other serious concerns about the mother's parenting. Allegations of sexual abuse / inappropriateness on the part of J[...] against M[...] were also made.

[16] Although the mother seeks an order that social worker, Sarie Nell ("**Ms Nell**") be appointed to conduct an investigation as part of the order sought in Part A, it appears that by agreement between the parties Ms Nell had completed a forensic investigation and rendered her report which became available shortly before the matter was to be heard.

[17] Ms Nell recommends *inter alia* that:-

> "*21.1 …the parties be jointly granted full parental responsibilities and rights as contemplated in Section 18(2)(a) of the Children's Act 38 of 2005 regarding the minor child (sic).*
>
> *21.2 Parental responsibilities and rights regarding guardianship as stipulated in Section 18(2)()c) and 18(3) of the minor child (sic) shall be awarded to both parties.*
>
> *21.3* Primary *residence of the minor child (sic) shall be awarded to the mother.*
>
> *21.4 The contact rights of the father are as follow:*
>
> *a) Weekly contact starting on a Friday afternoon until the following Friday morning which alternates between parents.*
> *b) First right of refusal be implemented as stated in previous section of the report.*
> *c) Telephonic contact daily which are convenient for both parents.*
> *d) That the short and long holidays be divided between the parents with the following pre-requisites:*
> *e) That the other parent will have daily telephonic with the child/children.*

21.5 The mother not have any contact with her previous partner.

21.6 The parent who cares for the child (sic) provides an address to the other parent for notification.

21.7 The appointment of a Parental Coordinator to manage contact, ensure the children attend suitable therapy, and verify that the mother complies with regular or random alcohol and drug testing for 2 years.

21.8 M[...] needs to be evaluated by a Psychiatrist, and the mother needs to adhere to the recommendations of the psychiatrist.

21.9 M[...] and C[...]need to attend a therapeutic intervention with a clinical psychologist.

21.10 The mother needs to attend parental guidance with a clinical psychologist..."

[18] The recommendations in 21.3 and 21.4 are in conflict with one another. There are repeated references to "the child" and it is unclear which child is referred to or whether there is a typographical error and this should read "the children".

[19] As part of Ms Nell's report, a forensic psychologist Dr Del Fabbro ("**Dr Del Fabbro**") conducted an investigation in respect of M[...]. Dr Del Fabbro recorded *inter alia* that M[...] reported:-

19.1 a history of domestic violence and alcohol abuse in the home of the mother;

19.2 that the mother regularly threatened and tried to commit suicide;

19.3 that the mother has a history of self-harming;

19.4 that the mother has admitted to various rehabilitation facilities for alcohol

abuse and psychiatric issues;

19.5 being attacked by the mother with a broken piece of mirror, inflicting profound psychological trauma on M[...];

19.6 grappling with the traumatic legacy of the mother's violence;

19.7 being happy in her current environment, with the father, however she had some reservations about certain accommodation matters and struggles with the father's supervision;

18.9 she had consumed substances with the mother (alcohol, psychedelic narcotics and marijuana) under the mother's pressure and encouragement.

[20] Dr Del Fabbro opined that-:

20.1 M[...] has become desensitised to the mother's behaviour, being a significant concern for Dr Del Fabbro;
20.2 M[...] is ambivalent to seeing the mother and suffers from cognitive dissonance;
20.3 M[...] is currently grappling with the severe, pervasive and cumulative effects of chronic complex trauma, primarily stemming from prolonged exposure to domestic violence, the mother's severe alcohol abuse and direct physical assault.

[21] Del Fabbro concludes and recommends that:-
"*..to address M[...]'s identified risks and promote her psychological well-being:*

1. Immediate Safety Planning and Crisis Intervention:

Given M[...]'s current moderate to high risk for self-harm and suicidal ideation, particularly in light of the impending relocation, immediate and proactive safety measures are paramount.

- ***Urgent Referral for Psychiatric Evaluation:*** *An urgent referral to a child and adolescent psychiatrist is recommended for a comprehensive evaluation, particularly concerning her severe depressive symptoms and persistent suicidal ideation. This evaluation should include consideration of psychotropic medication if clinically indicated to stabilize her mood and reduce the intensity of suicidal thoughts.*

- ***Comprehensive Safety Plan Development:*** *A detailed, collaborative safety plan must be developed with M[...], her father, and stepmother. This plan should include:*

  - ***Identification of Triggers:*** *Clearly identify specific triggers for M[...]'s distress, self-harm urges, or suicidal ideation (e.g., feelings of failure, perceived rejection, arguments, lack of privacy, loss of social connections, discussions about her mother's past behaviour, the impending move).*
  - ***Coping Strategies:*** *Outline a tiered list of adaptive coping strategies M[...] can employ when experiencing distress or urges, ranging from self soothing techniques (e.g., listening to music, talking to her boyfriend/sister, engaging in band activities) to more structured distress tolerance skills (which will be taught in therapy).*
  - ***Emergency Contacts:*** *Provide clear emergency contact numbers, including crisis hotlines, the social worker, her father, and stepmother.*
  - ***Crisis Protocol:*** *Delineate a clear step-by-step protocol for M[...] and her family to follow in a crisis, including when to contact her father/stepmother, when to seek immediate professional help (e.g., contacting emergency services or psychiatric crisis teams), and how the family will support her through overwhelming urges.*

- ***Strict Environmental Safety Measures:*** *To reduce access to means of self harm or suicide, it is imperative to implement strict environmental safety measures within the home:*

- ***Medications:*** *All prescription and over-the-counter medications must be stored securely, under lock and key, and administered by her father or stepmother.*

- ***Sharp Objects:*** *All sharp objects (e.g., razors, knives, scissors) should be secured or their access strictly limited and monitored.*
- ***Alcohol/Drugs:*** *All alcohol and recreational drugs must be completely removed from the household, with no exceptions, given M[...]'s prior exposure and vulnerability.*

2. Therapeutic Interventions for M[...]:

Intensive and multi-modal therapeutic interventions are crucial to address the root causes of M[...]'s risks and build her long-term resilience.

- ***Intensive Individual Therapy:*** *M[...] requires ongoing, intensive individual therapy (initially 2-3 times per week, reducing frequency as stability improves) with a clinician specializing in adolescent trauma. The therapeutic focus should include:*

- ***Trauma Processing:*** *Utilizing evidence-based modalities such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) or Eye Movement Desensitization and Reprocessing (EMDR) to help M[...] process the traumatic memories and experiences related to her mother's violence and substance abuse.*
- ***Emotion Regulation Skills:*** *Teaching and practicing Dialectical Behaviour Therapy (DBT) skills, particularly mindfulness, distress tolerance, and emotion regulation, to help M[...] identify, understand, and manage intense emotional states without resorting to self-harm or other maladaptive coping.*
- ***Coping with Urges:*** *Developing specific strategies for coping with urges for self-harm and substance use, including urge surfing, distraction, and activating alternative, healthy behaviours.*

- ***Self-Esteem Building:*** *Addressing her internalized shame, guilt, and feelings of worthlessness to foster a healthier self-concept.*
- ***Attachment Repair:*** *Exploring and addressing her anxious-ambivalent attachment patterns to help her develop more secure and trusting relationships.*

- ***Substance Abuse Interventions:*** *While M[...] denies current use, proactive interventions are essential:*

- ***Motivational Interviewing:*** *To reinforce her stated desire not to use substances and strengthen her commitment to a substance-free lifestyle.*
- ***Psychoeducation:*** *Providing education on the long-term impacts of parental substance abuse and the risks of self-medication.*
- ***Relapse Prevention Planning:*** *Proactively developing strategies to identify triggers for potential substance use and implement alternative coping mechanisms.*

- ***Family Therapy:*** *Concurrent family therapy is strongly recommended (initially weekly, reducing frequency as dynamics improve) to:*
- ***Improve Communication:*** *Facilitate open and honest communication between M[...], her father, and stepmother regarding her emotional state, needs, and challenges.*
- ***Address Family Dynamics:*** *Work through the impact of the historical trauma on current family dynamics, including Mr. S[…]'s denial of the full extent of M[...]'s depression/suicidal ideation and the challenges of adjustment to the new home environment.*
- ***Support System for M[...]:*** *Strengthen the family unit as a consistent and reliable source of support for M[...].*
- ***Psychoeducation for Parents:*** *Educate both her father and stepmother on the specific manifestations of trauma, attachment issues, and risk behaviours in in adolescents, and how to respond in a supportive and effective manner.*

- ***Consideration of Group Therapy:*** *As M[...] establishes stability in individual therapy, consider a referral to an adolescent group therapy program focusing on trauma, self-harm, or emotional regulation. This could provide peer support, reduce feelings of isolation, and offer additional opportunities to practice coping skills.*

3. Parental Support and Education:

Mr. S[…] and his partner are crucial protective factors, and their understanding and capacity to respond to M[...]'s needs are vital.

- ***Comprehensive Risk Education:*** *Provide detailed education to both Mr. S[…] and his partner on:*

  - ***Signs of Self-Harm:*** *Including Less obvious indicators beyond visible injuries.*
  - ***Signs of Substance Abuse:*** *Behavioural, physical, and emotional indicators.*

  - ***Signs of Suicidal Ideation:*** *Specific verbal cues, behavioural changes, and emotional states, addressing Mr. Snyman's current awareness gap.*

- ***Crisis Management Training:*** *Train them on how to respond effectively during a crisis related to self-harm or suicidal ideation, including de-escalation techniques and activation of the safety plan.*
- ***Boundaries and Supervision:*** *Support parents in establishing clear, consistent, and age-appropriate boundaries and supervision that balance M[...]'s need for safety with her developmental need for privacy and autonomy. This should specifically address her struggles with the "smaller living environment" and "greater level of supervision."*

- ***Referral to Parenting Support:*** *Recommend referral to parenting*

support groups or educational programs focused on raising adolescents with trauma histories or mental health challenges.

4. School-Based Interventions:

Given M[...]'s current home-schooling, specific liaison with Impaq is necessary.

- ***Liaison and Support Plan:*** *Establish direct communication with Impaq home school personnel (e.g., designated administrator or counsellor, if available). Implement a school-based support plan that includes:*

  - ***Designated Safe Person:*** *Identify a trusted adult at Impaq whom M[...] can approach if she feels overwhelmed or distressed.*
  - ***Academic Accommodations:*** *If her depression, anxiety, or trauma symptoms impact her concentration or academic performance, explore accommodations (e.g., reduced workload, extended deadlines, quiet testing environment).*

- ***Policy Awareness:*** *Ensure awareness of Impaq's policies and resources regarding mental health support, substance use, and self-harm.*

5. Pharmacological Review:

Psychiatric Evaluation: *As previously noted, an urgent psychiatric evaluation is highly recommended. The psychiatrist will assess the need for psychotropic medication (e.g., antidepressants, anxiolytics) to address underlying mental health conditions (depression, anxiety) that contribute significantly to her overall distress and risk profile. Close monitoring of medication effectiveness and side effects will be crucial.*

6. Contact with Mother:

M[...]'s ambivalence towards her mother and the perceived rejection are significant stressors that directly impact her emotional state and risk levels.

- ***Highly Supervised Contact Only:*** *Any future contact with Ms. B[…] should be limited and occur only under strict, therapeutic supervision. Unsupervised contact is strongly contraindicated at this time given Ms. B[…]'s denial, historical violence, substance abuse, and negative impact on M[...].*

- ***Therapeutic Conditions for Contact:*** *If contact is considered therapeutically beneficial in the future, the following conditions are paramount:*

  - ***Mother's Sobriety:*** *Ms. B[…] must demonstrate sustained sobriety and engagement in her own therapeutic treatment for substance abuse and mental health issues.*
  - ***No Discussions of Past Incidents:*** *Contact sessions should be carefully facilitated to avoid discussions of past traumatic incidents or the current care arrangements unless explicitly guided by the therapist.*
  - ***M[...]'s Readiness:*** *Contact should only proceed with M[...]'s explicit willingness and when her emotional stability has significantly improved, ensuring it does not re-traumatize her or increase her distress.*

  - ***Focus on Positive Engagement:*** *The focus should be on building positive, healthy interaction, rather than addressing past grievances, at least initially.*

- ***Prioritizing M[...]'s Well-being:*** *The decision regarding contact must always prioritize M[...]'s emotional safety and psychological stability, with the understanding that contact, if not carefully managed, could*

exacerbate her existing risks.

7. Ongoing Monitoring and Review:

M[...]'s risk profile is dynamic and requires continuous assessment and adaptation of the support plan.

- ***Regular Risk Reviews:*** *Her risk status should be formally reviewed on a regular basis (e.g., weekly initially, then bi-weekly or monthly as stability is achieved) by the treating psychologist and social worker.*

- ***Multidisciplinary Team Involvement:*** *All professionals involved in M[...]'s care (psychologist, social worker, psychiatrist, school personnel, family members)*
should maintain open communication and participate in periodic reviews of her progress, adherence to safety plans, and overall well-being.
- ***Adaption of plan:*** *The safety plan and therapeutic interventions should be fluid and adjusted based on M[...]'s evolving needs, responses to treatment, and any changes in her environment or emotional state.*"

[22] The report of Dr Del Fabbro, is a very thorough and as appears above, contains carefully considered and comprehensive recommendations. This report must be provided to M[...]'s therapist who should work through and implement the recommendations together with M[...], and with the input of the mother and the father, where appropriate.

[23] I am persuaded that M[...] cannot be forced to live with or have contact with her mother against her will, in her current vulnerable state. I am also persuaded that a relocation is not in M[...]'s best interests at this point. It appears that Ms Nell did not take heed of Dr Del Fabbro's important findings in relation to M[...]'s compromised emotional state.

SCHOOLING AND EDUCATION

[24] The father acknowledges that there were difficulties experienced with respect to the children's schooling, but he contends that the mother's version in relation to the schooling is denied. He contends that any delays in facilitating the educational requirements of the children was a direct result of the mother's actions, and/or neglect and that he has remedied all such matters in a timely and diligent fashion.

[25] Regrettably, no proof of the father's allegation could be provided, despite the mother's repeated requests for the father to do so. I have serious concerns about the seemingly laissez-faire attitude that appears to have been adopted in relation to the children's education.

[26] It is imperative that both children's education is prioritised by the father urgently and that efforts be made to catch them up on missed schoolwork so that they are ready to begin afresh in the new year at new schools. I address this in my order below.

THE RELOCATION

[27] The father wishes to relocate to Simon's Towns with the children and his partner, C[...] P[...] ("**C[...]**") but it seems that there is no real plan in this regard. I am not satisfied with the evidence which the father has put up insofar as the proposed relocation is concerned. It does not seem to have been properly thought through or planned. The mother's criticisms in this regard seem well founded. The issue of the relocation can be revisited the court hearing part B.

[28] I am also persuaded by the report of Dr Del Fabbro that the proposed relocation would be contrary to M[...]'s best interests and would unduly destabilise and unsettle her. M[...] is especially vulnerable at this time and may not cope with the effects of a relocation. She has had enough trauma and upheaval and cannot risk even more destabilisation now.

[29] Given the concerns raised by the mother in respect of the children's education coupled with the fact that no proof of the children's education could be

provided by the father, I have serious concerns in relation to the children's education and to now move them to new schools, in a new province when they are apparently so far behind where they ought to be, is not in their best interests.

[30] A further concern raised by the mother was the fact that her relationship with the children has been severely negatively impacted, and that she wishes to be afforded an opportunity to mend her relationship with them. Ms Nell reports that the mother "*shows insight into her transgressions, takes responsibility for her actions, and wants to rebuild her relationship with her children*."

[31] Ms Nell recommends that primary residence of the children should revert to the mother at this stage. Dr Del Fabbro recommends only supervised contact between the mother and the M[...] having regard to the anxiety and trauma that M[...] has experienced. C[...]and M[...] cannot be separated from one another, and both expressly report that they are doing better with their father from an emotional and psychological point of view They categorically expressed that they do not want to live at their mother's home.

[32] Although the children do not experience the mothers "*insight into her transgressions",* or her taking "*responsibility for her actions",* referred to by Ms Nell, an opportunity must be given to the children and their mother to rebuild their relationship with professional guidance and oversight. The restoration of the relationship between mother and children must be a priority for both the father and the mother.

[33] There is a disparity between the financial position of the mother and that of the father. It seems that the mother's financial position is far stronger than that of the father and that she has a successful business which has operated for some time, whilst the father appears to have struggled to secure himself financially over the years. At this stage the mother does not pay cash maintenance for the children but covers numerous direct expenses on their behalf. In these circumstances, I propose to order that the mother pay for the fees of the professionals whom I propose to appoint in order to deal with the fall out within the family.

[34] I interviewed both children separately in chambers. I was impressed by their maturity and insight. They were both extremely articulate and clear not only in the expression of their views and wishes, but also in the justification and reasoning for holding the views expressed. What emerged from the respective interviews was that-:

34.1 They both feel safe and emotionally secure in their father's care and wish to remain there;

34.2 They have been through tremendous trauma;

34.3 C[...]is lonely and doesn't have friends, she is unhappy with home schooling and wants to be part of a traditional school where she can make friends. She is somewhat embarrassed that she is a year behind her peers and that her schoolwork is not up to date. This concerns her especially because she wishes to attend a new school next year and wants to be on the correct academic level to be able to "fit in" with her classmates and make friends;

34.4 M[...] feels that she can now relax and be a 16-year-old in her father's care whilst she is required to be vigilant and assume the role of an adult whilst in her mother's care;

34.5 That C[...]is fiercely loyal to M[...] and in fact considers M[...] to be her main source of safety and security;

34.6 That neither child wishes to have contact with their mother <u>at this stage</u> as they are *inter alia* concerned that she will react negatively to them, they feel ambivalent towards her. They bear a level of anger towards her but also love her;

34.7 their father's partner C[...], plays a significant and positive role in their lives. C[...] is exceptionally kind, caring and empathetic towards them. She also appears to play a practical role in assisting them in their day to day lives.

M[...] particularly considers C[...] to be her confidante and a source of support. Both children referenced C[...]'s important role in their lives.

[35] The children need to be afforded an opportunity to settle down and heal with the support and guidance of the relevant professionals. The mother and the children need to be given an opportunity to rebuild and mend their relationships with the support of the appropriate professionals. The children's education needs to caught up and regularised.

[36] The children both struck me as incredibly intelligent and there is no good reason why they should not be given every opportunity to achieve their full potential and go on to self-actualise. I have had regard to the reports and to the recommendations therein contained and I have incorporated those that I believe to be in the children's best interests into the order which follows.

[37] As to costs, I am not minded to make an order adverse to either party at this stage. The complexity and sensitivity of the issues before the court and the considerations of the best interests of the children must prevail. As such, I shall order that each party pays his/her own costs of Part A.

[38] The following order is granted:-

37.1 The Applicant's non-compliance with the Rules of Court and the Practice Manual of the Gauteng Division is condoned to the extent that is necessary, and this application is entertained as one of urgency in terms of the provisions of Rule 6(12)(a) of the Uniform Rules of Court.

37.2 The matter is postponed to the opposed roll in the Family Court on 31 March 2026. The Applicant shall enrol the matter for hearing on that date, by taking all such steps as are necessary with the Registrar of the Family Court to secure such enrollment.

37.3 Pending the hearing of Part B of the application, and the matter on 31 March 2026, it is ordered as follows:

37.3.1 The Respondent is interdicted from relocating to Cape Town or any other province with the minor children, namely M[...] M[...] S[...](“**M[...]**”) born on 11 March 2009 and C[...](“**C[…]**”) born on 16 September 2015 (“**the children**”);

37.3.2 Primary residence of the children shall vest with the Respondent;

37.3.3 The Applicant shall have contact to the children:

37.3.3.1 for the first month following on this order, once a week for a period of 2 hours on a day and at a time that is convenient to the parties, supervised by a social worker of the mother’s choice and at the mother’s cost;

37.3.3.2 for the second and third month following on this order, twice a week for a period of 2 hours per contact session on days and at times that are convenient to the parties supervised by a social worker of the mother’s choice and at the mother’s cost;

37.3.3.3 from the fourth month following on this order, contact shall take place in accordance with the recommendations of the Parenting Coordinator;

37.3.3.4 via electronic/telephonic means daily,

provided that M[...] may not be forced to exercise the contact referred to in paragraphs 37.3.3 against her will.

37.3.4 The contact referred to in 37.3.3 shall increase alternatively decrease in frequency and duration in accordance with the recommendations of the Parenting Coordinator, who shall have due regard to:

37.3.4.1 The views and wishes of the children;

37.3.4.2 The input and feedback from Melanie Frankel;

37.3.4.3 The input of M[...]’s psychiatrist;

37.3.4.4 The input of the Applicant and Respondent.

37.3.5 The parties shall procure immediate therapeutic intervention:

37.3.5.1 for M[...], with psychologist, Melanie Frankel (**Ms Frankel**) [email: f[…]];

37.3.5.2 for C[…], with psychologist Mary Bothma (**Ms Bothma**) [email: m[…]];

Ms Frankel and Ms Bothma shall respectively use their best endeavours to facilitate the restoration of the relationship between the Applicant and the respective children via reconstructive and bonding therapy, which therapy shall be at the Applicant's cost and on such days and at such times as Ms Frankel and Ms Bothma may respectively direct.

37.3.6 The Applicant shall make payment of the costs of the Parenting Coordinator, Ms Frankel and Ms Bothma.

37.4 The minor child, M[...] shall be evaluated by a qualified psychiatrist to provide recommendations regarding M[...]'s future treatment and care. The parties shall comply with all reasonable recommendations made by the appointed psychiatrist regarding M[...]'s treatment and care. The psychiatrist shall file a report reflecting M[...]'s diagnosis, treatment, prognosis and future recommendations for M[...]'s psychiatric care by 6 March 2026.

37.5 A Parenting Coordinator shall be appointed to facilitate the resolution of the disputes arising from the exercise of the parties' parental responsibilities and rights in respect of the children, which will include but not be limited to:

37.5.1 Contact between the Applicant and the children including the determination of whether that contact should be increased or decreased in frequency and duration, or supervised by a social worker;

37.5.2 Drug testing / alcohol testing for the Applicant and Respondent and/or M[...];

37.5.3 The powers of the Parenting Coordinator are attached as annexure "**B**" to this order;

37.5.4 The Parenting Coordinator shall by no later than 6 March 2026 file a report with recommendations concerning *inter alia* the manner in which the parties have complied with her process, the progress that has been made in the restoration of the relationship between the children and the Applicant, the

educational progress of the children and any further relevant information which the Parenting Coordinator deems appropriate.

37.6 The Applicant and the Respondent will refer the appointment of a suitably qualified Parenting Coordinator to the Chairperson of the Gauteng Family Law Forum, who will be requested to make an immediate nomination.

37.7 The Applicant and the Respondent shall respectively attend a comprehensive parenting course with educational psychologist, Ms Carol Anne Wootton ("**Ms Wootton**") (email: c[…]). Both parties shall provide the Parenting Coordinator with a certificate of attendance and completion of the parenting course with Ms Wootton. Each parent shall make payment of his/her costs in respect of their attendance at Ms Wootton.

37.8 The reports of Ms Sarie Nell and Dr Del Fabbro shall be provided to the Parenting Coordinator, Ms Frankel, Ms Bothma, Ms Wootton and the psychiatrist appointed for M[...].

37.9 The Respondent shall, within 15 days of the date of the grant of this order:-

37.9.1 provide the Applicant and the Parenting Coordinator with written confirmation of the children's respective enrolment at a home-schooling tutoring facility from such facility;

37.9.2 provide the Applicant and the Parenting Coordinator with written confirmation that the children have completed all of the recommended, necessary and prescribed work in their respective curricula in each of their chosen subjects;

37.9.3 alternatively to 37.9.2 above, and only in the event that the children have not completed all of the recommended, necessary and prescribed work in their respective curricula in each of their chosen subjects, the Respondent shall provide the Applicant and the Parenting Coordinator with written confirmation of all steps to be taken by the Respondent, the children and the home-schooling tutoring facility to ensure that the children will, by 1 December 2025, have completed all of the recommended, necessary and prescribed work in their respective curricula, in each of their chosen subjects, such that the children shall both have passed the grades in which they are respectively enrolled with such proficiency as to enable them to progress to the next age equivalent grade at a registered CAPS school (for C[…]) and an

appropriate institution of learning (for M[...]) and be on the equivalent academic level as their classmates in their respective new schools in 2026.

37.10 In the event that there is a doubt in relation to the children's respective academic levels of proficiency or whether they have met their curriculum benchmarks, the children may be referred by either parent or by the Parenting Coordinator to an educational psychologist alternatively with a career guidance specialist for an appropriate assessment.

37.11 The Applicant shall submit herself to regular random drug and alcohol testing to be conducted upon 4 hours' notice at the request of the Parenting Coordinator.

37.12 The Applicant and the Respondent shall each file a supplementary affidavit on or before 16 March 2026, setting out *inter alia* the manner in which they have complied with this order, the progress that has been made in the restoration of the relationship between the children and the Applicant, the educational progress of the children and details of their schooling in 2026 and any further relevant information which they deem appropriate.

37.13 Each party shall pay his/her own costs in respect of Part A of the application.

SEGAL AJ
ACTING JUDGE OF THE HIGH COURT
GAUTENG LOCAL DIVISION, JOHANNESBURG

Delivered: This judgment was prepared and authored by the Judge whose name is reflected and is handed down electronically by circulation to the Parties/their legal representatives by email and by uploading it to the electronic file of this matter on CaseLines. The date for hand-down is deemed to be on 18 August 2025.

Heard on: 29 July 2025
Delivered on: 18 August 2025

Appearances:

Adv F Bezuidenhout:

Joselowitz & Andrews Attorneys:	for the Applicant
In person	for the Respondent