

**CHILD YOUTH FAMILY & SOCIAL
DEVELOPMENT
HUMAN SCIENCES RESEARCH
COUNCIL**



**INDICATORS FOR CHILD
PROTECTION**

**REPORT FOR THE RESEARCH DIRECTORATE
DEPARTMENT OF SOCIAL SERVICES & POVERTY ALLEVIATION
PROVINCIAL GOVERNMENT OF THE WESTERN CAPE**

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ACRONYMS

AC	African Charter on the Rights and Welfare of the Child
CAPFSA	Child Accident Prevention Foundation of Southern Africa
CCA	Child Care Act, 1983
CFS	Clinical Forensic Surgeon (formerly "District Surgeon")
CHC	Community Health Clinic
CP	Child Protection
CPA	Child Physical Abuse
CPC	Child Protection Committee
CPR	Child Protection Register
CPS	Child Protective Services
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSE	Commercial Sexual Exploitation
CSEC	Commercial Sexual Exploitation of Children
CYCA	Child and Youth Care Application
CUBAC	Children Used By Adults to Commit Crime
DCPC	District Child Protection Committee
DHIS	District Health Information System
DO	District Office
DoE	National Department of Education
DoH	National Department of Health
DoSD	National Department of Social Development
DQA	Developmental Quality Assurance
DSSPA	Department of Social Services and Poverty Alleviation
EMDC	Education Management and Development Centre

FCS	Family Violence, Child Protection and Sexual Offences Unit
GIS	Geographical Information System
IAS	Institute Administration System
ILO	International Labour Organization
IMC	The Inter-Ministerial Committee on Young People at Risk
LCPC	Local child Protection Committee
MDHS	Metro District Health Services
NPA	National Prosecuting Authority
OAU	Organization of African Unity
PCCF	Provincial Crime Combating Forum
PCPC	Provincial Child Protection Committee
PEP	Post-Exposure Prophylaxis
PWO	Private Welfare Organisation
RSC	Rape Survivor's Centre
SAC	South African Constitution
SAPS	South African Police Service
SOCA	Sexual Offences and Community Affairs Unit
SSCC	Safe Schools Call Centre
UN	United Nations
UNICEF	United Nations Children's Fund
VEP	Victim Empowerment Programme
WCED	Western Cape Education Department
WD	Working Document: National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation
WHO	World Health Organisation

INDICATORS FOR CHILD PROTECTION

1. INTRODUCTION

1.1 TERMS OF REFERENCE

The Department of Social Services and Poverty Alleviation (DSSPA) (the client) commissioned the Child, Youth, Family and Social Development research programme of the HSRC (the service provider) to develop indicators for Child Protection defined as follows:

Child Protection: child abuse and neglect; sexually exploited children; children on the streets; and associated services. Services include children that have been placed in emergency placements, long-term foster care and residential care (these are child protective service options in terms of the current Child Care Act and also the Children's Bill), as well as street children's facilities.

The Terms of Reference did *not* include the following:

- Worst forms of child labour;
- Children in secure care including those in the justice system (police custody; prison; youth care centres etc);
- Indicators for child injury, exposure to violence in the home, the school and the community;
- Children affected by HIV & AIDS.
- Children Used By Adults to Commit Crime (CUBAC) and their involvement in the drug trade.

It is most important that a full suite of child protection indicators is developed if the province is to have a comprehensive system.

1.2 OUTLINE OF THE REPORT

The report commences with a concise policy review followed by a review of literature pertinent to the development of child protection indicators. The research method is presented thereafter, followed by the findings.

The final section of the report presents recommendations for data collection and improvement of information systems across the child protection system and within the Department of Social Services and Poverty Alleviation in particular. A table of recommended indicators concludes the report.

1.3 APPROACH TO INDICATOR DEVELOPMENT

Many approaches to indicators for child policy focus on child status or outcomes. They ask how big the problem is. For example: *how many* children were abused or went missing in the past year? *How many* died before the age of five?

Then they may go on to ask how much was spent on child protective services or how many therapeutic facilities there are.

Rather like the gauges on our car dashboard, child indicators tell us what we have to attend to in making policy and tracking the outcomes of our services and interventions.

While asking the '*how many*' or '*how much*' questions are important, they are not nearly enough for planning purposes. We need other gauges on the policy and welfare-planning dashboard. We need instruments that tell us *why* and *where* children are most at risk of not doing well.

These would be rather like the instruments on our dashboard that tell us what the water temperature is like – if it goes too high we know the engine will overheat and cause damage. We are speaking of the engine's environment lowering the performance of the car and even causing serious problems.

To extend this metaphor to the child, we need indicators for the *home and neighbourhood conditions* that we know are necessary for sound development and for child protection. It is evident that in order to understand the factors that influence outcomes for children and the impact of our policies, we have to broaden our scope to ask questions about the contexts within which children grow up. If we do this we can identify the contexts within which children are doing well or poorly. For example, rates of child abuse need to be related to the homes and areas within which children live. Are children more at risk for abuse in areas that have particular demographic and crime profiles? Finally, what services are provided for young children – do they have good access, and what is their quality in terms of standards set by the relevant department?

Then we need indicators for the performance of our *services*. In our car this might be related to its performance. We will get a better performance from a well car that is tuned to the correct standards.

So, how well tuned is the welfare service? For example, if we have a high rate of foster placement breakdown, how might we explain this? It could be due to a number of things. However, one way we try to prevent breakdown is by providing support services to foster children and the families who care for them. We know that if they do not get support, the risk of breakdown goes up. It is useful therefore to know not only how many children are placed in care, but also what proportion are permanent or break down, and why.

Thinking along these lines, we could develop indicators for *foster services* that provide the number of social worker visits to a foster family per year, and see if this is related to permanency. If we find a correlation between few visits and high breakdown rates, we need to ask why so few visits are occurring. Is it because the social worker caseloads are too high to supervise properly? And is this because there are not enough caseworkers to support the children found in need of care? Is the ultimate question not whether the amount we budget in subsidies for NGO social worker salaries is insufficient to cover the posts needed to meet the foster care visitation and permanency standards we wish to attain?

The approach to indicator development used in this report is outlined in Figure 1, below. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society. The model is rights-based, drawing on international and national legal provisions and policies.

Our approach is based on a framework developed by Bray and Dawes (forthcoming), and contains five distinct types of indicators. They take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

Child Outcome Indicators measure the status of the child. Examples include child mortality; reading ability; immunisation status; and whether the child has been a victim of abuse.

Family and Household Environment Indicators measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; the economic and health status of the caregivers (e.g. TB or HIV infection). Structural variables could include whether the household is headed by a child; and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

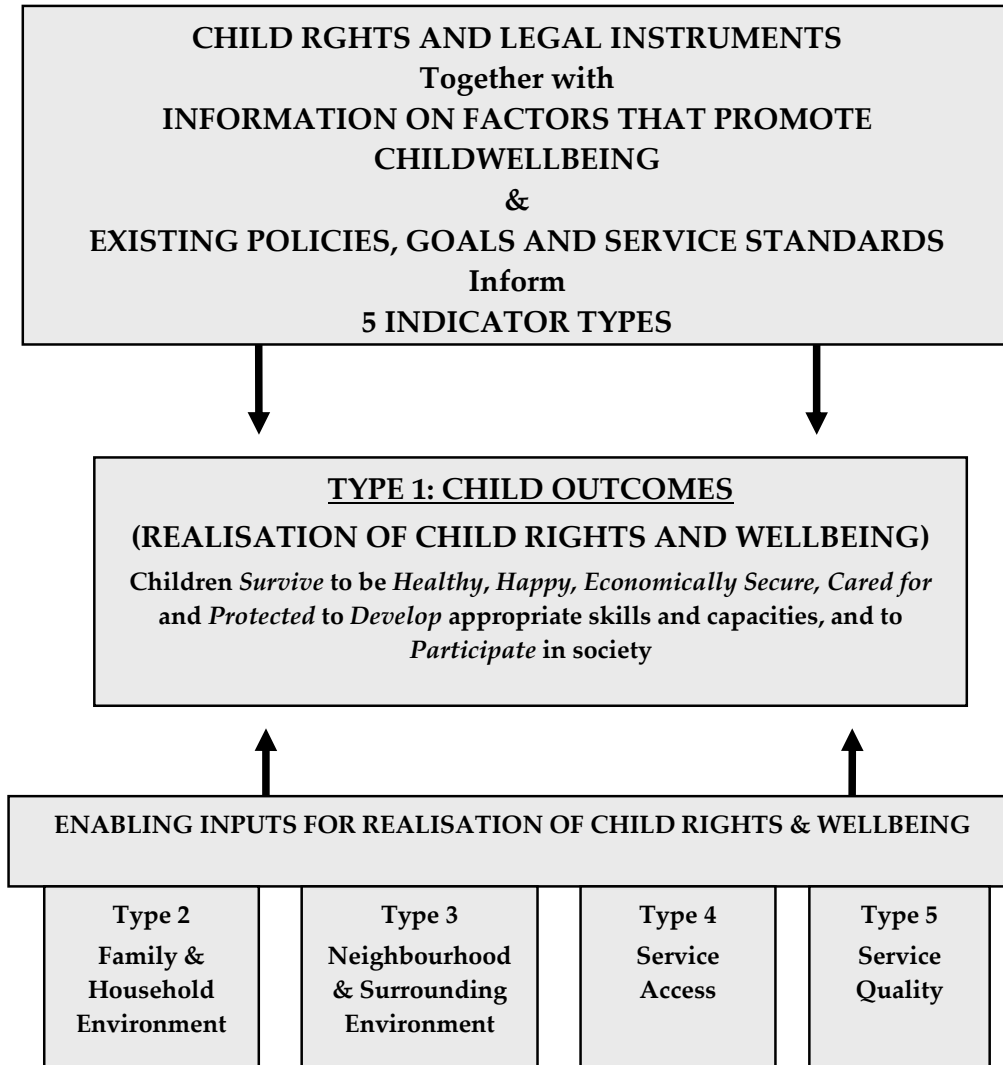
Neighbourhoods and Surrounding Environment Indicators measure specific geographical spaces such as neighbourhoods, enumerator areas etc. They are the

spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as the roads. They include people who can support children and others who put them at risk (criminal elements) (see Ward, forthcoming a). This indicator set permits small area indices of child risk and wellbeing to be constructed in order to provide information for policy targeting (see Noble et al, forthcoming).

Service Access Indicators describe children's access to child protective services.

Service Quality Indicators measure service inputs. They measure the provisioning (e.g. the supply of money for the services) and could include whether the care of children in residential settings for children placed is up to standard in terms of the regulations. As is evident from Figure 1, below, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country {e.g. the Convention on the Rights of the Child (CRC)}, the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence, and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is probably the Child Care Act, which will be replaced by the Children's Bill.

Figure 1: A Model for Rights-based Child Wellbeing Indicators



2. CHILD PROTECTION POLICY SYNOPSIS

This section of the report provides a concise review of the most relevant international, national and provincial policies, protocols and programmes that apply to child protection. The review is used to inform the discussion on indicator development in the recommendations section of the report.

2.1 INTERNATIONAL STATUTES

2.1.1 The UN Convention on the Rights of the Child, 1989

The Convention on the Rights of the Child (CRC) was ratified by South Africa in 1995. The CRC seeks to promote and protect the rights of all children while also catering for the special needs of children living in particularly difficult conditions. It also seeks to *improve* living conditions and promote their wellbeing and developmental outcomes. In broad strokes, the rights that are enshrined in this instrument are “survival rights, protection rights, development rights and participation rights of children” (Viviers, 2005, p. 7), while the Preamble to the CRC provides the context within which the rights are framed. In its several clauses it mentions certain key points that are relevant to child protection:

1. Children (and adults) have the right to inherent dignity and equality without discrimination;
2. By virtue of their immaturity, children require special care and protection including special safeguards provided by appropriate legal protection; and
3. Families require support if they are unable to carry out their responsibilities for reasons beyond their control.

The first point lays down the principle of non-discrimination, and suggests that child protection data should be disaggregated in ways that permit monitoring of discrimination on grounds of, for example, gender, race, religion and disability.

If states are to take steps to improve the situation of children in need of protection, then monitoring systems are required so that the progress of the state in improving the situation of children can be tracked.

The second point is particularly important because the law provides the enabling environment for rights. States have a responsibility to enact law that will give effect to all these points, just as they have the responsibility to protect children and provide them with appropriate services (see Dawes, Bray & van der Merwe, forthcoming).

The Committee on the Rights of the Child (the implementation body of the Convention) has determined that states are required to identify individual children and groups of children whose rights may demand special measures. Obvious examples include abused and neglected children, children of the streets and working or sexually exploited children.

Articles of the CRC relevant to child protection include Article 19, which establishes the right of children to protection from violence, abuse and neglect. Article 19(2) of the CRC refers to the obligation of the state to support carers in their duty to protect children. Disabled children require particular protection (CRC Article 23). Article 3 specifies that all actions taken on behalf of the child should be undertaken in the child's best interests, and that the child has the right to basic treatment and rehabilitation services.

Countries are required to report to the Committee on the Rights of the Child every 5 years.

South Africa has also ratified the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography.

2.1.2 The African Charter on the Rights and Welfare of the Child: OAU - 1990

The African Charter on the Rights and Welfare of the Child (AC) was ratified by South Africa in 2000. According to Viljoen (2000, as cited in Viviers, 2005), in comparison to the CRC, the AC affords a higher level of protection to children. In so doing, the AC provides a better understanding of the value that Africans attach to their children, than does the CRC. Contained within the Charter are such articles as the African child's right to be protected from all types of abuse and neglect (Article 16); to parental care (Article 19); and to protection from all forms of sexual exploitation (Article 27). Articles 4 and 14 refer to the requirement to act in the best interests of the child, and the right to treatment. Member states of the African Union are obliged to make the necessary legal provisions in order to give effect to the Charter and to report to the committee responsible for the Charter. No country including South Africa has reported to date.

2.1.3 The International Labour Organization (ILO) C182 Worst Forms of Child Labour Convention, 1999

As a signatory to this Convention, the South African government has undertaken to prohibit and eliminate, in particular, inappropriate child labour and the commercial sexual exploitation of children.

ILO protocols state that each country should determine age cut-offs for particular work activities. At present, South Africa's Basic Conditions of Employment Act (BCEA 1998) prohibits the employment of anyone under 15 years (the minimum school leaving age).

2.1.4 The UN International Covenant on Civil and Political Rights, 1966

According to Article 24(1) of this Covenant, every child has the right to “such measures of protection as are required by his status as a minor...”

2.1.5 The UN International Covenant on Economic, Social and Cultural Rights, 1966

Article 10(3) of this Covenant recognizes that children must be protected from exploitative labour practices, and that “special measures of protection and assistance should be taken on behalf of all children...”

2.1.6 Declaration and Agenda for Action against Commercial Exploitation (1996, 2001)

South Africa was party to the adoption of this Declaration and Agenda at the first and second World Congresses against Commercial Sexual Exploitation of Children, held, respectively, in Stockholm (1996) and Yokohama (2001). In so doing, South Africa has recognised, in terms of Section 10 of the Declaration, that, “[w]hile laws, policies and programmes exist to counter the commercial sexual exploitation of children, greater political will, more effective implementation measures, and adequate allocation of resources are needed to give effect to the spirit and letter of these laws, policies and programmes.”

2.2 NATIONAL STATUTES

2.2.1 South African Constitution, Chapter 2: The Bill of Rights

Section 12 of the South African Constitution guarantees the right to freedom and security of the person (regardless of age) and the right to be “free from all forms of violence from either public or private sources.” The Constitutional Court (in the case of Carmichael) ruled that this right obliges the state to act and protect people from violence, sexual violence and the threat of violence.

Section 28 includes certain children’s rights that are justiciable, including rights:

- “to basic nutrition, shelter, basic health care services and social services” [1(c)], which addresses protection from neglectful circumstances. These rights are in addition to the general protections and socio-economic rights afforded to all South Africans in the Bill of Rights.
- “to be protected from maltreatment, neglect, abuse, or degradation” [1(d)]. This provision clearly specifies protection from the relevant insults.
- to protection from exploitative and age inappropriate or dangerous work [1(e) & 1(f)].

It is important to note that the right to basic social services is included. While ‘basic’ is not defined, the state as duty bearer is responsible for seeing that these vulnerable children are assisted.

2.2.2 Child Care Act (Act No. 74 of 1983)

This Act is a piece of welfare legislation that provides for the protection of children at risk and deemed to be in need of care, and makes provision for mandated reporting of abuse. It makes provision for Children's Court Inquiries in cases where statutory intervention is required, firstly, to determine whether a child is in need of care and, secondly, to place that child in an alternative form of care. The Act specifies the placement and treatment options for such children. It also criminalizes the sexual exploitation of children. Furthermore, the Act has associated regulations that govern practices in children's facilities and case management by social workers (covered below). It will be replaced by the Children's Bill.

2.2.3 Children's Bill (in progress at the time of writing)

This Bill updates the Child Care Act and seeks to protect children from abuse, neglect, maltreatment, harmful labour, trafficking, commercial sexual exploitation, as well as street children. It also aims to give effect to South Africa's obligations concerning children, as outlined in the international conventions to which this country is party. In comparison to the Child Care Act, the Children's Bill offers a wider range of placement options for children found to be in need of care, such as shared care, facilities for persons with disabilities, and rehabilitation centres. The Children's Bill extends provisions for mandated reporting, and prescribes that all substantiated cases be referred to a Child Protection Register held by the Department of Social Development. Part A of the Register is a record of children that have been abused or deliberately neglected, while Part B is a record of perpetrators. These persons are deemed unfit to work with children (for example in schools and crèches). If the Bill is passed, childcare facilities will be required to check whether or not applicants for positions are on the Register. They may not be employed if this is the case.

2.2.4 Prevention of Family Violence Act (Act No. 133 of 1993)

Under Section 4 of this Act, any person that is in a position of responsibility for a child who may reasonably be suspected to have been abused, is obligated to report such suspected abuse to a police official, a commissioner of child welfare or a social worker. This section will ultimately be replaced by provisions in the Children's Bill, which will be the sole statute dealing with the mandatory reporting of child abuse and neglect.

2.2.5 Domestic Violence Act (Act No. 116 of 1998)

The Act provides for restriction orders on perpetrators of domestic violence in Section 7(6). If the court has determined that it is in the best interests of a child, it can refuse or restrict access of a known or alleged perpetrator of domestic

violence to such a child. Domestic violence as defined in the Act includes, but is not restricted to, physical, sexual and emotional abuse.

2.2.6 Sexual Offences Act (Act No. 23 of 1957)

This Act describes various aspects and forms of child sexual abuse (e.g. Sections 9, 12, 13 and 14). Abduction under Section 13 of this Act refers to the unlawful and intentional taking of a male or female under the age of 21 years for the purpose of sexual intercourse (note that the age is 21 years and not 18 (Gallinetti, 2004)). Procurement of children for child prostitution is also criminalized under this Act, as is exposing children to pornography.

2.2.7 Films and Publications Act (Act No. 65 of 1996)

Sections 27(1) and 28(1) of this Act prohibit the production, possession, import and distribution of pornographic material that depicts children (below 18 years of age) "... participating in, engaging in or assisting another person to engage in sexual conduct or a lewd display of nudity..." (Schedule 1(a)).

2.2.8 South African Schools Act (Act No. 84 of 1996)

The Act bans corporal punishment in schools. The Education Department also makes provision for disciplinary action against educators that abuse children (physically or sexually) as outlined below.

2.2.9 Employment of Educators Act (Act No. 76 of 1998)

Section 17 of this Act makes provision for the dismissal of an educator that is found guilty of sexually assaulting a learner, engaging in a sexual relationship with a learner of the school where he or she is employed, or for seriously assaulting, with the intention to cause grievous bodily harm to, a learner.

2.2.10 Criminal Procedures Act (Act No. 51 of 1977, as amended)

Section 153 of the Act is of particular relevance to child witnesses, while Section 170A makes provision for the court to appoint an intermediary through whom a child witness may give evidence; the use of child-friendly facilities; as well as the option of closed circuit camera testimony.

2.2.11 Common Law

The Common Law provides for prosecution of offences for which there are not specific statutes. Relevant offences include sexual assault of children (rape [statutory and attempted], indecent assault, incest), *crimen injuria*, murder, and assault (common & Grievous Bodily Harm [GBH]). The specific crime of 'Neglect and Ill-treatment of Children' can also be applied in the case of child physical abuse. A problem remains in the law, though, namely, the parental defence that they applied reasonable chastisement to the child in the exercise of their parental responsibility.

2.3 NATIONAL POLICIES AND PROGRAMMES

2.3.1 Department of Social Development

White Paper for Social Welfare (August 1997)

In Chapter 8 of the White Paper, a situation analysis of children notes that, while child abuse and neglect is a serious and growing problem in South Africa, the true extent of the problem is unknown owing to underreporting, erratic research, an uncoordinated record-keeping system, and the absence of a central register. Sexually exploited children are particularly vulnerable, while the number of street children is believed to have increased significantly over the early- to mid-nineties.

The White Paper states that existing services are both fragmented and poorly resourced, with large parts of the country having no services at all. Interventions must focus firstly on prevention, then protection, and finally on the provision of statutory services.

Working Document: National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (2004)

This document (WD) is a key element of contemporary child protection strategy. Most attention is placed on traditional welfare oriented aspects of child protection, and does not deal in any length with children in the justice system or working children.

From the outset, the WD states that, while the extent of child abuse and neglect in South Africa is likely to be significant, the true scale of the problem is unknown. Indeed, it calls for the improvement of data collection and service monitoring in the sector, via a Child Protection Register and other mechanisms.

The WD notes that weaknesses in the protection system expose already vulnerable children to secondary abuse. Such limitations include, inter alia, insufficient attention to prevention, human resource problems, inadequately trained child protection workers, a reporting system that is inadequate "... in terms of back-up services for children" (p. xiii), a lack of coordinated research knowledge, and the strained relationship between government and child protection NGOs.

The document reviews international obligations, national legislation and departmental policies and programme initiatives. It provides a Policy Framework intended to protect children from all forms of abuse, neglect and exploitation. This would be achieved through ensuring an effective, inter-sectoral and holistic service delivery system focusing on prevention, early intervention, statutory intervention, and reintegration and rehabilitation. The WD calls for the development of minimum service standards, legal reform (the Children's Bill is one response), resources for the effective delivery of child protective services, and monitoring of such services.

The document identifies the particular responsibilities of certain sectors of government vis-à-vis child protection, and names the Department of Social

Development as the lead department (p. 78) that must ensure that children enjoy the protection that they have been guaranteed in the Bill of Rights.

One of the main vehicles to child protection recommended by the Draft Plan is the establishment of “child protection committees at national, provincial, district and local level in partnership with its provincial counterparts” (p. 78). In practice, however, this has been a very uneven process, with few local structures operational (September & Blankenberg, 2004). The National Child Protection Committee is a group of experts, convened by the National Department of Social Development, which advises the Department on child protection issues, and helps co-ordinate links between the national and provincial levels. Provincial government child protection staff are members. Provincial structures have similar responsibilities at that level – particularly as far as coordinating and supporting the local committees are concerned.

The Plan also supports the introduction of mandated reporting and the Child Protection Register, which was introduced by the Department in 1999 in terms of the Child Care Act (Regulation 39B). As noted above, the Child Care Act (Section 42), the Prevention of Family Violence Act (Section 4), and the Children’s Bill mandate specific groups for reporting suspicions of abuse to the relevant child protective services. The responsibility for implementation of the reporting system rests with local and district level authorities under the direction of provincial Social Development departments.

Article 19(2) of the CRC in fact requires South Africa to implement a system for the “... identification, reporting, referral [and] investigation” of child abuse and neglect, and to develop “... effective procedures for the establishment of social programs to provide necessary support for the child and those who care for the child.”

Such a system exists in the form of the Child Protection Register.

National Family Policy (Final Draft Version – July 2005)

Family breakdown, poverty and violence are significant underlying causes of failures to care for and protect children. Neglect and violence at home is a significant reason cited by children for going onto the streets (Ward, forthcoming b).

The goals of the National Family Policy include, amongst others, the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services. Core intervention strategies include, inter alia, the capacitation of management structures; the identification of key intervention areas; the development of programmes and services; and a focus on research, monitoring and the evaluation of the impact of services.

The Policy recommends that service delivery be arranged according to three levels: 'primary prevention' (i.e. the promotion and support of the well-functioning family), 'secondary prevention' (the early identification of familial dysfunctionality; early intervention; referral; and statutory and non-statutory processes), and 'tertiary prevention' (reconstruction and residential, alternative and after care).

Interim Policy Recommendations (November 1996)

This document was produced by the Inter-Ministerial Committee on Young People at Risk (IMC). From May to September 1995, the IMC undertook a situation analysis of state-owned and run residential care facilities. It was noted that "[t]he general conditions and standard of care in the facilities [fell] short of standards set by the United Nations Instruments as well as the South African Constitution" (p. 11). In light of these human rights abuses, the dearth of appropriate therapeutic programmes and the poor management of facilities, the IMC recommended the urgent transformation of the then existing child and youth care system. Towards that end, this document was an attempt to articulate a more functional child and youth care system, divided into four levels: prevention, early intervention, statutory processes, and the continuum of care services.

Draft Minimum Standards: South African Child and Youth Care System (May 1998)

Also produced by the IMC, the Draft Minimum Standards inform the Developmental Quality Assurance (DQA) process for children's residential care centres. They contain the assessment and review systems which social workers are expected to carry out for each child in statutory care. This document further takes into account the Regulations of the Child Care Act, which govern practices in children's facilities and case management by social workers. A list of 21 rights to children in residential care is also provided, which include the right to protection from all forms of emotional, physical, sexual and verbal abuse and the right to respect and protection from exploitation and neglect.

2.3.2 Department of Justice (DoJ)

The Sexual Offences and Community Affairs Unit (SOCA) of the National Prosecuting Authority (NPA) seeks to reduce violence to women and children and domestic violence; improve conviction rates; and reduce secondary traumatisation of those that have to give evidence in court (Sadan, 2004). Among other initiatives are the establishment of child friendly services in police stations and the courts. Fifty-four Specialist Sexual Offences Courts were established in South Africa in 2004 (Save the Children Sweden & CASE, 2005).

The courts are supposed to provide witness preparation and support, closed circuit camera testimony for children when needed, and link the survivor with the Child Protection Units and various victim support services. However, under the

Criminal Procedures Act (No. 51 of 1977), Section 170A, the magistrate has the discretion not to permit an intermediary – a particular risk where a Sexual Offences Court is not available (Ewing, 2004).

In a further important initiative, an Inter-Departmental Management Team comprising the National Prosecuting Authority, SAPS, and the Departments of Health, Safety and Security and Social Development, is currently developing a strategy for the prevention of sexual violence to women and children. Once in place, this will be an important site for the monitoring of services.

2.3.3 Department of Health (DoH)

Thuthuzela Care Centres

In collaboration with SOCA, the DoH has established rape survivor centres nationally known as **Thuthuzela Care Centres**. There are ten such centres in the country, of which one is located in the Western Cape.

These centres form part of a national strategy to provide a one-stop service for investigations as well as medical and therapeutic services under the auspices of the National Department of Health.

2.3.4 Department of Safety and Security: South African Police Service (SAPS)

Victim Empowerment Programme

The Victim Empowerment Programme (VEP) is coordinated by the Inter-departmental Management Team, and the lead department is Social Development. SAPS, being a member of this team, has included victim empowerment as a national priority in its annual priorities and objectives. Key outputs of the team include the finalization of the Victim Charter of Services and the development of a Policy on Victim Empowerment.

Training of police to deal sensitively with survivors of violence is central to the initiative. According to the SAPS Journal for November / December 2004, 33 693 SAPS members had been trained in victim empowerment, nationwide.

By the end of 2004, the community-based victim support programme (managed by Victim Support South Africa) was operational at 307 police stations and 3 300 volunteers were reported to have been participating in the programme. Victim-friendly facilities have also been established at high crime stations and are held to be of benefit to rape survivors and domestic violence victims in that the statements of complainants can be taken in private.

2.4 WESTERN CAPE PROVINCIAL POLICIES AND PROGRAMMES

2.4.1 Department of Education (WCED)

Abuse No More: Dealing Effectively with Child Abuse (2001)

The purpose of this policy is to introduce measures and procedures that protect the rights of learners – in particular, their rights to safety, personal security, bodily integrity, equal treatment and freedom from discrimination. Its primary objectives include the provision of procedures that facilitate the identification of abuse, the management of suspected abuse, the management of disclosure, and intervention. Secondary objectives include the development of a multi-disciplinary approach for the realisation of these primary objectives and the development of a strategy that will hold institutions and Education Management and Development Centres (EMDCs) accountable.

WCED Safe Schools Programme

The Safe Schools Programme is a service that flows out of WCED policy to improve school safety, protect learners and improve learning environments. The WCED website states that “Safe Schools works in partnership with local police and community organisations such as neighbourhood watches and Community Policing Forums.” The programme also runs the toll free Safe Schools Call Centre to which reports of abuse and violence can be reported. The Centre further provides advice to learners and parents on a range of matters. It also maintains a database of calls received that is useful for administrative data on violence to children in school.

2.4.2 Department of Community Safety: Secretariat for Safety and Security (SAPS)

Provincial Anti-Rape Strategy (2005)

This strategy was developed against the backdrop of the National Crime Prevention Strategy, the Social Crime Prevention approach, and the National Anti-Rape Strategy (2001). It supplements initiatives to address rape in the Western Cape, such as Project SAFE, Project NO!!! and Project HOOC (Hands Off Our Children). The Provincial Strategy recognises the complexity involved in the definition of rape, and, accordingly, uses its ‘social’ – as opposed to ‘legal’ – definition. The social definition encompasses legal rape and attempted rape (i.e. “vaginal penetration of females by male sexual organs”), as well as “... [a]nal and oral penetration or attempted penetration of males and females by male sexual organs” (p. 3).

The implementation of this strategy is categorised according to three phases: consultation and development; implementation; and review and monitoring. The objectives of the strategy include the prevention of the commission of rape; treating rape victims with respect and sympathy; proper investigation of all rape cases without prejudice; arresting offenders and bringing them before a court of

law; ensuring the conviction of offenders; and engaging in initiatives with other departments.

Family Violence, Child Protection and Sexual Offences Units (FCS) (instituted nationally in 1996)

SAPS maintains specialised FCS units (which have progressively incorporated the former Child Protection Units), which investigate adult domestic violence and sexual offences as well as child protection crimes in terms of both the Common Law and other statutes, including:

- abuse / exploitation of children, under the Prevention of Family Violence Act (No. 133 of 1993) and the Domestic Violence Act (No. 116 of 1998);
- sexual exploitation of children, under the Sexual Offences Act (No. 23 of 1957, as amended);
- offences under the Child Care Act (No. 74 of 1983, as amended); and
- offences under the Films and Publication Act (No. 65 of 1996) with regards to child pornography.

The Western Cape currently has 13 FCS units.

2.4.3 Department of Social Services and Poverty Alleviation

Protecting Our Children: A Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect (no date)

This child protection protocol was the outcome of comprehensive collaboration between all significant stakeholders and role-players within the Western Cape. Its focus is on traditional welfare roles in cases of abuse and neglect.

The Protocol defines child abuse (including commercial sexual exploitation) and neglect for purposes of identification and data collection.

The document describes the roles and responsibilities, procedures to be followed, standards of service and codes of behaviour when intervening in actual or suspected instances of child abuse and neglect.

Child Protective Services (CPS) are defined as "... a discrete set of specialized services designed for the protection of children in instances or alleged instances of abuse and neglect" (p. 4).

The Protocol recommends that child protective services in the Western Cape be organised in three levels. At provincial level is the "Provincial CPS Centre," which is to be responsible for formulating policy, managing the budget, administering CPS for the province, coordinating services and inter-sectoral collaboration at provincial level, overseeing CPS training, and investigating complaints made by the public regarding service delivery at district and / or local level.

At district level is the "District CPS Centre," a 24-hour facility that is to receive reports of abuse or neglect, activate local CPS teams, monitor the intervention process, establish a District Child Protection Committee (DCPC), and administer,

coordinate and organise CPS for the district. DCPCs are required to "... establish, maintain and review local inter-agency guidelines on procedures to be followed" (p.14), review significant issues, reports and complaints that arise out of the handling of cases, and represent the district on the "Provincial CPS Forum," while the purpose of this Forum is to assist and advise the Provincial CPS Centre on its activities.

At local level is the "Local CPS Team," consisting of a police officer and a social worker that are on 24-hour call. Their tasks include the immediate investigation of cases, making the necessary referrals to other multi-disciplinary team members, and ensuring that prescribed review procedures are carried out.

The Protocol divides the intervention process into six stages. The first, or "reporting," stage refers to the reporting of (suspected) instances of abuse or neglect to any of the three levels of CPS operation. The second, or "referral," stage is the action taken by the District CPS Centre to activate the Local CPS Team in response to the reported case of abuse or neglect. The third stage is the "investigation" stage, which refers to the key activities performed by the Local CPS Team, while the fourth, or "registration," stage is the supply of information from the District CPS Centre to the Provincial CPS Centre when abuse or neglect has been confirmed. Stage 5 relates to "further management review and plan," which is the process that ensures that investigative activities are carried out correctly and that appropriate planning is made for the future management of cases, while the sixth and final stage represents the "termination" of CPS.

Mandated Reporting of Child Abuse and Neglect in terms of the Child Care Act

Mandated reporting is covered in Regulation 39A of the Act. The DSSPA has also instituted a Child Protection Register in accordance with the Act (Regulation 39B). The register is intended to capture data from the Form 25 (some services capture data on the Form 1) on child abuse and neglect in terms of the guidelines provided in the Child Protection Register Manual (2004).

The Child Protection Register is a potentially critical resource for capturing incident data, including information on the type and location of incidents, as well as perpetrator information. The CPR is also intended to track what happens to the child through the child protection system. Policy is that data for inclusion in the Register is uploaded at District Offices. Where this does not happen the data is captured at Head Office.

Provincial Policy on Street Children (2004)

The goal of this policy is "... to provide a framework that will guide the implementation of resources and services to children living on the street as well as to prevent and minimize the opportunity for those who are at risk of becoming street children" (p. 8). Key objectives include the provision of a common vision for guiding the interventions of service providers; inter-sectoral collaboration; ensuring sufficient resources for implementation; creating an awareness of the

situation of street children; the promotion of research and the management of a reliable information system; and ensuring the monitoring and evaluation of policy implementation. Service provision is to be done on four levels: prevention, early intervention, statutory processes, and post-statutory processes.

2.4.4 Department of Health

Clinical Forensic Services

The National Department of Health, in collaboration with the National Prosecuting Authority, supports one Thuthuzela Care Centre at G.F. Jooste Hospital in Manenberg.

The Provincial Department also supports other rape survivor services, namely, Simelela. Rape Survivor Centre (based at Khayelitsha Community Health Clinic) and another nine clinical forensic services that cater for rape survivors. These are located in local, primary and secondary health care facilities and make provision for Post Exposure Prophylaxis (PEP) for survivors as well as counselling and testing for HIV.

Treatment Guidelines for the Prevention of HIV Transmission to Children Who Have Been Sexually Abused (2005)

This protocol states that all parents / guardians of children under the age of 14 years that have been sexually abused, must be counselled about the potential risk of HIV transmission. It also details HIV testing as well as post-exposure prophylactic procedures (PEP).

Paediatric Case Management Guidelines: Updated Management of Child Abuse (Circular No.: H2 / 2006)

This circular defines child abuse as "... intentional maltreatment of a child with the purpose of inflicting injury or harm. The nature of maltreatment can be physical abuse, emotional abuse, sexual abuse or wilful neglect..." It further details the medical management of physical abuse, neglect and sexual abuse, and outlines special investigations for sexual abuse as well as social work interventions.

2.5 LOCAL GOVERNMENT POLICY

2.5.1 City of Cape Town

City of Cape Town Integrated Multi-Sectoral Street Children Initiative: Final Implementation Plan (October 2004)

The categories of children covered by this Plan include abandoned infants; infants living on the streets with their mothers; day strollers; unsupervised children; working children; special needs children; gang members; and female street children. The Plan itself details the components of a street outreach programme

(which is to include such phases as initial contact, appraisal, referral, the availability of facilities, and bridging / reunification programmes), as well as prevention and early detection strategies. It is intended that this Plan will cover the Northern Panorama, Central, Southern, Klipfontein, Tygerberg, Mitchell's Plain, Khayelitsha and Eastern Health Districts.

3. CHILD PROTECTION LITERATURE REVIEW

This section of the report first presents a brief review of what we know regarding sources of abuse, neglect, commercial sexual exploitation and the reasons why children go onto the streets. This material informs the development of indicators on child outcomes and the family and community factors that place children at risk. The section concludes with a consideration of the challenges of measurement.

In 1990, the United States Advisory Board on Child Abuse and Neglect concluded that child abuse and neglect constituted a national emergency (Melton & Barry, 1994).

A brief glance at the data on child abuse and sexual attacks on South African women and children in particular, shouts out to us that we also have an emergency on our hands. As an example, a South African Police Service (SAPS) study of recorded rape in South Africa (Semester Report 1 of 2000) indicates that, in 1998:

- Forty one percent (41%) of all reported rape cases involved children (under 18 years of age). The prevalence rate was 472 for every 100 000 girls under 18 years.
- Twenty six percent (26%) of total reported rapes involved children between 12 and 17 years of age, and 15% of all reported rapes involved children under 12 years (a prevalence rate of 130/100 000 girls in that age group).

Children from formerly disadvantaged communities were worst affected.

SAPS has not produced more recent similar breakdowns of the child rape data that we are aware of. The overall rape statistics for the country and the province remain high with around 50 000 cases being reported in 2003-04 for the country as a whole. If the trend is the same, in the order of 20 000 survivors would have been under 18 years of age (SAPS Crime Information Analysis Centre (CIAC), 2005). In the same period, 6 500 reports of cruelty to children were recorded.

Data on commercial sexual exploitation is very scanty, and, as we will see below, estimates for children on the streets are similarly difficult to obtain.

Sound indicator systems can identify which children are most vulnerable, where and when they are subject to abuse of various kinds, and which preventive services are likely to reduce risks and increase protection.

3.1 UNDERSTANDING CHILD ABUSE AND NEGLECT, STREET CHILDREN AND COMMERCIAL SEXUAL EXPLOITATION: AN ECOLOGICAL APPROACH

Child maltreatment has significant impacts on children's physical and mental wellbeing and future development (Richter et al, 2004; Briere, 2003; Kendall-Tackett et al, 1993; UNICEF, 2005). The long-term costs into adulthood are also well recognised.

This short review cannot do justice to the considerable literature that is available internationally. The South African and African research, however, is very sparse (Lalor, 2004; Richter et al, 2004; Ward, forthcoming a; Cluver et al, forthcoming; Marshall & Herman, 2000). Still, despite local limitations, the international research provides good guidelines for indicator development and policy.

The Department of Social Development's Draft National Policy Framework (2004) places considerable emphasis on the primary prevention of child abuse, neglect and exploitation.

Public health approaches to the prevention of violence such as those developed in the World Health Organisation draw attention to the importance of the following points if we are to increase our ability to prevent abuse and improve services to affected children:

- First, we need to understand the factors that are associated with each problem, using an ecological approach that considers the interaction of factors at the individual, family, community and societal levels (see below). This information can be used to inform the risk factors that should be monitored as well as whether programmes are appropriately targeted.
- Second, we need to determine the interventions that are currently in place and assess the evidence as to their effectiveness in preventing abuse, neglect and commercial sexual exploitation. The recent audit of district protective services coordinated by the Department (Blankenberg, 2005) is a step in this direction, as is the review by September and Blankenberg (2004). Further examples of this kind are reported in Richter et al (2004), and in a situation analysis conducted in 2003 (Save the Children Sweden & CASE, 2005). Knowledge of interventions and programmes provide information to populate service input indicators, including budgetary allocations for child protective services (services gap analyses are not undertaken for this report).
- Third, we need to determine the scale of the problem, where it occurs, and the factors that are responsible for its occurrence, using appropriate scientific methods such as epidemiological and incidence surveillance studies (Goldman & Padayachi, 2000; Trocme et al, 2005). Such data is used to populate child outcome indicators as well family and neighbourhood indicators.

- Finally, we need to work toward the improvement of collaboration between the various sectors that provide preventive, rehabilitative and legal services as is anticipated in the national and provincial child protection strategy documents reviewed above. Indicators for service quality would be relevant here (in that collaboration could be essential to a good service).

We use an ecological approach that seeks to identify factors at the level of the wider society, the neighbourhood, the family and the child, that are associated with each of the problems under review. The multiple factors associated with risks for child abuse and neglect, commercial sexual exploitation and the reasons why children move to the streets, can be best understood in terms of nested levels of influence as displayed in Figure 2, below.

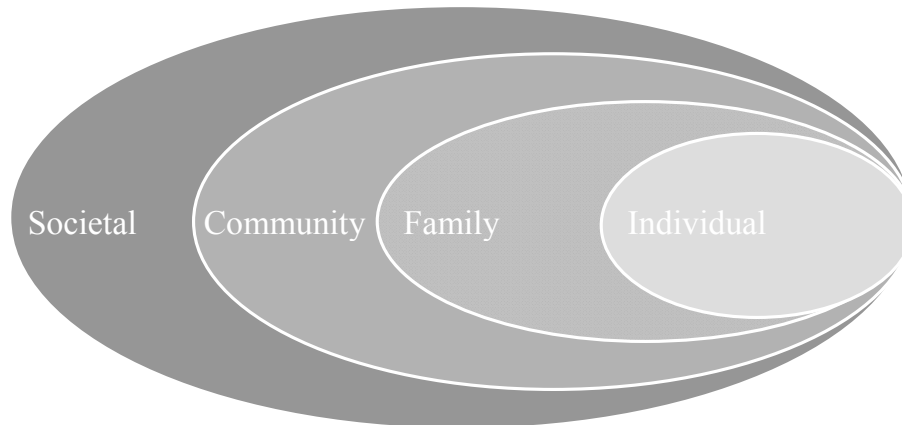
It is important to stress that this is an *interactive* model – no one factor is likely to predispose a child to abuse and neglect. Individual child and adult characteristics are influenced by their circumstances. For example, household poverty levels and unemployment may induce stress in caregivers who do not have much support. The stress impacts on the quality of their relationships with their children. If the child is difficult to soothe, this adds strain to the caregiver who might become so distressed that she beats the little child when he does not stop crying. However, had this caregiver had the support of other household members and perhaps the intervention of a home-visiting service, the probability of the abuse occurring could have been reduced.

The quality of the surrounding community is important to consider. Neighbourhood characteristics impact on the quality of relationships between caregivers and children. Caregivers are more likely to be strict about children's movements if they live in a dangerous area. Children might resent this and try to spend time out of the home, risking contact with antisocial youth.

The societal level is most distant to children and has its influence indirectly via those persons that are responsible for them. It includes the law that protects children, and also the cultural scripts for parenting and childcare that prevail in the society.

Each level carries risks and protective influences for children's lives.

Figure 2: The nested systems of an ecological approach to child abuse and neglect



3.1.1 Risk factors in the child

It is adults (and sometimes other children) that abuse and neglect those in their care. Children do not invite abuse, but may possess characteristics that render them particularly vulnerable when interacting with some (vulnerable) caregivers in certain settings.

Young children are most vulnerable to physical abuse, as are additional young children that place increased strain on an already overburdened family. Children with difficult temperaments – those who are difficult to calm and soothe and are overactive – are particularly at risk, as are those with mental and physical disabilities. Children with difficult temperaments tend to provoke more controlling discipline and even abuse (when the caregiver is unable to cope). Abusive parenting, in turn, exacerbates the child's problems and may lead to further abuse.

In the case of child sexual abuse, there are no specific factors in the child that increase the risk of abuse other than the fact that girls are more vulnerable, while children that have been sexually abused, may exhibit (reactive) sexualised behaviours that place them at risk for further abuse by the same perpetrator or additional perpetrators. However, within a context of severe poverty and the HIV pandemic, the risk of sexual abuse of children is heightened by the child's attempt to survive through providing an adult with sexual services in return for rent, food and school fees. Van Niekerk (2004) describes the involvement of children in this form of 'survival sex,' which, in time, could transform into commercial sexual exploitation if the child is taken on by a pimp (Molo Songololo, 2005).

Neglected children are subject to omissions of care rather than abusive actions (Straus & Kantor, 2005). Physical abuse and neglect commonly co-occur. However, while young children are most vulnerable, there are no clearly established and

specific child risk factors associated with neglect, which takes a number of forms related to chronic inattention to a child's nutritional, medical, scholastic, physical and emotional needs (Trocme et al, 2001).

It is also very important to distinguish between neglect in circumstances where caregivers could have prevented it, and that which is due to circumstances beyond a caregiver's control (such as poverty or failures of supervision due to the lack of alternative care).

3.1.2 Risk factors in the family and the household

Closest to the child are those who care for him or her. Most physical abuse and neglect occurs in the child's home, and most sexual abuse is perpetrated by persons known to the child (Straus, 2000; Finkelhor, 1994; Townsend & Dawes, 2004).

A SAPS docket analysis during 1996-1997 in Gauteng, points to the home and nearby surroundings as areas in which children are most vulnerable to violent crime (SAPS, 2001). Fourteen percent (14%) of the offenders were classified as "parents" (it is not known whether these include non-biological parents), and 12% were other family members. The intra-familial total is therefore 26%. Significantly, most of the offenders were unemployed (38%), and twenty percent (20%) were school pupils or students in some or other higher institution.

The assaults on children occurred most frequently over the weekends, and were associated with alcohol abuse by the perpetrator and domestic violence. Other vulnerable times were during the week after school.

This data therefore suggests that people who live near the child, who are acquainted with the child or the child's family and who have time on their hands pose a particular risk. While the intra-familial statistics are alarming, it is clear that 74% of the offenders are not family, although they may live in the same household.

In summary, the risk of child maltreatment in the home is associated with adult and caregiver vulnerabilities including poor bonding with the child; poor empathic capacity; inappropriate expectations of the child; emotional immaturity; poor impulse control; low self-esteem; alcohol and drug abuse; and a personal history of violence and abuse in childhood. The last factor is associated with the cycle of violence hypothesis, which holds that children who are abused, are likely to grow up to be abusers themselves if not treated (Calder, 1999). However, it is essential to stress that while there is some evidence for this position, it is by no means inevitable that the abused will become abusers in adulthood (Widom, 1990). Endorsement of authoritarian parenting styles and use of harsh physical punishment are other risk factors. Families that are isolated from kin and other community members are also at risk, mainly due to the stresses associated with the isolation.

Studies in the United States show that the rate of child sexual abuse in the lowest income groups is 6 times higher than in families that are better off (Pelton, 1994). This data (based on abuse reported to police) is not limited to intra-familial abuse

but includes abuse that happens elsewhere in the community. However, one needs to be cautious here as poor families are more likely to come to the attention of the welfare authorities and therefore risk being over-represented in the statistics.

It is very probable that at least some forms of child sexual abuse in poor communities are related to overcrowded housing in which there is little possibility of separation between sexualised adults or teenagers and children, and the presence of non-kin males (e.g. lodgers) in already overcrowded households. Wood et al (2000) studied young sex offenders and remarked that, commonly, “his home environment was characterised by overcrowding” and that, “in his community environment, he regularly witnessed ... sexual activity” (p. 45). These issues need to be explored further in South African research among sexual offenders and survivors. Child abuse may well be a housing policy issue.

Unemployment and poverty amplify personal liabilities. People with low self-esteem, a low sense of personal control over their lives, and a tendency to depressed mood, struggle more than others to cope with the strain of poverty. Unemployed men that feel inadequate because they cannot fulfil the earning roles and support families as is expected of them are at risk for perpetrating partner violence and abuse. Unemployment also creates a greater opportunity for abusers to approach and abuse their victims: they simply have more time on their hands. Areas of a city with high levels of young male unemployment combined with poverty and substance abuse are likely to be risk areas for sexual abuse in particular (Dawes et al, 2004).

Caregivers who are struggling to cope with the strains of poverty may feel overburdened to the point at which childcare becomes yet another strain, and the demands of children may bring inadequacies to the fore. At least two reactions are probable in vulnerable caregivers under such conditions:

- outbursts of anger at children, which can result in physical abuse; and
- neglect due to caregiver withdrawal and an inability to deal with the demands of childcare.

A consequence of living in an abusive household is that children will tend to play outside the home as the conditions in the home are unpleasant. This reduces the caregiver’s ability to monitor their whereabouts, and renders the child vulnerable to exposure to negative neighbourhood influences (drugs and violence) as well as to sexual abuse (Ward, forthcoming a; Dawes et al, 2004).

Children on the streets

Children on the streets are recognised internationally as being extremely vulnerable to violence, abuse and neglect of many kinds, including under-nutrition, health problems (including HIV/AIDS), drug abuse (e.g. glue sniffing), sexual exploitation, and medical and educational neglect (UNICEF, 2006).

These children are unlikely to be younger than 7 years while the majority are older than 13 years. Boys are in the majority. Ward (forthcoming b) comments that female street children may be less visible as they are involved in commercial sex work. She also cites Motala and Smith (2003), who stresses that this is certainly not true of all female children on the street. Of course, boys may also be involved in sex work.

Reasons for children leaving home and going onto the streets may involve both push and pull factors (Ward, forthcoming b). Push factors include domestic violence and substance abuse, failure to progress at school, household homelessness, and lack of caregivers in HIV-affected children. Pull factors include the influence of peers and kin that are on the streets, the freedom of being a 'stroller' (Schärf et al, 1986), and the need to find a source of food and money.

Overall, though, the evidence suggests that it is an impoverished and abusive domestic environment that constitutes the single most important reason for children being on the streets.

Children subjected to Commercial Sexual Exploitation (CSEC)

The extent of this population in South Africa is hidden and unknown, largely due to the fact that it is illegal.

However, a similar set of drivers to that which leads children onto the streets, affects children that are commercially exploited for sexual purposes, namely, poverty, domestic violence, substance abuse and more general child abuse and neglect (Barnes-September et al, 2000; Cluver et al, forthcoming; Molo Songololo, 2005). As noted above, some children use survival sex to obtain support. Others may enter the more established sex industry and be controlled by a pimp (the defining element of CSEC). Some international evidence suggests that children that have been sexually abused, may be at particular risk for commercial sexual exploitation (Bundle, 2001; Donovan, 1994).

3.1.3 Community and neighbourhood risk factors

Characteristics of neighbourhoods and other communities that raise the risk of child maltreatment include the presence of norms that tolerate harsh punishment of children, high levels of interpersonal violence (including male abuse of partners), high levels of poverty and youth unemployment, high violent crime levels, the presence of gangs and drug dealing, and few supportive services for families at risk (Garbarino & Kostelny, 1992; 1994; September et al, 2004). Areas with poor recreational and related resources for youth (particularly those that are out of school and unemployed), are also prone to presenting risks for children – particularly adolescents (Ward, forthcoming a).

The South African data shows that the most common cause of injury-related morbidity and mortality in the older teen years (for boys) are stabbings and gun shot wounds.

The South African National Injury Mortality Surveillance System's (NIMSS) data shows that adolescents are particularly vulnerable to violent assault. For example, in 2001, firearms were the major cause of death among children aged 10-14 years, and accounted for 48.3% of all homicides in this age group. Many of those who perpetrate this violence are themselves of school-going age (Matzopoulos, 2002).

South African crime statistics (based on precinct data) indicate that both domestic violence and assaults on children are more prevalent in informal settlements that are likely to have high rates of in-migration and a lack of connectedness and social cohesion. In such areas, women and children may have less support, particularly when they are newly arrived or do not have kin close by.

Unsafe neighbourhoods with low levels of policing and high levels of gang activity restrict movement and render children vulnerable to attack.

Lack of monitoring and supervision of children in these contexts has the dual effect of making some children particularly vulnerable to exposure to crime, violence and abuse. Poor supervision is not simply a matter of neglect, but may also be a consequence of the caregiver's need to leave the home for employment or to seek employment.

Although there no data on this issue in South Africa, the presence of after school care facilities, preschool cover, or holiday programmes is likely to reduce risks to children through provision of supervision when caregivers cannot provide it. Some emerging South African data would support the contention that children who engage in after school activities are at lower risk for being exposed to violence and antisocial behaviour (Ward et al, 2005).

In addition, as noted above, when the home conditions are violent and abusive, children escape by going outdoors. This may either increase their vulnerability to other hazards or it may help them find the support they need from a neighbour.

Where caregivers cannot pay school fees and provide schooling materials, children do not attend school and are often left unattended. In both instances, their vulnerability to neighbourhood risks and negative influences is raised.

Exposure to violence and abuse in the community is therefore not simply a product of neglect, but is often a consequence of the dangerous conditions under which parents and children have to live. Studies indicate that in similarly poor communities, those areas that are safer, have lower proportions of abused children (Pelton, 1994).

3.1.4 Societal level risks

The policy, legal and socio-cultural environments are the key factors here.

As is often said of this country, and we have seen this in the previous section of this report, South Africa has a critically important constitutional, legal and policy

framework that is designed to protect children. It is implementation that is the challenge.

It is necessary to state that the protection of children does not only depend on specific child protection policy. As we have noted above, much of the risk of abuse and neglect can be accounted for by long-term deep poverty and its associated impacts on individuals, households and communities. Poverty does not cause abuse – it provides a set of enabling conditions for abuse and certainly for circumstantial neglect.

The HIV/AIDS pandemic is a further factor, increasing the risk of acute poverty amongst affected households and communities as people fall ill and can no longer work. Orphaning increases dependency ratios as children move to stay with healthy kin (often the elderly). School dropout increases as children cannot pay for uniforms and fees. The pandemic also contributes to a rise in the population of children living in child-headed households and on the streets (Booyesen & Bachman, 2002; Case & Ardington, 2004; Richter et al, 2004; Cluver et al, forthcoming).

Pro-poor policies and initiatives to address the situation of households, caregivers and children affected by HIV and AIDS are therefore important in reducing some of these predisposing conditions for abuse, neglect and exploitation.

The law is a component of the cultural environment. Clearly, South African child law and policy is underpinned by a strong rights culture. However, the law does not translate directly into attitudes and practice.

Evidence of high levels of partner violence, assault and homicide rates and child abuse certainly suggests a disjuncture between the rights principles that hold sway and the attitudes and behaviour of many South Africans (Dawes et al, forthcoming; 2004; Richter et al, 2004). Although there is no clear evidence of a link, patriarchal values, support for traditional gender roles and beliefs concerning appropriate relations between children and adults are also likely to play a role.

3.2 INTERNATIONAL APPROACHES TO CHILD PROTECTION INDICATORS

The Committee on the Rights of the Child requires country reports on the implementation of the Convention to include data on child protection, including the legal framework for protection as well as the numbers of children affected by violations of the right to protection, disaggregated by age, gender, disability, and, where appropriate, ethnicity (to track particularly vulnerable groups). In the South African case, we would include population groups to track improvement in the situation of children from groups previously disadvantaged by apartheid.

Currently, the UN Secretary General's Study of Violence to Children is gathering data from children, caregivers in households and children's homes to assess the incidence of violence exposure. The study includes a retrospective prevalence survey of young adults. This aspect of the UN study mainly focuses on child

outcomes and the practices of adults. A further component of the study has surveyed country policies, services and law in conjunction with governments and the non-governmental sector (<http://www.crin.org/violence/>).

While not using an identical formulation, the UN approach is similar to that devised for this research project in that it takes into account child outcome indicators, family and neighbourhood context indicators of risk, and input indicators (policies, law, and services). A major emphasis is placed on child outcomes, but UNICEF is developing indicators of compliance with the CRC and also for child protective services. The list below includes examples:

- Existence of provisions that outlaw all forms of violence to children in all settings;
- Ratification of international agreements;
- Existence of mandated reporting;
- Provision of social, medical and psychological services for child survivors of abuse and violence;
- Offender conviction rates in cases of violence to children;
- Routine data collection on violence to children.

A range of other systems exists across the world.

In the United States, the Children's Bureau of the U.S. Department of Health and Human Services maintains a data archive on child maltreatment *reported* to the State child protective service agencies. It is designed to track the extent of reported abuse and neglect annually. At State level, consolidated Agency files are held that include data on the demographics of children and their perpetrators, types of maltreatment, investigation or assessment dispositions, risk factors, and services provided as a result of the investigation or assessment (<http://www.acf.hhs.gov/programs/cb/>).

The challenges of obtaining sound information on the incidence and prevalence of child abuse and neglect are recognised in the U.S. – this in spite of mandated reporting systems that have been in operation for some years. A 1994 publication recommended that “[t]he federal government should play a leading role in improving epidemiological information about the prevalence of child abuse. States need to ensure that there are adequate data systems to track the incidence of these cases both in their criminal and child protection systems.” It further stated that “[m]ore training is needed for mandated reporters about when a report of suspected abuse is required and when it is not” (The Future of Children, 1994, p. 4).

ChildTrends tracks child abuse and neglect data, assembling information from a mix of state administrative data, welfare service and research studies (www.childtrends.org). *ChildTrends* provides information on child outcomes and information on services (which, commonly, are overburdened and understaffed). The organisation stresses the need for improved data on child outcomes and

vulnerable populations (at-risk families and communities) for child protection planning purposes.

In Australia, child protection data collection is the responsibility of welfare services in each state and is sent to the Australian Institute of Health and Welfare, which compiles reports for the nation on the following (i.e. administrative data):

- child abuse and neglect notifications, investigations and substantiations;
- children on care and protection orders; and
- children in supported out-of-home overnight care (Australian Institute of Health and Welfare, 1999, <http://www.aihw.gov.au>).

As will be evident, these are child status indicators and do not include legal and services indicators. At the time the Australian report was compiled and as is the case in many countries, Australian states did not use the same definitions and approaches to data capture, rendering aggregation of figures problematic.

In the United Kingdom, there is a range of data from surveys and government administrative data that can be drawn upon to gain an impression of the scope and locations of child maltreatment, but there are no government statistics that report its extent (Hooper, 2002; Cawson et al, 2000; National Society for the Prevention of Cruelty to Children (NSPCC) (<http://www.nspcc.org.uk>)).

In Canada, a regular national surveillance study of child abuse and neglect is conducted via child welfare agencies by the Public Health Agency of Canada. Again, this is a study of reported cases only, but is nonetheless invaluable for policy purposes and for monitoring service quality and access (Trocme et al, 2001; 2005; <http://www.phac-aspc.gc.ca/publicat/cisfr-ecirf/>). The study contains a set of research tools that could be adapted for use in South Africa.

In addition to the information reported above, many countries draw upon justice and police statistics as well as prevalence and incidence studies compiled by specialist researchers. Population-based prevalence studies are one of the more reliable ways of establishing the scale of child abuse and neglect.

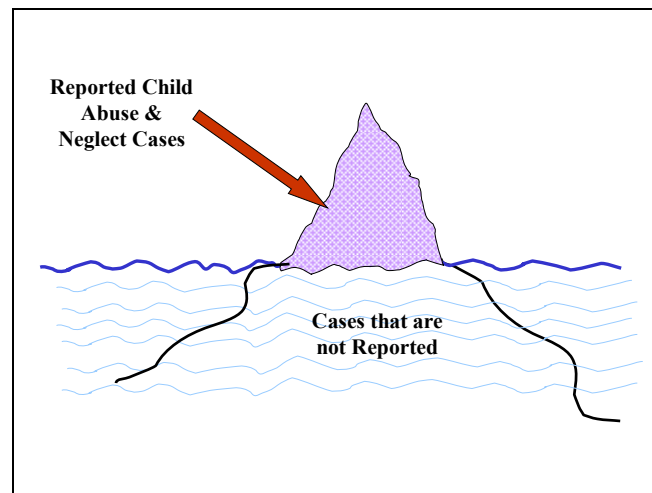
No representative studies have been conducted in South Africa. However, there is data from some smaller scale investigations. Recent reviews are available (Townsend & Dawes, 2004; Dawes et al, 2004).

Internationally, monitoring child abuse, neglect, children on the streets and commercial sexual exploitation of children is acknowledged to be a considerable challenge. This is because these problems are largely hidden within private spaces and involve illicit activities. Underestimates are typical of all administrative data. For example one British study found that only 6.6% of “physical cruelty” to a child was reported to an agency (Sidebotham et al, 2000). In a British retrospective prevalence study, only 5% of sexually abused children were reported (Kelly et al, 1991).

We need to appreciate that a significant proportion of child maltreatment will never be known. Most of our methods will only pick up the tip of the iceberg through service studies or analysis of data on Child Protection Registers (Dawes & Mushwana, forthcoming; Trocme et al, 2001). Police data only captures reports, and grossly underestimates incidence. Children's Court Inquiry data is of assistance as it provides information on cases brought before the Commissioner that have been confirmed. Adult retrospective surveys can go some way to providing population estimates of exposure to abuse.

Figure 3 (adapted from Trocme et al, 2005) indicates the fact that the welfare and police systems pick up the tip of the iceberg of children who require protective intervention. The vast majority will remain unknown. Preventive initiatives should strive to reduce the size of the problem as a whole, and where they occur, to bring more cases to the attention of services.

Figure 3: Child Abuse Reporting: the tip of an iceberg



4. METHODOLOGY

The research process had three objectives:

Objective 1: To gain an understanding of the data collected at each level in the system.

Objective 2: To examine the manner in which information moves through the various levels of the system (e.g. from facility through the District Office to the Provincial Head Office), and how it is used at each point along this path.

Objective 3: To integrate the information gathered with the requirements of the policy and legal environments to design a set of indicators and provide recommendations for improving the capacity of the province to measure the extent of child abuse and related problems, and to monitor access to and quality of services.

The following research activities were carried out to meet the above objectives:

1. Policy and literature reviews were conducted to inform recommendations and indicator development.
2. Data on all sources of child protection information was gathered from personnel working at facility, District Office and Head Office levels using a key informant rapid appraisal approach. This included individual interviews (face-to-face and telephonic), while focus groups and workshops were held with a range of key informants in the child protection system that work at facility, District Office and Provincial DSSPA Head Office level. (Refer to Appendix 3 for details of the focus group and workshop activities, and to Appendices 4 and 5 for the questions that were asked in the individual interviews.) As will be evident, they were designed to help us understand what data is collected, at what point, for what purpose and for which level in the system. Comment was also solicited on the challenges associated with data collection and with the flow of information through the system. Suggestions for improvements were also gathered. Visits were paid to facilities at each level of the system so as to gain an understanding of data capture and information flow from the ground up. It should be noted that not all facilities or DSSPA District Offices were included in this process. Rather, a rapid appraisal using selected facilities and offices was undertaken due to time and funding constraints. A sample of Offices located outside Cape Town and the Boland were contacted telephonically so as to get an idea of the challenges facing those Offices outside the Metro. It was evident

that the issues raised in the interviews soon converged across facilities and districts indicating that a full scoping was unlikely to produce significantly different information to that which we were able to gather.

3. The research team assembled forms used to capture data for child protection in terms of the various regulations and Acts – for example, the Child Care Act (see Appendix 1 for a full list). Some of these forms are specific to DSSPA while others are used in the Departments of Justice, Education, Health and SAPS. The reason was to gain an understanding of exactly what fields of information were routinely gathered and what information gaps might be evident.
4. Once the service provider had sufficient understanding of the information collected and the manner in which it flowed through the system, information flow diagrammes were presented to key informants in the Provincial Head Office and to District Office staff in order for them to check their validity.
5. Recommendations for the measurement of child outcome and service input indicators and for information flows were constructed on the basis of:
 - data collected from key informants; the research literature on appropriate indicators for monitoring Child Protective Services; international, national and provincial reporting requirements, and local legislation and policy monitoring needs in terms of service access, standards and quality.

We are grateful to the many staff in a range of departments and facilities that assisted us with this process. They are acknowledged at the start of this report.

Note that the research did not involve exhaustive and comprehensive interviews across all Districts and Departments. This was beyond the scope of the terms of the study.

It is therefore possible that additional informants may have provided further and different information to that captured here. However, much consensus in the data emerged from the interviews, focus groups and workshops, suggesting that the study captured the most prominent views prevailing in the system.

5. FINDINGS

5.1 DATA SYSTEMS FOR CHILD PROTECTION

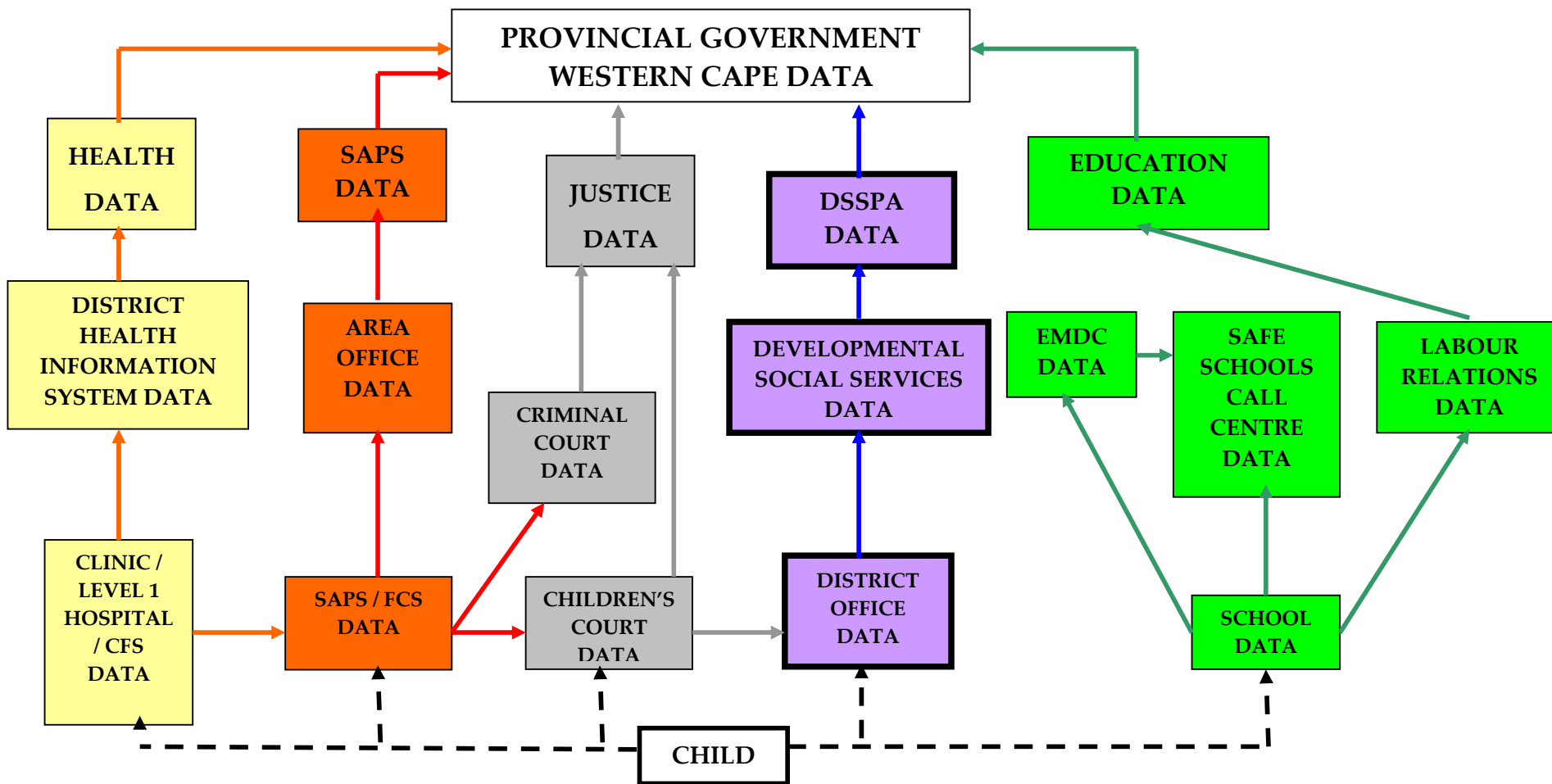
A case of child abuse or neglect can interface with service access points under the authority of the following departments: Social Services and Poverty Alleviation, Education, Health, SAPS, and Justice. Hence, although the mandate for this research was issued by DSSPA, in light of the inter-sectoral nature of child protective services as well as the multiplicity of points at which children experiencing abuse or neglect could potentially access services, a comprehensive approach that will examine provincial systems beyond and including DSSPA is required.

Consequently, this section of the report will examine intervention / referral processes, as well as data and data flows in each of the relevant sectors, with particular emphasis on DSSPA.

The inter-sectoral nature of the management of cases of child abuse and neglect can best be explicated using the information flow chart depicted in Figure 4. Information relevant to child protection is captured in each sector. However, as is evident, there is rarely a crossover of information between sectors as would be desirable in a fully integrated system. Most common services intersections with DSSPA services are SAPS (FCS Units) and Justice (Children's and Criminal courts). Health also links to SAPS via the clinical forensic services. This is appropriate given the need for integrated CPS team functioning.

Figure 4 serves as an orienting overview to contextualise the discussion that follows. In subsequent sections, a more detailed discussion on the specific processes occurring within each of the departments is provided. In addition to child abuse and neglect, we include children in statutory care, children living on the streets, and children exposed to commercial sexual exploitation.

Figure 4: Information flow chart for child protection services (Health, SAPS, Justice, DSSPA, and Education)



KEY:	→ Justice Data Pathway	→ Health Data Pathway	→ SAPS / FCS Data Pathway
- - - ► Child Pathway through the System	→ Education Data Pathway	→ DSSPA Data Pathway	

5.1.1 Social Services and Poverty Alleviation and Justice Data

These are reported together because in many respects they are interlinked.

Within DSSPA, all client information is captured on a general intake form used by social workers in all District Offices. This form, the VRPD-1, includes biographical and family composition details, a description of the nature of the problem, and information on the client's previous contact with other welfare organisations. At the initial intake screening, the social worker determines whether there might be a case of abuse or neglect that will require intervention. One of two intervention decisions based on the prevailing circumstances is then taken: non-statutory intervention, in which the child remains with the family and the social worker provides appropriate family support services or other informal interventions, and statutory processes, involving the Children's Court.

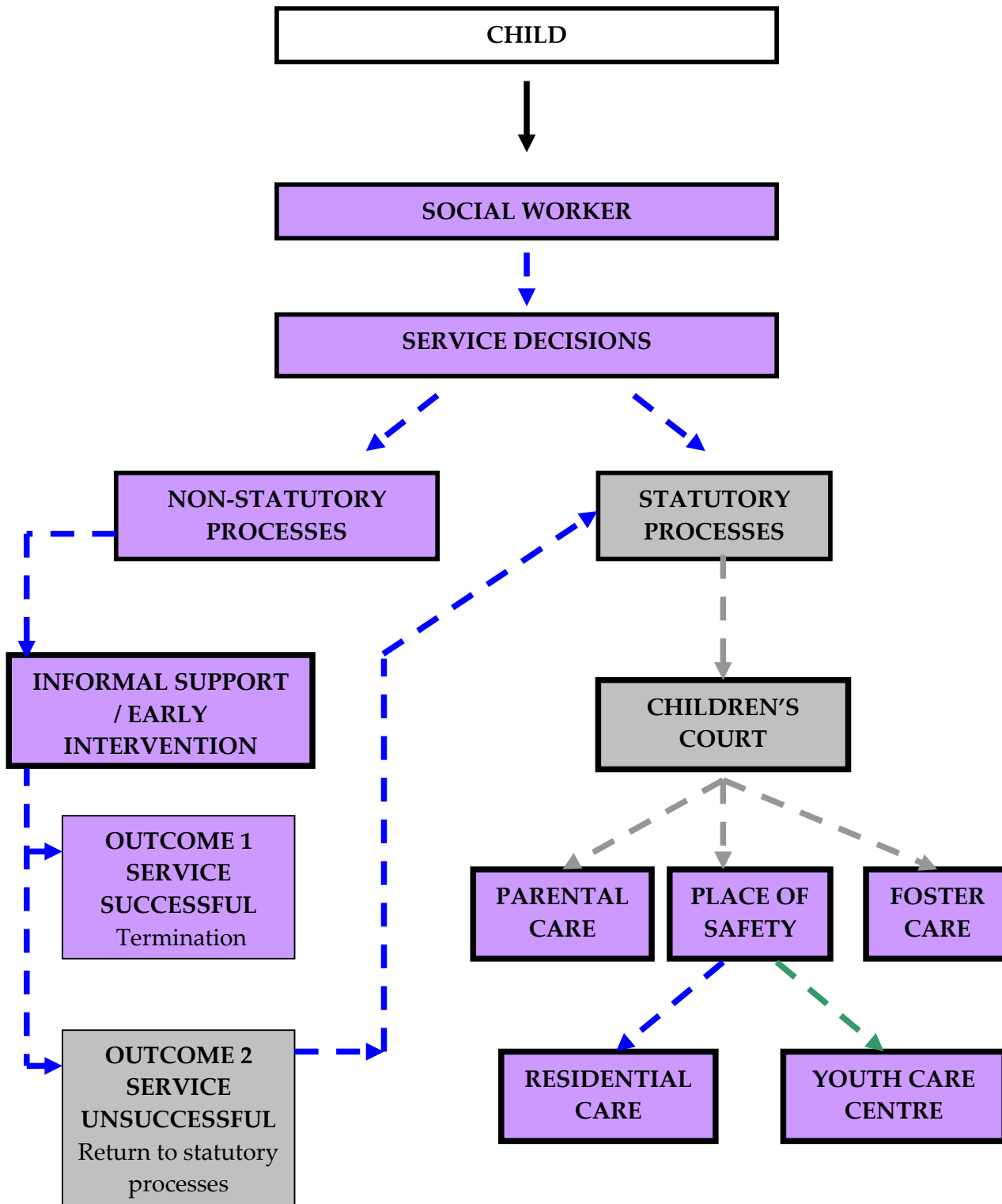
All forms of statutory intervention are stipulated by the Child Care Act, which mandates the completion of forms relevant to the nature of the matter being addressed. All decisions and descriptions of non-statutory interventions are recorded in the case notes of the social worker. This data can be used for surveillance studies of child abuse and neglect as well as service gap analyses.

Regardless of the nature of the intervention (i.e. statutory or non-statutory), all reported cases of child abuse and neglect must be recorded on the Form 1 or 25 for inclusion in the Child Protection Register.¹

Statutory and non-statutory processes are outlined below, in Figure 5.

¹ Note: The Department of Justice has a series of forms, numbered from 1 to 26 that corresponds to various sections of the Child Care Act. These are designated according to number, e.g. Form 1, Form 2 etc. Of these, only selected ones are relevant to child protection. However, some confusion in nomenclature arises because DSSPA also has forms named "Form 1," "Form 2" and "Form 25." The Form 1 for Justice is a "Subpoena to Witness to Attend an Inquiry," whereas the Form 1 for DSSPA is a "Child Abuse Report." DSSPA also utilises a Form 2, also called "Child Abuse Report," which documents the actions taken and outcomes of investigations pertaining to reported cases of child abuse and neglect. DSSPA has recently introduced the Form 25, which is a combination of the old Forms 1 and 2. Thus, the Form 25 is now identical for both DSSPA and Justice. In this paper, any reference to Form 1, unless otherwise specified, refers to the Form 1 within the DSSPA context.

Figure 5: Statutory and non-statutory processes for child protective services (DSSPA)



The social worker's report is first reviewed by the DSSPA's District Office canalisation officer. This officer makes the decision to refer the case to the Children's Court if appropriate.

The Children's Court assistant makes a further judgement as to whether the case should come before the Commissioner.

Following the hearing, should a child be found to be in need of care, in terms of Section 15 of the Child Care Act, the Children's Court Commissioner will instruct that one of four placement options be followed:

- (1) Returning the child to the care of parents or substitute parents, both under supervision of a social worker;
- (2) Placement in foster care under supervision of a social worker;
- (3) Placement in a children's home; or
- (4) Placement in a youth care centre.

Options (3) and (4) involve interim placement in a place of safety while awaiting final placement (refer to Figure 5).²

Once the case has been heard by the Children's Court Commissioner, the latter completes a Form 8 – the Order of a Children's Court – which details the intervention decision of the court. If the Children's Commissioner orders foster care placement in terms of Section 15(1)(b) of the Child Care Act, the canalisation officer is notified and foster care placement is facilitated.

The Form 8 is made available to the relevant District Office's canalisation officer and is valid for a period of two years, after which an extension order needs to be issued by the canalisation officer. Foster care data – for instance, when a social worker visits a foster placement – is kept at the District Office in the foster child's case file.

Thus, a case that presents at Social Services is referred to the Department of Justice, and may either be referred back to Social Services (namely, when the Children's Court decides on parental care, foster care or a children's home) or to the Department of Education (when placement in a youth care centre is ordered). If necessary, the social worker also reports a matter to the police in parallel with the process of arranging a Children's Court Inquiry.

In some instances, reports of child abuse and neglect may be made directly to the Commissioner by the child involved, the parents, or concerned parties. In these cases, the Commissioner will contact the relevant Social Services District Office and liaise with the social worker regarding further management.

If the child is at risk within the home environment and the social worker or police officer deems it necessary to remove that child from the family home prior to the presentation of the case before the Children's Court, they are authorised to arrange

² We are grateful to Dr Jackie Loffell for her advice on the construction of this Figure.
HSRC Client Report

for the child to be housed in a place of safety until the case appears before the Children's Court.

Provision for this intervention measure is made in Regulation 9(2)(a) of the Child Care Act (1983): "a policeman, social worker or authorised officer who removes a child under a warrant in terms of section 11(2) of the Act or removes or apprehends a child without a warrant in terms of section 12(1) or section 38(1) of the Act, as the case may be, and brings him or her to a place of safety shall, in the form of Form 4, grant authority to such place of safety for the interim detention of that child."

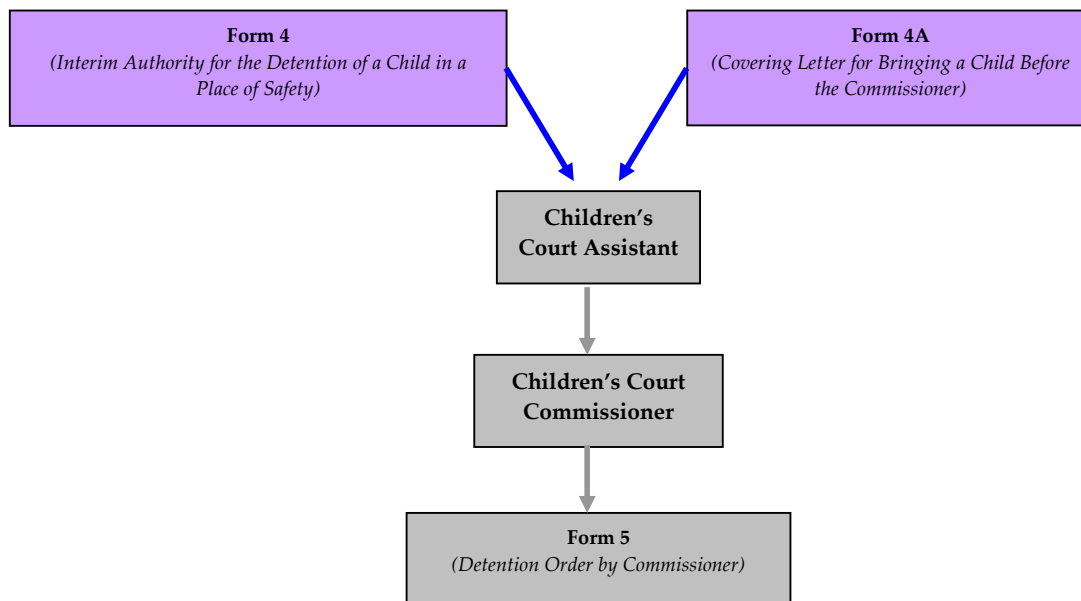
Along with the Form 4, *Interim Authority for the Detention of a Child in a Place of Safety*, the Form 4A, *Covering Letter for Bringing a Child before a Commissioner*, needs to be completed to effect the legal removal of a child.

These documents must be submitted to the Children's Court assistant within 48 hours. This assistant must submit the forms to the Children's Court Commissioner for scrutiny within one day of receipt.

In accordance with Regulation 9(2)(d) of the CCA, the Commissioner will then issue a Form 5, *Detention Order by Commissioner*, which instructs the place of safety to admit or further detain the child until release is instructed by the court.

Figure 6 illustrates this process.

Figure 6: Application for emergency placement (Form 4 protocol)



We were informed by the Wynberg Children's Court that the court assistant maintains a court register from which she compiles a monthly statistics report for the Administration Officer of the court, who in turn forwards it to the Court Manager. This may or may not apply in all courts.

The court register includes the following information:

- child's name, date of birth, sex, parents' names, residential address, date of court inquiry, and the order of court made by the Commissioner.

The monthly report only includes the number of cases within each type of matter adjudicated by the court, namely child welfare matters (e.g. foster care, adoptions, children found to be in need of care etc.) and maintenance cases. This data is forwarded by the Court Manager to the Magisterial District Office and then eventually on to the National Department of Justice.

Data held by the Children's Courts is suitable for monitoring both child status (numbers of children found in need statutory placement or supervision) as well as a range of services decisions. At the present time, and given the problems with the Child Protection Register (see below), the Justice Department's Children's Court data might be the better option. This would require a link to Social Services.

The Department of Justice also keeps data on the criminal justice process, and has a tracking system that can be used to judge children's access to special facilities provided for in the Criminal Procedures Act (refer to the policy synopsis section).

5.1.2 SAPS Data

Another service point at which child abuse cases may present is at SAPS. With reports of physical and sexual abuse, a case can either be reported directly to the police station, or it can reach the police station via DSSPA.

We were informed that not all cases of physical abuse reported to DSSPA are reported to SAPS for investigation. This will only occur when a judgement is made that a criminal case should be opened under the Common Law or relevant statute.

Once a case is opened, the appropriate FCS Unit will then receive it from the police. The FCS will take the child to the Clinical Forensic Surgeon (CFS) for a forensic examination. Prior to the surgeon seeing the child, the FCS inspector is required to obtain parental (or guardian) consent to the examination by having the parent (or guardian) complete a SAP308 Form, without which any examination of the child constitutes a further assault.

Following the medical examination, the CFS completes the J88 Form, used in any instance of physical assault but mainly for sexual assault. The completed J88 Form is given to the FCS inspector to be used in the criminal case and / or the Children's Court. The FCS Unit will then make all arrangements regarding court matters and counselling of the child.

On a weekly and monthly basis, the FCS Units (of which there are presently thirteen in the Western Cape) will submit statistics to the relevant Area Office, of which there are four in the Western Cape: East Metropole (based in Bellville), West Metropole (in Cape Town), Southern Cape and Boland. Table 1, below, lists the FCS Units in the Western Cape, and their respective Areas.

Table 1 Western Cape FCS Units

FCS Unit	Area
Langa	West Metropole
Nyanga	West Metropole
Steenberg	West Metropole
Delft	East Metropole
Elsies River	East Metropole
Khayelitsha	East Metropole
Caledon	Boland
Paarl	Boland
Vredendal	Boland
Worcester	Boland
George	Southern Cape
Mossel Bay	Southern Cape
Oudtshoorn	Southern Cape

The Areas Offices will in turn compile statistics on a monthly basis, to be forwarded to the Provincial SAPS Head Office, which will then forward aggregated information to the National SAPS Head Office.

Monthly FCS statistics, compiled on, for example, the *Anti-Rape Strategy Form*, include such statistics as the number of rape cases reported at identified police stations; the number of rape victims referred to the Victim Support Programme; the number of cases referred to court; the number of offenders arrested; and the conviction rate. However, a serious limitation is that *none* of this information disaggregated by age and gender. It is therefore not possible to use this data to obtain figures on children unless the system is altered.

The FCS can however provide data on children should this be required (this is separate to *Anti-Rape Strategy* data).

The victim support programme that operates out of police stations also yields data that is of relevance to child protection (e.g. number of cases of physical abuse, emotional abuse, sexual abuse, and neglected / abandoned children, as well as the overall number of children that were counselled). Monthly statistics from this programme are forwarded from the police stations to the four Area Offices. Area Office co-ordinators then submit these statistics – also on a monthly basis – to the Social Crime Office at the Provincial SAPS Head Office. From here, statistics are forwarded to the National SAPS Head Office (refer to Figure 7).

SAPS data is on reported cases only, but it is nonetheless of use in that precinct level information can be obtained to populate indicators of neighbourhood dangers to children. However this information is not readily available from Head Office and is not disaggregated by age or gender. Direct applications to FCS facilities would be needed.

Figure 7, below, illustrates what happens when a case of child abuse is reported to SAPS, from where it is taken up by the FCS Unit. The investigation will normally involve obtaining reports from the FCS investigating officer, the Clinical Forensic Surgeon, and a social worker.

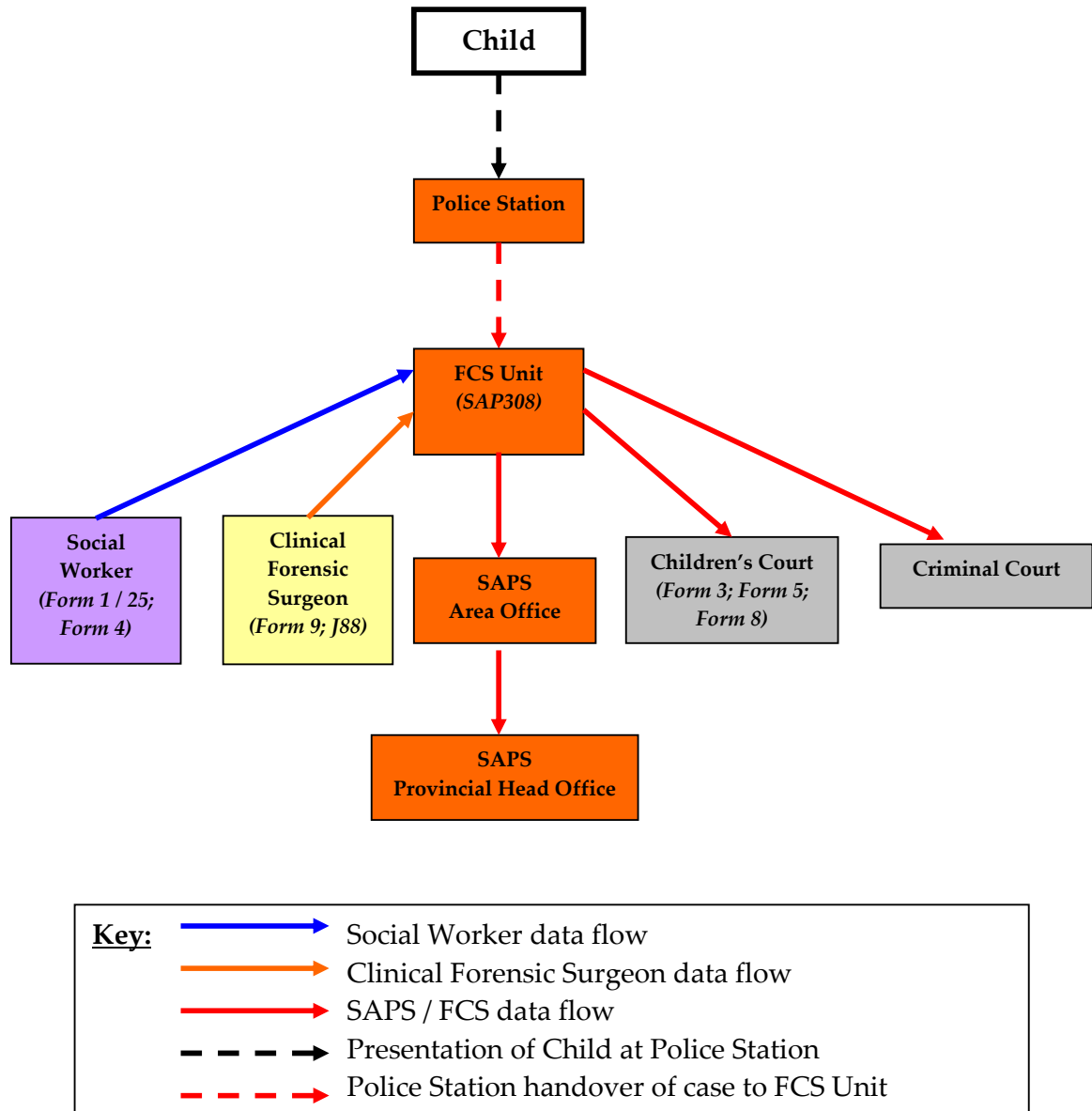
In a criminal matter the reports are presented to the criminal court. Similarly they may be required for a Children's Court inquiry in terms a statutory process.

Also indicated in the figure are each Department's chief administrative forms for child abuse and neglect as well as the SAPS data flow processes (all forms are summarised in Appendix 1).

All cases lodged with the FCS Units are recorded in case dockets. The main forms in the docket are the J88, which is completed by the Clinical Forensic Surgeon; the SAP308 (parental consent form); sworn affidavits; and the social worker's report, which is received once the social worker has assessed the child.

In most cases, a court social worker will be involved in the FCS management process, firstly, because FCS staff find that social workers are more skilled at establishing rapport with child victims and facilitating disclosure and, secondly, because they are instrumental in securing intermediaries and closed-circuit TV facilities for the court proceedings in terms of the Criminal Procedures Act.

Figure 7: Presentation of child at SAPS service point: Referral links, relevant forms, and data flows



5.1.3 Department of Health Data

Cases of child abuse and neglect may also present directly at Department of Health service points.

As an example, the protocol for a sexually or physically abused child presenting at the Red Cross Children's Hospital Medical Emergency desk with visible physical injuries, is to be referred to the Trauma Unit for treatment. Abused children are also handled by the Red Cross Social Work Department and at the Child and Family Unit in the Psychiatry Department. Similar procedures operate at Tygerberg Hospital, the only other tertiary specialist facility for abused children in the province.

These children can also present at primary or secondary facilities, where they may be treated or referred to a tertiary facility such as Red Cross if specialist attention is needed. They may also be referred to Rape Survivor's Centres, which are based at certain Level 1 (primary care) and Level 2 (secondary care) hospitals (as listed in Table 2).

Table 2 Western Cape Forensic Clinical Facilities

Facility	Type of Facility
Simelela Rape Survivor's Centre (based at Khayelitsha CHC)	Community Health Clinic
Goodwood CHC	Community Health Clinic
Lady Michaelis CHC	Community Health Clinic
Robbie Nurock CHC	Community Health Clinic
Hottentots Holland Hospital	Secondary Hospital
Karl Bremer Hospital	Secondary Hospital
Somerset Hospital	Secondary Hospital
Victoria Hospital	Secondary Hospital
Thuthuzela Care Centre (based at G.F. Jooste Hospital)	Secondary Hospital
False Bay Hospital	District Hospital
Wesfleur Hospital	District Hospital

Cases can also be seen directly by the Clinical Forensic Surgeon, who may advise the parent or guardian of the child to report the incident to the police (see Figure 8). In the Cape Town Metro, CFSs operate from three CHCs in the Western Cape, namely Goodwood, Robbie Nurock, and Lady Michaelis, while, after hours, they are based at, correspondingly, Karl Bremer, Somerset and Victoria Hospitals.

Cases can also be seen by forensically trained medical officers at Simelela Rape Survivor's Centre (at Khayelitsha's Site B CHC), Thuthuzela Care Centre (at G.F. Jooste Hospital) and Hottentots Holland Hospital. Similar arrangements are in place in other Health jurisdictions.

The Rape Survivor's Centres (RSCs) complete a Rape Survivors Register, from which the Rape Survivors Report is generated.

In cases of neglect, a Form 9 – *Medical Report and / or Age Assessment* – is completed by any medical practitioner, whereas, in cases of physical injury or sexual abuse, the J88 is completed by the Surgeon.

It is evident that within the Department of Health, child abuse and neglect data may be captured at various locations within the system (for example, refer to Figure 8 for data flow processes relating to child sexual abuse).

Enquiries regarding data collection and flow at one tertiary facility (Red Cross Children's Hospital) established that it has its own database, known as *Clinicom*, but that this is currently non-functional.

The Head of the Medical Emergency Unit at Red Cross reported that in theory the Trauma Unit statistics should be collated with those of Medical Emergency Unit and then forwarded to Provincial Head Office, but that this has not occurred during 2005.

The Trauma Unit also forwards data to the Child Accident Prevention Foundation of Southern Africa (CAPFSA), an advocacy NGO based at Red Cross Hospital. CAPFSA data is not forwarded to a higher level but statistics are used for lobbying.

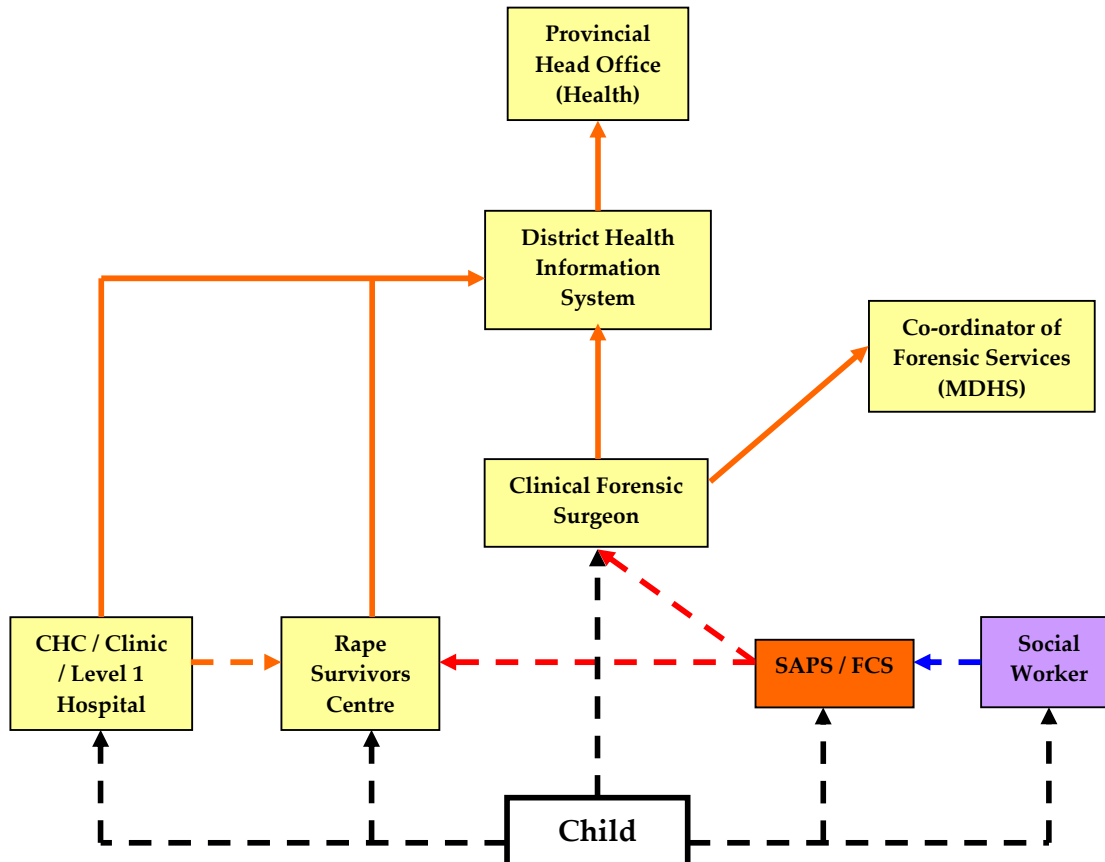
The Social Work Department at Red Cross Hospital also compiles monthly statistics on physical abuse, sexual abuse, neglect and abandonment of children for its own records but does not forward this information higher up in the hierarchy.

In the past, the Clinical Forensic Surgeons in the Cape Town Metro sent their statistics to the coordinator for forensic services for Metro District Health Services.

As of January 2006, however, data will be sent via Rape Survivor Reports, on a monthly basis, to the Information Management Directorate at the Department of Health's Provincial Head Office, where it is captured via the District Health Information System (DHIS). The DHIS is a software tool that is used to capture information from the primary health care sector only. Thus, a child that presents at a tertiary facility such as Red Cross Hospital for abuse or neglect will not be captured via the DHIS. This situation should change with the introduction of the Health Information System, which will capture data from tertiary hospitals.

In Figure 8, the various referral routes and Department of Health data flows pertaining to child *sexual* abuse are illustrated.

Figure 8: Department of Health referral routes (dotted arrows) and data flows (solid arrows) for child sexual abuse



Tertiary hospitals can provide incidence data from trauma units on physical and sexual abuse.

Primary and secondary level health data is of use for tracking child sexual abuse rates. It can be disaggregated by Health District.

A major problem, however, is that the Rape Survivor Reports that are collected for capture via the District Health Information System define a child as under the age of 14.

This means that data on older children cannot be captured as they *disappear* into the adult statistics – a serious problem for reporting in terms of a range of provisions including the Convention on the Rights of the Child.

Red Cross Hospital, in turn, only sees children below 13 years of age and therefore only has data on this age group.

5.1.4 Department of Education Data

A case of child abuse and neglect identified by or reported to a school will be referred to either the social worker or the psychologist at the Education Management Development Centre (EMDC). Alternatively, a division within the Department of Education, the Safe Schools Call Centre, operates a telephone counselling service and can be approached directly or via the EMDC.

Data on child abuse and neglect in the Department of Education could potentially derive from three sources:

- Labour Relations statistics on complaints lodged against educators;
- Reports made to the Safe Schools Call Centre (SSCC); and
- Cases handled by EMDCs.

EMDC data is also forwarded to the SSCC, which operates an electronic database that contains EMDC data and data on clients that approach the SSCC directly.

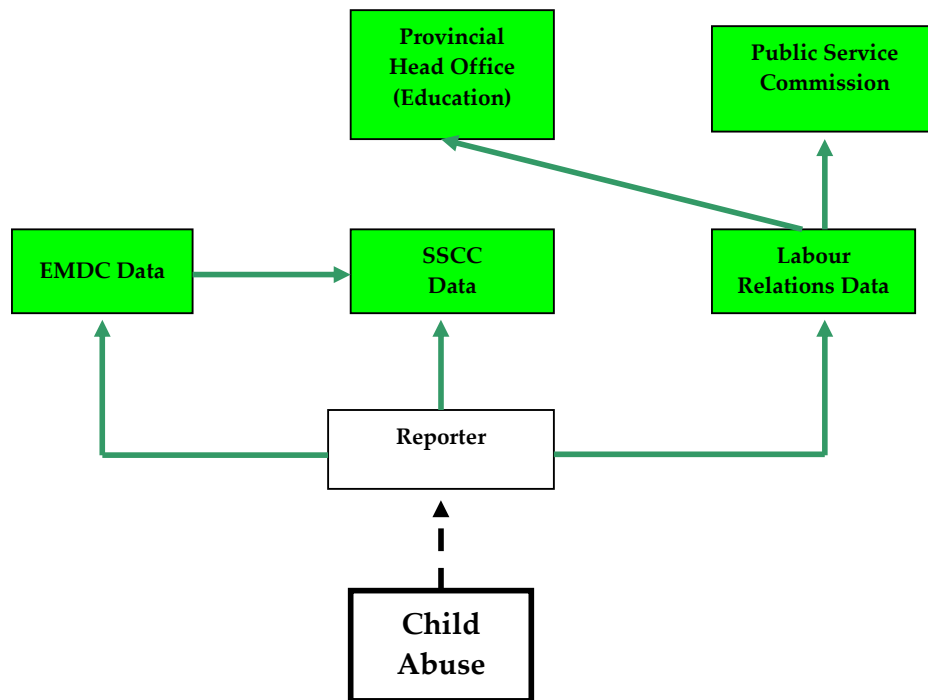
However, although the EMDCs are requested to forward their data to the SSCC, our informants claimed that this seldom happens. SSCC data is not routinely forwarded anywhere else and information is only released by request, and on the authority of the Director-General of Education.

If abuse is perpetrated by an employee of the Department of Education, the matter is investigated by the Labour Relations section of the Department. Essentially, as far as the researchers were able to establish, cases reported to the Department of Education were managed within that department and not routinely referred to other departments.

The Labour Relations section submits monthly statistics to the Chief Director of Administration, who is based at the Provincial Head Office of the Department of Education, as well as annual statistics to the Public Service Commission, based in Pretoria (refer to Figure 9).

Education data is important for tracking children's safety in schools. Both call centre and labour relations data may be of use for this purpose. This would depend on validity checks.

Figure 9: Department of Education data flows



5.1.5 Data on Children on the Streets and Commercial Sexual Exploitation

Children living on the streets access services such as feeding schemes, drop-in centres and shelters operated by PWOs. The drop-in centres offer educational and recreational programmes daily from 9.00 a.m. to 12.00 noon and also provide meals, laundry services and ablution facilities to children that choose to sleep on the street. Shelters, in turn, offer overnight facilities but only on a temporary basis prior to permanent placement in a children's home (through an order of the Children's Court).

Children that experience commercial sexual exploitation are a particularly difficult category to monitor due to the illicit nature of these activities. These children may interface with the system if they end up on the streets and seek the services of street shelters.

Shelters apply to DSSPA's Provincial Head Office for capacitation subsidies on a monthly basis, and accordingly submit a form titled "*Subsidisation of Level I and II Shelters,*" along with a list of names of shelters' residents.

Prior to August 2005, subsidised shelters would submit statistics to the City of Cape Town's Development Facilitation Unit on a fortnightly basis. This is no longer done.

The new arrangement is for shelters that fall under the Smile a Child Project, which is jointly funded by DSSPA and the Unicity and covers the Metro and Helderberg, to submit monthly statistics to Provincial Head Office – in particular, to the Street Children and Homeless Adults Programme, which is based in the Children and Families Sub-Directorate of the Directorate for Developmental Social Services. Among other information, these statistics include the number of:

- known street children interacted with on the street;
- day strollers interacted with on the street;
- children that are new on the street;
- children that have returned home;
- children sleeping in per night;
- children attending specific life skills training;
- children attending drug counselling etc.

Interviews with key informants, however, indicate that every shelter has its own, unique reporting format, both in terms of the data that is forwarded to Provincial Head Office and the data that is kept at the facility. Beth Uriel, for example, has its own intake form.

Our understanding is that information on numbers of children on the streets is frequently requested. Drop in facilities and shelters are useful points of contact, at least for numbers of children who access them, other child outcome data relevant to this population and those who are commercially exploited. In the form of the Street Children and Homeless Adults Programme, DSSPA clearly has some administrative data upon which it can draw.

5.2 INFORMATION SYSTEM ARCHITECTURE IN THE DEPARTMENT OF SOCIAL SERVICES AND POVERTY ALLEVIATION

This section of the report discusses findings on the child protection information system of the Department of Social Services and Poverty Alleviation (DSSPA) in particular, and makes reference to other departments that are associated with child protection where appropriate.

Although we attempted to gather information from as wide a range of informants as possible, it was clearly neither feasible nor necessary to examine every actor in Head Office and at district level. We interviewed informants from both rural and urban districts around the province. Views on the main issues were very consistent. We acknowledge that a separate study would be needed to fully understand the systems that pertain to the other departments.

It is our view that further consultations would not have added much to the data we gathered.

Only after numerous interviews with multiple informants did a picture of the information systems in the DSSPA and its linkages to other departments begin to emerge.

Although we have identified the processes and practices that generally occur or *ought* to occur with regard to child protection data, we were informed on numerous occasions by people at all levels of the system that data gathering and information transfer is not occurring as it should. We explore the reasons below.

In the DSSPA, information from key informants and protocols shows that data management processes are subject to variation across sites and / or districts. And in spite of policy injunctions to work on child protection inter-sectorally both within and across departments, there are few clearly articulated data management processes in place at the present time.

As we shall report, the Child Protection Register, a key tool for capturing data on child status and service access, is not functioning as it should. The CPR has great potential as an information and child protection tool, but this is not currently being realised for reasons we shall explore below.

As will have been observed in the previous section of this report, a plethora of forms pertaining to child abuse and neglect are required at different points in the system, each containing useful administrative data, yet only a small amount of this is processed. Certainly, some of it could be used to provide reports on which the DSSPA could base protection planning. However, it constitutes the raw data of the information system and needs to be cleaned and processed to generate statistics for this purpose.

The DSSPA utilises two electronic databases, namely, the Child Protection Register (CPR) and the Child and Youth Care Application (CYCA) that include data on child protection and youth in conflict with the law, respectively.

There is currently no electronic data on residential care, foster care, emergency placements, and street shelters but it is planned that data on street children and the canalisation of foster care cases will be included in the CYCA database beginning in 2006.

The CYCA database includes the following data: selected data from the "Assessment Form: Youth in Conflict with the Law," completed by probation officers; data from the intake form of the relevant place of safety; and data from a movement form that details the movement of youths between institutions. Running parallel to the CYCA database is the Institute Administration System (IAS). It provides data on each youth at a given place of safety, and also has a link for each youth into the CYCA database.

We will not consider CYCA in further detail for this project.

5.2.1 Mandated Reporting and the Child Protection Register

In accordance with Section 42(1) of the Child Care Act (1983), “every dentist, medical practitioner, nurse, social worker or teacher, or any person employed by or managing a children's home, place of care or shelter, who examines, attends or deals with any child in circumstances giving rise to the suspicion that that child has been ill-treated, or suffers from any injury, single or multiple, the cause of which probably might have been deliberate, or suffers from a nutritional deficiency disease shall immediately notify the Director-General ...of those circumstances.”

The Children’s Bill extends this list to include social service professionals, ministers of religion, religious leaders, labour inspectors, members of staff at a partial care facility, drop-in centre or child and youth care centre, and any other persons who believe that a child is in need of care or protection.

Although the Child Care Act requires a range of persons to report abuse and neglect, for the most part the required form is completed by social workers or trained volunteers employed by DSSPA, which is then forwarded to a DSSPA District Office, from where it is sent to Provincial Head Office on a monthly basis, to be captured onto the Child Protection Register (see Figure 10).

The Child Protection Register requires completion of the Form 25 (introduced with the Register in 1999). However, not all DSSPA districts and staff use this form. They use the Child Abuse Report Form (also known as the “Form 1”) in terms of Section 42(1) of the Child Care Act (No. 74 of 1983).

A separate Form 25 (or Form 1) must be completed for *each* child even if several children from the same household are involved. Therefore each case report concerns one child.

The Form 25 requires the informant (in terms of the mandated reporting requirements of the Child Care Act), normally a social worker, to record the “[n]ature and extent of the ill-treatment of or deliberate injury inflicted on the child.”

Cases where there is suspicion of abuse must be recorded, as well as those where this may already have occurred.

The official section of the form requires the officer to state, among other points, what steps have been taken to urgently assess the situation, and also whether or not the case should be entered onto the CPR, and whether or not the perpetrator has been convicted in terms of Section 50(1)(a) of the Child Care Act or a crime that resulted in injury to a child.

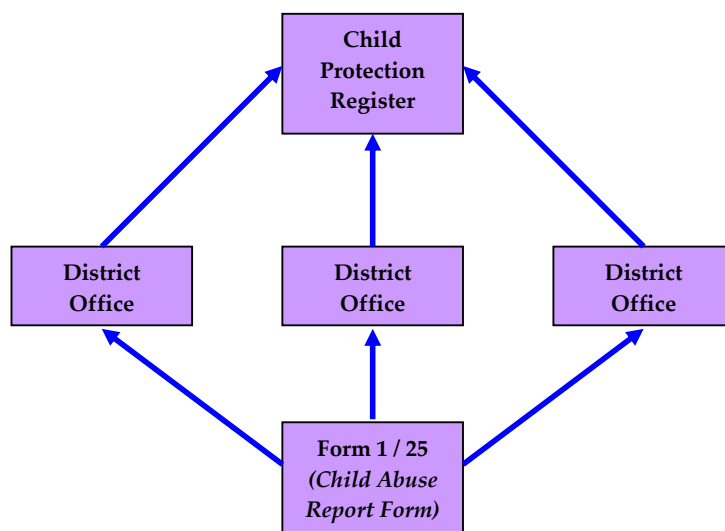
It is important to note that while the information required in the Form 1 and 25 is essentially the same, the Form 1 is much clearer in our view and much more user-friendly (having tick boxes) than the Form 25, which, for the most part, calls for narratives that permit variations in reporting and also in categorisation of the

incident. The space permitted for the reporter to write on the Form 25 also is very limited.

Our opinion is that the Form 1 is the better data collection instrument. However, it also suffers from the lack of a set of definitions to guide the reporting officer. Furthermore, it is not good practice for different District Offices to be using different forms as this undermines the reliability of the Register.

Figure 10 shows the path of the data flow that is supposed to occur from when a child abuse report is first made, through to that report appearing on the CPR.

Figure 10: The Form 1 / 25 – From completion to registration



The CPR began as a pilot project in two districts, Atlantis and Mitchell's Plain. Currently, only Atlantis and Mitchell's Plain have dedicated staff assigned to capture the data for their respective districts. However, we were informed that Mitchell's Plain is experiencing ongoing technological problems and send their data capturing work to Head Office at present.

5.2.2 Data flow within and between departments

Despite the fact that child abuse and neglect fall within the ambit of the Departments of Social Services and Poverty Alleviation, Education, Health, Justice, and SAPS, while there are intervention process linkages between some departments, there are no data linkages.

Although the brief for the project was to concentrate on data flow within DSSPA, the multi-sectoral nature of intervention in child abuse and neglect necessitates an examination of data systems in all departments.

The main institutionalised movement of data for reporting purposes is essentially from private welfare organisations and social workers to District Offices and on to Provincial Head Office's Directorate for Developmental Social Services, which includes the Child Protection Register.

The movement of this data is largely unidirectional – from the facilities, to the District Offices and upwards. In addition to institutional requirements to send data to the Head Office, that level tends, from time to time, to make ad hoc requests for data from districts. It was our observation that if good data systems were in place at Head Office, these requests could be minimised.

We were informed that PWOs are often insufficiently compliant with the provision of their data to the District Offices. Certain of these Offices are reportedly also remiss in forwarding data in a timely fashion to the Child Protection Register. This is in large measure due to inadequate staffing and IT resources.

There are also two other directorates whose core functions involve data management, namely the Research and Monitoring & Evaluation directorates. There was no evidence of clear linkages between the three directorates.

Head Office participants in the consultative workshop complained that it was “not easy to access data from District Offices and facilities.”

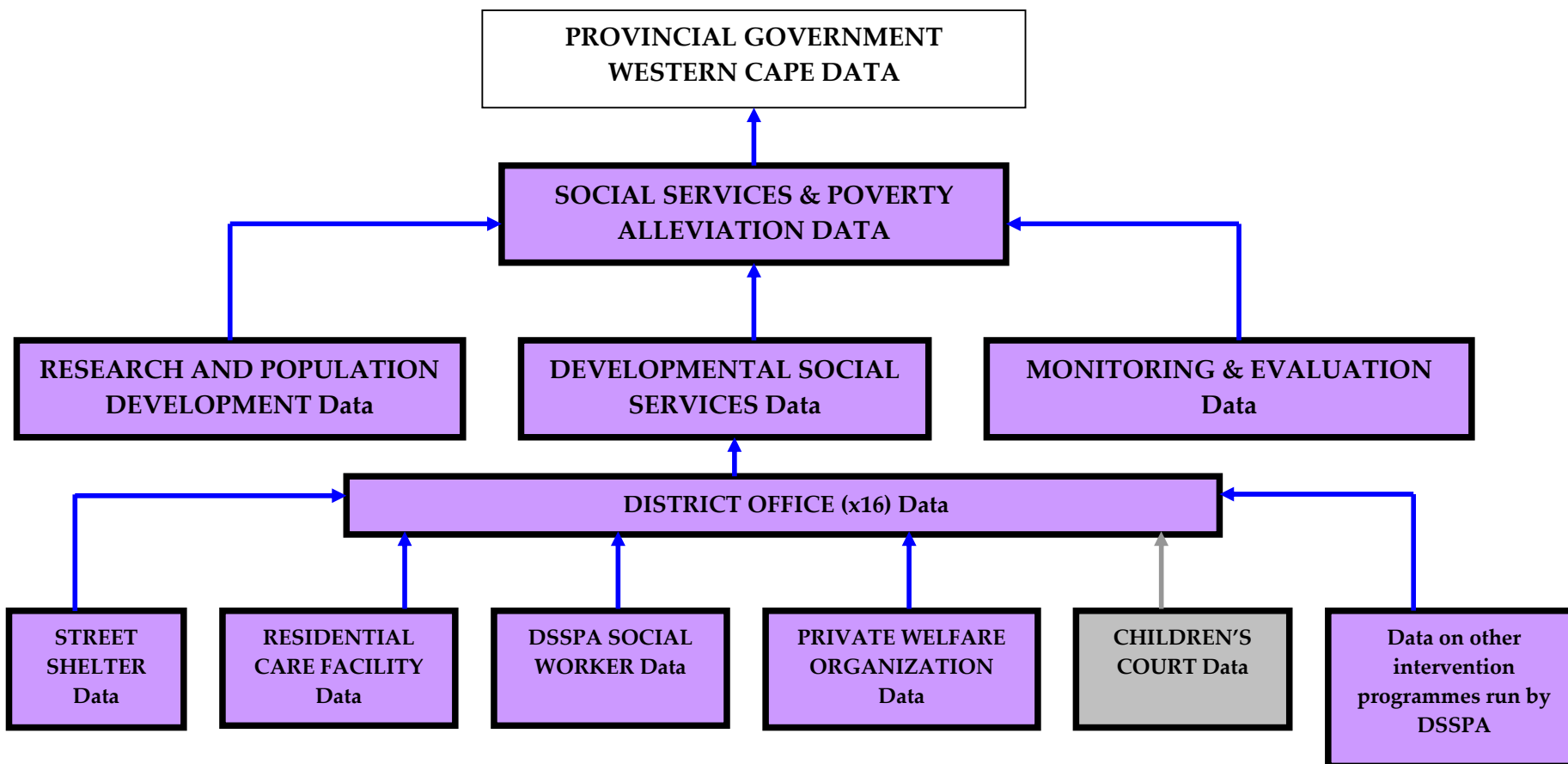
District Office participants stated that they also had problems accessing data from Head Office and SAPS for planning purposes. They said that they wanted to know how the information they provided, was being used. For example, one person stated that he needed “information regarding the statistics or how it (sic) is being used.”

This is apparently not correct, however, as Head Office does provide some information to districts for planning purposes (e.g. poverty data and numbers of children in the area). It appears that the District Offices need aggregated child protection data from Head Office. There is no capacity to do this at district level, and, currently, the CPR does not function well enough for this purpose in any event.

Although there are many forms with information on children that are captured at various points in the DSSPA system (District Offices, residential care facilities, the CPR, CYCA, street shelters and PWOs), there appears to be no policy or protocol to use or integrate it, other than for administrative purposes. Data provided by the CPR and CYCA has potential, but as we have indicated in our discussion of the CPR, its quality is, at present, seriously compromised.

Figure 11 provides a diagrammatical representation of child protection data flows within DSSPA.

Figure 11: DSSPA data flows



5.3 SUMMARY OF KEY FINDINGS ACROSS ALL SECTORS

5.3.1 Key overall findings

1. **All Departments:** There is a substantial amount of administrative data that is captured in a number of sectors, including SAPS, Health, Justice and Education in addition to Social Services. All could be used for monitoring child protective services if the data was reliable, validated, made readily accessible for reporting purposes, and made accessible across departments in the various sectors.
2. **All Departments:** Despite the multi-sectoral nature of child protective services, there are few data linkages within Social Services and across provincial departments.
3. **DSSPA:** Although there is a wealth of information, very little is currently processed to generate reports by DSSPA that can assist planning or situation analyses of children and their services. The existing data is not optimally utilized because little raw data is *routinely* aggregated for reporting.
4. **DSSPA:** Data collection processes and instruments are not standardised, which compromises reliability. The use of specific documentation is not necessarily standardised, in the sense that not all the relevant forms are completed by all the relevant role players. In addition, many role players use idiosyncratic documentation that is specific to a facility or district.
5. **DSSPA:** Staff tend to be intervention-focussed and seem to lack an appropriate orientation towards data collection and management in a manner that can assist service planning and evaluation and improve the services they render.
6. **DSSPA:** Flow of data tends to be from lower levels, upwards. Districts and facilities feel too little information is provided to them for planning purposes.
7. **DSSPA:** The Department has administrative data provided by street shelters that can be used to estimate this population and its service needs.
8. **Justice:** Data held by the Children's Courts is suitable for monitoring both child status (that is, the number of children found in need of statutory placement or supervision) as well as a range of service decisions.
9. **Justice:** The Department can provide data on children's access to court services that reduce secondary traumatisation and improve conviction rates when giving evidence in the criminal courts. However this information is not readily accessible.

10. **SAPS:** Police data can be disaggregated to precinct level to populate indicators of household and neighbourhood dangers to children. However, this information is not readily available from Head Office and is not disaggregated by age or gender unless specifically requested.
11. **SAPS:** Area Offices have rape statistics on the number of cases reported at identified police stations; the number of survivors referred to the Victim Support Programme; the number of cases referred to court; the number of offenders arrested; and the conviction rate.
12. **SAPS:** The Provincial Social Crime Office collects data from the Victim Support Programme on a monthly basis, and has statistics on child physical abuse, sexual abuse, emotional abuse and neglect.
13. **Health:** The District Health Information System is used to capture data on child sexual abuse. It is useful for surveillance studies and can be disaggregated by Health District and gender. A major problem, however, is that the DHIS defines a child as under the age of 14. This means that data on older children cannot be captured.
14. **Education:** Data on violence to children collected by the Safe Schools Project has some value (though limited, as it is Call Centre data) and can be used for tracking children's safety in schools. Labour Relations data may be of use to measure disciplinary actions against educators for child abuse.

5.3.2 DSSPA: Key findings regarding the Child Protection Register

1. At present, *one* Head Office data capturer has to capture the data sent through on paper for 15 districts. Inadequate staffing leads to a backlog of years in data capture placing a huge burden on the Head Office data capturer, and preventing generation of reports for welfare planning;
2. Current data on the CPR *cannot* be regarded as an accurate, valid and reliable record of reported child abuse in the province (see elaboration below);
3. Reports generated from the existing data on the CPR would *not* be suitable for planning purposes at district level due to lack of validity;
4. Inadequate human resources for data capture at both *District* and *Head Office* levels;
5. Information technology limitations at *district* level (difficulty with Internet connectivity, which affects the capacity to use the 'live system');
6. Inadequate technological support, particularly at *district* level;
7. Lack of uniformity in the relevant forms (Forms 25 and 1);
8. Lack of mandated security controls in Head Office that are in breach of protocol: the data capturer has to work in an open plan office with other

staff, while the forms sent for data capture are not held in a secure place but are piled up in the open area;

9. Mandatory fields are often not completed (e.g. the date the case was reported). If a mandatory field is not completed, the report cannot be loaded onto the system. This occurs many times according to the data capture staff;
10. Each child is supposed to be a case on the system. However, it frequently occurs that where a group of children have been reported, multiple cases are reported on a single form in violation of the protocol;
11. The data capturer often has to make a judgement as to the nature of the abuse, even though he is not a social worker;
12. The service field of the CPR is rarely completed – neither can it be updated under present conditions. This was a major reason for the system – to track CPS access and quality;
13. Suspicions of abuse prior to investigation are supposed to be recorded as well as confirmed cases – agencies are inconsistent in this regard (see below);
14. The Head Office data capturer's security clearance is too low to correct or update reports on the system, or to close cases. This results in case record duplication;
15. A number of threats to the validity and reliability of data currently on the Western Cape CPR are evident from the points listed above. We elaborate further:

15.1 Although the Child Protection Register Manual explains how to enter data into the database, there appear to be no matching corresponding instructions for completing the Form 1 / 25s. The person completing the form is required to indicate the type of abuse and neglect, yet no definitions of these terms are provided, leaving room for a range of interpretations.

15.2 Within DSSPA, Form 1 / 25s are completed for *all* reported cases. This data is then captured on the CPR. However, between districts, the practice varies as to whether Form 1 / 25s are completed for daytime cases or after-hours cases (but not both).

15.3 Finally, outcomes of investigations are, in practice, almost never reported to the District or Head Office that captures the information. "Closed" cases therefore remain on the database and distort the information that can be generated for reports. A point to note is that even if the social workers and District Offices did send through information to update the case, this would not be possible under the current

circumstances. This is simply because the data capturer does not have the authority to do so (his security clearance is too low).

6. RECOMMENDATIONS

Reviews of policies, protocols, programmes and literature, and investigation into the architecture of the current data system have yielded recommendations for both the types of data that should be collected and how information should be managed. This section presents recommendations in the following areas:

1. Data collection and information flow: How the data can be collected and processed more reliably and effectively;
2. Information flow and coordination: How data from other Departments should be included in DSSPA child protection information systems;
3. Indicators: Recommended indicators for the status of children, risk factors in the home and the neighbourhood as well as children's access to and quality of child protective services. Indicators are based on the policy review, research findings and the literature on child protection.

Some recommendations are likely to be relatively easy and inexpensive to implement, while others will require additional resources and consequently would require an extended time frame for implementation.

We pay specific attention to the importance of *administrative* data and information that is regularly collected by the DSSPA and partner departments. Once set up, administrative data systems are powerful resources for departmental information. They may cost money at the outset, but provide a sustainable long-term solution.

It must be stressed that unless data collection for child protection planning is well resourced at each level of the system, the reliability, validity and usefulness of the information will be seriously compromised and planning will not be based on sound evidence.

The recommendations that follow are based on the principles of a good surveillance system for child protection, which is outlined in Table 3 below. Recommendations are also presented with specific reference to each of the key findings identified in the previous section.

6.1 GENERIC RECOMMENDATIONS ON IMPROVEMENT OF CHILD PROTECTION SYSTEM DATA COLLECTION, INFORMATION FLOW, AND INTER-SECTORAL INTEGRATION

Recommendation 1: Improve the quality of child protection information in all sectors by meeting the minimum requirements of a good information system.

The research has unearthed a number of challenges to recording reliable and valid data at source (on the various forms required in terms of Acts and Regulations) and aggregating it higher up the system.

At base, all systems in all departments capturing child protection data and aggregating it at higher levels need to ensure that they comply with minimum standards for a sound child protection information system. Basic requirements are contained in Table 3.

Table 3: Attributes of a good administrative data system for child protection

Simplicity	The system should yield the data needed in the simplest and most straightforward manner possible.
Flexibility	The system should be able to adapt to changing operating conditions and data needs with minimal costs.
Acceptability	People whom the system will rely on to record information should be willing to participate and believe in the benefits of the system. Satisfaction of suppliers of data and end users will critically influence the system's quality and success.
Reliability	Users of data yielded by the system should have confidence in its accuracy and reliability.
Utility	The system should be practical, affordable and improve knowledge of the problem.
Resources & Sustainability	The system should be easy to maintain and update, with adequate human and financial resources allocated to assure its ongoing operation.
Ethical Compliance	All systems should comply with the ethical standards set for access to, data capture, storage, and management of confidential administrative databases.
Timeliness	The system should generate up-to-date information as needed with minimal delays.
Integration	The system should enable easy accessibility to child protection information from all relevant sectors and departments, and levels within departments.

The table is informed by the World Health Organisation (WHO) Centre for Disease Control (CDC) Injury Surveillance Guidelines and Canada's conceptual and epidemiological framework for child maltreatment surveillance (Trocmé et al, 2005).

All these attributes should be taken into account when reviewing child protection data management in all departments in the child protection system.

Recommendation 2: Improve the quality of child protection data at source.

One of the factors found to be contributing to the poor reliability of data was the fact that many terms and concepts are understood differently by persons completing the documentation, which ultimately results in unreliable data.

All personnel involved in completing documentation should be provided with training that highlights their roles and responsibilities with regard to data collection.

End users (e.g. social workers; police; justice officials) need to be made aware of the need for precision and accuracy in completing documentation and the importance thereof for ensuring the integrity of data in the information system.

It is essential that the data collected on the various forms completed by all departments is as complete and accurate as possible. Without good data from the source, an administrative data system is immediately compromised.

Users at every level, particularly those 'on the ground' in facilities and in District Offices need to buy into the system if they are to realise its value and comply with data capture and reporting requirements.

Recommendation 3: Improve compliance with child protection data requirements at all levels through provision of regular feedback and reports on child protection to districts and facilities.

This recommendation is linked to 2 above as it concerns compliance with data requirements for routine data collection.

We found that service providers are reluctant to fill in forms and data sheets if they do not have the time to do it, if they do not understand the purpose and if they do not see the value of the activity. All these problems can be addressed by the provision of regular reports based on information supplied by service providers.

Training in the usefulness of data for service planning might also be required.

Compliance is also likely to be enhanced if the service providers and provincial department structures are given the appropriate resources to capture data.

In the DSSPA, District Offices are not likely to have the skills to generate reports from the CPR. They may also not have the security clearance to do so. This should be a Head Office research function (see below).

Recommendation 4: Ensure that all staff that provide reports and enter data are familiar with procedures and use the same definitions of abuse, neglect and related constructs as required by *their* sector.

A fundamental component of a surveillance system must be that all those who are capturing information about crimes to children, abuse, neglect and other child

protection domains are thoroughly familiar with the definitions used in their sector.

These definitions must be clear and should be attached to all relevant forms. Staff should be trained to use them.

Recommendation 5: Provide appropriate human and technical resources for data capture, integration and reporting in all child protection sectors based on an operational assessment of staffing and equipment needs at all levels from Head Office, down.

The recommendation addresses the finding of the study that there are major problems with resourcing the information system in the DSSPA. This applies particularly to the statutory Child Protection Register (see below).

Recommendation 6: Children entering statutory care should be closely monitored.³

These are children for whom short-term statutory protective action has been taken, including emergency placements in terms of Form 4 authorisation or a Children's Court retention order. Such children are in a critical phase within the child and youth care system, in which intensive assessment and planning should be carried out, and the most appropriate form of ongoing care selected (IMC, 1996, p. 48ff) in terms of the Care and Development Planning processes. Many of the affected children have experienced abuse and the placement process will often have been traumatic.

Recommendation 7: Findings of the Children Courts regarding individual children should be recorded in a Standardised Register.

Every Children's Court should institute a standardized register that includes information on the situation of every child issuing of a Form 4 order (rather than every family, as is presently the case), and / or that is placed in a place of safety pending further investigation in terms of Section 11 of the Child Care Act, and / or that is found to be in need of care in terms of Section 14(4) of the Act.

This register should also include the reasons why the child has been brought to court, the nature of the order made, if any, and the date of birth of the child, in addition to details about race, gender, language, religious denomination etc. These details should be submitted to the National Office of the Department of Justice for collation and analysis by the Court Information Directorate.⁴ This would assist in planning and resourcing Children's Courts.

³ All recommendations and indicators for children in statutory care provided in this report are based on research conducted by Dr Jackie Loffell for a volume on a rights-based approach to monitoring child wellbeing. We are most grateful for her support on the current project (Loffell, forthcoming).

⁴ Regional reporting is a difficult issue because regions under the Department of Justice do not correspond with the provincial boundaries used by other Departments.

Recommendation 8: Establish a register for all children in statutory care on the Departmental administrative database.

All NGOs and government departments responsible for the management of statutory cases through the courts and subsequent statutory processes should keep a register of children in statutory care with complete details of the child and her / his movement through the system (see indicator table).

Recommendation 9: Data on children presenting at health care facilities must be disaggregated by the appropriate age categories.

The Rape Survivors Report, which is used by Rape Survivor Centres, Clinical Forensic Surgeons and Level 1 and 2 hospitals, forms the basis of the Department of Health's statistics on child sexual abuse. However, no data is captured for children falling within the 14 – 17 years age category. Rather, statistics for this group of children are subsumed in the adult category. It is therefore critical that administrative steps be taken to ensure that child sexual abuse data is disaggregated as follows: 0 – 17 years; 0 – 12 years; and 13 – 17 years.

Recommendation 10: Improve inter-sectoral sharing and integration of child protection information through the creation of a Child Protection Information Unit within the DSSPA.

There is a substantial amount of administrative data that is captured in a number of sectors, including SAPS, Health, Justice and Education in addition to Social Services.

Despite the multi-sectoral nature of child protective services as described in a range of policy documents including the DoSD's Working Document (2004), the Western Cape *Protocol for the Multi-disciplinary Management of Child Abuse and Neglect* (no date), the Provincial Anti-Rape Strategy(2005), the WCED's *Abuse No More Protocol* (2001), and the Provincial DoH's *Paediatric Case Management Guidelines* (2006), there are few data linkages within Social Services and across provincial departments, and there is no central data hub. This makes it very difficult to obtain an overall picture of the situation of children in the protection system. Since a number of sectors capture data relevant to child protection, it is important that the systems are interlinked as far as possible.

Although this research was commissioned by DSSPA, which requires recommendations for ameliorating the shortcomings of its own information system, we argue that because child protection is a multi-sectoral enterprise, the development of a comprehensive child protection information system necessitates multi-sectoral collaboration.

We take cognisance of the challenges inherent in such collaboration and emphasise that this is a *long-term* but very important undertaking if successful cross-sectoral

service provision, planning and monitoring is to be mainstreamed as a *normal and institutionalised administrative function*.

Steps in the process of creating data linkages across departments should include:

- standardising data collection instruments and processes;
- improving data flow within departments;
- establishing a *Child Protection Information Unit* within DSSPA. The Unit would act as an information hub and repository for all aggregated data and reports on child protection drawn from within the Department and from other sectors that would be updated annually; and
- a mechanism whereby the Unit provides feedback to the District Offices for service planning purposes.

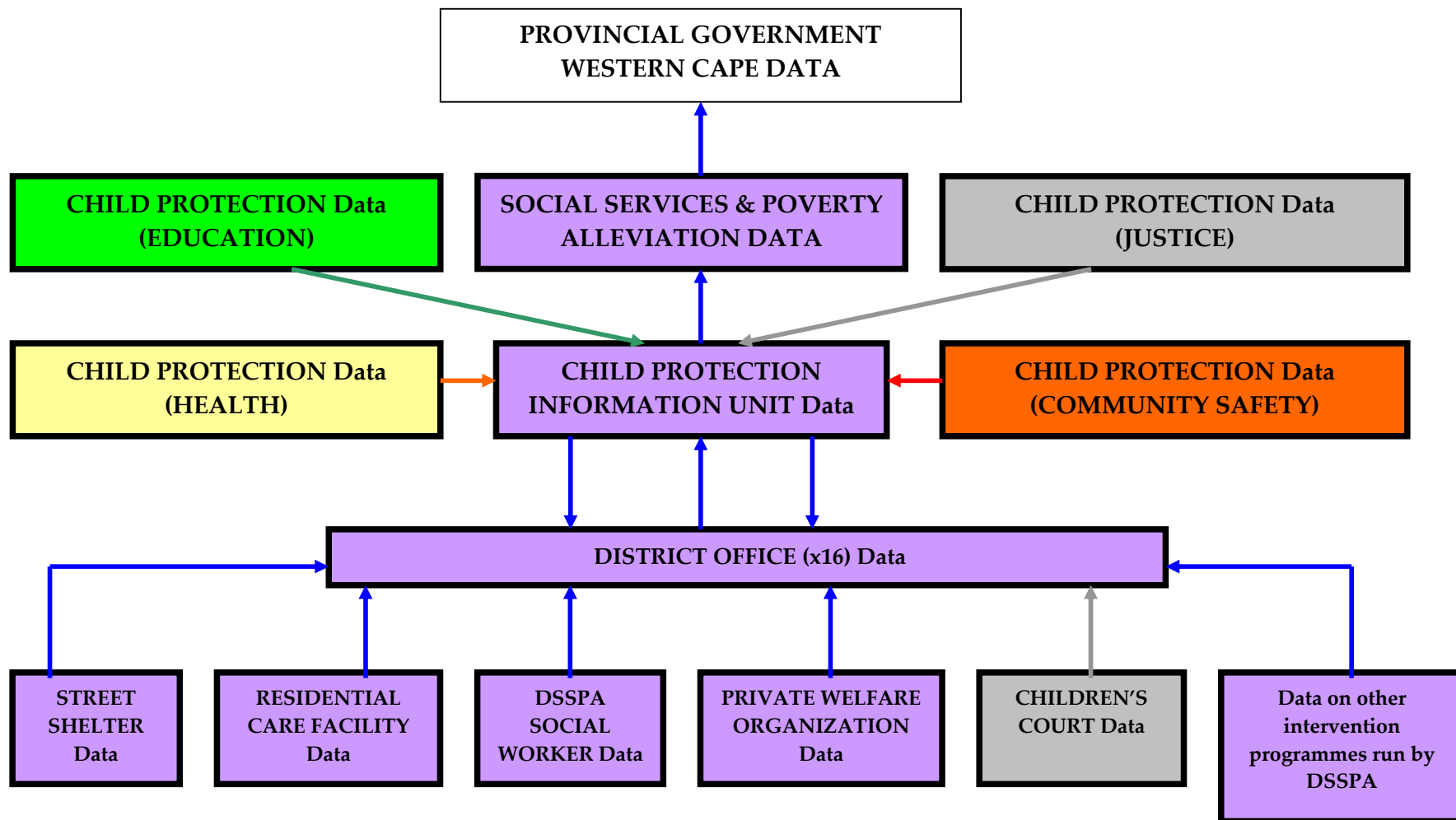
The Unit should be responsible for improving efficiency and quality of data collection and ensuring smooth data flow within the system. The existing ad hoc data flow processes should be revised such that data moves upwards in the system at fixed and regular intervals and to ensure that there are no discontinuities in data flow.

We further propose that each of the Departments of Health, Justice, Education and SAPS should have at least one designated person responsible for obtaining child protection data. These persons should, in turn, report to the proposed Child Protection Information Unit at DSSPA. For this system to work optimally, however, it would also necessitate amendments to the current data flow processes within other departments.

Reports from the Research, Monitoring and Evaluation, and Developmental Social Services Directorates pertaining to child protection should be housed in this Unit and made available on the Provincial Intranet for access by all departments. Appropriate staffing and information technology resources would need to be determined.

A map of the information flow to the proposed Unit is contained in Figure 12, below.

Figure 12: Proposed centralised Child Protection Information Unit



Recommendation 11: Improve standardisation of data collection procedures and instruments.

According to the provisions of Section 42(1) of the Child Care Act, not only social workers, but also various other categories of people are mandated by law to report child abuse and neglect. However, only the DSSPA and SAPS actually require completion of Form 1 / 25s.

Thus, an important step in standardizing data collection processes across departments would be to mandate completion of Form 1 / 25s by all persons that are required to report abuse and neglect.

Provision then needs to be made for capturing all these forms onto the CPR database.

We ascertained that not all the required forms are completed by all the relevant role players and that some facilities or districts have idiosyncratic documentation – that is, documentation that is specific to a facility or district. In the interest of developing a more streamlined and accurate data system, it is essential that standardized documentation be used at all points of data collection. For example, in cases of reported abuse and neglect, Form 1 / 25s should be completed by all social workers, regardless of whether they are providing a daytime service, after-hours service or whether they are based at PWOs. The standardisation process should also include standardised nomenclature for documents: for example, if the Form 1 is now called the Form 25, then the latter designation should be used at all data collection points. The forms should also be made user-friendlier by improving the layout. For example, the data capturer at Head Office complained of illegible handwriting on the forms. While this is a valid complaint, the poor spacing and layout of the forms might be a factor contributing to illegible handwriting.

6.2 SPECIFIC RECOMMENDATIONS ON IMPROVEMENT OF CHILD PROTECTION DATA AND INFORMATION FLOW IN THE DEPARTMENT OF SOCIAL SERVICES AND POVERTY ALLEVIATION

Recommendation 1: The Department should ensure that indicators for child protective services are aligned with obligations in terms of International, National and Provincial law and policy.

Child protective services must take into account the following factors, and indicators should be aligned accordingly:

1. The existence of provisions that outlaw all forms of violence to children in all settings;
2. The ratification of international agreements;

3. The existence of mandated reporting; and
4. The provision of social, medical and psychological services for child survivors of abuse and violence.

The various international agreements, national statutes and policies, and provincial policies and programmes take these four considerations into account (see policy synopsis).

Recommendation 2: The Department should establish a Child Protection Information Unit.

As proposed in Recommendation 10, above, the Unit would be a child protection system information hub and provide information to all provincial departments. The Unit would provide and enable rapid access to key information on children and services in the child protection system.

Recommendation 3: Use administrative data on specific populations to monitor their numbers and services.

Street children and commercial sexual exploitation of children: The DSSPA's Street Children and Homeless Adults Programme (within the Children and Families Sub-Directorate) has administrative data regularly provided by subsidised street shelters that can be used to estimate this population and its service needs. Limited data on commercial sexual exploitation of children may also be available from these sites if specific requests are made. It has been proposed that data on street children will be included in the CYCA database beginning in 2006 – the urgent implementation of this proposal is strongly recommended.

Children found in need of care: Data held by the Department of Justice in each magisterial district is suitable for monitoring both child status (numbers of children found in need of statutory placement or supervision) as well as a range of service decisions.

Children in foster and residential care: DSSPA data on foster care grants and subsidies to children's homes can be used to provide numbers of children in foster and residential care and also demographic information on these children. Data on the numbers of posts subsidised and the number of children cared for can provide service quality data. It has been proposed that data on canalisation of foster care cases will be included in the CYCA database beginning in 2006 – the urgent implementation of this proposal is also strongly recommended.

Children who have been abused and neglected and that appear as witnesses in criminal matters: The Justice Department can provide data on children's access to court services that reduce secondary traumatisation and improve conviction rates when giving evidence in the criminal courts.

Children exposed to abuse, neglect and violence reported to the police in terms of the Common Law and Statutes: This data can be accessed from SAPS if a suitable arrangement is made with the Department. SAPS data can be disaggregated to precinct level to populate indicators of household and neighbourhood dangers to children. Data on rape victims referred to the Victim Support Programme can be obtained from each SAPS Area Office and from the Provincial Social Crime Office.

Child who have been sexually abused and who report to provincial health facilities: The District Health Information System captures data on children under 14 that have been sexually abused and that report to Level 1 facilities, Clinical Forensic Surgeons and Rape Survivor Centres. Level 3 data may be obtained from the Red Cross and Tygerberg Hospitals.

Children subject to abuse and violence at school: The Department of Education's Safe Schools and Labour Relations databases are sources of information.

Recommendation 4: Make more productive use of child protection data that is routinely collected by the Department.

With regard to data processing, the recommendation is twofold.

First, more of the existing raw data should be processed and, secondly, the raw data should be processed more comprehensively. For example, whereas the child abuse and neglect data is processed and entered into the CPR database, raw data on other aspects of child protection remain virtually unprocessed. Most commonly, the only form of statistics produced is the total number of cases reported within a particular time period - for example, the number of street children present in a shelter per month. Usually, however, there is sufficient raw data available on other variables such as gender, area of origin, and race. In addition to processing a wider range of variables, data should be processed more comprehensively – that is, statistics generated at lower levels should be forwarded higher up, collated, and then disseminated to provide constituencies with a “bigger picture.” For example, if districts forward statistics on abuse and neglect to Head Office, the former should receive the corresponding statistics for other districts along with the composite statistics for the province as a whole. The statistics provided should enable each District Office to determine its status relative to other districts and to the Department as a whole. A longitudinal component could also be introduced so that districts can monitor their statistics in relation to other time periods. Furthermore, to inform service planning, the statistics generated should be disaggregated by variables such as age (0 - 13 years and 14 - 17 years), gender and poverty level (using DSSPA standards).

Recommendation 5: Improve utilisation and dissemination of child protection information from Head Office to the districts and facilities.

Although there is a wealth of information, very little is currently processed to generate reports to assist planning or situation analyses of children and their services. Existing data is not optimally utilized.

To address this problem, this recommendation has four components:

- First, Head Office (add section) reviews all the available data of relevance to child protection that is routinely captured on child status and services to children (e.g. children in foster care and street shelters).
- Second, data systems should be adjusted to allow for the generation of reports that contain aggregated data for the Province and for each District.
- Third, appropriate findings should be disseminated to District Offices and from there to facilities.
- Fourth, clear data linkages between the Research, Monitoring and Evaluation, and Developmental Social Services Directorates need to be established. All research and departmental reports pertaining to child protection should be forwarded to the proposed centralised Child Protection Information Unit (see above).

Recommendation 6: Improve the Child Protection Register and the CYCA system.

We have established that the existing electronic databases are not functioning optimally and that the CPR in particular is not functioning in accordance with the regulations as laid out in the CPR Manual.

There is clearly a need to optimise the management of the databases, and we recommend the following actions:

- a) Additional data capturers are needed at Head Office.
- b) Quality control mechanisms need to be put in place urgently. At minimum, 10% of all cases entered per week should be identified at random and checked for accuracy. If there is more than one data capturer at Head Office, they could check each other's entries. Alternatively, the Provincial CP Co-ordinator could perform quality control.
- c) Issues relating to access to the database need to be addressed. It is imperative that the Provincial CP Co-ordinator be granted access to the database.
- d) The outcomes of investigations also need to be captured into the CPR database. Failing that, the reliability of the data on abuse and neglect will be compromised.
- e) The system needs to be refined to solve problems such as double counting of cases.

- f) Hardware at data capturing points needs to be upgraded to circumvent the recurring problem of system crashes. In addition, speedy access to efficient technical support is critical.
- g) The system should be capable of generating detailed reports or 'queries' similar to those that can be generated by software applications such as Microsoft Access.

Recommendation 7: A full quality audit should be conducted on the Child Protection Register.

We are most concerned about the quality of data on the CPR. Interviews with several key informants have made it clear that CPR data is unreliable. This situation needs to be rectified as soon as possible.

6.3 INDICATORS

Five indicator types are used:

Child Outcome Indicators, which measure the status of the child.

Family and Household Environment Indicators, which measure the structure and quality of the child's primary home-care setting. They are particularly important for Child Protection.

Neighbourhoods and Surrounding Environment Indicators measure specific geographical spaces such as neighbourhoods, enumerator areas etc. They are the spaces outside the home where children grow up. This indicator set permits small area indices of child risk and wellbeing to be constructed in order to provide information for policy targeting.

Service Access Indicators describe children's access to services such as facilities or child protective services.

Service Quality Indicators measure service inputs including provisioning and important factors such as the quality of facilities for street children.

The approach to indicator development used in this report is outlined below. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society. The model is rights-based, drawing on international and national legal provisions and policies.

Based on our survey of the literature and our understanding of the provision of child protective services, we have identified indicators in the following domains: child abuse and neglect, street children, children in statutory care, and commercial sexual exploitation of children. Our selection and typography of indicators is based on the conceptual framework for monitoring child rights and wellbeing proposed by Bray and Dawes (forthcoming).

It is proposed that a system for the monitoring and evaluation of child wellbeing within the child protective services sector should include the selection of indicators contained in Table 4. Currently, there is data available for many of the indicators suggested, whereas, for certain indicators, measurement is not yet possible but there should be plans to develop appropriate measurement procedures.

Administrative data systems, if properly designed, can provide cost efficient solutions to monitoring all of these indicators.

6.3.1 Applying the indicator model for this project

Child outcome and family and neighbourhood environment risk factors

The Child Protection Register (CPR) has the potential to be a primary source of administrative data on children affected by abuse (child outcome indicators). It can monitor reported child maltreatment incidence over time, who the vulnerable populations are, when incidents occur and who the perpetrators are.

All reports of maltreatment (child outcome indicators of exposure to abuse and neglect), which are transmitted to the Director-General (in terms of Section 42(1) of the Child Care Act) together with the corresponding reports as contemplated in Regulation 39A(2), should be included in the Register.

Monitoring requires clear definitions and procedures. Ideally, these should be the same across sectors and departments, but this is not likely to be possible.

The *Child Protection Register Manual* provides these and they are applied nationally. Service providers enter data on the Form 25 (or Form 1) that has to be uploaded onto the CPR (see Section 5.2 of this report).

In Table 4, below, we provide the definitions of concepts as they are currently in use in the Western Cape from both the *Protocol for Multidisciplinary Management of Child Abuse and Neglect* and the *Child Protection Register Manual* (they are the same). Children's Bill references to these categories are the same in some instances or similar.

Table 4: Child Protection Register Manual Definitions

Physical abuse
Any act or acts that which results in inflicted injury or death to a child or young person. Associated signs include but are not restricted to:
<ul style="list-style-type: none"> • bruises and welts, • cuts and abrasions, • fractures or sprains, • abdominal or head injury or injury to internal organs, • strangulation or suffocation, • poisoning, • burns and

-
- any repeated injury for which explanation is inadequate or inconsistent.
- The intent to harm is required for this classification.
-

Psychological abuse or neglect (Emotional abuse)

Psychological abuse or neglect is any act or failure to act by the parent and / or caregiver, which results in, impaired psychological and / or emotional functioning and / or development of a child or young person which may be expressed as anxiety, withdrawal, aggression depression, or delayed development. It may include but are not restricted to:

- Rejection, isolation or oppression,
 - Deprivation of affection or cognitive stimulation,
 - Inappropriate and continued criticism, threats, humiliation, accusations and expectations or towards the child or young person,
 - Exposure to family violence,
 - Corruption of the child or young person through exposure to, or involvement in, illegal or anti-social activities and
 - Exposure to the negative impact of the mental or emotional condition of the parent / caregiver or anyone living in the same residence as the child or young person.
-

Sexual abuse

Sexual abuse is any act or acts, which result in the exploitation of a child or young person, whether with their consent or not, for the purposes of sexual or erotic gratification. This may be by adults or other children or young persons. Sexual abuse may include but are not restricted to the following behaviour:

Non-contact-abuse: exhibitionism (flashing), voyeurism (peeping), suggestive behaviour or comments, exposure to pornographic materials or producing visual depictions of such conduct.

Contact abuse: genital / anal fondling, masturbation, oral sex, object or finger penetration of the anus / vagina and / or encouraging the child / young person to perform such acts on the perpetrator.

Involvement of the child / young person in exploitive activities for the purposes of **pornography or prostitution.**

Rape, sodomy, indecent assault, molestation, prostitution and incest with children

Neglect

Any act or failure to act by the parent or caregiver which results in impaired physical functioning or development of or injury to a child or young person, such as persistent hunger, thirst or malnutrition, inadequate clothing or inadequate hygiene or living conditions. Failing to ensure education, when resources exist. It may include but are not restricted to:

- Physical neglect: failure to provide the necessities required to sustain the life of the child or young person,
 - Neglectful supervision: failure to provide appropriate adult supervision of the child or young person. Leading to an increased risk of harm,
 - Medical neglect: failure to seek, obtain or follow through with medical care for the child or young person, resulting in their impaired functioning or development,
 - Abandonment: leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning,
 - Refusal to assume parental responsibility: such as unwillingness or inability to provide appropriate care or control for the child and
 - Educational neglect: failure to provide for the child's educational needs, such as schooling, support and stimulation.
-

With regard to abandonment, it is of note that the definition above is intended to refer only to situations in which the child has deliberately been left in a life-threatening situation. Abandonment can be regarded as an extreme form of neglect, but it much more commonly takes the form of leaving the child in a safe place where he or she is likely to be found and cared for. A suitable definition will have to be developed in the course of drawing up Regulations for the Children's Bill, in order to guide decisions on adoption by the Children's Courts (personal communication, Dr J. Loffell, November 2005).

The Children's Bill does not elaborate on forms of neglect.

Regarding commercial sexual exploitation of a child, both the CPR and the Protocol locate it in the sexual abuse category, but do not define it. Here the Children's Bill, under Article 1(1), is helpful:

"Commercial Sexual Exploitation of a Child refers to:

- (a) the procurement of a child to perform sexual activities for financial or other reward, including acts of prostitution or pornography, irrespective of whether that reward is claimed by, payable to or shared with the procurer, the child, the parent or care-giver of the child, or any other person; or
- (b) trafficking in a child for use in sexual activities, including prostitution or pornography."

Notably, the definition of commercial sexual exploitation does not include commercial sex work by children who have not been 'procured.' This is addressed under the broader category of 'sexual abuse,' in Article 1(1), where 'sexual abuse' is defined (differently to the CPR Manual) as:

- "(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person;
- (c) using a child in or deliberately exposing a child to sexual activities or pornography; or
- (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child."

As noted in the policy synopsis, child protection involves policies and programmes from several departments, with Social Development taking the lead. The involvement of these many players makes monitoring the situation of children affected by abuse and neglect a complex task. The sources of information are held in many different places by different authorities at potentially three levels of government.

Reporting periods of different authorities may differ, the definitions they use for abuse may not be the same (e.g. crime categories as against professional social work definitions), and the areas of their jurisdiction do not necessarily overlap. This makes it difficult to use data from different departments to gain a picture of the risks to children at local level.

For example, the Western Cape has 16 Social Services Districts, which do not coincide with the boundaries used by the SAPS, Health or Justice. This problem is not unique to the Western Cape, and occurs in other parts of the world.

SAPS, Justice, Health and Education all have data of relevance to monitoring child outcomes.

The discussion above only addresses child outcome indicators. It is also essential to track vulnerable populations (in terms of child, household and area demographics).

Especially vulnerable populations: Children on the streets

Counting numbers of children on the streets is notoriously difficult. One method is to use data from children's shelters, which at least provide numbers of children passing through the service. Census of street populations are difficult to conduct and may not produce reliable data if children avoid being counted for fear of being taken into care.

The only recent data for the Western Cape is for the City of Cape Town, where 782 children were living on the streets (Cape Metropolitan Council, 2000). Ward (forthcoming b) cites the National Alliance for Street Children (2005), who indicate that efforts to prevent children from reaching the streets should be a key component of policy and intervention for this group. These prevention efforts should be monitored.

Especially vulnerable populations: Children subjected to Commercial Sexual Exploitation

Because of their illicit nature, counting the numbers of children involved in these activities has proven to be extraordinarily difficult. Claims as to the numbers of children in the industry are more often than not 'guesstimates.' The situation is no less true in South Africa where there is no reliable prevalence information on children exposed to commercial sexual exploitation.

As a signatory to the Convention of the Rights of the Child and ILO Convention 182, the South African government has an obligation to collect and report the most accurate data possible on these forms of child exploitation.

That said, international experience tells us that, given the nature of these problems, it will simply not be possible to generate accurate figures on the numbers of children involved. Efforts will probably be better spent in understanding the social conditions that generate the problems and taking steps to reduce them, while being vigilant to the situation of children in such high-risk conditions.

Service quality and access: the importance of monitoring the performance of child protective services

Child outcome and context indicators are not sufficient.

The policy synopsis above makes it clear that international, national and provincial law, policies and practices require duty bearer performance to be monitored. Indicators of access and quality also enable the province to monitor its performance in terms of its goals to prevent violence and abuse to children and to prevent further abuse by providing supportive services to the survivors of abuse and neglect.

As in the case of ECD services, access and quality are particularly dependent on availability of funding for infrastructure, operational expenditure, capacity building and monitoring and support. Similar to the ECD sector, key indicators of *commitment* to child protection would include measuring:

- Political will, policy and financing, which would be demonstrated by:
 - national and provincial government legal and policy provisions, policy implementation and inter-sectoral collaboration;
 - budgetary provision for child protective services including human and technical resources associated with provisioning for child protection structures, services, staffing and technical resources.
- Service and programme provision, in terms of access and quality (across all relevant sectors);
- Commitment to and provisioning of monitoring and evaluation systems to track both the situation of children and the impacts of service provision on target populations and settings including children, caregivers, communities and neighbourhoods, statutory services, children's institutions, schools, clinics and therapeutic services, court facilities and procedures, and police procedures.

Service monitoring must take into account the international and local law as well as policies and regulations of the relevant departments. Examples would be the Regulations of the Child Care Act (and the Children's Bill to follow), as well as the Draft Minimum Standards for Child and Youth Care and Developmental Quality Assurance for children in residential care. These documents take into account the Regulations to the Child Care Act, which govern practices in children's facilities and case management by social workers.

The Child Protection Register is also supposed to function as a monitoring resource for tracking children through the child protection system – arguably its most important function and crucial for monitoring service access and quality.

For this reason, all determinations of the children's court as contemplated in Regulation 39(A)(4)(b) are supposed to be captured. In the *Services* field of the Register, the social worker responsible for the case is required to update the

progress of the case (after the initial input on the Register has been done and until the case is closed). The data fields include:

- Welfare Follow-up;
- Police follow-up;
- Information on permanency plans (in place and finalised); and
- Whether or not the child has been referred for therapy.

If entered and updated appropriately, this is a sound way of monitoring service access and quality.

Regional or Local (or District Office) child protection coordinators are responsible for seeing that the register is kept up to date.

The Department of Justice Case Tracking System exists independently of the Register, but is also a mechanism for monitoring the treatment of children in the child protection system.

Other DSSPA information, for example, on children's homes and street shelters, are additional sources for services and child outcome data, and administrative data drawn from the Justice, Health, Education and SAPS sectors compliments that of the DSSPA. The Social Services and Poverty Alleviation Department needs to know about its own child protection performance, but an integrated child protection system must know how the other components of the system are functioning as well. For example, it is necessary to track how well the Victim Empowerment services are functioning to protect children in clinics, courts and police stations just as much as we need to know about the protection of children in the education system.

For this to occur, however, the various players have to make data accessible to one another.

6.3.2 Explanation of the Child Protection Indicator Table

The table of recommended indicators below includes the following components (working from the left hand column):

- Column 1: A suggested policy goal for each indicator;
- Column 2: The type of indicator (e.g. child outcome), and the reason for its use;
- Column 3: A description of how the indicator is measured (including definition and measure – these are sometimes blended), and the source where data can currently be obtained (if data is available).

It is essential to stress that an indicator system is 'live' and never fixed. By this, we mean that indicator systems must be adjusted as the need arises. An indicator system must be flexible and respond to the changing service environment. For this reason, the list supplied should be reviewed every five years.

The indicators supplied below should be seen as recommendations. The Department should feel able to populate the table with different indicators where appropriate. If the recommendation for the establishment of a specialised Child Protection Information Unit to integrate information inter-sectorally is implemented, indicators from other departments might be added to the list below.

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street

Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>Protect children from all forms of violence in the home and the community.</p>	<p>Child Outcome Indicator: Children’s vulnerability to violent crime.</p> <p>Neighbourhood Risk Indicator: Neighbourhood vulnerability of children.</p> <p>Reason for use: Identify areas in which the risk is high. To monitor children’s exposure to violent crime and monitor children’s rights to safety and protection.</p>	<p>Definition: <i>Violent crimes</i> to children as defined in the Common Law and other Statutes: murder, common assault, assault GBH and ill-treatment of a child reported to the South African Police Service (SAPS). Stratify by gender and age (0-17; 0-12; 13-17).</p> <p>Measure for both indicators: The proportion of children in the province and in each SAPS zone and <i>precinct</i> who are victims of <i>all</i> violent crime (treated per crime category and as a total score based on the sum across all crime categories) per year.</p> <p>Period: Annual.</p> <p>Source: SAPS.</p> <p>Note: Age and gender disaggregation is <i>not</i> available in annual SAPS reports or website statistics. The Department of Social Services and Poverty Alleviation should request that these statistics be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.</p>
	<p>Child Outcome Indicator: Children’s vulnerability to sexual crime.</p> <p>Neighbourhood Risk Indicator: Neighbourhood vulnerability of children.</p> <p>Reason for use: Identify areas in which the risk is high. To monitor children’s exposure to sexual assault. To monitor children’s rights to safety and protection.</p>	<p>Definition: <i>Sexual crimes</i> to children as defined in the Common Law and other Statutes: indecent assault, rape, ‘statutory rape’ attempted rape, exposure to pornography, and commercial sexual exploitation reported to the South African Police Services (SAPS). Stratify by gender and age (0-17; 0-12; 13-17).</p> <p>Measure for both indicators: The proportion of children in the province and in each SAPS zone and <i>precinct</i> who are victims of Sexual Crimes (per crime category and as a total based score based on the sum across all crime categories) per year.</p> <p>Period: Annual.</p> <p>Source: SAPS.</p> <p>Note: Age and gender disaggregation is <i>not</i> available in annual SAPS reports or website statistics. The Department of Social Services and Poverty Alleviation should request that these statistics be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Monitor the incidence of abuse and neglect.	<p>Child Outcome Indicators: Child Sexual Abuse (CSA) incidence.</p> <p>Family and Neighbourhood Risk indicators: Household and area risks for sexual abuse.</p> <p>Reasons for use: To monitor children's exposure to sexual abuse and to monitor children's rights to safety, protection & social security. Identify areas in which sexual abuse is prevalent. To monitor the implementation of child protection policy. Basic requirement of a child sexual abuse (CSA) surveillance system to monitor children's right to safety and protection from abuse.</p>	<p>Definitions: CSA has two basic elements that must be present to make the classification:</p> <p>1: sexual activity involving a child;</p> <p>2: abusive conditions: the child's partner has a large age or maturational advantage over her/him; or is in a position of authority or is in a caretaking relationship with the child; or the activities are carried out against the child using force or deception.</p> <p>Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which Social Services District it occurred (based on the CPR).</p> <p>Two types of CSA should be monitored:</p> <p><u>Contact abuse:</u> penetration, including penile, digital and object penetration of the vagina, mouth or anus, and non-penetration, including fondling of sexual organs, sexual kissing, or the child touching sexual parts of a partner's body.</p> <p><u>Non-contact abuse:</u> exhibitionism, voyeurism, exposure to pornography, verbal sexual propositions.</p> <p>Measure 1: The proportion of children in the province and in each District reported to the CPR as having been sexually abused in a specific year (no duplicate children). Disaggregate by contact and non-contact abuse types and by gender. Report per 100 000 of the population within each age stratification.</p> <p>Measure 2: The proportion of children in the province and in each District reported to the CPR and substantiated as having been sexually abused in a specific year (no duplicate children). Disaggregate by contact and non-contact abuse types and by gender. Report per 100 000 of the population within each age stratification.</p> <p>Measure 3: Proportions of children abused in selected localities (including the home and the suburb).</p> <p>Area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which Social Services District it occurred (based on the</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>CPR).</p> <p>Period: Annual if the CPR is used; Every 10 years if a surveillance study is used.</p> <p>Source: The Child Protection Register (CPR);</p> <p>Note: as the CPR system is not rolled out and functioning in most areas, <i>a child abuse and neglect incidence study</i> is urgently required for baseline data.</p> <p>Measure 4: Number of children found in need of care due to sexual abuse: Record of Commissioner's Findings at Children's Court Inquiries.</p> <p>Period: Annual.</p> <p>Source: Department of Justice records for each Children's Court in the Province.</p> <p>Measure 5: Number of children reported to all FCS units in the province for investigation of child sexual abuse stratified by SAPS Area (each of the thirteen FCS Units submits weekly and monthly statistics to its Area Office).</p> <p>Period: Annual.</p> <p>Source: SAPS.</p> <p>Note: The Anti-Rape Strategy Form can provide statistics on the number of rape cases reported at identified police stations and the number of rape victims referred to the Victim Support Programme; the number of cases referred to court; the number of offenders arrested; and the conviction rate. However, a serious limitation is that none of this information disaggregated by age and gender. It is therefore not possible to use this data to obtain figures on children unless the system is altered. However, Victim Empowerment Programme statistics, submitted monthly to the Provincial Social Crime Office, are disaggregated by age and gender.</p> <p>Note: Age and gender disaggregation is <i>not</i> available in annual SAPS reports or website statistics. The Department of Social Services and Poverty Alleviation should request that these statistics be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Child Outcome Indicators: Child Physical Abuse (CPA) incidence.</p> <p>Family and Neighbourhood Risk indicators: Household and area risks for physical abuse.</p> <p>Reasons for use: To monitor children's exposure to – physical abuse and to monitor children's rights to safety, protection & social security. Identify areas in which physical abuse is prevalent. To monitor the implementation of child protection policy. Developing a CPA surveillance system to monitor children's right to safety and protection from abuse in the home and the neighbourhood.</p>	<p>Definition: CPA inflicted on a child by a person who is in a position of responsibility, trust or power in relation to the child (DoSD, 2004), and reported to the CPR (or based on data collected in an incidence study).</p> <p>Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which Social Services District it occurred (based on the CPR).</p> <p>Measure 1: Proportion of children in the province and in each District reported to the CPR as having been physically abused in a specific year (no duplicate children). Report per 100 000 of the population within each age stratification.</p> <p>Measure 2: Proportions of children abused in selected localities (including the home and the suburb).</p> <p>Period: Annual if the CPR is used; Every 10 years if a surveillance study is used.</p> <p>Source: The Child Protection Register (CPR).</p> <p>Note: as the CPR system is not rolled out and functioning in most areas, <i>a child abuse and neglect incidence study</i> is urgently required for baseline data.</p> <p>Measure 3: Number of children found in need of care due to physical abuse: Record of Commissioner's Findings at Children's Court Inquiries.</p> <p>Period: Annual.</p> <p>Source: Department of Justice records for each Children's Court in the Province.</p> <p>Measure 4: Number of children reported to all FCS units in the province for investigation of child physical abuse stratified by SAPS Area (each of the thirteen FCS Units submits weekly and monthly statistics to its Area Office).</p> <p>Period: Annual. Source: SAPS. Note: Age and gender disaggregation is <i>not</i> available in annual SAPS reports or website statistics. The Department of Social Services and Poverty Alleviation should request that these statistics be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Child Outcome Indicators:</p> <p>1: Non-circumstantial child neglect incidence.</p> <p>2: Child abandonment.</p> <p>Family and Neighbourhood Risk indicators:</p> <p>3. Household and area risks for neglect.</p> <p>Reasons for use:</p> <p>To monitor children’s exposure to neglect and to monitor children’s rights to safety, protection & social security.</p> <p>Identify areas in which abuse and neglect is prevalent.</p>	<p>Definition 1: Non-circumstantial neglect of a child occurs when those responsible for the child fail to meet his/her essential needs <i>despite having the means to do so</i> (DoSD, 2004). Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which Social Services District it occurred (based on the CPR).</p> <p>Measure 1: Proportion of children substantiated as having been neglected in the above manner in a specific year (no duplicate children) as recorded on the CPR (when operational).</p> <p>Definition 2: Abandonment is the unlawful and intentional exposure and abandonment of an infant in a place or in such circumstances that death from exposure is likely to result (DoSD, 2004).</p> <p>Measure 2: Number of children under the age of 3 years to have to have been abandoned in a specific year, based on the record of Commissioner’s Findings at Children’s Court Inquiries.</p> <p>Sources: Department of Justice (for each Children’s Court in the province).</p> <p>Measure 3: Proportions of children abused in selected localities (including the home and the suburb).</p> <p>Sources: CPR (not possible at this stage); Department of Justice (for each Children’s Court in the province).</p> <p>Period: Annually for all types.</p> <p>Notes: As the CPR system is not rolled out and functioning in most areas at this time the Children’s Court data is advised.</p> <p>A national child abuse and neglect incidence study is urgently required for baseline data.</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Child Outcome Indicator: Children referred to a Children’s Court Inquiry</p> <p>Family and Neighbourhood Risk indicator: Children referred to a Children’s Court Inquiry in each Social Services District.</p> <p>Reason for use: Identify areas in which abuse and neglect is prevalent.</p>	<p>Definition: A Children’s Court Inquiry is held before a Children’s Commissioner to determine whether or not an order of court is to be made to protect the child from abuse and neglect.</p> <p>Measure 1: Number of Children’s Court Inquiries per Magisterial District in a reporting year.</p> <p>Measure 2: Number of Children’s Court Inquiries in each Social Services District (based on data from each court plotted against the Social Services District in which the court is located). This is a proxy measure of the level of risk of all forms abuse in the District.</p>
Make neighbourhoods safe for children.	<p>Neighbourhood Risk Indicator: Abducted, kidnapped and missing children</p> <p>Reason for use: To monitor areas to establish the risk of kidnapping and abduction of children (and also missing children). To monitor children’s rights to safety and protection. Identify areas in which the risk is high.</p>	<p>Definition 1: Kidnapping: Use the SAPS definition in terms of the relevant Statutes; only count <i>children</i> (adults may also be kidnapped).</p> <p>Definition 2: Abduction: Use the SAPS definition in terms of the relevant Statutes (only children may be classified as having been abducted in terms of the law).</p> <p>Definition 3: Missing children: Reports of missing children to each SAPS precinct who are <i>not</i> recovered within 48 hours and for whom a case of kidnapping or abduction has <i>not</i> been opened. Stratify all by gender and age.</p> <p>Measure: The proportion of children who are victims of abduction and kidnapping in the province and in each SAPS <i>zone</i> and <i>precinct</i> per year.</p> <p>Period: Annual</p> <p>Source: SAPS.</p> <p>Note: Data for (3), above, is <i>not routinely available</i> but SAPS does have it. Age and gender disaggregation is also <i>not</i> available in annual SAPS reports or website statistics. The Department</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		of Social Services and Poverty Alleviation should request that these statistics be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.
Monitor reports of children experiencing commercial sexual exploitation (CSE).	<p>Child Outcome Indicator: Children involved in CSE.</p> <p>Reason for use: To monitor the incidence of CSE. Note that as this is an illicit activity, the data is likely to be very inaccurate and of limited use.</p>	<p>Definition: Children experiencing CSE (Children’s Bill definition)</p> <p>Measure 1: Number of children reported as being involved in CSE:</p> <ul style="list-style-type: none"> • on the Child Protection Register (CPR); • reported to child lines; • reported to other relevant NGOs. <p>Measure 2: Number of prosecutions under relevant Acts.</p> <p>Period: Annual</p> <p>Sources: Very limited data available. Possibilities: Child Line; Department of Justice Court records; SAPS; Molo Songololo and other relevant NGOs.</p>
Make schools safe for children. Monitor the incidence of violence in schools.	<p>Child Outcome Indicator: 1: Learner on learner violence. 2: Educator on learner violence.</p> <p>Reason for use: To monitor children’s exposure to violence by other children at school. To monitor children’s exposure to violence by educators at school. To monitor children’s rights to safety and protection; Bullying is a form of abuse in the Children’s Bill.</p>	<p>Definition: Acts of physical and sexual violence (including bullying) by a learner while under the jurisdiction of the school.</p> <p>Measure 1: The proportion of learners in the province and in each EMDC District who are disciplined by their school for violence to another learner in a reporting year.</p> <p>Period: Annual.</p> <p>Source: Department of Education.</p> <p>Measure 2: The proportion of learners who report physical and sexual violence (including bullying) by a learner while under the jurisdiction of the school using measures designed for the UN Study on violence to children (www.crin.org), or another reliable violence exposure measure.</p> <p>Source: Current sources are academic studies only. Survey needed – repeated every 5 years. All data to be stratified by gender and age (< 13 years and > 13 years).</p> <p>Note: This data is likely to be very coarse given problems with reporting and variations in</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>disciplinary procedures across the country.</p> <p>Measure 3: The proportion of learners who call the Safe Schools Call Centre and allege physical and sexual abuse and the unlawful administration of corporal punishment in school. Source: Safe Schools Programme (Department of Education).</p> <p>Measure 4: Educators disciplined for assaults on learners. Source: Labour Relations data (Department of Education).</p> <p>Measure 5: The proportion of learners who report physical and sexual abuse and the unlawful administration of corporal punishment in a specific victim survey using measures designed for the UN Study on violence to children (www.crin.org), or another reliable violence exposure measure. Source: Current sources are academic studies only. Survey needed – repeated every 5 years. Periods: All of the above should be annual. Notes: For all the above, stratify victims by gender and age (> 13 years and < 13 years). None of the above data is likely to be an accurate reflection of abuse to children by educators.</p>
Monitor numbers of street children for service planning.	<p>Child Outcome Indicator: Number of street children who stay in shelters or access outreach programmes (including children subject to commercial sexual exploitation).</p> <p>Reason for use: Estimate of street child numbers. Estimate of children in commercial sexual exploitation. Track extent of support services for</p>	<p>Measure 1: Number of children in registered shelters at the beginning of each month; number of new admissions; average number sleeping each night (per month) (individual children must be counted so as to avoid double counting of children who pass through more than once in the period).</p> <p>Measure 2: Number of children who make contact with a shelter in the month but cannot stay due to lack of accommodation;</p> <p>Measure 3: Numbers of known street children, day strollers and children who are new to the streets who are interacted with by services in a month;</p> <p>Measure 4: Number of children in shelters and outreach programmes who have informed the staff that they have been involved in commercial sexual exploitation in a month.</p> <p>Period: Annual, based on averages of monthly data.</p>

Recommendations for Child Abuse and Neglect Indicators 1: Monitoring exposure of children to abuse, neglect, Commercial Sexual Exploitation, and the risk of being on the street		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	children on the streets. Monitor advances on the Provincial Policy on Street Children.	<p>Sources: Registered shelters and out-reach programmes; capacitation subsidy data and other information that may be held by the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation.</p> <p>Notes: All relevant data should be supplied to the Department and aggregated monthly and then annually.</p> <p>There is a risk of double counting in that children may attend more than one shelter or programme in a given period. This <i>will compromise</i> data accuracy but is probably the best data available.</p>

Recommendations for Child Abuse and Neglect Indicators 2: Data and Information Systems		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source

Recommendations for Child Abuse and Neglect Indicators 2: Data and Information Systems		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Establish Child Protection information systems in compliance with policy.	<p>Service Access and Service Quality Monitoring indicator: Computerised CPRs are established and are functioning at <i>District</i> level.</p> <p>Reason for use: These systems are not functioning satisfactorily at present. There is a need to set a time frame within which they are properly resourced and functioning in terms of the standards. The Provincial level CPR requires District level data in terms of policy; To monitor compliance with the regulations and with the Children's Bill.</p>	<p>Definitions: The CPR is established in terms of the Regulations to the Child Care Act to record data on incidents of child abuse and neglect and to track children's movement through the services system. All the following conditions must be fulfilled within a timeframe set by the Department:</p> <ul style="list-style-type: none"> • Reporters and Districts use the same form to capture cases (Form 25), be trained in its use, and receive annual feedback from District Offices on how the data is used. • Forms used by services and District staff include the definitions of abuse and neglect categories listed in the CPR Manual. • Districts have the appropriate training, support, equipment and staff to enter CPR data. • Raw data for the CPR is no longer sent to Head Office for capture. • Online system functions so that data captured at District level is available to Head Office. • All District CPR systems must receive reports from Children's Courts, welfare services, SAPS and other relevant sources to update the register on a regular basis. • All cases, substantiated or otherwise, must be entered (CPR Manual must be followed). • All cases that are not substantiated must be removed (Parts A & B). • Data from service providers in the District is captured regularly on the District CPR. • Data from the District CPR is used for protective services planning at District level. • Districts have access to the CPR Manual; cases are recorded accurately in terms of the definitions of abuse contained in the Manual. • Districts have dedicated data capture staff sufficient to process forms within one week. • Security arrangements for storage and data capture are in place. • All Districts have the necessary IT in place(data lines of sufficient capacity for the task). <p>Measure: The proportion of Districts in the province that have a fully functional CPR in place in terms of the above criteria.</p> <p>Source: Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 2: Data and Information Systems		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Service Access and Service Quality Monitoring indicator: Computerised CPRs are established at <i>Provincial</i> level.</p> <p>Reason for use: These systems are not functioning satisfactorily at present. There is a need to set a time frame within which they are properly resourced and functioning in terms of the standards.</p> <p>The Province requires data for service planning and for reporting to national level.</p> <p>To monitor implementation of the Children's Bill.</p>	<p>Definitions: The CPR is established in terms to record data on incidents of child abuse and neglect and to track children's movement through the services system.</p> <p>All the following conditions must be fulfilled within a timeframe set by the Department:</p> <ul style="list-style-type: none"> • The Provincial CPR has the appropriate equipment and staff to generate reports from the CPR and alter contents where necessary. • Staff have the appropriate security clearance to generate reports. • The Provincial CPR has the appropriate equipment and staff to generate reports for each District on an annual basis and to generate information on an ad hoc basis for provincial and national government. • The CPR is used for service planning and budgetary allocations at provincial and District level for child protective services. • Until District Offices are functional, the provincial Head Office has sufficient staff to capture forms within one week of receipt. • All security arrangements contained in the CPR Manual, including secure storage space and private space for data capturers, is in place at Head Office. • All provincial offices have the necessary IT in place including data lines of sufficient capacity for the task. • All provincial offices provide annual reports to each District for purposes of service planning at District level. <p>Measure: The number of provinces that have a fully functional CPR in place in terms of the above criteria.</p> <p>Source: Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 2: Data and Information Systems		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Service Access and Service Quality monitoring indicator:</p> <p>A <i>Child Protection Information Unit</i> is established within the Department of Social Services and Poverty Alleviation.</p> <p>Reason for use:</p> <p>Child protective services are inter-sectoral. For sound planning, data from <i>all</i> relevant sectors should be taken into account.</p> <p>There currently is no central information unit from which departments can assess information for planning. This makes it very difficult to obtain an overall picture of the situation of children in the protection system.</p> <p>Inter-sectoral planning is required in terms of the National Draft Plan for the Management of Child Abuse and Neglect, the Western Cape Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect, the Provincial Policy for Street Children as well as other policies.</p> <p>Data should be integrated including that sourced from Education, Health, SAPS (FCS units), the Anti Rape Strategy and structures, and Social Services and Poverty Alleviation.</p>	<p>Definition: The <i>Child Protection Information Unit</i> acts as an information hub and repository for all aggregated data and reports on child protection drawn from within the Department of Social Services and Poverty Alleviation, and from other relevant sectors.</p> <p>Functions:</p> <ul style="list-style-type: none"> • The Unit is responsible for improving the efficiency and quality of data collection and ensuring smooth administrative data flow within the child protection system. • The Unit compiles inter-sectoral reports based on data from SAPS, Health, Justice, Education and Social Services on an annual basis to inform service planning at provincial and District level. • Reports from the Research, Monitoring and Evaluation, and Developmental Social Services Directorates pertaining to child protection should be housed in this unit. • The Unit creates a portal that houses child protection data and reports from all sectors and provincial departments, and ensures that the information is made available on the Provincial Government Intranet for access by all departments and directorates concerned with child protection. <p>The Unit requires at least the following capacities:</p> <ul style="list-style-type: none"> • The unit is headed by an appropriately senior person with child protection and research skills; • The Unit has the necessary staff compliment and equipment. • The Unit must have the capacity to source data and update information. <p>Measure: The unit is established in the Research Directorate of the Department of Social Services and Poverty Alleviation, and resourced with the necessary personnel and equipment. If accepted, a time frame is set for this to be done. Resources are sourced for this purpose from Treasury.</p> <p>Source: Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Improve access to child protective services.	<p>Service Access Indicator: Access to a 24-hour Child Protection Service.</p> <p>Reason for use: To monitor the implementation of child protection policy. Rapid services access is a requirement of child protection policy and necessary if the child is to receive attention as soon as possible after the incident.</p>	<p>Definitions: Each Social Services District has provincially standardised 24 hour Child Protective Services available within one hour’s travel from the child’s place of residence (this principle draws on the ‘golden hour’ principle for medical emergency services).</p> <p>Measure: The proportion of Social Services Districts that have a 24-hour service situated so that all children in the province would be able to access the service within one hour’s travel time (the measure would be based on the road matrix of the District).</p> <p>Source: Provincial Departments of Social Development; District Offices.</p>
	<p>Service Access Indicator: 1. Family Violence, Child Protection and Sexual Offences Units (FCSs) are established in areas identified as high risk for violence to women and children. 2. The Units comply with recommended caseload norms.</p> <p>Reason for use: To be able to respond to areas of greatest need and investigate cases effectively. To monitor the implementation of child protection policy, and relevant legislation (E.g. The Children’s Bill).</p>	<p>Definitions: The FCS is a specialized SAPS unit that, among other duties, investigates reports of sexual and other violent crimes to children and prepares matters for criminal prosecution. Staffing should comply with departmental caseload norms for this service of <i>less than 51 cases</i> per officer (see below).</p> <p>Measure 1: The number of FCS Units established in high risk areas for violent crime to and abuse and neglect of children, as identified by the Provincial and District Child Protection Committees in collaboration with SAPS (on the basis of FCS data) and the Department of Social Services and Poverty Alleviation (on the basis of Department of Justice Children’s Court Inquiry data) – for each Social Services District.</p> <p>Measure 2: The number of FCS Units that have staffing levels that meet the caseload norm.</p> <p>Period: Annual.</p> <p>Source: SAPS; Department of Justice; Department of Social Services and Poverty Alleviation.</p> <p>Note: this practice does not currently exist and could be the responsibility of the Provincial Child Protection Committee to implement.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>Coordination of system resources is in accordance with National and Provincial policy frameworks for prevention of child abuse, neglect and exploitation.</p>	<p>Service Quality Indicator: Provincial and District Child Protection Structures and staff are in place</p> <ul style="list-style-type: none"> • District Child Protection Officers are in place in every District and have the necessary staff to fulfil their functions. • Provincial, District and Local Child Protection Committees in place and operational. • Provincial Child Protection Committee Plans are in place. • Local Child Protection Committee Plans are in place. • Local services are based on PCPC & LCPC plans. <p>Reason for use: Recent audits indicate that these systems are not functioning as required, mainly due to resource constraints. To monitor the extent to which policy is implemented and whether Child Protective Services are coordinated at all levels of service provision.</p>	<p>Definitions: Provincial Child Protection Committees (PCPCs) are required to be established in each province to provide plans for the investigation, prevention and treatment of child abuse and neglect in terms of policy. Further roles and responsibilities are defined in terms of national and provincial policy.</p> <p>Local Child Protection Committees (LCPCs) coordinate plans for the investigation, prevention and treatment of child abuse and neglect at local level. Further roles and responsibilities are defined in terms of national and provincial policy.</p> <p>District Child Protection Officers oversee local functions. Further roles and responsibilities are defined in terms of national and provincial policy.</p> <p>Measures: (all apply): Measure 1: A provincial Child Protective Services Plan is in place. Measure 2: The Provincial Child Protection Committee is established and meets <i>at least quarterly</i> (attendance of each sector should be recorded). Measure 3: District Child Protection Committees are established in every District and meet <i>at least quarterly</i> (attendance of each sector should be recorded). Measure 4: The number of Districts with Child Protection Officers and the necessary support staff in posts to support local committees, reporting functions in terms of the CPR, as well as oversight of all District Services (including 24-hour services). Measure 5: The number of Local Child Protection Committees established in each District that meets as determined by the District Child Protection Officer. Measure 6: The number of Districts with Child Protective Services based on PCPC and LCPC plans</p> <p>Period: Annual Audits. Source: Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Make schools safe for children.	<p>Service Quality Indicators: Educator abuse of learners:</p> <ul style="list-style-type: none"> Physical abuse Sexual abuse Corporal punishment <p>Reason for use: To monitor children's exposure to abuse by educators; To monitor children's rights to safety and protection; To monitor the implementation of the South African Schools Act.</p>	<p>Service Quality Indicator: Educator abuse of learners Definitions: Abuse defined by the Department of Education</p> <ul style="list-style-type: none"> Educators found guilty of sexually abusing a learner by a Departmental Disciplinary Hearing. Educators found guilty of physically abusing a learner by a Departmental Disciplinary Hearing. Educators found guilty of unlawfully administering corporal punishment to a learner by a Departmental Disciplinary Hearing. <p>Measure: The number of educators disciplined by the Department of Education for each offence in a reporting year. Period: Annual. Source: Labour Relations Directorate of the Western Cape Education Department.</p>
Ensure access to therapeutic services for physically and sexually abused children	<p>Service Access Indicator: Access to therapeutic services for abused children.</p> <p>Reason for use: To monitor access to therapeutic services for abused children.</p>	<p>Definitions:</p> <ul style="list-style-type: none"> Sexually abused children who have been raped and who have received Post-Exposure Prophylaxis (PEP) to prevent HIV transmission; Physically and sexually abused children who are referred for psychological therapy (counselling by a social worker, psychologist or psychiatrist) and medical intervention. <p>Measure 1: The number of children in the province who presented at a Rape Survivor Centre as a result of sexual assault, in a Health Department reporting period. Measure 2: The proportion of sexually assaulted children in the province who presented at a Rape Survivor Centre as a result of sexual assault, and <i>who received PEP</i>, in a Health Department reporting period. Measure 3: The number of children who present at specialist tertiary trauma units as a result of physical and sexual abuse in a Health Department reporting period. Measure 4: The number of children who present at specialist tertiary trauma units as a result of physical and sexual abuse and who are referred for social services and or psychological therapy</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>in a Health Department reporting period.</p> <p>Period: All Annual.</p> <p>Sources:</p> <p>Primary and secondary facility data: Department of Health (based on data from the Clinical Forensic Surgeons at Rape Survivor Centres).</p> <p>Note: Currently, this data is only stratified by children under 14 years, and all other patients. This stratification should be altered by the DoH so that all cases under 18 can be counted.</p> <p>Tertiary data: Trauma unit data at Tertiary Hospitals.</p> <p>Note: This data is only available on request from the relevant facility. It should be routinely incorporated in the proposed Child Protection Information Unit.</p> <p>The CPR.</p> <p>Note: The CPR has the capacity to generate relevant medical, social and psychological services information. At this time, however, it cannot be used for this purpose as the system is not functioning as it should.</p> <p>Child abuse and neglect service quality audits could be conducted for a child abuse and neglect incidence study.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>Provide preventive services, care and protection services for street children and for those at risk for being on the streets.</p> <p>Use the service provision guidelines of the Inter-ministerial Committee on Youth at Risk.</p> <p>Ensure that street children's rights to education and development are advanced.</p> <p>Ensure street children's rights to access services as well as the right to</p>	<p>Service Access Indicator: Areas from which children come to the streets.</p> <p>Reason for use: Developing prevention services and identifying where those services need to be located.</p>	<p>Definition and measure: Areas from which children come to the streets are the Social Services Districts and suburbs where the child's home is located. These should be mapped on the GIS and provided to District Office welfare planners so as to render preventive services (particularly strengthening of families in need of support).</p> <p>Period: Audit of street shelter and out-reach programme data every 5 years.</p> <p>Source: Street shelter, out-reach programme and residential facility data provided to the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation.</p> <p>Notes: Data is available from some shelters and out-reach programmes. It is not aggregated. The data will provide a rough estimate of origins.</p> <p>Metro examples include the Masithethe Manenberg Intervention Project; the Khayelitsha Community Outreach Programme; the Yizani Drop In Centre; the Homestead Drop In Centre; The Bridge at Elkhuselweni Children's Home; and Ons Plek among others.</p>
	<p>Service Access Indicator: Street child access to education</p> <p>Reason for use: To monitor whether the child has been appropriately placed in school and is staying in school. To monitor advances on the Provincial Policy on Street Children.</p>	<p>Measure 1: Proportion of children from shelters who have received assessments for placement in ability-appropriate grades (not necessarily age-appropriate grade).</p> <p>Measure 2: Proportion of children from shelters who attend school.</p> <p>Period: Quarterly while in the shelter and for the first year of placement.</p> <p>Source: Registered shelters, and information that may be held by the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>a name.</p> <p>Ensure the existence of accessible, quality services for street children.</p> <p>Advance Provincial Policy on Street Children.</p>	<p>Service Access & Child Outcome Indicator:</p> <p>Street Children who have birth certificates or identity documents.</p> <p>Reason for use:</p> <p>Essential for accessing health, social and other services.</p>	<p>Measure: Proportion of children in street shelters who have birth certificates or identity documents (if they are old enough).</p> <p>Period: Annual shelter and outreach programme audits.</p> <p>Source: Registered street shelters and outreach programmes, and information that may be held by the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation.</p>
	<p>Service Quality Indicator:</p> <p>Facility is registered, and registration reflects services actually offered.</p> <p>Reason for use:</p> <p>Registration requires standards oversight, which permits monitoring of service quality.</p> <p>Monitor advances on the Provincial Policy on Street Children.</p>	<p>Measure: Number of known services registered by registration category (shelter and outreach).</p> <p>Period: Annual.</p> <p>Sources: Department of Social Services and Poverty Alleviation, capacitation subsidy data, information that may be held by the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation, shelters and outreach programme audits.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	<p>Service Access Indicators:</p> <p>1: Availability of urban street child services.</p> <p>2: Street child services in communities of origin.</p> <p>Reason for use:</p> <p>Monitoring access to services.</p> <p>Monitor advances on the Provincial Policy on Street Children.</p>	<p>Definitions:</p> <p>1: Each urban area in which there are street children, offers the range of services needed.</p> <p>2: There are registered facilities in or close to areas from which high proportions of street children come, as well as in the CBD.</p> <p>Measure 1: Number of services in each category:</p> <ul style="list-style-type: none"> • Outreach work; • Soup kitchens; • Night shelters; • Residential shelters; • Children’s homes specifically for street children; • Preventive services. <p>Source: Known street shelters and programmes, and the Department of Social Services and Poverty Alleviation.</p> <p>Measure 2: Location of registered facilities.</p> <p>Period: All Annual.</p> <p>Source: Information that may be held by the Street Children and Homeless Adults Programme of the Children and Families Sub-Directorate in the Department of Social Services and Poverty Alleviation.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Ensure access to and effective functioning of the justice system for children in need of statutory care.	<p>Service Access and Service Quality indicators:</p> <ol style="list-style-type: none"> 1. Extent to which Children's Courts are accessible, child-friendly and adequately resourced for children in care. 2. Extent to which children have access to impartial state-funded legal representation when necessary. <p>Reason for use:</p> <p>Indicators as to whether children coming into care are likely to have their rights fully upheld and their interests fully taken into account, within processes which are sensitive to their special needs.</p>	<p>Measure 1: Court throughput rate for Children's Court Inquiries: The numbers of children served divided by the number of days per month when courts sit (for the Departmental reporting year).</p> <p>Measure 2: Average waiting period for a Children's Court Inquiry, in days, for the Departmental reporting year.</p> <p>Measure 3: Percentage of presiding officers who have attended any form of training on childcare and development and family matters for the Departmental reporting year.</p> <p>Measure 4: Length of experience in years of presiding officers in Children's Courts for the Departmental reporting year.</p> <p>Measure 5: Percentage of Children's Courts with appropriate interpretation services including signing facilities for the Departmental reporting year.</p> <p>Measure 6: Percentage of Children's Courts that are accessible to children with physical and intellectual disabilities for the Departmental reporting year.</p> <p>Sources: This data is not currently aggregated although the data will be available from the Children's Courts and Magisterial Districts. It is recommended that routine administrative data in the Department of Justice contains this information and that it is reported annually at provincial and Magisterial District levels via the Court Information Directorate.</p> <p>Measure 7: Percentage of contested cases in which child is legally represented at state cost for the Departmental reporting year.</p> <p>Source: Department of Justice: This data is not currently aggregated. It should also be captured as noted by social workers for new cases in <i>the register of children in statutory care</i>, collated by District Child Protection Officers and aggregated by Head Office.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>Roll out effective child-friendly courts in the Department of Justice as provided for in various Acts, the Children's Bill and regulations.</p>	<p>Service Access and Quality Indicators Child-friendly courts in place.</p> <p>Reason for use: Availability of these services is likely to improve the quality of child testimony, reduce the trauma of court appearance, and improve the conviction rate.</p> <p>To comply with Section 42 of the Children's Bill, which provides guidelines for hearings involving children.</p>	<p>Definition: A separate children's waiting area should be available for child witnesses at Sexual Offences Courts, and other criminal courts where children are required to give evidence in cases where they are the complainant. Anatomical dolls should be available for child witnesses at Sexual Offences Courts. Closed circuit television or other appropriate facilities should be available for child witnesses at all courts where children are required to give evidence. Intermediary services for child witnesses should be available at all courts. Facilities for disabled children should be available at all courts.</p> <p>The Department of Justice Policy on Court Services for Children specifies the services that should be provided, as does the Children's Bill. The Criminal Procedures Act makes provision for intermediary and other services at the presiding officer's discretion.</p> <p>The criterion is fulfilled if measures 1, 4 and 5 are met immediately. Other conditions should be progressively met over a specified period (recommended – 5 years).</p> <p>Measure 1: Proportion of courts in the province with properly equipped waiting areas for child witnesses.</p> <p>Measure 2: Proportion of courts in the province with facilities for the disabled child witness.</p> <p>Measure 3: Proportion of Sexual Offences Courts in the province with anatomical dolls available for child abuse cases.</p> <p>Measure 4: Proportion of courts in the province with closed circuit television or other equally appropriate facilities.</p> <p>Measure 5: Proportion of courts in the province with intermediaries.</p> <p>Period: Service Quality Audit every five years.</p> <p>Source: Department of Justice.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
Ensure adequate resources for child protective services.	<p>Service Quality Indicators:</p> <ol style="list-style-type: none"> 1. Social worker caseloads for child abuse and neglect are within the norm; 2. Family Violence, Child Protection and Sexual Offences Units (FCS) officer caseloads are within the norm; 3. Precincts are equipped to deal with child abuse at all times. <p>Reasons for use:</p> <p>To monitor resourcing on key services for child protective services.</p> <p>To prevent further traumatisation of abused children.</p>	<p>Definitions: Norms for social workers working on child abuse and neglect cases are not set. A recommended norm is 1:20 for <i>acute</i> cases of abuse (recommended in the Draft National Policy Framework for Child Abuse and Neglect (DoSD, 2004).</p> <p>Norms for FCS officer caseload norms are not set. A recommended norm is: <i>1 officer to 50 cases</i> (including current investigations and matters before the court) (based on consultations with FCS staff).</p> <p>Measure 1: Norms are established for social worker and FCS officer caseloads in each province.</p> <p>Measure 2: The proportion of district level social workers in the province with a caseload of <i>less than 21 acute cases of child abuse and / or neglect at any one time</i>.</p> <p>Measure 3: The proportion of FCS officers in the province who have a <i>caseload of less than 51 at any one time</i>.</p> <p>Measure 4: The proportion of precincts in the province that have at least 1 officer trained to deal with child abuse and neglect on duty (or on call) at all times.</p> <p>Period: Annual.</p> <p>Source: Department of Social Services and Poverty Alleviation; SAPS.</p> <p>Note: This data needs to be collected annually by the relevant department as a normal administrative function.</p>
Ensure adequate resources for statutory social work services.	<p>Service Access & Quality Indicators:</p> <ol style="list-style-type: none"> 1: Regular support of foster parents. 2: Training of foster parents. <p>Reasons for use:</p> <p>Would provide a rough indicator of support provided by social services to foster families that is intended to influence the quality of the care they provide.</p>	<p>Definitions: Regular Support is a minimum of quarterly visits to foster families by the child's caseworker; Initial Training is the preparation of the foster parents prior to placement; Ongoing training includes workshops attended by foster parents while the child is in their care.</p> <p>Measure 1: Percentage of foster parents in the province who received regular support from social workers, social auxiliary workers, other foster parents or volunteers in a reporting year.</p> <p>Measure 2: Percentage of foster parents in the province who have received initial training in a reporting year.</p> <p>Measure 3: Percentage of foster parents in the province who have received ongoing training in a given year.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	Crucial service can also help prevent further abuse to the child while in care.	<p>Source: Not currently being collated. Proposed Register of Children in Care; Quality audit to be developed for specific child abuse and neglect services.</p> <p>Period: Annual if the Register of Children in Care is established. Every 5 years for audits.</p>
Ensure that children in statutory care and their families receive adequate services to address their needs and problems.	<p>Service Access Indicator: Service provider contact with the family of origin of a child in care.</p> <p>Reason for use: Provide an indication of the extent to which service providers are working with the family to assist them to overcome the problems leading to placement.</p>	<p>Definition: The family of origin is the family from which the child has been removed and placed in care.</p> <p>Measure: Number of contacts between the family of origin and social worker, social auxiliary worker, volunteer or provider of specialist remedial or therapeutic services (daily care workers and teachers excluded) per month per child in care.</p> <p>Source: This data does not currently exist in the administrative system. It is proposed that a register of children in care be maintained by each District Office of the Department of Social Services and Poverty Alleviation. Information is to be aggregated annually by Head Office.</p> <p>Period: Annual.</p> <p>Note: This data could be collected in a provincial child abuse and neglect surveillance study.</p>
Monitor children's movement through the statutory system.	<p>Service Quality Indicator: Children committed to statutory care, and their subsequent movement between different forms of care, and out of care.</p> <p>Reasons for use: These children are legally subject to regular monitoring, and a report on children and their families' progress must be submitted biennially to the provincial department. Planning is critical at this point.</p>	<p>Measure 1: The number of children <i>in ongoing statutory care</i> per year, in each form of care, including: return to biological family, placement within extended family, adoption, indefinite foster care placement, permanent residential care with supportive relationships in the community, shared care, independent living, other, and uncertain (giving reasons).</p> <p>Measure 2: The number of children <i>leaving each form of care</i> per year, as well as their destination (alternative form of statutory care, biological family, adoption, independent living arrangement etc.).</p> <p>Measure 3: The average duration of the period spent in statutory care, inclusive of the initial phase (in months).</p> <p>Measure 4: The following should also be captured in a checklist, for example, as follows:</p> <ul style="list-style-type: none"> Any movement of the child. For example, (a) move to own immediate family, extended family, an unrelated foster family, or an adoptive family; (b) transfer to residential care

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>(specify type); (c) abscondment; (d) discharge from care/independent living.</p> <ul style="list-style-type: none"> Reason why the child is still in care; Date of completion of the Care and Development Plan; Dates of reviews of the Plan; Annual statement of preferred permanency outcome for child; Annual statement of level of progress towards permanency. Statements should be summarised as: “plan on track”, “plan partially on track”, “no progress”, “case inactive” or “permanency already achieved” – where, for instance, the child is in long term foster care with relatives and there is no prospect of changing this situation. The latter option should not apply to any form of institutional care. <p>Period: Annual.</p> <p>Source: None at present: The Department of Social Services and Poverty Alleviation should institute a register for this purpose. It should also require each service provider to hold one.</p>
Ensure an adequate supply of statutory care vacancies for children in need thereof.	<p>Service Access Indicator: Placements for children who cannot safely remain where they are.</p> <p>Reason for use: Children remain for protracted periods in unsafe circumstances or inappropriate placements due to lack of provision for them. (Measures to address this problem must be balanced with preventive measures and measures to prevent children from becoming “stuck in the system”).</p>	<p>Measure: Shortage of placement vacancies per category of placement in the province.</p> <p>Period: Annual: recorded at start of each financial year.</p> <p>Source: Department of Social Services and Poverty Alleviation.</p> <p>Note: Available but not currently captured. The Department of Social Services and Poverty Alleviation should capture it from facilities.</p>
Monitor the situation of	Child Outcome Indicator:	Measure: The number of children (stratified by age: <3 years and >3 years) placed on emergency (Form 4) and retention orders in terms of Section 12(1) and Regulation 9(2) of the Child Care Act

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
children in emergency care; Protect children in the statutory system.	<p>Children in emergency placements, by type of placement.</p> <p>Reason for use:</p> <p>Intended for use in situations in which it is believed that the child could be endangered by the delay involved in obtaining a court order for his or her removal. All these children are highly vulnerable, are likely to have experienced abuse, and the placement process will often have been traumatic. Children aged under three years are specifically vulnerable to trauma and the effects of institutionalisation.</p>	<p>pending a Children’s Court Inquiry, and by reasons for placement in care, namely: sexual abuse, physical abuse, neglect, abandonment, orphanhood, chronic or terminal illness in a caregiver, poverty, unemployment, homelessness, addiction in the child or a caregiver, and domestic violence. Type of placement must also be specified: places of safety, children’s homes, safe-houses /emergency foster homes etc.</p> <p>Period: Annual.</p> <p>Source: Department of Justice. Much is available in the records but is not currently captured.</p> <p>Note: Every Children’s Court should institute a standardized register which includes information on the situation of every child issuing of a Form 4 order (rather than every family, as is presently the case) and/or who is placed in a place of safety pending further investigation in terms of Section 11 of the Children’s Act, and/or who is found to be in need of care in terms of Section 14(4) of the Act. This register should also include the reasons why the child has been brought to court, the nature of the order made, if any, and the date of birth of the child plus details of race, gender, language, religious denomination etc. These details should be submitted to the National Office of the Department of Justice for collation and analysis by the Court Information Directorate.</p>
Monitor the Children’s Courts’ decisions.	<p>Child Outcome Indicator:</p> <p>Outcomes of Children’s Court Inquiries.</p> <p>Reason for use:</p> <p>Monitoring provides numbers of children entering care for reasons of poverty in the extended family rather than due to abuse or neglect, and for policy reviews as to which cases should be handled through the social security system rather than the statutory care system; the Children’s</p>	<p>Measures:</p> <ul style="list-style-type: none"> • The number of cases closed with no finding being made; • The number of children placed back with caregiver under supervision; • The number of children placed in each available form of residential care; • The number of children placed in foster care with relatives (kinship care); • The number of these for whom poverty is the primary reason for placement; • The number of children placed in foster care with non-relatives; • The average duration of stay in temporary care. <p>Periods: All Annual.</p> <p>Source: Department of Justice. Not readily accessible at present. Children’s Court standardized</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
	Bill distinguishes between “foster care” and “court-ordered kinship care” (s181).	register if accepted and available. Note: The categories should be adjusted once the Children’s Bill is in force (placement in shared care; and placement in rehabilitation centres or other specialist facilities).
Ensure an adequate human resource base for care of and services to children in statutory care and their families.	<p>Care Environment and Service Quality Indicators:</p> <ol style="list-style-type: none"> 1. Residential facility child care staff qualifications and experience. 2. Social work caseloads. 3. Residential facility quality. <p>Reason for use:</p> <p>All of these factors impact on the quality of care received by children in the statutory care and child protection system.</p>	<p>Definitions:</p> <ol style="list-style-type: none"> 1. Residential facilities include all those defined in terms of the Child Care Act (and the Children’s Bill). Childcare staff are those who are responsible for the daily care of the child (excluding staff who are not hired as child care workers). 2. Staff qualifications and experience: refers to diplomas and degrees (BTech: Child & Youth Care; BQCC etc.) and other relevant training, as well as years of experience in the child care and protection field. 3. Social work caseloads: refers to the number of active cases for whom the worker is responsible. 4. Residential facility quality: Refers to IMC Minimum Standards and DQA processes. <p>Measures: Staff qualifications & experience.</p> <ol style="list-style-type: none"> 1: Qualifications of residential facility staff: <ol style="list-style-type: none"> 1.1: Percentage of residential facility childcare worker staff with each qualification level. 2: Qualifications and years of experience of social work staff in child protective services: <ol style="list-style-type: none"> 2.1: Percentage of social workers in the employ of the Department and in subsidised NGO agencies who have training in child protection and care work (postgraduate training; certificate courses etc). 2.2: Percentage of social workers in the employ of the Department, and in subsidised NGO agencies with more than 5 years in the field of child protection. 3: In-service training, support and supervision of social work staff in child protective services: <ol style="list-style-type: none"> 3.1: Number of supervision sessions <i>per month</i> attended by social workers in child protective services.

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>Measure: Social work caseloads.</p> <p>1: Caseloads of social workers managing all types of care and protection cases, both acute and ongoing (to derive averages for the province and each district - based on DSSPA and subsidised agency caseloads).</p> <p>Sources: No data is readily available for the above two indicators. A provincial administrative database should be compiled based on HR administrative data where appropriate. An alternative would be a service audit conducted by the Department. The proposed Register of Children in Care would provide data on caseloads. All data to be aggregated by district and by province.</p> <p>Measure: Residential facility quality.</p> <p>1: Percentage of facilities, complying with IMC Minimum Standards derived from DQA data.</p> <p>Sources: DSSPA. Much data is available in the records is but not currently used for monitoring purposes.</p> <p>Period: Every 5 years (for all indicators) - Audit conducted by the Department (all data to be aggregated).</p>
Install an information system for monitoring statutory services to children	<p>Service Quality Indicator: A Register of Children in Care is in place in the Province.</p> <p>Reason for use: To improve monitoring of service quality for children in statutory care.</p>	<p>Definition: A Register of Children in Care is proposed that will track information children in care. The Register will include information on each child (including age, gender, population group, disability status; national origin, and whether the child has experienced commercial sexual exploitation or trafficking; children's movements through the care system; permanency planning). A register of foster parents should be included, as well as data on DSSPA and NGO social worker caseloads. Other information as may be appropriate.</p> <p>The Register would be maintained by the Department based on information supplied by District Offices and NGOs. Information would be collated by Head Office.</p> <p>Measure: The DSSPA accepts that a Register of Children in Care must be in place in the province. The province has a functional system in place within 5 years of the decision being taken.</p>

Recommendations for Child Abuse and Neglect Indicators 3: Access to and Quality of Child Protective Services		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
		<p>Source: DSSPA.</p> <p>Period: Ascertain whether the recommendation is accepted and the system is in place within 5 years.</p>
<p>Ensure a quick access to a permanent stable environment, preferably in a family context for children in statutory care.</p> <p>Promote stability and continuity of care for children in statutory placements.</p>	<p>Service Quality Indicator: Permanency planning for children in statutory care.</p> <p>Reasons for use: A key indicator of the quality of statutory child care and protection services, and is central to the question of whether the child will ultimately benefit from the period in statutory care.</p> <p>Can be used to determine acceptable staffing, training and caseload levels.</p>	<p>Definition: Care and Development Plans, with a permanency component, are drawn up for each child in statutory care according to recognised guidelines. The plans are regularly reviewed.</p> <p>Measure 1: The proportion of children in statutory care for whom these plans are in place as required by the DoSD, and for whom the necessary services are being implemented, with backup plans in reserve in case primary plan does not succeed (e.g. adoption for younger children, preparation for independent living for older teenagers). The participation of children in formulating plans should be recorded.</p> <p>Measure 2: The proportion of children in statutory care for whom these plans are in place and which are assessed and reviewed as required by the DoSD.</p> <p>Measure 3: The proportion of children in statutory care for whom these plans are in place, and who are in contact with their families or significant others to the extent envisaged in the plan.</p> <p>Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for specific child abuse and neglect services.</p> <p>Period: Annual if the Register of Children in Care is established. Every 5 years for audits.</p>
	<p>Service Quality Indicator: Unplanned termination of statutory placements.</p> <p>Reason for use: May indicate inadequate selection or poor levels of support and training of caregivers, and/or abuse in care.</p>	<p>Definition: Placements which end prematurely.</p> <p>Measure: Proportion of all placements that are terminated due to: (a) abuse; (b) illness or death of caregiver; (c) inability of caregiver to manage child's behaviour; (d) rejection by caregiver; and (e) problems between child and foster-sibling.</p> <p>Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for specific child abuse and neglect services.</p> <p>Period: Annual if the Register of Children in Care is established. Every 5 years for audits.</p>

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APPENDIX 1: LIST OF FORMS USED FOR CAPTURING DATA RELATED TO CHILD PROTECTION THAT WERE ACCESSED FOR THIS RESEARCH PROJECT

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Form 1: Child Abuse Report Form	Records (alleged) incidents of child abuse and neglect.	Child Care Act (Section 42)	Head Office	Social Worker / Dentist / Doctor / Nurse / Teacher
Form 2: Child Abuse Report Form	Details services provided to abused child.	Child Care Act (Section 42); Prevention of Family Violence Act (Section 4)	District Office	Social Worker
Form 3: Warrant to Search for and to Remove a Child to a Place of Safety	Issued in order to search for and remove a child at risk.	Child Care Act (Regulation 9(1))	Children's Court	Commissioner of Child Welfare
Form 4: Interim Authority for the Detention of a Child in a Place of Safety	Used for removing a child at risk in order to avert a delay due to court processes.	Child Care Act (Regulation 9(2)(a))	District Office / Private Welfare Organization / Children's Court	Social Worker / Police Officer / Authorised Officer
Form 4A: Covering Letter for Bringing a Child Before the Commissioner: Regulation 9	Covering letter for the Form 4.	Child Care Act (Regulation 9)	District Office / Private Welfare Organization / Children's Court	Social Worker / Police Officer / Authorised Officer
Form 5: Detention Order by Commissioner: Regulation 9(2)(d)	Used for extending the interim detention authority (Form 4).	Child Care Act (Regulation 9(2)(d))	Children's Court / District Office	Commissioner of Child Welfare
Form 8: Order of a Children's Court: Regulation 11	Details outcome of Children's Court Inquiry	Child Care Act (Regulation 11(1))	Children's Court / District Office / Department of Education	Commissioner of Child Welfare
Form 9: Medical Report and / or Age Assessment of Child: Regulation 11(2)(b) and / or Section 54(1)	Used in cases of child neglect.	Child Care Act (Regulation 11(2)(b))	District Office	District Surgeon (Clinical Forensic Surgeon) / Medical Officer / Medical Practitioner

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Form 25: Notification of Suspicions of Ill-Treatment of or Deliberate Injury to Children	Records (alleged) incidents of child abuse and neglect. Replaces the Form 1.	Child Care Act (Section 42(1))	Head Office	Teacher / Medical Practitioner / Psychologist / Dentist / Registered Nurse / Physiotherapist / Speech Therapist / Occupational Therapist / Traditional Health Practitioner / Legal Practitioner / Social Worker etc.
VRPD – 1: Intake	The office hours' administrative form, used in all DSSPA District Offices.		District Office	Intake Clerk
Volunteer Report Form	The after hours' administrative form, used in the Wynberg District's fourteen police stations.		District Office	Victim Empowerment Programme (VEP) Volunteers
Victim Support Programme Form	Supplements the Form 1 in providing further biographical information; used in Worcester District Office only.		District Office / Private Welfare Organization	Social Worker
Monthly Statistics Form: After Hour Service (Child Protection Service)	A monthly record of after hours' VEP cases.		Head Office (Provincial CP Co-ordinator)	District / Local Child Protection Co-ordinator
Wynberg Child Protection Centre Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect: Local Child Protection Team Assessment	Includes identifying particulars of the (allegedly) abused / neglected child, reporter, family; risk assessment; and services rendered.		Head Office	Local Child Protection Team

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Arrest, Detention and Assessment Record	Captures the arrest, detention and assessment records of a youth in conflict with the law. Used in Worcester District Office, and in other DOs in various other formats.		District Office	Probation Officer (Social Worker)
Subsidisation of Level I and II Shelters	Standard DSSPA form that is submitted monthly in order to claim subsidisation for residents.		Head Office	Chairperson of Shelter
Report to Social Services for Mayoral Initiative Grant	A report detailing various street children statistics.		Street Children and Homeless Adults Programme (Children and Family Sub-Directorate)	The Homestead personnel
Childline: Assessment Form	Details child's particulars, history of abuse, intervention, and treatment plan.		Childline	Childline Counsellor
Safeline: Intake Form	Details caller, child and parent particulars; nature of problem; and requested intervention.		Safeline	Safeline personnel
RAPCAN: Client Details Form	Captures client, abuse, perpetrator, and intervention details.		RAPCAN	RAPCAN personnel
Cape Town Child Welfare Society: First Interview Form	Details child and parent particulars; problematic parental behaviour; and intake worker's assessment.		Cape Town Child Welfare	Cape Town Child Welfare personnel

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Cape Town Child Welfare Society: Child Abuse Management Form	Used for assessing and validating indicators of physical abuse; and for determining the need to remove a child.		Cape Town Child Welfare	Cape Town Child Welfare personnel
Cape Town Child Welfare Society: Child Neglect Management Form	Used for determining inadequate care of a child; and whether or not this is due to caregiver neglect or communal deprivation.		Cape Town Child Welfare	Cape Town Child Welfare personnel
Cape Town Child Welfare Society: Child Sexual Abuse Management Form	Used for assessing and validating indicators of sexual abuse; and for determining the need to remove a child.		Cape Town Child Welfare	Cape Town Child Welfare personnel
Children's Court Statistics Form	Monthly statistics that include numbers of adoptions; children found in need of care; foster care placements; inquiries; and maintenance cases.		Head Office (Justice – National)	Children's Court Assistant
J88: Report by District Surgeon, Medical Officer or Medical Practitioner on the Completion of a Medico-Legal Examination	Completed in cases of alleged physical / sexual abuse.		Family Violence, Child Protection and Sexual Offences Unit (FCS) / Children's Court	District Surgeon / Medical Officer / Medical Practitioner
Domestic Violence: Monthly Feedback Form	Details various statistics relating to domestic violence.		Provincial Social Crime Office	Police Station personnel
VEP Monthly Statistics Form	Makes provision for statistics on child		Provincial Social Crime Office	Police Station personnel

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
	physical, sexual and emotional abuse, and neglect.			
Anti-Rape Strategy Form	Captures monthly statistics on the numbers of reported rape cases, victim support volunteers, conviction rates etc.		SAPS Area Office	Elsies River FCS and Police Station personnel
Feedback Document for Weekly Provincial Crime Combating Forum (PCCF)	A weekly record of cases (by crime category) that are referred by police stations to the FCS.		SAPS Area Office	Elsies River FCS personnel
SAP308: Examination in a Case of Alleged Assault or Other Crime	Used to obtain parental consent to medical examination by District Surgeon.		FCS	Parent / Guardian of Alleged Victim
RX15: Trauma Unit Record	Completed in cases of visible physical injury to a child.		Red Cross Hospital	Trauma Unit Doctor
Monthly Child Abuse Statistics Form	Captures statistics on number of children seen in a month.		Red Cross Hospital (Social Work Department)	Social Work Department personnel
GFJ16A: Trauma Unit: Managers Report	Captures monthly statistics on number of assault, obstetric, and paediatric patients etc.		Regional Office (Health)	Trauma Unit Manager (G.F. Jooste)
Rape Survivors Register	A patient-by-patient register of rape survivors.		Level 2 Hospitals	
Rape Survivors Report	Monthly report compiled from Rape Survivors Register.		Head Office (Health)	

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Routine Monthly Report for PHC Services	Monthly statistics on total attendance; TB DOTS attendance; immunisation; trauma and emergency services etc.		Head Office (Health)	
Monthly Statistics: Child Sexual Abuse (0-14 Years)	Records number of sexual abuse cases; HIV tests; 1, 6 and 12 week follow-ups; police notifications etc.		Head Office (Health)	Trauma Unit and Medical Emergency Heads at Red Cross Hospital
Reports on Alleged Child Abuse / Neglect Case	Details learner and perpetrator particulars; nature of abuse; and services rendered.		EMDC Central	Educator / Principal
EMDC Central Abuse / Neglect Register - 2005	Electronic database for all EMDC Central cases, with information on learners, schools, perpetrators, and interventions.		Safe Schools Call Centre	EMDC Staff
Monthly Stats: Educators	Records types of educator misconduct, including sexual assault, corporal punishment, improper conduct etc.	Employment of Educators Act	Provincial Head Office (Education): Chief Director of Administration	Labour Relations
Monthly Stats: Public Service	Records types of public servant misconduct, including sexual assault, corporal punishment, improper conduct etc.	Public Service Act	Provincial Head Office (Education): Chief Director of Administration	Labour Relations
Admission Form (Ottery Youth Care & Education)	The intake form for Ottery Youth Care and		Ottery Youth Care and Education Centre	Ottery Youth Care and Education Centre personnel

Form Name	Brief Description	Related Act	Destination	Authorized Signatory
Centre)	Education Centre.			

APPENDIX 2: LIST OF CHILD PROTECTION INTERVIEWEES

Interviewee	Date of Interview	Office
Penny Whitaker	15/11/05; 08/12/05	Cape Town Child Welfare
Denny Leppan	17/11/05	Wynberg Children's Court
Sidney Karele	19/09/05; 02/12/05; 08/12/05	Head Office (DSSPA)
Nelmarie Du Toit	08/12/05	CAPFSA
Dr Yusuf Jano	08/12/05	Lady Michaelis CHC
Aletta De Witt	09/12/05	Department of Health
Andre Pieters	14/12/05	Red Cross Hospital
Carol Wehr	02/11/05	Worcester District Office
Christine Adonis	07/12/05	Department of Health
Danver Roman	07/12/05	Department of Health
Dr Stanley Trope	06/12/05	Lady Michaelis CHC
Felicity September	09/12/05; 13/12/05	G.F. Jooste Hospital
Gavin Stoffberg	01/12/05	Head Office (DSSPA)
Grace Modiba	13/12/05	Thuthuzela Care Centre
Jan Solomon	13/12/05	Department of Community Safety
Lorna Solomon	08/12/05	Department of Health
Jan Swart	09/12/05	Department of Community Safety
Lorraine Sangweni	06/12/05	Wynberg Court
Lynette Rossouw	01/12/05	Department of Education
Mahdiyah Koff	01/12/05	City of Cape Town
Marna Knoetze	05/12/05	Department of Education
Narriman Khan	05/12/05	Safe Schools Call Centre
Nosipho Seleka	07/11/05	Beth Uriel
Dr Ralph Diedericks	13/12/05	Red Cross Hospital
Rochshana Kemp	02/12/05	EMDC Central
Dr Sebastian Van As	13/12/05	Red Cross Hospital
Shirley Reiners	13/12/05	Department of Community Safety
Neville Dampies	10/10/05; 16/11/05; 01/12/05	Wynberg District Office
Eudie October	16/11/05	Mitchell's Plain District Office
Ingrid Parks	13/10/05	George District Office
Belinda Slavin	03/02/06	Oranjia Jewish Children's Home
Eugene Hilario	20/02/06	Bonnytown
Machelle Avenant	20/02/06	Elsies River FCS
Hermien van Zyl	20/02/06	Elsies River FCS
Pheliswa Siboto	16/02/06	Head Office (DSSPA)
James Albanie	15/02/06	Worcester District Office
Siena Jansen	03/02/06	Ottery Youth Care and Education Centre
Sandra Morreira	08/02/06	The Homestead

Ronel Olivier	16/01/06	Oudtshoorn District Office
Focus Group Participants		
Mitchell's Plain District Office		
Worcester District Office		
Provincial Head Office		
Beth Uriel		
Bonnytoun		
Partners with After School Care Projects (PASCAP)		

APPENDIX 3: WORKSHOP INTERVIEW SCHEDULES

CHILD PROTECTION WORKSHOP:

21 OCTOBER 2005

Opening plenary discussion (09:30 – 10:30)

Instructions:

- ✓ This is a written task.
- ✓ Answers to questions must be coded according to a particular colour of paper.
- ✓ Each participant must be given 3 colours of paper, for each of the 3 questions.
- ✓ For each question, the participant must identify 2 issues.
- ✓ Each participant must therefore have 6 pieces of paper.
- ✓ Our information flowchart will be displayed on the wall via the data projector.
- ✓ On completion of the activity, all papers will be stuck on the wall for others to read in order to initiate dialogue for the remainder of the workshop.

Questions:

- ✓ Participants must indicate their level / office on their bits of paper.
- ✓ Participants must be asked to approach the following questions from the position they occupy in the flowchart:
 1. *What is working well for you in terms of information gathering?*
 2. *What are the challenges for you in terms of information gathering?*
 3. *What are the solutions to these challenges?*

Group Process Aid Memoir

General instructions:

- The working group session will be of 90 minutes' duration.
- There are 3 steps that must be completed in each District Working Group.
- Try to avoid using the term “data,” and rather use the word “information.”
- A group member must be selected to report back at the final plenary session.
- Each group will have its own process, so while this aid is a standard guideline, facilitators must probe as and when they deem necessary.

Step 1:

Beginning with the *highest* level represented in the group, *all* questions for this Step must be put to a group member, *before* proceeding to the next participant (i.e. work your way down from Provincial, to District, to Facility level).

- From whom do you get your information?
- In what format(s) do you get this information? (e.g. spreadsheets, Form 1s etc.)
- What do you do with this information? (i.e. do you just pass it on or is it used in planning)
- How often do you receive / forward this information?
- What are your thoughts about these processes?

Step 2:

The questions here will be asked in the context of a *group* discussion. Facilitate as appropriate.

- What are the challenges you face in gathering information?
- What would you suggest needs to be done to ease the task of gathering information?
- What gaps exist in the information gathering process? (e.g. linkages to other Departments, LCPCs etc. Participants can be asked to scrutinize the CP / ECD information flowchart.)
- How would you define child physical abuse / emotional abuse etc. (i.e. pick one of the various categories on the Form 1).

Step 3:

Each participant must be provided with a pen and coloured paper for this exercise.

- What are 10 bits of information that should be collected to monitor the well being of children in ECD services / CP services?

APPENDIX 4: CHILD PROTECTION CO-ORDINATOR INTERVIEW SCHEDULE

INTERVIEW SCHEDULE FOR CHILD PROTECTION CO-ORDINATORS

Western Cape Indicators Project

Record of Meetings/ Interviews/ Telephone Conversations

Researcher:

Date:

Informant:

Job Title:

Office/Organisation:

Questions:

1. What does your role as 'CP coordinator' entail?
2. In addition to being the CP coordinator, do you have other responsibilities? If so, please describe. What percentage of your time do you spend on the CP coordinator role? What percentage of your time do you think you should spend on the CP coordinator role?
3. Do Local and / or District Child Protection Committees (LCPCs / DCPCs) exist in your district? If so, please comment on the composition of these committees, frequency of meetings and the activities of the committees. If there are no CPCs in your district, who would be most likely to serve on one?
4. What data do you collect in your role as CP coordinator (in regard to child abuse and neglect, commercial sexual exploitation and street children)?
5. From whom do you receive this information? (e.g. individuals / service providers / organizations / LCPCs - note which sector: Social welfare services; Education; SAPS; Health; Justice etc).
6. In what formats do you receive this information (e.g. spreadsheets, intake forms etc.)? Can you send me examples of all documents on which the information is sent to you (or I can collect it)? Do the LCPCs forward data to you? Do the LCPCs all use the same data forms when forwarding their data to you?
7. Is there a policy that lays down regular points in time when those who provide the data are required to provide you with information (also the LCPCs)? If not, do you request it? If you do, how frequently do you request it (e.g. on a monthly basis)?
8. What happens to the information you gather? Does anyone coordinate it at district level? Do you use it at district level?
9. What data do you send on to the Provincial Head Office, and how often do you send it?

10. In what formats is this data forwarded? Is there any CP-related data that you collect that is *not* forwarded to Head Office? If so, please elaborate.
11. Do you know what the province does with this data? Do they give you feedback? Please elaborate.

APPENDIX 5: WYNBERG CHILDREN'S COURT COMMISSIONER INTERVIEW SCHEDULE

Questions for the Wynberg Children's Court Commissioner

17 November 2005

1. Could you describe the function of the Children's Court?
2. What does your role as the Children's Commissioner involve?
3. What are the main forms for recording data pertinent to children's court inquiries? Could you describe the contents of each and explain how these are forwarded within the system?
4. Is the data on children seen at the Children's Court compiled in any format? Please explain.
5. What are the linkages between the Children's Court and the Department of Social Services and Poverty Alleviation with regard to data and forms? Do you forward data to them? Do you receive data from them? How frequently do these exchanges of data occur?
6. What are the linkages between the Children's Court and other departments (Safety and Security, Health, Education) with regard to data and forms? Do you forward data to them? Do you receive data from them? How frequently do these exchanges of data occur?

APPENDIX 6: LIST OF KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
International			
All	Convention on the Rights of the Child	www.unicef.org/crc/crc.htm	Specifies the rights of children of all ages to survival, development, protection and participation.
All	African Charter on the Rights of the Child	www.ilo.org/public/english/employment/skills/recomm/instr/afri_3.htm	Specifies the rights to protection, survival and development of the African child, while also outlining the duties of children towards their parents, family, societies and countries.
All	C182 Worst Forms of Child Labour Convention, 1999 (ILO)	www.ilo.org/public/english/standards/ipecc/ratification/convention/textpr.htm	This Convention seeks to prohibit and eliminate the worst forms of child labour, including commercial sexual exploitation.
All	Hague Convention on the Civil Aspects of International Child Abduction	http://www.info.gov.za/gazette/bills/2003/b70b-03.pdf	The purpose of this Convention is to effect the prompt return of children wrongfully removed to or retained in any Contracting State.
All	Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption	http://www.info.gov.za/gazette/bills/2003/b70b-03.pdf	This Convention seeks to establish safeguards in order to ensure that intercountry adoptions occur in the best interests, and in accordance with the fundamental rights, of the child.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
All	Compendium on a Selection of Key International Human Rights Instruments that Impacts on the Lives of Children (Compiled by Andre Viviers, 2005)	Emailed: UNICEF (South Africa)	This Compendium is a selection of key national, regional and international protocols relating to the lives of children.
All	The UN International Covenant on Civil and Political Rights, 1966	http://www.hrweb.org/legal/cpr.html	According to Article 24(1) of this Covenant, every child has the right to “such measures of protection as are required by his status as a minor...”
All	The UN International Covenant on Economic, Social and Cultural Rights, 1966	http://www.unhchr.ch/html/menu3/b/a_cescr.htm	Article 10(3) of this Covenant recognizes that children must be protected from exploitative labour practices, and that “special measures of protection and assistance should be taken on behalf of all children...”
All	Declaration and Agenda for Action against Commercial Exploitation	http://www.ilo.org/public/english/comp/child/standards/resolution/stockholm.htm	South Africa has recognised, in terms of Section 10 of the Declaration, that, “[w]hile laws, policies and programmes exist to counter the commercial sexual exploitation of children, greater political will, more effective implementation measures, and adequate allocation of resources are needed to give effect to the spirit and letter of these laws, policies and programmes.”
National			
All	Constitution of RSA (Act 108 of 1996)	http://www.polity.org.za/html/govdocs/constitution/saconst.html?rebookmark=1	The Bill of Rights, especially Section 28 (1) which provides for, inter alia, the rights to nutrition, shelter, basic health care, social services, family or parental or appropriate alternate care, and protection from maltreatment, neglect, abuse, degradation and exploitative labour practices.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
All	Child Care Act, 1983	www.acts.co.za/child_care/	This Act provides for the establishment of children's courts and the appointment of commissioners of child welfare; for the protection and welfare of certain children; for the adoption of children; for the establishment of certain institutions for the reception of children and for the treatment of children after such reception; and for contribution by certain persons towards the maintenance of certain children; and provides for incidental matters.
Inter-sectoral	Review of the Child Care Act - First Issue Paper (1998)	http://wwwserver.law.wits.ac.za/salc/issue/ip13.html	Project 110 of the SA Law Commission seeks to develop proposals for new, appropriate child legislation for South Africa.
All	Children's Bill (B 70B - 2003)	http://www.info.gov.za/gazette/bills/2003/b70b-03.pdf	The Child Care Project Committee of the South African Law Commission revised the Child Care Act and developed a Draft Child Care Bill. Chapter 4 deals with Children's Courts; chapter 7 relates to the protection of children (Child Protection Register and child health issues); chapter 9 refers to children in need of care and protection (Children's Court processes etc.); chapter 17 deals with child abduction and chapter 18 relates to trafficking in children.
All	Children's Bill (Amended: May 2005)	Early Learning Resource Unit	The objective of this Bill is to give effect to certain rights of children as outlined in the Constitution, as well as to articulate certain principles relating to the care and protection of children.
All	Prevention of Family Violence Act	Sabinet Online	Under Section 4 of this Act, any person that is in a position of responsibility for a child who may reasonably be suspected to have been abused, is obligated to report such suspected abuse to a police official, a commissioner of child welfare or a social worker.
All	Domestic Violence Act	http://www.info.gov.za/gazette/acts/1998/a116-98.pdf	The Act provides for restriction orders on perpetrators of domestic violence in Section 7(6). Domestic violence as defined in the Act includes, but is not restricted to, physical, sexual and emotional abuse.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
All	Sexual Offences Act	Sabinet Online	This Act describes various aspects and forms of child sexual abuse (e.g. Sections 9, 12, 13 and 14).
All	Films and Publications Act	http://www.info.gov.za/acts/1996/a65-96.pdf	Sections 27(1) and 28(1) of this Act prohibit the production, possession, import and distribution of pornographic material that depicts children (below 18 years of age) "... participating in, engaging in or assisting another person to engage in sexual conduct or a lewd display of nudity..." (Schedule 1(a)).
All	South African Schools Act	http://www.info.gov.za/acts/1996/a84-96.pdf	The Act bans corporal punishment in schools.
All	Employment of Educators Act	Sabinet Online	Section 17 of this Act makes provision for the dismissal of an educator that is found guilty of sexually assaulting a learner, engaging in a sexual relationship with a learner of the school where he or she is employed, or for seriously assaulting, with the intention to cause grievous bodily harm to, a learner.
All	Criminal Procedures Act	Sabinet Online	Section 153 of the Act is of particular relevance to child witnesses, while Section 170A makes provision for the court to appoint an intermediary through which a child witness may give evidence; the use of child-friendly facilities; as well as the option of closed circuit camera testimony.
All	White Paper for Social Welfare	http://www.welfare.gov.za/Documents/1997/wp.htm	In Chapter 8, a situation analysis of children notes that, while child abuse and neglect is a serious and growing problem in South Africa, the true extent of the problem is unknown owing to underreporting, erratic research, an uncoordinated record-keeping system, and the absence of a central register.
Inter-sectoral	National Strategy on Child Abuse and Neglect	Director-General Forum of Social Services of Provincial Government, January 2005.	Policy proposals around the management of child abuse and neglect, with an eye on developing a CP system by the turn of the century (sic), prepared by the National Committee on Child Abuse and Neglect (NCCAN).

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
Inter-sectoral	The National Committee on Child Abuse and Neglect: Report of the Workshop on the Development of Provincial Protocols for the Multi-disciplinary Management of Child Abuse and Neglect (16 and 17 March 1998)	Department of Social Development	This is a report on a two-day working meeting held in March 1998 to aid the development of provincial protocols for the management of child abuse and neglect.
Inter-sectoral	National Programme of Action for Children (NPA) (Beyond 2000)	www.info.gov.za/otherdocs/1996/chilprog.htm	Policy priorities include: Nutrition; Child and maternal health; Water and sanitation; ECD and basic education; Social welfare development; Leisure and cultural activities; and Child protection measures. The NPA integrates Government and NGO policies and plans within these areas.
Inter-sectoral	White Paper on Local Government (1998)	www.polity.org.za/html/govdocs/white_papers/localgov/wp1.html	Local Government can promote social development through the provision of recreational and community facilities, and delivery aspects of social welfare services. Municipalities have the constitutional power to provide child care facilities and may provide grants to associations for this in terms of the Child Care Act, 1983.
Inter-sectoral	National Integrated Plan for Children Infected and Affected by HIV/AIDS (2000)	National Department of Health	Departments of Health, Social Development and Education: aims to ensure access to an appropriate and integrated system of prevention, care and support services for children infected and affected by HIV/AIDS.
Welfare	Working Document: National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (2004)	Department of Social Services and Poverty Alleviation	Outlines the legislative framework, definitional issues, causative factors, a response plan, research management and monitoring insofar as these pertain to child abuse, neglect and exploitation.
Welfare	A Quest for Excellence in	Child and Youth Research and Training Programme	This review identifies limitations that are preventing the

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
	Multidisciplinary Child Protective Services: An Exploratory Review (By Roseline September and Cheryl Blankenberg, 2004)	(UWC)	establishment of a functional child protective system, and provides recommendations towards addressing said limitations.
Welfare	A Sector Review of Child Abuse and Exploitation in South Africa - March 2003 (researched by The Community Agency for Social Enquiry (CASE))	Save the Children – Sweden	This sector review provides a situational analysis of child abuse in South Africa and includes an overview of role-players in the field of child abuse prevention.
Welfare	Interim Policy Recommendations of the Inter-Ministerial Committee on Young People at Risk	Department of Social Services and Poverty Alleviation	Integrated framework for the child and youth care system emphasising prevention to promote resilience and early intervention. Principles include family preservation, exposure to activities and opportunities, which promote normal development. Welfare is the lead department of this inter-sectoral initiative.
Welfare	National Family Policy (Final Draft Version – July 2005)	Department of Social Development	The goals of the National Family Policy include, amongst others, the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services.
Welfare	Draft Minimum Standards: South African Child and Youth Care System (May 1998)	Department of Social Services and Poverty Alleviation	A list of 21 rights to children in residential care is provided, which include the right to protection from all forms of emotional, physical, sexual and verbal abuse and the right to respect and protection from exploitation and neglect.
Provincial			
Inter-sectoral	Protecting our Children: A Protocol for the Multi-	Institute for Child and Family Development (UWC)	Outlines the Western Cape protocol for handling reports of child abuse and neglect, from the initial reporting stage until

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
	Disciplinary Management of Child Abuse and Neglect		the termination of child protection services.
Inter-sectoral	Gauteng Multi Disciplinary Child Protection and Treatment Protocol (1999 - 2000 Pilot Project)	Gauteng Provincial Steering Committee for the Development of the Protocol for the Management of Child Protection and Treatment Services	This document deals with the inter-sectoral roles of health, welfare, safety and security, justice and education and how to effectively manage child protection and treatment services in a multidisciplinary framework.
Inter-sectoral	Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect (Northern Cape)	Department of Environmental Affairs, Developmental Social Welfare and Health	This document recognises that child abuse and neglect, while on the rise in South Africa generally, is particularly on the increase in the Northern Cape. This protocol is accordingly an attempt to manage child abuse and neglect in a multi-disciplinary manner.
Inter-sectoral	Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect (North West)	North West Province	Operational plan for the establishment of child protective services (1999).
Inter-sectoral	Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect (Northern Province)	Northern Province Department of Health and Welfare	This document presents guidelines for multi-disciplinary strategies in dealing with child abuse and neglect.
Inter-sectoral	An Intersectoral Protocol for the Management of Child Abuse and Neglect in the Eastern Cape Province (July 1999)	Department of Welfare	This document seeks to address the fragmented and undeveloped nature of child protective services in the Eastern Cape.
Inter-sectoral	Protocol Document: Multi-Disciplinary Management of Child Abuse and Neglect (Mpumalanga Province)	Mpumalanga Provincial Child Protection Services Forum	This protocol seeks to coordinate existing child protective services, to serve as the basis of a coherent preventative programme, and to serve as the basis of an accessible training programme.
Inter-sectoral	Survivors of Rape and Sexual Assault: Policy and Standardized Management	Department of Health and Social Services (Western Cape)	This circular includes the Department of Health's policy and standardized guidelines on the management of survivors of rape and sexual assault.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
	Guidelines (Circular No: H 144/2000)		
Inter-sectoral	Paediatric Case Management Guidelines: Management of Child Abuse (Circular No: H 102/2000)	Department of Health and Social Services (Western Cape)	This circular describes paediatric case management guidelines, including for cases of child abuse.
Welfare	Child Abuse Protocol (as developed by iThemba Lethu, in consultation with Cato Manor Trauma Centre, Child Protection Unit, Childline and Durban Children's Society)	iThemba Lethu	Describes the process of handling a case of abuse, beginning with noticing signs of abuse until prosecution of the perpetrator.
Welfare	Child Protection Audit for the Western Cape	Cheryl Blankenberg: Department of Social Services and Poverty Alleviation (2005)	This audit assesses the state of child protective structures in the Western Cape.
Welfare	Draft Transformation Document (20 April 2005)	Department of Social Services and Poverty Alleviation (PGWC)	Outlines the Western Cape's transformation agenda, with timeframes.
Welfare	Child Protection Update: Make Child Protection Your Welfare (June 2005)	Department of Social Services and Poverty Alleviation (PGWC)	Details key officials for Child Protection in the Western Cape and relevant legislation, policies and government departments.
Welfare	Child Protection: Operational Plan	Department of Social Services and Poverty Alleviation (PGWC)	Details DSSPA's operational plan (until 31 March 2006) to coordinate services to 17 NGO's dealing with street children
Welfare	Department of Social Services and Poverty Alleviation Strategic Plan 2005-2009	Department of Social Services and Poverty Alleviation (PGWC)	The main objectives of this Plan are to create work and reduce poverty. The document also identifies violence against children as a major concern of Provincial Government.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
Welfare	Provincial Policy on Street Children (2004)	Department of Social Services and Poverty Alleviation (PGWC)	Key objectives include the provision of a common vision for guiding the interventions of service providers; inter-sectoral collaboration; ensuring sufficient resources for implementation; creating an awareness of the situation of street children; the promotion of research and the management of a reliable information system; and ensuring the monitoring and evaluation of policy implementation.
Education	Abuse No More: Dealing Effectively with Child Abuse	Western Cape Education Department	The purpose of this document is to put in place measures and procedures regarding the safety, security, bodily integrity, equal treatment, and freedom from discrimination of learners.
Justice	Pilot Assessment: The Sexual Offences Court in Wynberg and Cape Town and Related Services (by Mastoera Sadan, Lulama Dikweni & Shaamela Cassiem)	www.idasa.org.za	This study looks at conviction rates for sexual offences, secondary traumatisation of child victims and inter-sectoral collaboration.
SAPS	Provincial Anti-Rape Strategy (2005)	Elsies River FCS Unit	The objectives of the strategy include the prevention of the commission of rape; treating rape victims with respect and sympathy; proper investigation of all rape cases without prejudice; arresting offenders and bringing them before a court of law; ensuring the conviction of offenders; and engaging in initiatives with other departments.
Health	Treatment Guidelines for the Prevention of HIV Transmission to Children Who Have Been Sexually Abused (2005)	Provincial Department of Health	This protocol states that all parents / guardians of children under the age of 14 years that have been sexually abused, must be counselled about the potential risk of HIV transmission. It also details HIV testing as well as post-exposure prophylactic procedures.

KEY LEGISLATIVE INSTRUMENTS AND POLICY DOCUMENTS FOR CHILD PROTECTION			
<i>Sector</i>	<i>Document Name</i>	<i>Source</i>	<i>Key Aspects</i>
Health	Paediatric Case Management Guidelines: Updated Management of Child Abuse (Circular No.: H2 / 2006)	Provincial Department of Health	This circular details the medical management of physical abuse, neglect and sexual abuse, and outlines special investigations for sexual abuse as well as social work interventions.
Local			
Unicity	City of Cape Town Integrated Multi-Sectoral Street Children Initiative: Final Implementation Plan (October 2004)	City of Cape Town	The Plan details the components of a street outreach programme (which is to include such phases as initial contact, appraisal, referral, the availability of facilities, and bridging / reunification programmes), as well as prevention and early detection strategies.