

**An Appraisal of the 2007 Integrated
Care and Protection Plan for
Children in the Western Cape**

Human Sciences Research Council

For the Department of Social Development

Western Cape Province

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Introduction and background

The concern about the nature and magnitude of child abuse in the Western Cape Province has been expressed by the political leadership and there is a clear political commitment and willingness to address the problem. The Integrated Provincial Care and Protection Plan for Children was developed as a framework that guides delivery of services to children and families by all role players in the Province. The Plan marked a shift from the premise that parents and families were central in the care and protection of children. It further emphasized the importance of intergovernmental and inter-sectoral collaboration as well as information sharing. The Plan's strategic areas of intervention include: policy and legislation; human resources; training and capacity development; community safety; public awareness and education; institutional support/financing; research, monitoring and evaluation, and services to children and families.

It was envisaged that the implementation of this Plan would address the gaps in the provincial child protection system. In particular, it would lead to the development and implementation of programmes that would enhance services to vulnerable communities and families that would help prevent child maltreatment. Moreover, it was envisioned that appropriate monitoring and evaluation of the child protection services and institutional arrangements would be in place to inform planners about components of the strategy that were working and identify failures in programmes.

Many stakeholders are concerned that despite comprehensive legislation and policy frameworks that exist to address child maltreatment and violation of children, child abuse and neglect remain significant problems in the province. The political leadership in the Western Cape has taken measures to address these problems. In the first place, it is being proposed that the Commission for Children – a Chapter 9 institution to safeguard the protection of children as granted in the Constitution – be established. Secondly, the Department of Social Development (DSD) in the Western Cape will host a Children's Summit in October 2009 to develop a common understanding of the problem and propose joint intervention measures. Lastly, the Department of Social Development in the Western Cape has commissioned a study to review progress made in the implementation of the Integrated Provincial Care and Protection Plan for Children. This appraisal was conducted by the Human Sciences Research Council (HSRC). The findings are presented below.

The research mandate

The Department engaged the services of the HSRC to undertake a rapid assessment of progress achieved and to highlight potential challenges that have been encountered in the first years of the Plan's implementation. The aims of the research study were to:

1. Establish the extent to which the aforementioned strategic plan has been implemented with the goal of preventing child abuse and violations;
2. Assess the nature of programmes and services provided and the relative distribution of resources in the provision of child protection services;
3. Assess the knowledge of various role players about the provincial plans;
4. Evaluate the nature of existing partnerships for implementation and the adequacy of the existing monitoring system

The research approach

The research team undertook a detailed literature and document review (laws and policies), and intensive in-depth qualitative interviews with the key stakeholders - representatives of government departments and key non-governmental organisations (NGOs) in child protection services in the Provincial office and in three of the 16 DSD districts. In consultation with the Department, Cape Town (urban), Vredendal (semi-rural) and Worcester (rural) were selected.

Findings

According to respondents from government departments and non-governmental organisations in the three districts studied and key informants in the Provincial Department of Social Development, child maltreatment was a serious problem in the Western Cape Province. Physical abuse, exposure to domestic violence and neglect were the main concerns for the majority of child protection services with abandonment and sexual crimes believed to occur to a lesser extent.

Poverty and substance abuse were identified as the key risk factors contributing to child maltreatment. More than half of the cases reported to child protection services were related to substance abuse and poverty.

The Plan is fairly well known among key role players who are involved in the child protection field, that is, government departments and NGOs. However, some of the NGO representatives who knew about the Plan indicated that their organisations had not adopted or implemented the Plan.

Coordination and partnerships between the other stakeholder departments, NGOs and the DSD are weak. Most organizations and Departments work on their own. While a coordination body, the Provincial Coordinating Committee existed to coordinate the

implementation of the Plan, very few organizations and departments knew about it and/or had participated in it.

Most role players have monitoring and evaluation (M&E) systems in place. However, these systems are not uniform and standard. Each role player has developed their own M&E systems with varying frequency and format of reporting.

Challenges that affect the proper implementation of the Plan are mainly in relation to the persisting imbalance in relation to resource allocation between primary prevention and formal child protection services. Several factors attributed to low implementation of efforts that could reduce the incidence of child abuse and neglect include high social worker caseloads, lack of human resources and social work practices entrenched in the Child Care Act (No . 74 of 1983) and the Child Protection Protocol, all of which emphasise responsive measures.

The study adopted the adverse childhood experiences (ACE) framework to explain the importance of prevention efforts. The usefulness of the ACE framework in this context also includes recognition that inter-sectoral approaches and concerted effort are critical for change to happen.

Recommendations

Investment in programmes that can change parenting practices and attitudes of the members of society towards children are social investments in the future because learned positive ways of social interaction at home and in communities will in the long-run break the intergenerational cycle of abusive child rearing practices. Therefore, given the strides made in relation to national legal frameworks, the Province is likely to benefit from reviewing a policy framework intended to enhance prevention as well as investing in family-focused interventions.

The following are the recommended actions to enhance child maltreatment prevention efforts in the province:

- 6.1 Review the existing provincial policy framework in line with the Children's Amendment Act and energize stewardship through champions of child maltreatment prevention.

The current efforts will be enhanced by reviewing the existing provincial policy framework (especially The Plan and the Protocol) to provide guidance for approaches, resources and partnerships that support vulnerable families and parents systematically and comprehensively in accordance with the Children's Act. This process will include incorporation of the provisions of the Children's Act and an effective strategy of involving all the relevant stakeholders. An idea of 'champions' of child issues in all the relevant agencies is worth considering while taking into account the limitations of 'junior

champions' in matters that require decision makers. The Partners should include the mass media and health and development communication organisations.

6.2 Balance resource allocation between emergency responses (early intervention), statutory care and reintegration services and prevention by strengthening training programmes for community development workers to implement, under supervision, carefully designed prevention programmes.

This consideration may include reviewing the criteria for resource allocation for child protection programmes to increase budgets, human resources and time devoted to child maltreatment prevention in communities. One of the major constraints to providing prevention services is the pressing need to respond to families and children affected by child maltreatment. The current involvement of community members as volunteers is a positive development. The Department should consider improving the capacities of this resource through appropriate training in child maltreatment prevention and shift away from primarily supporting ad hoc activities under the rubric of 'awareness building'. Training institutions will be relevant partners in such an endeavour.

6.3 Prioritize evidence-based programmes and monitor their implementation and outcomes carefully.

The Department has in the past utilized the evidence generated through research to influence the prioritization of services for vulnerable children in the Province. Such initiatives include the scaling up of the early childhood development programme. The reviewed child care and protection plan should stipulate indicators within the different strategic areas of intervention.

6.4 Address the needs of 0 – 2 years old children of the Province by working in collaboration with primary health care facilities.

It is recommended that prevention of child maltreatment should focus on the prenatal to 2 first years of a child's life to address issues related to parent-child relationships.

Primary health care facilities should make referrals of vulnerable women attending antenatal care to DSD family preservation services. The current focus of the World Health Organisation on the importance of enhancing parent-child relationships and parenting skills to promote secure, stable and nurturing relationships in early years of a child's life is based on extensive review of the outcomes of such strategies (World Health Organisation, 2009b, p.4). Paying attention to the pre-ECD years through family-focused services will enhance the outcomes of ECD and long-term human development.

6.5 DSD should consider supporting documentation and evaluation of on-going programmes on parenting to obtain information that will help in the development of comprehensive, locally designed prevention programmes.

Some of the local organisations have programmes and services specifically to enhance parental competencies early in the life of the child as a means of promoting child health, development, and behaviour. They use different methods such as home visitations,

support group networks and educational information on parenting and parent-child relationships. The programmes need to be carefully documented and evaluated for their effectiveness. Locally designed programmes that are identified as promising and are based on local contexts are likely to be more fruitful but all need to be cautious to not overstate the effectiveness of such programmes. While other internationally renowned programmes should be considered, they must be tested before they can be replicated; it is critical to understand their ingredients and sources of their success as well as assess them against local capacities (Olds, Sadler & Kitzman, 2007).

It may be necessary to consult with various communities regarding the naming of local programmes as part of ensuring that programmes are culturally acceptable. Again, the Children's Act has several mechanisms which can be utilised to compel parents to cooperate and attend training sessions.

6.6 Highlight how working conditions of some of the poor family members may affect child maltreatment.

While South African laws protect children from exploitation and child labour, there are no policies that seek to harmonize parents' responsibility to provide for their children with work demands, especially where families cannot afford day long care and after school care services. Poor working conditions of parents including long working hours are a risk factor in rural farming communities. Interventions in the area as well as programmes that take the relationship of inadequate housing to child sexual abuse should be considered.

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The Integrated Provincial Care and Protection Plan for Children (Department of Social Development, 2007) was implemented as a framework that guides delivery of services to children and families by all role players – government departments, child protection organisations and civil society in the Province. Specifically, the Plan marked “a shift from the premise that parents and families are central in the care and protection of children” (Department of Social Development, 2007:22). This view was informed by the reality that many families in the Western Cape Province are not strong, stable or self-reliant. In addition, the Plan emphasized the importance of intergovernmental and inter-sectoral collaboration as well as information sharing.

In preparation for the planning of the Children’s Summit, the Department of Social Development considered to review progress made in the implementation of the Integrated Provincial Care and Protection Plan for Children. The rapid appraisal of the Plan was conducted in six weeks (September to mid-October 2009).

The concern about the nature and magnitude of child abuse in the Western Cape Province has been reiterated by the political leadership and they have expressed a clear political commitment and willingness to address the problem. For example, there is an intention to establish the Commission for Children – a Chapter 9 institution to safeguard the protection of children as granted in the Constitution (see the speech by Dr IH Meyer, MEC of Social Development - Western Cape, on Budget Vote 7 in the Western Cape Legislature, 23 June 2009). In addition, the Department of Social Development in the Western Cape will host a Children’s Summit in October 2009. The Summit and the build-up processes that include community consultations are intended to develop and form consensus around interventions which can enhance child protection and care in the Province.

There is a concern among stakeholders that despite the existence of legislation and policy frameworks that address child maltreatment and violation of children at national and provincial levels, child abuse and neglect remain significant problems in the province. For example, the Human Sciences Research Council (HSRC) research indicates that child abuse and neglect, as well as exposure of children to violence, continue to be significant problems in the Western Cape (Dawes, 2006).

1.1 POLICY AND LEGAL FRAMEWORK

At the time of developing the Integrated Provincial Care and Protection Plan for Children, 2007 child protection services and the problem of child maltreatment were provided for by the Child Care Act (No. 74 of 1983). Since then, major legislative and policy strides have been made by the South African democratic state to safeguard the human rights of children (Richter & Higson-Smith, 2004; September, 2006; Richter & Dawes, 2008). These efforts culminated in the enactment of the Children's Amendment Act (No 41 of 2007). September (2006: S66) argues that there is "policy-level commitment from the government to protect and promote the welfare of children" following the installation of the democratic state.

South Africa has ratified international agreements that place the primary responsibility for child protection services on the state. The main international policies are the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). Domestic laws also evolved to make child care and protection from abuse and neglect a policy priority. The South African Constitution (Act No. 108 of 1996) guarantees the rights of children to freedom from abuse, neglect, and maltreatment [Section 28 (1) (d)]; to family care, parental care or appropriate alternative care if removed from the family environment [S28 (1) (b)] and the right to basic social services [Section 28 (1)(c)].

Several laws were enacted to address child maltreatment and victimization (for a detailed description of relevant legal instruments, see Provincial Department of Social Development, 2007). In particular, law reform was intended to give effect and align legal instruments to the Constitution and international instruments to which South Africa is a signatory. The Children's Amendment Act (No. 41 of 2007) is the key legislation in the protection of children and promotion of their well-being while also defining the responsibilities of children, families and the state. In particular, the Children's Amendment Act (No. 41 of 2007) also places the obligation of providing social services for vulnerable children on the state thus changing the common view that such services are provided by benevolent non-profit organisations (NPOs) (Budlender & Proudlock, 2008). Under the Children's Amendment Act (No 41 of 2007) several chapters provide for the provision of child protection services at national and provincial levels.

When the Plan was adopted, the Child Care Act (No 74 of 1983) was still in operation. It was observed during the law reform process that under the Child Care Act a greater part of child protection resources were misdirected to address case-by-case investigations and the requirements of statutory intervention. The South African Law Reform Commission (2002) after consultation with stakeholders in preparation for the drafting of the Children's Bill noted that population-wide primary prevention and promotive measures aimed at enhancing the well-being of children and reduce their vulnerability to child abuse and neglect were necessary. Such efforts would have to address the risk factors that increase children's vulnerability to maltreatment and include sustained resourcing of the programmes. The Children's Amendment Act (No 41 of 2007) emphasises provision

of prevention and early intervention services as a primary concern. Chapter 8 provides for the prevention and early intervention services and states that it is the responsibility of the state through MEC of Social Development to provide the envisaged services at provincial level.

Prevention services are defined as programmes designed to provide the following:

- Family preservation services
- Parenting skills development programmes for caregivers and parents to assist them protect their children's well-being and promote use of non-physical disciplinary measures
- Supporting appropriate interpersonal relationships within the family
- Providing psychological, rehabilitation and therapeutic programmes for children
- Preventing the neglect, exploitation, abuse and inadequate supervision of children and preventing other failures in the home environment
- Preventing the recurrence of problems that may harm children or affect their development adversely in the family environment
- Programmes aimed at supporting families to prevent children from being removed into statutory care.

The key document which provides a policy framework for reducing child maltreatment and mitigating its impact is the National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (Department of Social Development, 2004). The policy framework also emphasises the need for streamlining child-related issues and providing integrated inter-sectoral services to beneficiaries. In addition, the Provincial Protocol for Multi-disciplinary Management of Child Abuse and Neglect outlines the intersectoral practice in the provision of child protection services for children reported for abuse and neglect. Although a useful policy for the provincial efforts to address child maltreatment, the Protocol has a limited function in reducing incidences of child abuse and neglect. It is intended to introduce efficiency in the management of children reported for maltreatment and to facilitate coordination and proper recording of maltreatment cases.

One of the Protocol's guiding principles is that child protection involves specialised and intensive services intended to protect children and preserve families that are provided on the basis of need. The staffing implications for the Plan take into account the provision of services at different level of the Integrated Service Delivery Model (ISDM) at both the provincial and district levels.

Despite the development of a comprehensive constitutional, legal and policy framework that protect the rights of children, child abuse and neglect remain some of the major ways in which these rights are undermined. Richter and Dawes (2008) observe that a major

factor impeding the realisation of the rights of children to protection from abuse is lack of services that are adequately supported and resourced to fulfil the favourable legislative and policy reforms after 1994.

1.2 INSTITUTIONAL ARRANGEMENTS

The Department of Social Development is the principal role-player with responsibilities which include policy formulation, funding and coordination of efforts intended to address child maltreatment and the protection of children. However, other government departments – Departments of Health, Education and Community Safety are also required to implement policies and programmes in this area (Dawes & Ward, 2008). According to Giese & Sanders (2008) cooperative governance is a key principle based on Section 41 of the Constitution and facilitated through the Intergovernmental Relations Framework Act (Act 13 of 2005). This understanding has also led to the creation of a range of structures at national and provincial levels responsible for child care and protection policy implementation. Various government and civil society agencies emphasise inter-sectoral collaboration to enhance delivery of social services (Sadan, 2004). This situation provides an enabling environment for implementation of programmes which address child protection in a coordinated manner, but there is widespread concern that the principle is not applied consistently.

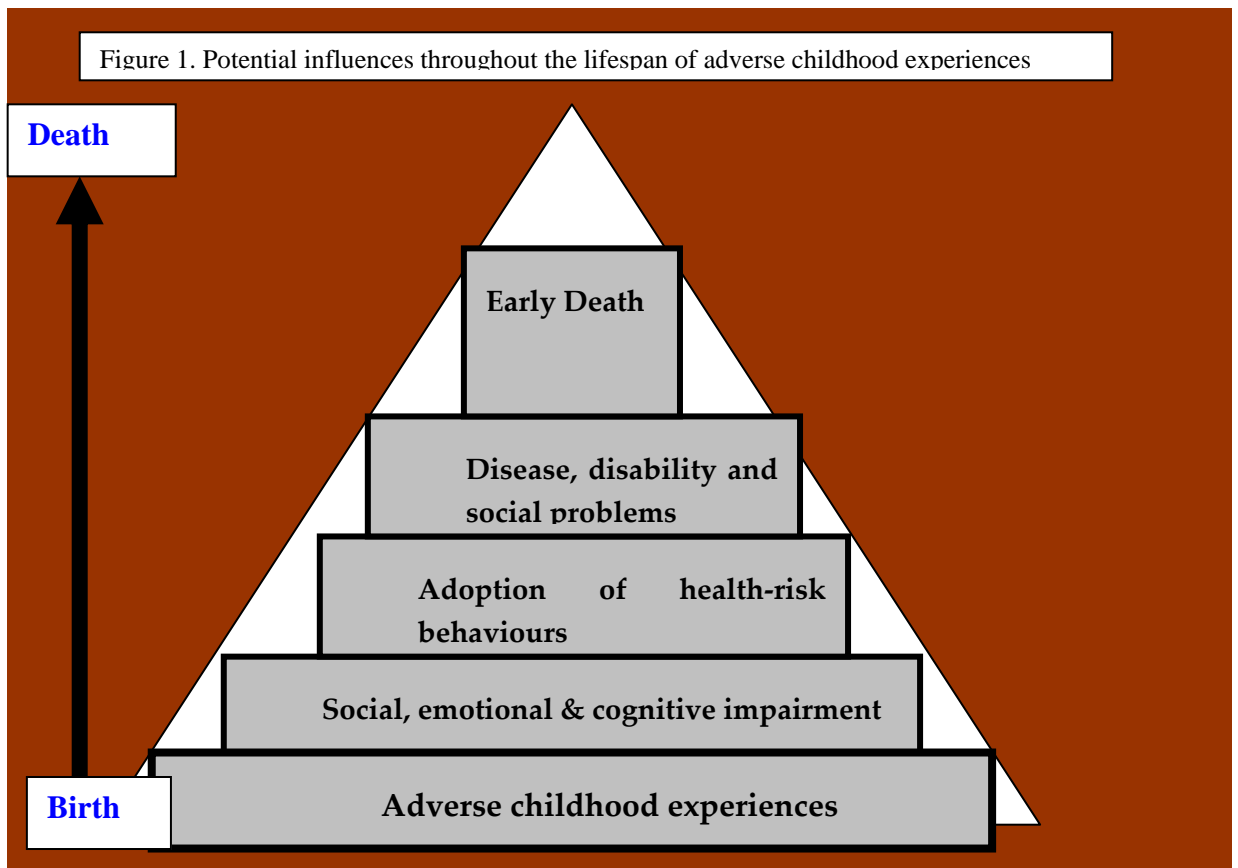
Two main ways in which the Children's Amendment Act and the ideal of cooperative governance have been given effect is through the creation of national and provincial child care and protection structures (Giese & Sanders, 2008) as well as through budgetary allocations to the Department of Social Development at national level by the Treasury and provincial level by the provincial legislatures (Budlender & Proudlock, 2008). The child care and protection structures are led by the Department of Social Development at both levels of government. Giese and Sander (2008) identify structures which are currently responsible for monitoring child protection issues: the Child Care and Protection Forum and the Child Protection Committee at national level as well as the Child Care Forums and Child Protection Committees at provincial and district levels. They all reflect partnerships between state organs and civil society, including non-profit organisations. While these structures have a potential to coordinate efforts on the prevention of child maltreatment, where they function well, their work is predominantly oriented to child protection while interagency cooperation is also weak.

1.3 CONCEPTUAL FRAMEWORK: ADVERSE CHILDHOOD EXPERIENCES

Child maltreatment is considered an important public health problem globally (World Health Organisation, 2006; Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009). Studies suggest that different forms of child maltreatment are adverse childhood experiences (ACE); are common in general populations; and underlie serious, long-lasting mental and physical health consequences which compromise individual health and development including the following:

- the ability to learn in school;
- costly health problems such as alcohol and drug abuse, mental illness, interpersonal violence, sexual assault, smoking, STDs, and transmission of HIV;
- undermine community and neighbourhood support structures;
- create a climate in which crime can flourish;
- inhibit economic development, and
- erode safety and security.

Child maltreatment can impair a person's social and occupational functioning, inhibit human capital formation, generate chronic diseases and, ultimately, hamper social and economic development (Gilbert, Spatz Widom, Browne, Fergusson, Webb, Janson, 2008; WHO, 2009a – unpublished meeting report). The ACE study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks 1998) described the long-term relationship of childhood experiences including exposure to childhood emotional, physical, or sexual abuse, and household dysfunction to important medical and public health problems in adulthood as well as early death (Figure 1). Research further suggests that low and middle-income countries including South Africa have high child maltreatment rates (Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009).



Source: Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks 1998, p. 256)

1.4 CHILD MALTREATMENT PREVENTION: THE PUBLIC HEALTH APPROACH

Child maltreatment can be prevented. Prevention of child maltreatment is favoured over other approaches through which governments may address the problem of child abuse and neglect. There are several advantages of providing child maltreatment prevention but there are challenges too when it comes to implementing prevention programmes. The benefits of introducing population-level positive parenting strategies through a public health approach are said to exceed services that are limited to specific groups identified as vulnerable. However, such interventions are costly. For example, to reduce the occurrence of coercive parenting practices in the community requires that a large proportion of the population be reached with effective parenting and family support interventions strategies (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009).

Such strategies require a public health approach. Nevertheless, population level interventions are preferred because services that single out vulnerable families and children are likely to stigmatise members of certain communities in any society. Another argument is that any parent or caregiver may benefit from information and skills intended to prevent child maltreatment and their caring capacities can be enhanced to provide favourable conditions for children (Reppucci, Woolard & Fried, 1999). However, at-risk groups should continue to be targeted taking into account resource constraints.

1.5 WESTERN CAPE PROVINCE APPROACHES TO CHILD PROTECTION: THE INTEGRATED SERVICE DELIVERY MODEL (ISDM)

The policy states that delivery of child protection services is performed at four levels of intervention: awareness and prevention, early intervention, statutory care, aftercare and re-integration services. The Integrated Provincial Care and Protection Plan noted that interventions to prevent child maltreatment were distinct from formal child protection services. Optimal implementation of the Plan would among others involve assignment of separate management responsibilities to staff who oversee programmes intended to address child maltreatment at awareness and prevention levels on one hand, and those who manage the formal child protection system and processes on the other. This pattern of role separation should be reflected at both the provincial office and district offices and it has implications for the social work services rendered.

Furthermore, the DSD needs a coordinated strategy to ensure integrated service delivery and planning of services. Interventions that are informed by evidence on the risk factors as generated by various sectors (community safety, health, education, and social welfare services) and evidence regarding the effectiveness of programmes on reducing unfavourable factors and enhancing protective factors would yield widespread benefits. This consideration is particularly important because in the long-run society will depend less on the provision of formal child protection services that involve time and resource consuming procedures followed when child abuse and neglect have occurred. For example, in a study on child abuse services provided in a South African children's hospital, Argent, Bass & Lachman (1995) noted research that has shown the time-consuming nature of medical investigations involving child abuse – child sexual and physical abuse. Even reunification efforts have to be conducted judiciously ensuring that they will bring about desirable child outcomes. According to MacMillan, Wathen, Barlow, Fergusson, Leventhal, Taussig (2008) some research has shown more improved outcomes for children who were not reunified with their biological families of origin than those who were, including enhanced intelligence scores, improved general wellbeing, and less criminal recidivism. When responsive programmes are provided in under-

resourced contexts the risks of failing to attain optimal rehabilitation of children and families is a concern.

1.6 THE INTEGRATED PROVINCIAL CARE AND PROTECTION PLAN FOR CHILDREN

It was envisaged that the implementation of this Plan would address the gaps in the provincial child protection system. In particular, it would lead to the development and implementation of programmes that would enhance services to vulnerable communities and families that would help prevent child maltreatment. Moreover, it was envisioned that appropriate monitoring and evaluation of the child protection services and institutional arrangements would be in place to inform planners about components of the strategy that were working and identify failures in programmes.

1.7 MANDATE

Against this background, the Department engaged the services of the HSRC to undertake a rapid assessment of progress achieved and to highlight potential challenges that have been encountered in the first years of implementation. The Plan identified seven areas of intervention with goals, desired outcomes and responsible Departments identified. The strategic areas of intervention were: (i) policy and legislation; (ii) human resources; (iii) training and capacity development; (iv) community safety; (v) public awareness and education; (vi) institutional support/financing, (vii) research, monitoring and evaluation, and (viii) services to children and families.

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To review progress made in the implementation of the Plan, the research study was conducted to:

1. Establish the extent to which the aforementioned strategic plan has been implemented with the goal of preventing child abuse and violations;
2. Assess the nature of programmes and services provided and the relative distribution of resources in the provision of child protection services;
3. Assess the knowledge of various role players about the provincial plans;
4. Evaluate the nature of existing partnerships for implementation and the adequacy of the existing monitoring system

In addition, the study also looked at what is working with regard to the implementation of the strategy as well as the weaknesses. We also examined the overall approaches used in the implementation of the plan by different implementing organisations, including levels of participation by communities

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In collecting information in response to research questions above, the research team undertook a detailed literature and document review (laws and policies), and intensive in-depth qualitative interviews with the key stakeholders.

This appraisal focused on all the seven strategic areas using different methods of information gathering. The team noted that the major legal development in child protection was the Children's Act (No 38 of 2005) and that the development of the Plan was based on a detailed analysis of the legal framework for child protection in the Province and nationally.

3.1 REVIEW OF LITERATURE AND DOCUMENTS

This study is embedded within the child protection debates and theoretical framework. In particular, the study has been situated within the adverse childhood experience (ACE) framework. Essentially, the study suggests that child maltreatment is one of childhood adverse experiences with underlying serious, long-lasting mental, physical health and social consequences which compromise individual wellbeing, development and ability to develop healthy social relationships. The study also draws from the public health approach which argues that child maltreatment can be prevented.

An overview of legislative and policy framework that regulate child care and child protection is provided above. Particular attention was paid to the South African Constitution (Act 108 of 1996), Children's Act (No 38 of 2005) as amended by the Children's Amendment Act (No 41 of 2007). The main international policies that promote children's rights, the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), were consulted. The National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation, the Provincial Protocol for Multi-disciplinary Management of Child Abuse and Neglect as well as the Integrated Provincial Care and Protection Plan for Children were reviewed.

3.2 QUALITATIVE INTERVIEWS

In addition to document and literature review, in-depth interviews with representatives of government departments and partner NGOs were conducted. The Plan had identified the Departments of Social Development; Health; Education; Community Safety; Local government; Justice; Home Affairs as key to a successful child care and protection strategy, and therefore, the Plan itself. The DSD has been recognised as the leading partner.

3.3 SAMPLE

The initial plan was to interview department managers in three of the 16 DSD districts and representatives of three key NGOs identified by the Provincial Department of Social Development. Three districts were selected ensuring wider geographic spread including distance from the Centre. The sample covered urban, semi-urban and rural districts. In

consultation with the Department, Cape Town (urban), Vredendal (semi-rural) and Worcester (rural) were selected. The choice also took the time constraints into account.

The respondents and key informants included government department officials in the Provincial DSD office and the three selected districts, researchers of a research institution, the Medical Research Council that previously had a home-visitation programme with the Department of Health and representative of some of the non-governmental organisations responsible for child protection services in the Province. A complete list of study participants and their designation is provided in Appendix A.

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4.1 EXTENT AND FORMS OF CHILD MALTREATMENT

The study explored the interviewees' perceptions of and attitudes about the extent of child maltreatment – abuse, neglect and abandonment – in the areas their organisations provided services. According to the respondents from government departments and non-governmental organisations in the three districts studied and key informants in the Provincial Department of Social Development, child maltreatment was a serious problem in the Western Cape Province. Non-governmental organisations reported that there were some indications that child physical abuse (CPA) and child sexual abuse (CSA) were on the decline. Cape Town, monthly reports from most areas where Child Welfare provided services, indicated that child neglect (CN) and abandonment were common problems.

The general view was that CN was more prevalent than other forms of maltreatment, but was 'invisible' to the media. Others indicated that emotional abuse was highly common; even though it was difficult to measure it tended to be reproduced through parenting styles.

“... Some parents even explode and say 'I can't take this child anymore'. Parents do not know better as some were raised like that and it was perceived as discipline although they are insulting a child, they believe it is discipline. Most parents when they talk about their upbringing, very few talk about happy moments, when asked what 'did they get as children which they will not give to their children' a lot of things come out, negative labels, sworn, shouted and some were continuously told that they would never amount to anything. Therefore verbal and emotional abuse remains higher than physical (abuse) because it cannot be measured”.

Physical abuse, exposure to domestic violence and neglect were the main concerns for the majority of child protection services with abandonment and sexual crimes believed to occur to a lesser extent.

Some of the representatives of the key role players in the provision of child protection services indicated that they were not entirely aware of the nature of the problem. They did not have 'objective' information regarding the forms of child maltreatment common in the communities where they provided services. Most importantly, they expected such information to be obtainable from DSD.

Availability of reliable statistics on the extent of child maltreatment is a challenge for planners too. When asked about the basis of their perception that child maltreatment was a serious problem, one of the key informants stated:

"Yes, based on the media coverage both on TV and radio, Western Cape seems to be the worst province in terms of child maltreatment such as murders, child rapes, killings, children missing – it looks like we are the province with high risk for children, even the politicians share that view."
(DSD)

Another key informant said:

"They (violence and sexual crimes) happen but I cannot give you the actual statistics because we don't keep specific statistics on types of neglect yet, we have got a system now where we can start. But I think those maltreatment makes newspapers sell; neglect is not sensational, sexual abuse and murder are. So my personal opinion is the number of children that are neglected emotionally, lack of nutrition and all those other things that equally have detrimental and long lasting effect on children. It must be underestimated but it is a huge problem."

4.2 IDENTIFIED RISK FACTOR

Poverty and substance abuse were identified as the key risk factors contributing to child maltreatment. More than half of the cases reported to child protection services were related to substance abuse and poverty according to respondents. NGO staff members explained:

"Neglect, ... but if you look at cases that we get, probably about 60% or 70% of the those cases, there is an influence of substance abuse, either alcohol or these days *tik*, or other substances and in 80% of cases there is definitely poverty involved. Those are two major factors in neglect of children."

"The common maltreatment is child neglect which is due to alcohol abuse and poverty in surrounding areas. Parents who have alcohol abuse problems

do not take care of their children properly, they do not know the whereabouts of their children, children are poorly fed, they are dirty, children are usually found on the streets wandering looking at shebeens for their parents and mostly children are left alone at home.”

In some situations, the two risk factors coexist. This aspect was highlighted by a government department representative in one of the rural districts who stated that:

“... in the farm areas poverty is rife as a result people resort to alcohol, this puts children in vulnerable conditions. Neglect is a common maltreatment form, this is usually the case in farm areas where parents have to work long hours, they come home too tired to enquire about the state of their children, and neglect is usually not intentional but is due to circumstance beyond parents.”

Table 1 presents the common forms of child maltreatment and associated risk factors according to the respondents in the three districts.

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District	Common forms of child maltreatment	Identified risk factors
Cape Town	Child neglect and abandonment, physical and sexual abuse, domestic violence, corporal punishment	Alcohol and drug (tik) abuse; mental illnesses; parents with maltreatment history
Vredendal	Physical and sexual abuse, exposure to domestic violence, neglect, abandonment	High prevalence of substance abuse; Lack of parenting skills, alcohol abuse
Worcester	Sexual abuse, child neglect, abandonment	Poverty, alcohol abuse

These findings suggest that government programmes that enhance livelihoods and reduce poverty play an important role in reducing the vulnerability of children to neglect associated with poverty. Equally substance abuse programmes contribute towards improving protective home environment and safe communities for children. However, lack of parenting skills is a serious threat to the development and protection of children in the Province. Several underlying factors include widespread poverty, high rate of single parenting by mothers who do not receive material and co-parenting support from the fathers; low education and intergenerational victimisation. Programmes that address the structural, individual and relationship risks are necessary to advance the goals of the Plan.

The above-mentioned Plan sought to address these issues. To assess the extent to which the goals of the Plan drive efforts to address child maltreatment in the Province, the appraisal attempted to establish the following:

- (i) The extent to which the Plan has a potential to reduce the incidence of child maltreatment;
- (ii) To what extent is the Plan known amongst principal role players?
- (iii) Are the key role players implementing the Plan?
- (iv) Has it been adopted according to each organisation's priorities?
- (v) Is the Plan being implemented in partnership with other role players?
- (vi) Is there a uniform monitoring and evaluation (M&E) system in place; and
- (vii) Whether child protection services worked with vulnerable families to reduce child maltreatment? The next sections explore these questions in detail.

4.3 THE PLAN

The implementation of the Plan was intended to address seven (7) strategic areas of intervention, namely, public awareness and education, community safety, human resources, training and capacity development, institutional support/financing and research, monitoring and evaluation, and services to children and families. The requirement is that the Plan should be implemented in a coordinated and integrated fashion with DSD taking the lead. Coordination and integration should include parents and families, neighbourhoods, communities, child protection organizations, faith based organizations, and the business sector.

4.3.1 Understanding of the Plan

The Plan is fairly well known about among key role players who are involved in the child protection field, that is, government departments and NGOs. Some of the NGO representatives who knew about the Plan indicated that their organisations had not adopted or implemented the Plan. While most organizations, including the DSD had M&E systems, there were no uniform standards developed due to poor coordination of various actors' activities.

4.3.2 Implementation of the Plan: Prevention of child maltreatment

It was envisaged that the implementation of the Plan would address the gaps in the provincial child protection system. In particular, it would lead to the development and implementation of programmes that would enhance services to vulnerable communities and families that would help prevent child maltreatment. It was noted then that in accordance with the recommendations of the South African Law Reforms Commission (2003), child maltreatment should be addressed through services provided at the four levels of the Integrated Service Delivery Model using a multisectoral approach. In addition, “primary prevention and promotive measures to target the broad population of children, with the primary aim of promoting their well-being and reducing their vulnerability to maltreatment” were to constitute such services.

Furthermore, it was recognised that in order to implement the Plan effectively, major restructuring and allocation of roles at provincial and district level within the Department was necessary. For example, management and line responsibilities of the staff had to be according to the four levels of interventions specifically. This approach has staffing implications but allows the four conceptual levels of service delivery to be translated into actual programmes addressing child maltreatment.

The distinction between formal child protection services (statutory care), early interventions and re-integration services on the one hand, and primary prevention services that include community awareness and specific programmes that address the risk factors known to expose children to maltreatment on the other, is fundamental to realising the broad goals of the Plan and the strategic goals of the Children and Families Programme. Child maltreatment prevention programmes protect children by preventing child maltreatment from happening in the first place and this has far reaching benefits for long term development of children and their adulthood functioning in society. Responding to child maltreatment after it has happened may not erase the multifaceted negative consequences of these adverse childhood experiences. And the economic, social and health consequences linked to these experiences for society justify why prevention should be prioritised and supported with well-resourced programmes.

To assess the readiness of the various role players to make the necessary shift from responsive measures to preventive measures in dealing with child maltreatment, they were asked three related questions: first, to distinguish between child maltreatment prevention and child protection services; second, to indicate programmes they had implemented to address child maltreatment; and third, their perception regarding allocation of resources across the four levels of the Integrated Service Delivery Model.

4.3.3 Difference between child maltreatment prevention and child protection services

The key informants' responses to this question provide critical information regarding their perception of how child maltreatment should be addressed. The responses underscore maintaining child well-being as the goal of the services rendered. However, a major problem was that it seemed that the dominant perspective downplayed the differences between child maltreatment prevention and child protection as distinct services. This is a concern because there is a difference between a child who experienced maltreatment and the child who grew up in favourable conditions, the consequences of which include reduced ability to realise own potential among abused children.

The differences between these two broad approaches are real. First, they are reflected in the guiding assumptions when services are provided, namely that no child maltreatment has been reported or investigated but there are risk factors that require that the population is made aware of them and they are supported and educated to eradicate them (prevention); or that abuse and neglect have been reported; they were substantiated or could not be substantiated. In both cases, services will be provided to the family members especially the caregiver to prevent recurrence while a child remains with the family of origin (early intervention services) or as a last resort, a child is taken into state supported care while efforts are made to eventually improve the family circumstance to make them favourable for child rearing (statutory care and reintegration). Second, the methods used to address the problem at these levels differ in terms of coverage and outcomes, namely a larger population of potential perpetrators is reached and lower reports of abused children.

4.3.4 Programmes implemented for addressing child maltreatment

While the existence of the ISDM provides a framework for child care protection services, the bulk of services provided or supported by the Department do not seem to address child maltreatment prevention in a coherent manner. For example, in terms of programmes at population level, there is a bias towards awareness creation processes while efforts to strengthen caregivers' capacity to care and enhance biological parent-child relationships are lacking. There is training support for caregivers, families and community members but mostly to assist them to respond to child maltreatment effectively (that is, as stipulated in the Protocol). One of DSD District officials reported the following programmes:

- Awareness around the new Children's Act through community dialogues;
- life-skills programme at schools about the rights of the children;
- parenting skills with the foster parents and safety parents;

- therapeutic services to families and referral of applicants to treatment centres;
- awareness programmes through *Kemoja* programmes at school and training of youth to present the awareness programmes.

Another DSD key informant mentioned:

“based on our strategic goals it [is our responsibility] to ensure that families care and protect their children. In this unit we strengthen families and ensure that victims of violence are cared for, ensuring that families are preserved to have resilient supportive families that care for and develop children appropriately because we may not take the child away from the family unless it’s the last resort.

A representative of one of the NGOs also mentioned that their organisation provided training for volunteers who provided places of safety for children who urgently needed help during weekends and after hours. Their service could potentially prevent harm from happening, but it would appear that it mainly facilitated follow-ups by social workers thus rendering it to be more linked to early intervention than primary prevention. However, such early warning systems complement child protection services and they are in accordance with the policy framework of the Province, and the Protocol in its current state.

The Plan also stipulates at least four considerations that should guide the implementation of child maltreatment prevention efforts in the Province:

- the significant number of children who are at risk for maltreatment, exposure to violence and abuse
- particular vulnerability of young children in the home that should be addressed through a range of services provided to families and children by education and health facilities (ECD, primary health care in clinics, schools)
- community and school level risk factors
- caregiver-related risk factors

4.3.5 Resource allocation at four levels of intervention in the ISDM

Invariably, the key informants at the Provincial office, district government and non-governmental organisations’ representatives indicated that most child protection services and resources (financial and human resources) were concentrated in statutory care services. This view makes sense considering that qualified/professional social workers were mostly not involved in primary prevention and most of their time was taken up by statutory care-related cases through investigations, Children’s Court inquiries and placement. It appears that prevention is currently relegated to community development workers and volunteers who work with the DSD or NGOs. This is partly because of the

legal imperatives, but it could also be because the view is that this level of child protection services does not require specialised skills. Some of the respondents had the perception that child maltreatment prevention was a national policy priority but felt that it was not the case at provincial level. For example, an NGO representative said:

“Yes at national level, but at local and district level it is not a priority as few seem to understand the need to have preventative measures”.

The responses above, although based on a limited number of key informants, suggest that the level of readiness of the Province to implement the Plan and manage its implementation with the view to reduce child maltreatment is low. This observation has implications for the reduction of the incidence of child maltreatment (reports, child injuries associated with maltreatment and entrants into foster care), and the elimination of risk factors associated with child abuse and neglect in the Province.

According to the Children’s Act the Provincial Minister of the Department of Social Development has the responsibility to see to it that suitable programmes are implemented for prevention and early intervention purposes (Chapter 8 of the Children’s Act). This situation provides an opportunity for the Department to design and coordinate specific programmes that address child maltreatment prevention. This responsibility was articulated by one of the government key informants who stated that:

“Since in this level mainly the responsibility is to see programmes in place, we then recommend to NGOs that they apply for funding per the levels that we work in.”

The advantage of having the DSD as a lead organisation and a funder of most child protection work in the province is that the Department can influence change. Coordinated efforts that promote family support programmes and are aligned with the known risk factors for child maltreatment at the personal, family and community levels are needed. They should involve all the stakeholders currently mentioned in the Plan as well as those that subsequent research has suggested for inclusion. For example, involving researchers at a late stage to evaluate on-going programmes limits the extent to which the scaling up of programmes can be evidence-based. Similarly, child maltreatment prevention programmes are not systematically integrated into municipalities’ development plans suggests that despite it being a ubiquitous problem in the province, child maltreatment is not mainstreamed yet. The current approach to the problem is fragmented; documentation and information sharing do not seem to be the guiding principles of existing collaborations. Box 1 and 2 below illustrate how an NGO addresses child maltreatment using prevention and utilising inter-departmental collaborations.

Box 1. Teenage Parenting programme by the Parent Centre

The programme is funded by DSD and involves a partnership between DSD, DoE and The Parent Centre since 2008. It is for teenagers who are parents, caregivers and children who are head of households. The aim of the programme is to help teenage parents to play the parenting role with confidence and enhance the relationship between parents and their children and avoid a situation whereby children relate better with their grandparents but are estranged from their mothers. In a situation where it is common for young mothers to migrate and leave their children under the care of grandparents a problem arises whereby teenagers struggle to have a relationship with their mothers. The programme is also designed to support teenage parents who are still at school. They are encouraged to be the best parents they can be. The outcomes associated with this initiative include enhanced intergenerational relationships in families: parents of the teenage parents are brought on board to take part. Other spill-over effects include improved academic performance of the teenage parents and a positive self-image among teenage parents as teenagers, adolescents with regular needs and as learners. Since there is a special focus on parents with younger children, some of the topics covered include HIV, sexuality and relationships. The programme also benefits from feedback from schools.

Box 2 below illustrates a home visiting programme implemented through inter-sectoral partnerships.

Box 2. The Parent infant home visiting programme by the Parent Centre

The programme is for mothers and is implemented in Khayelitsha, Gugulethu, Hanover Park and Imizamo Yethu. It involves collaborations between the Centre and the primary antenatal health care facilities. Staff identify parents who are at risk of abusing children due to their life circumstances. Referrals are from maternity units in Khayelitsha, Hanover Park and Imizamo Yethu. Mothers are then invited to participate in the programme and visits for support are requested. They are supported with information and given emotional support as well as linked with resources necessary for their circumstances. This is done mainly because people are not aware of assistance available in their areas. As a result the vulnerable parents sit at home, get depressed and at a slightest irritation by the baby, they abuse them by hitting. It promotes the importance of bonding and development of an early relationship between mothers and their babies. Mothers are taught about the benefits of these processes for the development of the baby. Trainers are community counsellors who are trained on how to assist mothers to stimulate and care for their babies. The programme plays an important role in that mothers are visited before and after the birth of their babies. They are given information about the development of the baby because it is recognised that many mothers do not know what is going on inside them and they cannot afford the ultra-sounds available in private antenatal care facilities. The programme also teaches mothers about the influence they have on their babies even before they are born. Emphasis is also on encouraging mothers to stay off drugs and alcohol to avoid Foetal Alcohol Syndrome (FAS).

The appraisal indicated that there were examples of good practice in the Province. For example, implementation of some programmes was informed by research. For example, the Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) has implemented a child physical abuse prevention programme based on research. A key informant stated:

“It’s clear from our engagements with parents, children and research that families are struggling to deal with their own difficulties, their own traumas and their own experiences. Then when they have children, these issues are put out to the next generation, thus we have families who do not know how to love their children. There are big gaps between parents and children, we love our children quite violently... it is clear that there is maltreatment but as you go deeper in the layers of abuse, you get to realise that corporal punishment is used freely and people condone it as ‘spanking lovingly’, whereas people are hitting their children with belts, hosepipes, kicking, shoving that is what children are exposed to. In fact HRSC research showed that is a normal thing for our children to get hit with the belt – but as to what is the society learning out of this culture of hitting. Especially when the parent of a child is doing it – that is the kind of child maltreatment that is acceptable in society.”

What was equally illuminating was the fact that the key informants who reported their organisation’s involvement in child maltreatment prevention also indicated that they were not necessarily operating according to the Plan. However, the programmes were informed by the prevalent risk factors for child maltreatment.

To some extent the three programmes implemented by the Parent Centre and RAPCAN dispel the common understanding that intersectoral collaborations are difficult to achieve. It would appear that at the local level entities with common goals implement partnerships successfully.

4.3.6 Awareness raising: communities, families and children

Most organisations and departments used awareness creation as a strategy to address child maltreatment. Such initiatives are mainly rights-based and empower children, in particular to know about their rights. Since such initiatives tend to exclude families and parents, they cannot effectively address this problem and they need to be augmented with family-focused services. This gap strengthens the argument for coordinated efforts as it is not a primary responsibility of some entities to provide such services and they may provide them without adequate professional support of social workers. A Local Government official stated;

“we don’t have a role in which we get involved; what we do is programmes around empowerment and awareness building, etc. A lot of our programmes are around the rights of children, awareness building programmes among children themselves to ensure that they are aware of their rights and what recourses they have in respect of areas wherein they are being mistreated. Our roles are also to make parents and caregivers aware of the rights of their children and also the requirements, and responsibilities of those parents in respect of meeting the needs of their children”.

4.3.7 Coordination and Partnerships

The representatives of the various NGOs indicated that the Provincial Department of Social Development was supportive and responsive and they reported that there was a reasonably good working relationship that existed between the Department of Social Development and other partners. This suggests that the Department of Social Development is playing a leading role on issues concerning child protection in general and the Western Cape Child Protection Plan in particular and is seen as such.

Coordination and partnerships between the other stakeholder departments and the DSD are weak. Most organizations and Departments work on their own. While a coordination body, the Provincial Coordinating Committee existed to coordinate the implementation of the Plan, very few organizations and departments knew about it and/or participated in it. This body needs to be more visible and proactive in coordinating the implementation of the Plan.

The private sector is highly conspicuous by its absence. There is an urgent need to partner with the private sector given the limited resources forthcoming from the Government. Already most private businesses have corporate social responsibility programmes into which the government and civil society can tap. This approach is further enhanced by the ACE framework which recognises that inter-sectoral approaches and concerted effort are critical for change to happen.

4.3.8 Monitoring and Evaluation systems

The intention of the Integrated Provincial Care and Protection Plan for the Western Cape Province was to address gaps in the child protection system by developing and implementing programmes that would enhance services to vulnerable communities and families that would help prevent child maltreatment. A monitoring and evaluation system (M&E) is a requirement to track progress and to identify challenges encountered. For this reason the Plan made a recommendation for an appropriate monitoring and evaluation of the child protection services and institutional arrangements. It was

envisaged that the M&E process would inform planners about components of the strategy that were working and identify failures in programmes. The Plan further proposed that the impact of information and awareness campaigns should be evaluated. The DSD was mandated to lead the M&E component of the Plan. This section analyses the reported weaknesses in relation to the structure and process of M&E system in the studies areas.

This appraisal found that most role players have M&E systems in place, however, these systems are not uniform and standard. Each role player has developed their own M&E systems with varying frequencies and formats of reporting. Most importantly, the M&E systems were not based on the objectives of the Plan as such. There was also an apparent confusion about what an M&E is all about. These challenges were faced by both government and NGO staff. The following observations from NGO staff provide an insight;

“Not a formal one but monthly we evaluate according to the service plans to compare what we have done to what we set out to do and see if there is a difference (NGO staff – Worcester).”

“The district managers of (name of an organisation) submit monthly, quarterly, six monthly, and annual statistics reports to the Head Office, which are then combined with reports from other districts (another NGO staff who worked for a different organisation from the one above – Worcester).”

“We have a quality manual which has processes for monitoring and evaluation, what we have is annual appraisal of staff, monthly team meetings – besides fuller staff meetings – is monitoring mechanisms, the monthly supervision is also mechanism for monitoring, and we have monthly reports (NGO staff – Cape Town).”

Government officials reported similar short-comings of the existing M&E and faced similar ambiguities with regard to operationalisation of M&E systems. A district-based official from the DSD pointed that;

“Yes but as usual for our department, our systems are not giving us the information we require, with this information, we are not measuring quality but we are counting numbers. We only look at the numbers of people who attended the program, but we do not go back three years later to find out what happened after (DSD)”.

An official from the Department of Justice and Constitutional Development based at the district office quipped;

“Not really we only have a system that tracks the progress of cases, as to when they are going to be finalised, we send out questionnaires to social workers. [cases take] three months, sometimes less than that, in cases

whereby both parents are deceased, and sometimes process is more complicated whereby parents are fighting for the children”.

“We do stats and send to National Office in Pretoria, not sure if [they] available” added another official from the Department of Justice and Constitutional Development.

“Yes [we do have an M&E framework], the framework looks at programs to see if deadlines are met and the level of participations and schools” explained an official from the Department of Education.

A number of challenges regarding M&E were identified. The primary one was the lack of M&E capacity. It was pointed out that there were not enough staff members and that the staff were not adequately trained to conduct M&E effectively.

“[We have] no full time staff; the challenge is the measurement of the impact of the programs” a DSD official pointed out.

“[There is the] lack of time and manpower to do proper monitoring of the projects’ progress” pointed out an official from the Department of Education.

The volumes of work as well as constantly changing reporting formats were cited as other reasons for the lack of proper implementation of M&E systems. The staff complained that there was a burden associated with changes in reporting format which also interfered with services provision. These problems are well encapsulated in the words of NGO staff who pointed out;

“The paper work is too much, DSD does not have integrated statistical framework, they are forever bringing out new forms and new questionnaires that must be completed to draw the information that is already provided in the non-financial data. Ever-changing reporting format, requesting information that is already there, that is bad because we do not have enough people to do the work, we do this report writing instead of going to communities and do the job, home visits, seeing children as a result all the time is consumed by report writing.”

It is clear that there are different methods of M&E system and reporting methods in place. Moreover, there are different understandings of what M&E entails. This could be attributed to the lack of coordination and weak partnerships. It is evident that the Children Summit would be an ideal vehicle to address the critical question of coordination, and partnership-building. The Summit will bring most representatives of affected role players, especially their programme leaders together. This meeting provides an ideal platform to jointly identify problematic areas and to propose joint intervention measures, particularly with regard to M&E system. It is incumbent upon DSD to invite the relevant departments to commit to working in partnership and in a coordinated fashion.

4.4 CHALLENGES

Challenges that affect the proper implementation of the Plan are mainly in relation to human resources. The chronic shortage of qualified social workers affects the provision of services. For example, despite child protection being considered a specialized field, most services provided to children were rendered through generic social work services.

4.4.1 Lack of social workers to provide different child protection services

Formal child protection services are prioritized in order to alleviate the effects of abuse and neglect on the child. The provision of non-statutory child protection services is mainly supported through the services of volunteers and auxiliary social workers. Most entities provided mainly awareness building as a prevention measure in communities and only a few NGOs prioritized prevention services to vulnerable families and communities. The respondents pointed out that programmes were constrained by skills shortage. The private organisations indicated that the ability of the Department to provide support to its implementing partners was reduced by staffing problems. This situation leads to delays in service delivery. A social worker explained the impact of the shortage of qualified social workers with these words:

“...the human resource in a way is a challenge because caseloads are quite high and it is difficult in a way to work on long term with families because child protection is very fast-paced. A lot of time you have to ensure that the child is safe now, that gets priority a lot of time, rather than cases whereby you can work long term.”

Another key informant pointed out that different categories of child services professionals were responsible for child maltreatment in the Province:

“... there are about 140 NGOs in the province rendering child protection services only. I don't remember the number of social workers ... It is not only social workers who on work child maltreatment, it's a wide spectrum called child services professionals, social workers are the only one who can do Children's Court enquiries – to appear in court. We have social auxiliary workers, and child and youth care workers also. Those are core people who deal with child maltreatment issues”.

While the wide spectrum of services provided by the dedicated NGOs and different categories of workers is commendable, the distribution of these resources to address child maltreatment prevention should be a policy priority.

Similarly, other government departments identified as role players in the Plan (for example, Departments of Justice and Community Safety) reported that their departments did not have personnel trained in issues of child protection. This is different with the Department of Education because where available, school social worker services contributed significantly to child protection.

NGOs argued that auxiliary social workers have limited training while volunteers were an unpredictable staff complement, because they tended to leave NGOs when they found alternative work. This situation may be exacerbated by a differential reward system for volunteers who work under government and those who work for the NGO sector and it hampers long-term planning.

An NGO staff member explained:

“...the challenge there is the sustainability of volunteers; and the difference between government volunteers and volunteers in places like Cape Town Child Welfare is we do not give stipend, we reimburse the transport costs and telephone cost ... but we don't give them a monthly stipend. So ...we have to do an ongoing training of volunteers.”

4.4.2 Lack of information on child protection services and commitment to programmes

Some of the respondents indicated that there was a widespread perception among communities that child protection services inevitably led to the removal of children from parental care. While this view could be attributed to the history of the manner in which social services interacted with families, the persisting predominance of statutory services could potentially erode trust between agencies and families. The respondents identified this perception as one of the barriers to realising the goals of child maltreatment prevention efforts even when NGOs introduced them at community level.

“Lack of cooperation from communities – people believe that everything that has to do with social welfare means their children being taken away from them, although Child Welfare always explains to communities that they only seek to help the parents to take better care of their children but the perception is still shared. This results in low participation of parents on parenting programmes although some are conducted in the evenings, ... The challenge for this parenting programme is that at any given rate instead of 10 participants attending, only 2 will attend, on different times attending different parts of the programme. Eventually... not a single person attends all lessons”.

8 F R Q F O X V I R Q V #

The Department of Social Development and its partners in the provision of child protection services need a well-resourced and coordinated strategy to deal with the problem of child maltreatment and curb its far-reaching intersectoral consequences. While there is consensus among various role players that the magnitude of child abuse and neglect in the Province is a concern, the currently dominant approaches to the problem have limited effect on reducing the incidence of child maltreatment.

As it is rightly understood by the various stakeholders, child maltreatment is a serious problem in the Western Cape Province. The concerns about the consequences of this situation for the wellbeing of the Province population are widely acknowledged. However, the concerns seem to be mainly about protecting children from recurring abuse and neglect and providing for their safety; the burden of child maltreatment to services as indicated by high caseloads; and prevention of family disintegration by intervening in such a way that children reported as being maltreated are not eventually removed from family care into out-of-home care. While these principles and the child protection practices of the Department and other partners are primarily consistent with the international and local instruments protecting children, they have not helped to prevent the occurrence of child maltreatment in the first place.

The provincial level of readiness to implement the Plan and manage its implementation in such a way that the incidence of child maltreatment is reduced and the risk factors associated with child abuse and neglect are eliminated is low. The common perception among some of the key role players that there is no substantive difference between child maltreatment prevention and child protection as currently practised in the Province, and in the country in general, explains the lack of robust programmes in relation to the former.

The analysis of the policy framework addressing child maltreatment indicates that Provincial policy instruments that were developed prior to the enactment of the Children's Amendment Act do not provide sufficient guidelines for preventive measures. The Act has introduced new areas of focus and responsibilities for DSD regarding child maltreatment prevention.

The major gap in the ISDM-based system is that there has not been significant transformation of the services that evolved under the Child Care Act despite the

recommendations from the preceding law reform that more resources should be directed to preventative measures of child maltreatment. The current focus on statutory care, early intervention and awareness creation is necessary but even more resources should be devoted to the prevention of this problem.

The long-term consequences of child maltreatment as suggested by the ACEs literature provide compelling evidence that it is necessary that policy prioritises child maltreatment prevention. There are two aspects that make these studies relevant for the Province's situation. First, the high incidence of child abuse including the exposure of children to violence in the home and community; and second, the prevalence of antisocial behaviour that leads to injuries, drug abuse and crime among youth and young adults. While there is no data that could help us understand the extent of the prevalence of ACEs in the population of adults, these two sets of indicators suggest that some of the service, public health, labour and development problems could be linked to high prevalence of adverse childhood experiences in the population. A recent South Africa study on adolescents' exposure to violence in the home suggests that such experience affects their future social relationships and influences children to use violence (Kubeka, 2008).

There is a dearth of programmes that address child maltreatment at the prevention level in the Province. Human and financial resources as well as time spend on child protection services are mainly taken up by responsive measures. In particular, the most important risk factor in the early years of a child – poor parenting, has received inadequate attention in the Province. This is despite the evidence that single parenting, teenage motherhood, and weak social capital in poor communities to support families with child care and supervision are common problems.

The implementation of child maltreatment prevention programmes should be done with caution. Science shows that even among popular programmes that are usually implemented to prevent child maltreatment, their efficacy may not have been supported by evidence (Mikton & Butchart, 2009).

Poor participation of parents in programmes intended to address parenting problems requires attention. Reasons for this behaviour may not be clear, but it is plausible that the mothers, who are usually targeted as beneficiaries of parenting skills programmes because they are the primary caregivers, may be over-stretched. Their lack of interest or even negative perceptions about the functions of child protection services threaten the success of any effort to change parenting practices and the home environment for the enhancement of child well being. However, such resistance may signal the importance of conducting participatory assessment of family needs and strengths before introducing interventionist services to families. Research also suggests that the choice of names used to promote parenting skills programmes has to be done carefully to avoid stigmatization of such programmes. For example, the Parent Centre was careful to indicate that their work was not focused on child maltreatment prevention; it was about 'parent's empowerment'.

The Department of Social Development needs the cooperation of other departments such as the Department of Labour to deliver services and change factors that expose children to unfavourable conditions including child maltreatment. For example, while earning an income would be a protective factor in the home, parents who work under poor conditions in which their child care responsibilities are not considered by employers pose a risk to child well-being. Some children in farming communities could be negatively affected by the long absence of parents who are employed on farms and lack of child care services.

Most NGOs were familiar with Plan. This is not surprising since the majority of them receive funding from DSD and are therefore likely to be up-to-date with DSD's plans. However, the Plan has been adopted by few organisations. Individual NGOs mainly followed their own business plans and indicated that these were not developed according to the Plan. Therefore, there is little coordination and structured partnership to facilitate information sharing in the sector. On the other hand, some of the NGOs that did not follow the Plan but based their strategies on the contextual circumstances of the communities they served seemed to have programmes that were potentially relevant for child maltreatment prevention in place.

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Investment in programmes that can change parenting practices and attitudes of the members of society towards children are social investments in the future because learned positive ways of social interaction at home and in communities will in the long-run break the intergenerational cycle of abusive child rearing practices. Therefore, given the strides made in relation to national legal frameworks, the Province is likely to benefit from reviewing a policy framework intended to enhance prevention as well as investing in family-focused interventions.

The following are the recommended actions to enhance child maltreatment prevention efforts in the province:

- 6.1 Review the existing provincial policy framework in line with the Children's Amendment Act and energize stewardship through champions of child maltreatment prevention.

The current efforts will be enhanced by reviewing the existing provincial policy framework (especially The Plan and the Protocol) to provide guidance for approaches,

resources and partnerships that support vulnerable families and parents systematically and comprehensively in accordance with the Children's Act. This process will include incorporation of the provisions of the Children's Act and an effective strategy of involving all the relevant stakeholders. An idea of 'champions' of child issues in all the relevant agencies is worth considering while taking into account the limitations of 'junior champions' in matters that require decision makers. The Partners should include the mass media and health and development communication organisations.

- .2 Balance resource allocation between emergency responses (early intervention), statutory care and reintegration services and prevention by strengthening training programmes for community development workers to implement, under supervision, carefully designed prevention programmes.

This consideration may include reviewing the criteria for resource allocation for child protection programmes to increase budgets, human resources and time devoted to child maltreatment prevention in communities. One of the major constraints to providing prevention services is the pressing need to respond to families and children affected by child maltreatment. The current involvement of community members as volunteers is a positive development. The Department should consider improving the capacities of this resource through appropriate training in child maltreatment prevention and shift away from primarily supporting ad hoc activities under the rubric of 'awareness building'. Training institutions will be relevant partners in such an endeavour.

- 6.3 Prioritize evidence-based programmes and monitor their implementation and outcomes carefully.

The Department has in the past utilized the evidence generated through research to influence the prioritization of services for vulnerable children in the Province. Such initiatives include the scaling up of the early childhood development programme. The reviewed child care and protection plan should stipulate indicators within the different strategic areas of intervention.

- 6.4 Address the needs of 0 – 2 years old children of the Province by working in collaboration with primary health care facilities.

It is recommended that prevention of child maltreatment should focus on the prenatal to 2 first years of a child's life to address issues related to parent-child relationships.

Primary health care facilities should make referrals of vulnerable women attending antenatal care to DSD family preservation services. The current focus of the World Health Organisation on the importance of enhancing parent-child relationships and parenting skills to promote secure, stable and nurturing relationships in early years of a child's life is based on extensive review of the outcomes of such strategies (World Health Organisation, 2009b, p.4). Paying

attention to the pre-ECD years through family-focused services will enhance the outcomes of ECD and long-term human development.

- 6.5 DSD should consider supporting documentation and evaluation of on-going programmes on parenting to obtain information that will help in the development of comprehensive, locally designed prevention programmes.

Some of the local organisations have programmes and services specifically to enhance parental competencies early in the life of the child as a means of promoting child health, development, and behaviour. They use different methods such as home visitations, support group networks and educational information on parenting and parent-child relationships. The programmes need to be carefully documented and evaluated for their effectiveness. Locally designed programmes that are identified as promising and are based on local contexts are likely to be more fruitful but all need to be cautious to not overstate the effectiveness of such programmes. While other internationally renowned programmes should be considered, they must be tested before they can be replicated; it is critical to understand their ingredients and sources of their success as well as assess them against local capacities (Olds, Sadler & Kitzman, 2007).

It may be necessary to consult with various communities regarding the naming of local programmes as part of ensuring that programmes are culturally acceptable. Again, the Children's Act has several mechanisms which can be utilised to compel parents to cooperate and attend training sessions.

- 6.6 Highlight how working conditions of some of the poor family members may affect child maltreatment.

While South African laws protect children from exploitation and child labour, there are no policies that seek to harmonize parents' responsibility to provide for their children with work demands, especially where families cannot afford day long care and after school care services. Poor working conditions of parents including long working hours are a risk factor in rural farming communities. Interventions in the area as well as programmes that take the relationship of inadequate housing to child sexual abuse should be considered.

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APPENDIX A: LIST OF STUDY PARTICIPANTS

J r y h u o p h q w #

Name of Participant (s)	Position	Organization	Area
Anthea Michaels	Deputy Director	Dept of Community Safety	Cape Town
Candice Cupido	Senior Admin Clerk	Dept of Justice	Cape Town
Shirley Davis	Assistant Director	Dept of Social Development	Cape Town-Head Office
Nomfundo Nabela	Deputy Director	Dept of Social Development	Cape Town – Head Office
Cathy Nel	Social Work Manager	Dept of Social Development	Vredendal
Jacob Hitchcock; Lincoln+ Hatley; Johannes Bantom; Anina Visagie	Supervisor, Child and Family; Acting Supervisor Youth Development; Canalisation Officer.	Dept of Social Development	Worcester
Brian O’Conner	Acting Director - Social Development	City of Cape Town	Cape Town
Alecia Daniels	School Social worker	Dept of Education	Worcester
NGOs			
Ina Wermellen	Services Manager	Child Welfare	Cape Town
Ronell Van Zyl	Director Social Services	BADISA	Cape Town
Marriane Heyns	Manager of Social Services	BADISA	Vredendal
Annie Hattingh	Manager of Social Services	BADISA	Worcester
Fouzia Ryklief	Manager, Parenting and Community Empowerment and Support (PACES)	The Parent Centre	Cape Town
Sam Waterhouse	Advocacy Manager	RAPCAN	Cape Town
Berenice Barry	Supervisor of Social workers	Child Welfare SA	Worcester
Kristel Africa	Project Manager	Project Hope	Vredendal
Research			

Institution			
Dr Ashley van Niekerk/ Neziswa Titi	Director / Intern	Medical Research Council (Crime, Violence & Injury Lead Programme)	Cape Town