



## **Children's Court Inquiries in the Western Cape**

**Final report to the Research Directorate, Department of Social  
Development, Provincial Government of the Western Cape**

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**11 June 2008**

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Cite as: Makoae, M., Dawes, A., Loffell, J., & Ward, C.L. (2008). Children's Court Inquiries in the Western Cape. Final report to the Research Directorate, Department of Social Development, Provincial Government of the Western Cape. Cape Town: Human Sciences Research Council.

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## ACRONYMS

ACVV	Afrikaanse Christelike Vroue Vereniging
BADISA	Barmhartigheid, Diens/Dianonaat En Saam
CC	Children's Court
CCI	Children's Court Inquiry
DoJ	Department of Justice
DoSD	Department of Social Development
PAWC	Provincial Administration of the Western Cape
SANCA	South African National Council on Alcoholism and Drugs Abuse
SAPS	South African Police Service



## ACKNOWLEDGEMENTS

We would like to thank our two field researchers, Dr Mariana de Jager and Ms Ajwang Warri for their resourcefulness during data collection. They collected good quality data and provided insights to the study. Thanks also to Ms Hendrika Verhoef for the literature review work she did for the team.

The HSRC research team appreciates the contribution made by all the participants at the methodology workshop at which the mandate of the study and research tools were discussed with child care professionals from the Department of Social Development and Department of Justice in the Western Cape. The pilot information from the Wynberg and Cape Town district offices helped us to improve our tools and we thank the key informants in the two departments in these districts.

We would like to thank all the individuals and organisations who assisted us to obtain the different types of information on children's statutory care. The district officers in the Department of Social Development (DSD) and Department of Justice (DoJ) in Atlantis, Cape Town, Malmesbury, Mitchell's Plain and Wellington were helpful in many different ways. The study benefited from the social workers, canalization officers and commissioners of the children's courts who agreed to be interviewed.

The supervisors of social workers in the non-governmental organisations we contacted also provided useful information on their perceptions regarding child maltreatment and statutory services provided. The Barmartigheid, Diens/Dianonaat En Saam (BADISA) is a social welfare organization which is an arm of the Dutch Reformed Church of South Africa and Afrikaanse Christelike Vroue Vereeniging (ACVV) were the private social welfare organisations contacted.

# INTRODUCTION

## THE RESEARCH MANDATE

The Western Cape Provincial Department of Social Development requested the Child, Youth, Family and Social Development (CYFSD) at the Human Sciences Research Council (HSRC) to conduct a study entitled: “Children’s Court Inquiries in the Western Cape” investigating factors related to the statutory removal of children in four magisterial districts (and five courts) in the Western Cape. This is a follow-up study to the report, *“Situation Analysis of Children affected by maltreatment and violence in the Western Cape”*<sup>1</sup>, which raised concerns about an apparent high incidence of child maltreatment in some of the magisterial districts.

The current study analyses the factors that place children at risk of maltreatment (neglect and abuse), and the factors that contribute to statutory removal of children in the Province in four magisterial districts. Similar districts were compared so as to understand why some had high and others low rates of children appearing before the Commissioner.

The study aims to assist the Provincial Department of Social Development with improved targeting of interventions.

Although poverty is commonly considered to be an underlying risk factor for children’s emotional and developmental needs not being adequately met, there are several additional dynamics of families and communities which constitute risk for child survival and safety in their homes. Intervention by external agencies also, although usually done primarily to meet the needs of the child, may have negative consequences if not based on a thorough understanding of the context of abuse and neglect.

The predominant philosophy guiding child protection in South Africa emphasises maintaining families together. This renders prevention of removal of children from their biological parents a priority in statutory care services. Removal is an option that is implemented mainly in high-risk situations which have serious implications for child well-being. Therefore, it is important that investigation into the children’s situation is comprehensive. When placement of a child is identified as a reasonable form of intervention following formal investigation by social workers, it is critical that the

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<sup>1</sup> Dawes, A., Long, W., Alexander, L. & Ward, C.L. (2006). *A situation analysis of children affected by maltreatment and violence in the Western Cape. A Report for the Research Directorate, Department of Social Services & Poverty Alleviation: Provincial Government of the Western Cape.* Cape Town: Human Sciences Research Council.

process is done with minimal disruption of the emotional and social relationships of the children and their families; that it leads to the children's safety being improved while their emotional stability is also enhanced by providing suitable alternative care which takes their long-term needs into consideration. The circumstances which the practitioners consider when they decide on statutory removal and placement of children in need of care, and how children's well-being is addressed within the statutory system, are critical in terms of good placement decisions.

Our previous work (Dawes, Long, Alexander & Ward, 2006) found that Children's Court Inquiries were probably the most reliable source of information on child maltreatment. However, that study was not able to disaggregate court data by reason for presenting at the children's court. This is a problem because there are a variety of reasons for children's matters being brought before the court. They would include such matters as grandparents seeking foster care of their grandchildren where the child's parents have died. Without data on what brings cases to the children's courts, we cannot know the proportion of these cases that is in fact child maltreatment.

The purpose of this study limited to five courts is to begin to provide some clarity on this matter.

The Terms of Reference for this research were as follows:

1. Identification of risk factors for child maltreatment in the province;
2. Development of profiles of children who were subject to statutory removals, and their caregivers;
3. An analysis of the home and socio-economic circumstances of removed children;
4. Identification and categorization of the forms of maltreatment that resulted in Children's Court Inquiries and the statutory removal of children;
5. An analysis of placement options, i.e. foster care, children's homes and adoption;
6. Examination of service delivery processes followed in respect of statutory removals.

## **APPROACH TO THE RESEARCH TASK**

### **Information Sources**

Information for the study was obtained from five Children's Courts (CC) in four magisterial districts in the Western Cape: Atlantis, Cape Town, Malmesbury, Mitchell's

Plain and Wellington. Statistics were obtained for each CC regarding the number of inquiries reported to and brought before the CC in 2006.

The first 30 cases of child maltreatment in the period were identified and reviewed in detail. All the cases had been finalized at the time of the study (January to February 2008).

The children's court files were examined. Each is supposed to contain the social workers' reports on their investigations of child maltreatment cases brought before the Children's Courts in 2006, the statutory Form C providing information on the process leading to social worker investigation of reported maltreatment affecting children and the basis for social worker's intervention, and a record of the court's decision.

One-on-one interviews were conducted with child protection role-players in each Children's Court jurisdiction: the CC Commissioner; the canalisation officer; and social workers involved in statutory care in the Department of Social Development district office, as well as private welfare organisations. Where agreed to, interviews were audio recorded.

Quantitative and qualitative information from court files was captured in two databases, one for child data and the other for the child's caregiver/home situation. The forms for data capture are presented in Appendix B2 and B3.

The data collection tools were piloted and finalised following a workshop with stakeholders from the provincial Department of Social Development and Department of Justice prior to implementation.

Once the team went into the field however, they found significant inconsistencies in the manner in which family and child background information was recorded. Also a number of the court files provided far less comprehensive coverage of information than needed to understand how the child's context influenced the court's decisions.

These omissions are not consistent with good social work practice. Recommendations in this regard are made in this report. Improvements will provide much-needed evidence on the child's context to inform child protective services.

## **Analysis of data**

Qualitative data from the files and interviews was analysed thematically to identify the risk factors for child maltreatment and examine the service delivery processes followed in respect of statutory removals.

Quantitative information was analysed using SPSS to obtain frequencies in relation to a spectrum of variables intended to provide characterization of the children affected by neglect and abuse and their caregivers, to analyse the forms of maltreatment that led to

Children's Court Inquiries in 2006 and the home and socioeconomic circumstances of removed children.

### **Limitations of the study**

This report is based on limited information in terms of scope and depth. The initial plan to review 30 court files in each CC was not achieved in Wellington and Atlantis. In each of them less than a third of the intended number of cases on child neglect and abuse could be obtained for the 2006 reporting year. This was because Wellington continued to have low numbers of children brought before the CC as it was observed previously (Dawes, Long, Alexander & Ward, 2006) while in Atlantis most of the cases brought before the CC concerned adoption. There were also several cases which were received in 2006 but closed before finalisation for different reasons including protracted investigations by social workers.

Some files in different courts only contained a Form C and there were no social workers' reports on the outcome of the investigation, reports which should precede recommendation on statutory removal to the children's court. This discrepancy is a major information gap in understanding the process of statutory removals. As suggested in previous studies (Dawes, Long, Alexander & Ward, 2006), Children's Court Inquiries records relating to statutory proceedings under the Child Care Act 78/83, particularly Section 4 of the Act, can be an efficient source of information on the incidence of child maltreatment if handled well.

Although the studied cases were for 2006, since interviews were conducted in 2008, there was likelihood that key informants' perceptions would not necessarily be restricted to the period under review – that is, that they might reflect the situation in 2008 more than in 2006. Also, since the interviews asked about circumstances which influenced the statistics in 2006, the study did not capture situations where some change had occurred since 2006, especially regarding systems and service delivery.

### **STRUCTURE OF THE REPORT**

Part I of the research undertaken on Children's Court Inquiries in the four magisterial districts in the Western Cape presents the findings with regard to the prevalence of child neglect and abuse in the areas under study by providing annual statistics of children who were brought before the children's courts in 2006, and the profiles of the children and their caregivers. The report also presents the risk factors for child neglect and abuse as found in the four magisterial district courts; and the forms of maltreatment which resulted in statutory removals. Given the poor level of reporting of information

on the home and socio-economic circumstances of removed children in the social workers' reports, this study has not been able to address these.

For each theme, we attempted to integrate the quantitative and qualitative data. Quantitative data obtained from the children's court files is presented in the form of tables and graphs to illustrate comparisons between different categories of each variable or condition. The boxes are used to capture qualitative data from the files while interview information has been used to complement both aspects of the data from the CCs.

Part II of the analysis is on two aspects of the statutory intervention services provided to children who were brought to the attention of children's courts:

- Service delivery processes followed in respect of statutory removals, and
- Placement options which were available in the five studied children's courts for implementation of statutory care.

# CONCEPTUAL FRAMEWORK

## FORMS OF CHILD MALTREATMENT

Statutory intervention to protect children affected by maltreatment is a practice that recognizes that neglect and abuse occur within specific contexts. Part of the rationale to implement statutory removals is that the most immediate environment for children, namely their homes and caregivers, may pose a serious risk to the children's well-being. Therefore, part of good policy practice is to understand the context of maltreatment in detail and ensure that interventions are made to protect the interests of the affected children and that long-term arrangements to bring about desired outcomes (especially permanency for children) should be initiated at an early stage of the statutory intervention process (Loffell, 2007).

There are several forms of child maltreatment, or neglect and abuse.

Neglect includes two forms, situational and deliberate. Some families lack the means to provide for their children. Children in these families may experience what is known as "situational neglect" or "neglect due to failure to provide". Situational neglect is directly caused by a lack of means to meet children's needs (such as providing food), and should be distinguished from "deliberate neglect". Deliberate neglect is as a result of primary caregivers adopting inappropriate approaches to child care or ignoring the obvious needs of children for reasons other than lack of means (for instance, where a caregiver is intoxicated and therefore does not feed her children).

By contrast with neglect, child abuse is a form of active maltreatment and it includes hurting a child physically, engaging them in direct or indirect sexual activity, and exposing a child to emotionally and psychologically harmful situations and behaviours (Dawes & Mushwana, 2007). These forms of abuse are known as physical abuse, sexual abuse and emotional abuse. Often, they co-occur.

Good definitions of abuse and neglect are necessary if one wishes to describe the phenomena with any degree of accuracy. While it is generally agreed that child abuse may be regarded as active and deliberate maltreatment of a child, and neglect could generally be regarded as more passive in nature – as acts of omission rather than commission, different approaches to definition are evident in government. One definition states that:

“Abuse in relation to a child means any form of harm or ill-treatment deliberately inflicted on the child, and includes:

- a) assaulting a child or inflicting any other form of deliberate injury on a child;
- b) sexually abusing a child;
- c) committing an exploitive labour practice in relation to a child;
- d) exposing or subjecting a child to behaviour that may psychologically harm a child;
- e) deliberately neglecting a child;
- f) deliberately failing to protect a child from any of the above” (Department of Social Development 2004b).

The Children’s Bill definition does not include (e) and (f) but retains the rest. It adds “bullying by another child” to the list.

These definitions are designed for legal purposes and are too broad for use in research. It is necessary to provide greater precision for both administrative data capture and research purposes. Included in this precision should be disaggregating of the data by different types of abuse and neglect, as well as by different risk factors such as age and gender.

### **Defining physical abuse**

All provincial governments are required to collect administrative data on child abuse using the CPR Manual of the National DoSD which defines physical abuse as: “any act or acts which results in inflicted injury or death to a child or young person. Associated signs include but are not restricted to: 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”(Department of Social Development 2004a). The register implicitly assumes that the injury must be non-accidental.

Other approaches, more typical of incidence research, such as the Canadian Incidence Study, stratify physical abuse into subtypes such as shaken baby syndrome<sup>2</sup>, inappropriate physical punishment, and other forms of physical abuse (Trocme et al. 2001). Unlike the information captured in the CPR, these definitions implicitly refer to context (for instance, physical punishment which crossed a safety boundary). This enables researchers to use such information in order to plan evidence-based interventions. For example, if inappropriate physical punishment is found to be predominant in a particular population, training parents in effective methods of

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<sup>2</sup> Shaken baby syndrome is the term used to describe the head trauma that results when an infant or young child is shaken. Because young children’s heads and necks are very vulnerable, as little as 5 seconds of shaking can cause the brain to bruise and/or ligaments to tear. In some cases, permanent brain damage or death can result (Voorhees 2007)



discipline that do not rely on smacking could be an appropriate form of preventive intervention.

### **Defining sexual abuse**

It is never possible to obtain accurate data on child sexual abuse as this is an illicit and secret activity. Child sexual abuse commonly has two basic elements (Finkelhor 1994):

“sexual activities involving a child, and abusive conditions, which exist when:

- the child’s partner<sup>3</sup> has a large age or maturational advantage over the child<sup>4</sup>; or
- the child’s partner is in a position of authority or in a caretaking relationship with the child; or
- the activities are carried out using force or trickery<sup>5</sup>.”

In the national administrative data system of the DSD, the CPR Manual definition is as follows:

“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 [sic] 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.” (Department of Social Development 2004a).

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<sup>3</sup> The child’s sexual “partner”, i.e., the abuser.

<sup>4</sup> For instance, where the child is intellectually disabled and is abused by a child who is the same age but not disabled.

<sup>5</sup> Such as where a child is enticed into a sexual act through lies or other tricks.

While systems such as the CPR potentially provide cost-efficient incidence data (provided they work well), authorities agree that carefully constructed incidence and prevalence studies are the best way to overcome the problem of under-reporting inherent in the secret nature of child sexual abuse, and provide the best estimates of the problem (e.g., Cawson et al. 2000; Trocme et al. 2001; Trocme et al. 2005).

## **Defining neglect**

Neglect is arguably one of the most difficult conditions to define, but the core conceptual issue is to find a way of specifying 'omissions of care (unmet needs) rather than abusive actions' (Straus & Kantor 2005). It is important that a distinction is made between neglect that occurs due to circumstances beyond the carer's control, such as chronic severe poverty (for instance, where children go hungry because parents cannot afford to buy enough food) and that which occurs due to the carer's inattention to the child's situation in spite of his or her capacity to act to address the child's need (for instance, where a child is hungry because a parent has withheld food, despite having enough to feed the child). It is the latter that is classified as neglect in the research and administrative systems.

The Children's Bill definition states that neglect is 'the failure by those responsible for the child to meet his/her basic physical, emotional, intellectual and social needs'. The Bill does not elaborate on forms of neglect. On the other hand, the Department of Social Development's CPR Manual stratifies neglect into several types in accordance with the approach taken in much research literature (p 47). These include:

"Psychological neglect: any act or failure to act by the caregiver which results in impaired psychological and/or emotional functioning such as rejection, deprivation of affection, and inappropriate criticism.

Physical neglect: failure to provide the necessities required to sustain the life of the child or young person, including neglectful supervision (failure to provide appropriate adult supervision of the child so that there is 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.

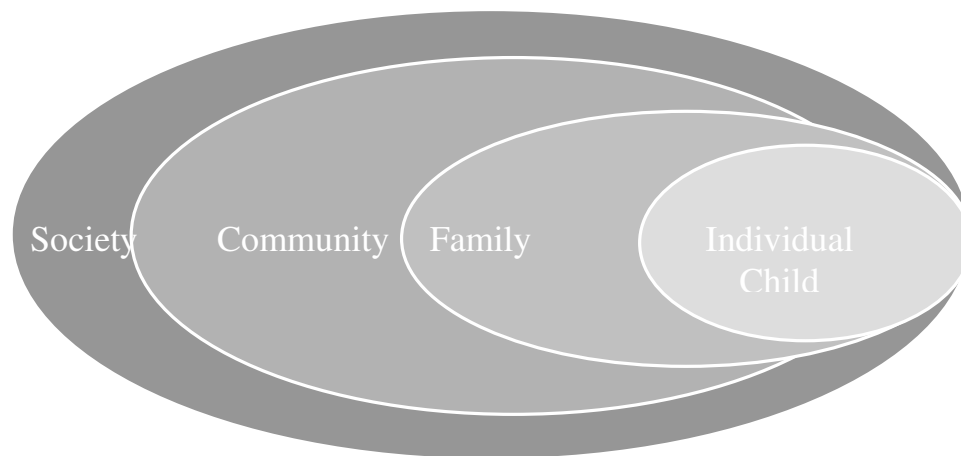
Educational neglect: failure to provide for the child's educational needs, such as schooling, support and stimulation."

It is important to bear in mind that neglect commonly involves chronic situations that are not as easily identified as specific incidents (Trocme et al. 2001).

## DETERMINANTS OF CHILD MALTREATMENT: AN ECOLOGICAL APPROACH

Public health approaches to problems such as child maltreatment begin by identifying risk and protective factors that influence the extent of the problem. Risk factors are those associated with an increased likelihood of poor outcomes, and protective factors are those associated with increased likelihood of good outcomes; while these may not be causally related to the problem, identifying them makes it possible to identify high-risk groups and/or factors which might usefully be targeted in an intervention (Kirby 2001). Using a public health approach therefore helps to design interventions: it identifies who needs them most, and what they should seek either to increase or decrease. Such an approach to child abuse considers the interaction of factors at the individual, family, community and societal levels as illustrated in Figure 1 below.

**Figure 1: The nested systems of an ecological approach to child maltreatment**



Closest to the child are those who care for him or her. The family and peer group are important sources of protection for children from the negative impact of violence exposure in the community (Moses 2006). However, the family can also be a source of abuse and violence to children - most abuse and neglect occurs in the child's home (often in a context of alcohol abuse), and most sexual and physical abuse is perpetrated by persons close to the child (Straus 2000; Townsend & Dawes 2004). Also, where

children are not adequately supervised or where parents do not have recourse to child care arrangements when they have to leave the home, the risks to children increase.

The quality of the surrounding community is also crucial to child safety. Some communities present more risks for child maltreatment than others. Child maltreatment (including physical and sexual abuse and neglect) are increased in communities that:

- Have high levels of social inequality, poverty and high household densities (overcrowding – which increases risks of sexual abuse);
- Have social norms supportive of violence together with male dominance of women and children as well as belief in the legitimacy of and effectiveness of harsh physical discipline;
- Have high levels of alcohol and drug abuse and ready availability of alcohol and drugs;
- Have inadequate access to social welfare services, poor policing and weak systems of criminal justice (particularly as regards child abuse and neglect).
- Children who grow up in poverty are also more at risk for child labour, commercial sexual exploitation and trafficking, which are also forms of child abuse and neglect.

Family and neighbourhood influences interact. Recent studies indicate that 20 – 30 percent of children in the Western Cape are exposed to domestic violence (Leoschut & Burton 2006). Children affected by such circumstances are more likely to leave that environment and spend more time on the streets. This in turn which exposes them to risks of maltreatment in the neighbourhood (Legget 2005).

Finally we have the societal level of influence. This is most distant to children but constitutes an important source of protection or vulnerability. At this level are the laws, policies and plans designed to protect children and improve their well-being. Also at this level is the body of attitudes and norms that inform parenting and childcare.

It is also appreciated that there are multiple factors within the home associated with child maltreatment (Petersen, Aber, Billingsley, et al, 1993). In other words, although it is common knowledge that poverty and substance abuse expose children to the risk of abuse and neglect, the context and mechanisms through which these become drivers of maltreatment may differ for each child.

In the next section, we report on the findings on child neglect and abuse in five children's courts studied in the Western Cape Province.

# RESULTS

## IDENTIFICATION OF RISK FACTORS FOR CHILD MALTREATMENT: CIRCUMSTANCES WHICH LED SOCIAL WORKERS TO MAKE RECOMMENDATIONS FOR STATUTORY REMOVALS

The following is the analysis of the circumstances that the social workers investigated and on the basis of which they considered statutory intervention. Intervention was mainly through removal of the children and their placement in different forms of foster care – with relatives or non-relative foster parents and in residential care. To understand situations that put children at risk of maltreatment, it is important to understand the question of what and who within homes presented such danger. This approach helped to identify the behavioural, relational and contextual risk factors while also pointing to the interrelatedness of context and the ‘deficits’ in the parenting practices of the biological parents. To a large extent, intervention seemed to be responses prompted by crisis situations that exposed the dire and chronic neglect of children.

Circumstances that rendered children vulnerable to maltreatment tended to be similar across different areas. Child maltreatment thrived under specific behavioural patterns and socio-economic conditions of family members; those relating to the primary caregivers as members of communities with low resource endowments and levels of social organisation. The circumstances led to parents’ failure to provide adequate care within the home environment and exposed children to risk that affected their well-being and development.

The following are the risk factors identified from the court files and interviews with practitioners as circumstances that led to removals. Consistent with the information from the court files, interview data identified substance abuse, poverty, single parenting and quality of relationships within the home as important circumstances considered as placing children at risk of maltreatment.

### **Alcohol and substance abuse by primary caregivers**

Substance abuse was identified by professional practitioners as a scourge that undermined child protection in homes. It was the most important factor in child maltreatment across the five courts linked to severe neglect, neglect which entailed multiple dimensions of maltreatment and was the main reason children entered

statutory care. For example, many described emotional abuse as “not concrete”, “not easy to prove before children’s courts” and “seen as part of subjective interpretation” yet they believed it was a problem for many children affected by substance abuse. The prevalence of emotional abuse where one or both caregivers abused alcohol was evident from social workers’ reports highlighting domestic violence as a prominent feature of the children’s homes. The text captured in the various boxes below was extracted from the social workers’ reports reviewed in the five courts.

**Box 1**

*Neglected children were under 4 years of age. Mother left two elder children and ten day old baby in the care of friends after a drinking episode and conflict with husband Couple has a history of domestic violence and alcohol abuse. Mother left children in care of friends after conflict with husband and went drinking. Both parents lack basic parental skills. 10 day old baby was without care for at least 24 hours/dehydrated, scalds on skin etc. Older children confused and tearful (Child 4, Wellington)*

Parents who abused alcohol and drugs could not provide supervision, discipline and protection. Lack of discipline and guidance deprived such families of the necessary stability and structure desirable for child development. Neglect was also a mechanism through which children participated in deviant behaviour (Box 2). A social worker describing how substance abuse led to neglect stated:

*“Parents are in their own world; they forget about children while also exposing children to high risk of abuse and exploitation by others”*

## **Box 2**

*The child appears to be involved with criminal activities at a young age. He has been accused of theft and possession of drugs. The child acknowledges the use of cannabis with his friends who appear to be mainly girls. His parents are reported to misuse alcohol and the report states that the situation at home is unstable and not conducive to the functioning of a child his age. The report states that the mother has difficulty with his behaviour. The social worker recommended that the child be moved into residential care that would provide him with the necessary structure and stability (Child 20, Malmesbury).*

*Eldest child is involved in criminal activities. Mother's alcohol abuse and the fact that she forces children to beg for money on the streets to enable her to buy alcohol is a risk. She suffers from tuberculosis but refuses treatment and is irresponsible regarding her condition. There is a possibility that she might have infected children. Children are neglected and there's no accommodation. Often leave children for long times with family members (Child 8, Atlantis)*

In most instances of neglect, children were found to live or were exposed to circumstances which could seriously harm their physical/emotional/social wellbeing which included exposure to domestic violence. The underlying factor to most maltreatment cases was substance abuse by parents (Box 3). Children whose parents had poor drinking habits were reported to social welfare agencies as severely neglected. This behaviour led to parents, especially mothers, repeatedly leaving their children abandoned. When both biological parents abused alcohol and drugs ("tik" (crystal methamphetamine), heroin, dagga (cannabis), and mandrax (methaqualone)) or had a problem of substance addiction, children became neglected.

**Box 3**

*Children investigated because they suffered trauma after being abandoned by both parents. A mother constantly abandoned children (and went to stay with the drug warlord that she had an affair with. Both parents were abusing substances; when mother abandoned children, father followed suit and did the same, thus children left alone. Children were constantly exposed to domestic violence between parents and physical neglect, verbal and emotional abuse by parents was reported. Parents were employed part time but chose to spend money on substances*

*(Child 1, Mitchell's Plain)*

*Both parents have a problem of alcohol addiction and are unemployed hence depend on support grants and contribution given by the father of the first 2 children. The other adults living in the house also use alcohol excessively (their relationship to children is unknown). The living conditions are not conducive i.e. over-crowding (Child 17, Mitchell's Plain)*

Mothers' abuse of both legal and illegal substances was identified as a circumstance that particularly undermined the protection of children (Box 4). The common problem was that such mothers left their dependent children without making proper arrangements for their care. Children were left on their own or with individuals who could not provide adequate care, especially siblings and elderly parents, but also with friends who did not feel obliged to provide care. For example, children as young as three months old were left without proper care arrangements or taken by mothers to shebeens and drug houses, thus jeopardising children' nutrition and safety.



**Box 4**

*The mother of the child gets aggressive and abuses the child after drug and alcohol consumption. In addition, she sells household items to facilitate her drug taking habit. (Child 19, Mitchell's Plain).*

*Mother's alcohol addition is a major risk at home. A child was being treated in hospital after he was fed jik by the mother. She neglects children when drunk, in spite attempts by family to intervoene. Mother does not have a proper support system because of the lifestyle that many disapprove of (Child 15, Mitchell's Plain).*

*The children were severely neglected and the family had a history of neglect. Parents were unemployed, the mother abused dagga and mandrax, has repeated shoplifting habits and was finally jailed for 15 counts of shoplifting, and she involves children in begging habits. The children were being kept away from school by their parents, the second born, 8-yr old, made allegations of sexual abuse (Child 23, Mitchell's Plain).*

*Mother's psychologically unstable, she does not comply with medication prescribed for illness and she abuses substance. Older siblings have in the past years been removed from mother's care, (Child 21, Mitchell's Plain)*

*Mother's irresponsible behaviour (sleeping out often, leaving child in care of sick/elderly parents, associating with negative peer group, drug and alcohol abuse)-Child's mother cannot hold a job due to drugging habits; she was caught in possession of tik at last place of casual employment (Child 2, Mitchell's Plain)*

*A mother's alleged drug abuse problem (tik) places the child at risk of physical neglect. She often staying out late with the child, allegations that she sleeps in a taxi rank with the child were presented (Form4). The child was also often exposed to drugs and drug merchants as mother was a drug user and often took him along (Child 3, Cape Town).*

*Mother has drug taking habits which lead the child being left unsupervised, regularly (Child 7, Mitchell's Plain)*

*Mother's "tik" addiction, causing her to abuse the child when under the influence (Child 18, Mitchell's Plain)*

*Mother abuses alcohol and tik. Live with friends in a house where they abuse and sell alcohol and tik. Children neglected and exposed to danger (Child 4, Malmesbury)*

Many caregivers lacked the means to support their children because they were unemployed. In our sample, even those in receipt of state welfare grants expended these on alcohol and drugs. Substance abuse eroded family resources, and parents' practices could also place the children's future security at stake, as when they sold some of family assets to meet immediate expenses linked to substance consumption.

Alcohol and drug abuse contributed significantly to parents' failure to perform the caring responsibility and it undermined the survival, well-being and long-term positive development of the affected children. Apart from children suffering from malnutrition-related disease, neglectful parents did not take care of the health needs of sick children and did not encourage them to attend school regularly or did not enrol them in school.

Younger children were particularly at risk of not obtaining appropriate care because of their high dependence on their mothers. This was because mothers who had a substance use problem were likely to leave their young children without making appropriate arrangements for their care, or took them away from home for long hours without attending to their physical needs. As a result of mothers' abuse of alcohol or drugs, children suffered different forms of neglect: physical neglect, medical neglect, abandonment and failure to supervise or protect children, thus increasing their vulnerability to sexual abuse and behavioural problems such as truancy, running away from home and involvement in criminal activities.

With the widespread problem of *tik* in the Western Cape, many children could be the hidden victims of this drug scourge. Combined with the historical problem of alcohol abuse in the province, *tik* is a public health problem that requires strong inter-agency collaboration between the child protection system and service providers such as the South African National Council on Alcoholism and Drugs Abuse (SANCA). This strategic approach could help towards family restoration and would minimise removals of children significantly as our data suggests that substance abuse is the main driving force behind child neglect.

## Single Parenting

The analysis of the caregivers' characteristics shows that most caregivers of the children affected by neglect and abuse were single mothers. The social workers identified the young mothers' marital status as a risk factor at home (Box 5). This is plausible considering that most single parents would find themselves under stressful situations especially if they did not have strong social support networks to assist with caregiving. They may also lack role models to socialise them into the parenting role. The pressures on single parents were exacerbated by high levels of poverty – unemployment, erratic employment and low incomes reported by most social services providers as complicating developmental work in most high risk families.

### **Box 5**

*Mother is a single parent with a problem of alcohol addiction. The child is exposed to violence at home... (Child 12, Mitchell's Plain)*

*Lack of male role models in the home and mother's relationship with different men, mother being unemployed, poverty, mother's lack of stable abode, and mother's abuse of alcohol (Child 2, Cape Town)*

*Single parenthood and mother's alcohol drinking habits were a risk. Mother abandoned the child. She had unstable behaviour and she hardly stayed in the house. She lacked support from child's father whose whereabouts were unknown. Mother indiscriminately watched porn and entertained her numerous male partners in front of the child in the house. She was unemployed and her source of income is a married boyfriend (Child 8, Mitchell's Plain).*

*Single parent, father absent, no contact with child. Basic living conditions limited, poor hygiene and sanitation (Child 2, Wellington)*

### **'Troubled homes': Psychiatric problems and imprisoned parents**

An assessment of the home environment and caregivers' circumstances during social work investigation suggested that in some instances the home environment was not conducive to child care because there were stressors which affected individual members and had impact on the children as part of the family system.

Multiple stressors affecting biological parents, such as mental health problems and imprisonment of a spouse or parent, were likely to affect children, especially if there was no professional intervention provided. Some of the behaviour found to expose children to maltreatment could be attributed to psychological dependence on substances, especially with drugs which produced tendencies such as irritability (Box 6). Under such situations, children bear the burden of the parents' addiction problem.

**Box 6**

*Mother's psychologically unstable, she does not comply with medication prescribed for illness and she abuses substance. Older siblings have in the past years been removed from mother's care (Child 21, Mitchell's Plain)*

*The child does not have anyone to take care of him because father's whereabouts are unknown and mother, a single parent, had been admitted to a psychiatric hospital. Maternal grandmother could not take care of child either due to her own emotional instability (Child 6, Mitchell's Plain)*

*Mother is deceased and father is in prison. Previous foster care placement failed. Child left and wandered between families for about a year – in need of adult supervision and accommodation – exposed to dangerous situations, raped while on street and underwent abortion (Child 3, Atlantis)*

*Mother emotional problems, suicidal ideation and attempts; Alcohol abuse (Child, 5 Wellington)*

*Older siblings have been in conflict with the law, in the past Mother's string of unstable relationship with men, father's psychological illness, mother's alcohol abuse and neglect of children placed in her custody (Child, 16 Cape Town)*

*Mother's anger outbursts are a major risk. Her psychological instability developed when abused whilst growing up, raped in marriage, was in abusive relationship with ex-husband, failed marriage. She has not dealt with these issues. The social worker recommended that she goes for a psychological assessment. It felt as if the younger child was a scapegoat. (Child 25, Mitchell's Plain)*

*Mother's abandoned the child at 7-months with his paternal grandmother and the mother has never made contact since then. The child's father is serving a jail term (had been in prison then for about 2 and half years) (Child 14, Mitchell's Plain)*

*Poverty; parents are involvement in petty crime for survival. Parents abuse drugs and substance. Parents are irresponsible; involved in gang. Parents are unemployed and living in dire conditions. Child's father in Pollsmoor prison (Child 3, Mitchell's Plain)*

## **Lifestyle and Livelihoods inconsistent with parenting role**

Some children were severely neglected because parents pursued livelihoods which were inconsistent with the parenting role or which exposed children to danger. The activities identified as risks to child protection were the sale of alcohol, drug dealing, theft, multiple sexual partners and sex work (Box 7). Sex work particularly impacted on young children less than one year of age as mothers reportedly abandoned children soon after birth to resume their lifestyle.

### **Box 7**

*Mother's unstable lifestyle i.e. numerous partners, drug taking habits. Mother was in an abusive relationship with a man who also abused drugs and lived in an old car with her boyfriend (Child 20, Mitchell's Plain)*

*Maternal grandmother's gambling problem (resorted to selling child's toys for money); Mother's multiple explicit sexual relationships with different men; Mother's interaction with "wrong crowd" (Child 3, Cape Town)*

*Mother has psychiatric problems but refuses treatment (often admitted to Lentegeur hospital). Abused child from another relationship too (her other child from different relationship lives with his father, no contact between children. Mother alcohol abuse, sex worker, Lack of food (Child 2, Wellington)*

*The mother, as a result of using drugs and alcohol, has been neglecting the child and at times been violent with him. The child has been subject to witness the mother stealing and has been exposed to severe negative behaviour from her. Because of this, it was felt that the child would benefit from living with his maternal great aunt (Child 7, Malmesbury).*

*Parents no accommodation, mother often left child in the care of maternal aunt and disappeared. Both parents abuse alcohol and drugs, involved in drug smuggling, charged for criminal charges, awaiting trial. Child exposed to dangers when parents smuggle with drugs. Parents do not provide in basic needs of child (Child 3, Wellington).*

Family relationships could also be strained if the other members of the family did not approve of the parents' behaviour that led to child neglect. This situation could isolate parents and lead to their support systems being further weakened.

### **Poverty and Living environment**

One important risk factor for maltreatment is the living space which families use as dwellings. Some parents did not have accommodation of their own and the situation exposed children to harm, especially when parents left them without making adequate arrangements for care. Lack of accommodation and effects of alcohol abuse also produced worse forms of child neglect and abuse (Box 8). However, social workers' reports did not capture this information comprehensively. Nevertheless, homelessness is a common problem identified by the social workers' reports as undermining the well-being of the children – homelessness either in the sense that they shared an already over-crowded dwelling with another family or to the point that they lived under structures such as a bridge.

Other attributes of the home environment identified as risks of child maltreatment were domestic violence and disputes related to child custody following divorce. Social interaction of biological parents and that of the parents with their partners constituted an important aspect of the home environment that affected the safety of children. Some children were removed from home because they were consistently exposed to domestic violence or were abused by resentful intimate partners within the home.

### **Box 8**

*Mother indicated that she is tired and don't want to care for children on her own. Lack of income and accommodation, children hungry and physically neglected (Child 6, Wellington)*

*Mother is deceased and father is in prison. Previous foster care placement failed. Child left and wandered between families for about a year – in need of adult supervision and accommodation – exposed to dangerous situations, raped while on street and underwent abortion (Child 3, Atlantis)*

*Mother's alcohol abuse and lack of accommodation are risks. Mother often abandons children, no knowledge of her whereabouts and is often in conflict with the law (Child 7, Atlantis)*

*Mother abuse alcohol, wanders and address often unknown (Child 7, Atlantis)*

*Mother has no income, no accommodation and cannot provide the basic means. Children lack adult supervision; they are often left children with relatives. There are reports of neglect in past (Child 9, Atlantis)*

*Mother indicated that she is tired and don't want to care for children on her own. Lack of income and accommodation, children hungry and physically neglected (Child 6, Wellington)*

*Mother's alcohol abuse and lack of accommodation are risks. Mother often abandons children, no knowledge of her whereabouts and is often in conflict with the law (Child, 7 Atlantis)*

*Mother abuse alcohol, wanders and address often unknown (Child 7, Atlantis)*



## PROFILES OF CHILDREN SUBJECT TO STATUTORY REMOVAL AND THEIR CAREGIVERS

Analysis of the profiles of children is presented according to the five children's courts studied: Atlantis, Cape Town, Malmesbury, Mitchell's Plain and Wellington. The five children's courts received varying numbers of reports concerning child maltreatment from both formal structures and community members in 2006.

### Children's Courts Statistics, 2006

Table 1 indicates that Cape Town and Mitchell's Plain Children's Courts (CC) received and investigated a high number of abused and neglected children in 2006. Wellington and Atlantis CCs had the lowest proportion of children reported to social services being investigated and eventually appearing before the children's courts for maltreatment, 13.7 percent and 20 percent, respectively. In Atlantis, most cases reported to social services were mainly concerned with adoption. Malmesbury also had relatively fewer reported cases but a high proportion of the cases (56%) were brought to the attention of the children's court, suggesting that maltreatment was the main reason children were reported in the first place.

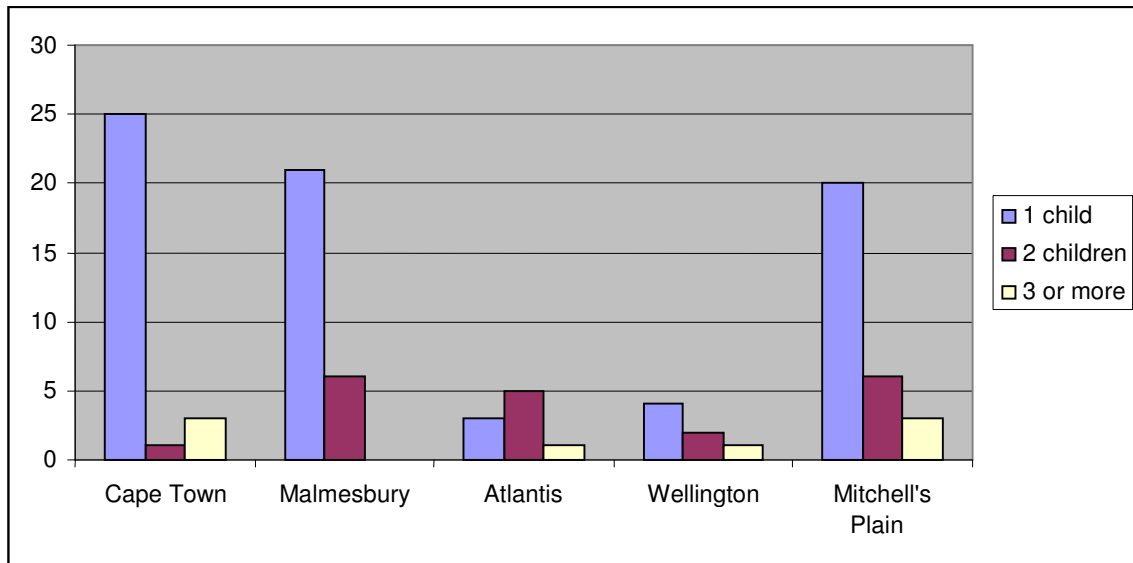
**Table 1: Number of child cases brought to and appearing before the Children's Court, 2006**

Children's Court	Reported	Appeared	Start to end period	No. Selected
Cape Town	297	230	03/01/2006 - 20/12/2006	30
Atlantis	83	17	01/01/2006 - 31/12/2006	9
Malmesbury	48	27	01/01/2006 - 01/12/2006	27
Wellington	51	7	01/01/2006 - 31/12/2006	7
Mitchell's Plain	227	200	05/01/2006 - 28/12/2006	29

### Number of children involved in each inquiry

Another important aspect of the children's information was the number of children involved in each inquiry. Most of the 102 inquiries records and statutory interventions analysed in all the five children's courts involved one child. However, about 28% of the cases involved more than one child with most of them appearing before the Malmesbury, Mitchell's Plain and Atlantis Children's Courts (Figure 2).

**Figure 2: Number of children involved in each inquiry for each Children’s Court**

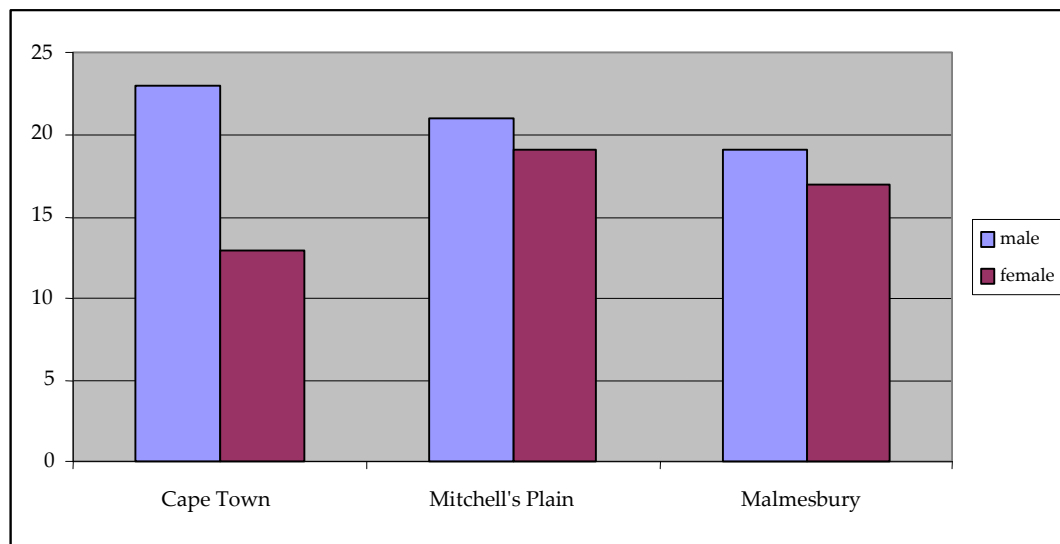


The study also compiled the profiles of children and their caregivers who were subject to statutory removals. The analysis of the characteristics of children who were affected by statutory removals in the four magisterial districts is according to gender, age, schooling status, birth order in the family of the child under inquiry, and caregiver type. The socioeconomic characteristics of primary caregivers are provided according to gender, age, marital status, education and employment status. Because of the small numbers of the investigations that led to statutory intervention in Wellington and Atlantis, information from these children’s courts was only included in qualitative analyses.

### **Gender**

In all the three children’s courts – Cape Town, Malmesbury and Mitchell’s Plain – there were more boys than girls who were subject to statutory removals. The differences were marked in Cape Town where the number of boys was almost twice that of girls (Figure 3).

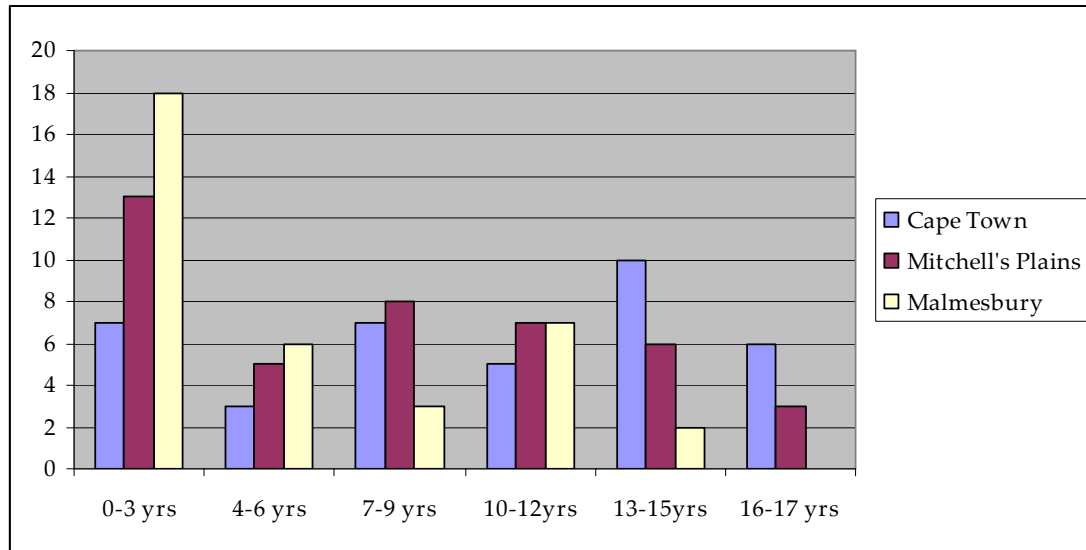
**Figure 3: Gender of children reported for maltreatment – Cape Town, Mitchell’s Plain & Malmesbury (Frequency)**



### Age

The records indicated that most of the children experienced maltreatment and were removed from the care of their biological parents before the age of 10 years. Figure 4 shows that in Malmesbury and Mitchell’s Plain children younger than four years were more likely to be reported as neglected and abused than older children. While boys and girls were regarded as equally affected by maltreatment, practitioners identified children in the younger age groups as particularly vulnerable. The 0 to 4 years age group was identified as the most vulnerable category of children. Younger children seemed not to have yet developed ways of safeguarding themselves from maltreatment. However, it also seemed that there were relatively high numbers of teenagers brought before the children’s courts. The driving force for this category needs to be understood because children in this age category would soon age out of the child protection system. It would be important to have appropriate interventions which keep the majority of these children in the mainstream of society and help them become a generation of effective parents who can overcome the risks of maltreatment in their parenting life.

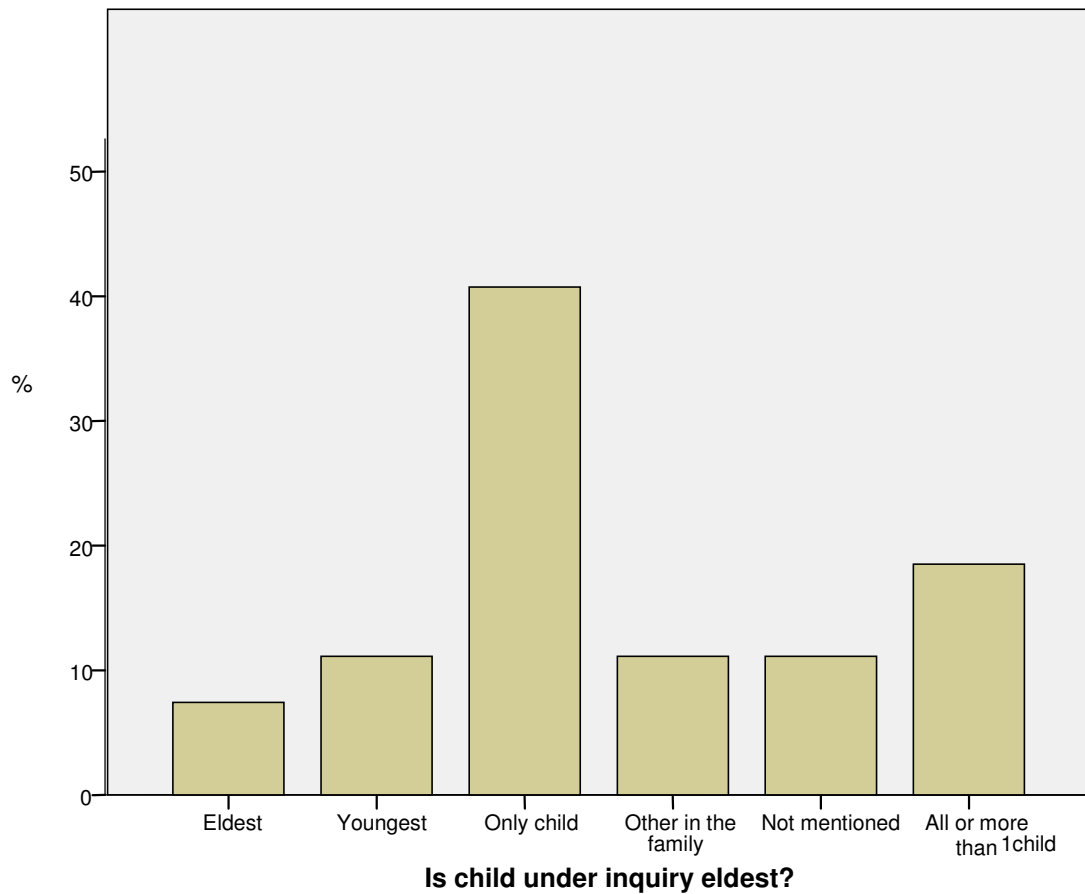
**Figure 4: Age distribution of children brought before children’s courts – Cape Town, Mitchell’s Plain & Malmesbury**



**Is the child under inquiry the eldest child?**

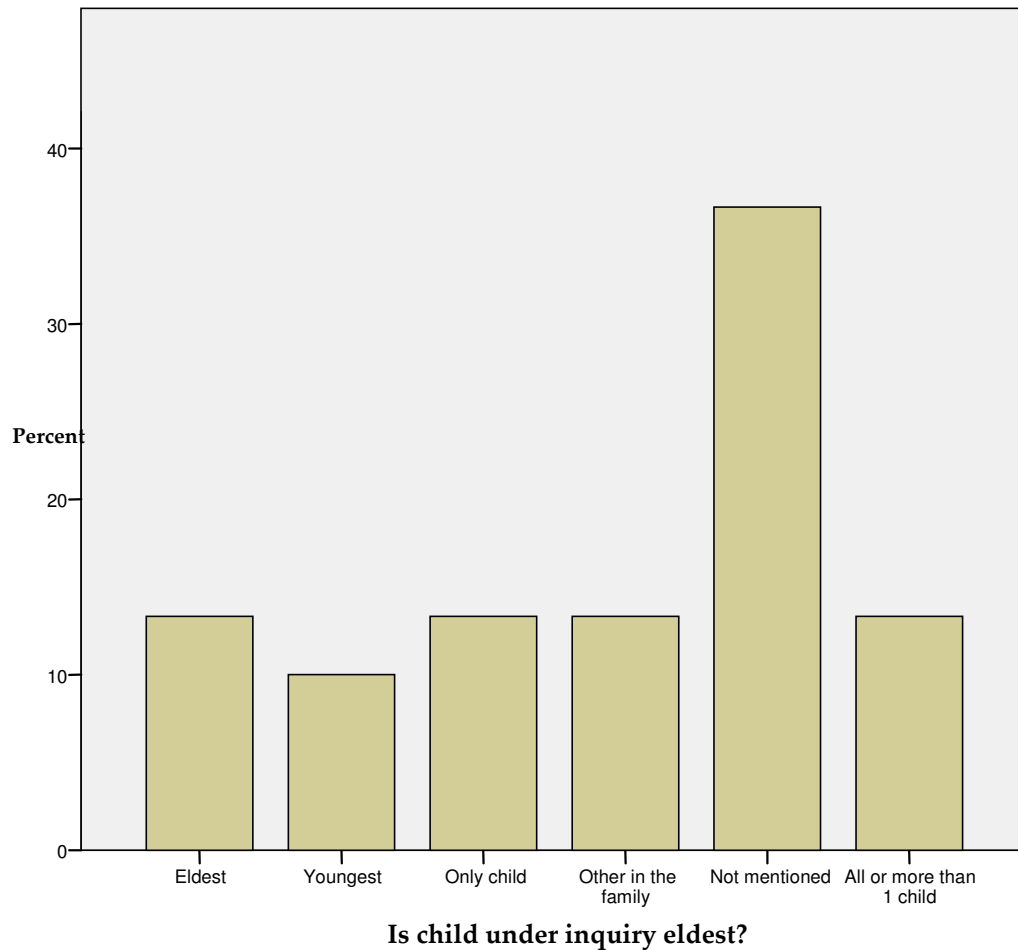
Information on birth order of the children under inquiry gave an indication of two things: whether maltreatment affected children with siblings and the type of children mostly affected. In Malmesbury, children who were mostly affected by maltreatment were the ‘only child’ of the concerned caregivers (Figure 5). This category was followed by situations where an inquiry involved all children in the family. Given that most of the children affected by statutory removals were aged between 0 and 3 years, it appeared that being a young child (toddler) and being the only child in a family were attributes associated with neglect and abuse. These characteristics link the children to young first-time mothers who are likely to be single.

**Figure 5: Is the child under inquiry the eldest? Malmesbury**



Although valuable, the information was poorly captured in Cape Town and other CCs. For example, in Mitchell’s Plain, the information was not provided in about 55 percent of the children’s files. In Cape Town children’s court, children of different categories seemed to face equal risk and as in Malmesbury, the youngest of the children in the family were relatively fewer (Figure 6).

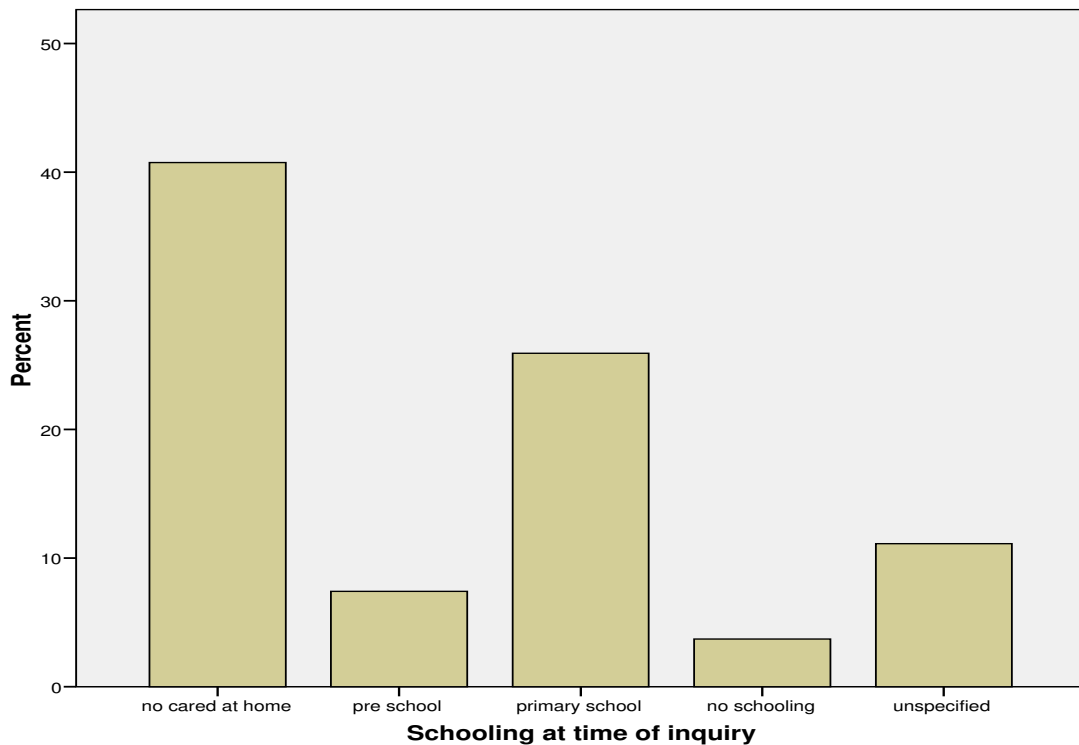
**Figure 6: Is the child under inquiry the eldest? Cape Town**



### **Schooling among the children affected**

Information regarding the schooling status of the children – whether or not they attended school, and their grade at the time of the inquiry – was not recorded consistently. In about 53 percent of the records brought before the Cape Town CC, information on the children’s schooling was not specified while for Wellington 4 out of 11 records of children who were brought for statutory intervention did not specify their schooling status. Data from Malmesbury indicates that more than one third of the pre-school children were being cared for at home – Figure 7. This finding raises questions about access to day care facilities for parents and disadvantages of not receiving early child education for children in some of these areas.

**Figure 7: Child schooling at the time of inquiry - Malmesbury**



Poor recording of information regarding children’s education in the reports brought before children’s courts is an issue of concern. Child-centred statutory intervention should pay attention to the needs of a child holistically. This is a serious omission of information on a pertinent aspect of children’s human development. For children affected by maltreatment, educational neglect is a common form of deprivation known to impact negatively on the potential of children. Some of the indicators emerging from the study are truancy, children kept at home instead of attending and children who are in a lower grade compared to their age. It would also be expected that social worker investigation and reporting would include an assessment of how maltreatment was affecting a child at school to facilitate future planning. For example, a neglected girl who was at the foundation stage (grade 1 to 3) at the age of 12 years, and was described as having behaviour problems and “playing sexual games with other learners at school” was clearly at risk and would benefit from appropriate counselling. Presenting enough information to children’s courts provides contextual detail that can be used to provide appropriate services to a child and a caregiver. Similarly, this kind of information gap renders monitoring the progress of children in statutory care difficult, yet this is crucial in ensuring that the needs and rights of the children are met (Loffell, 2007).

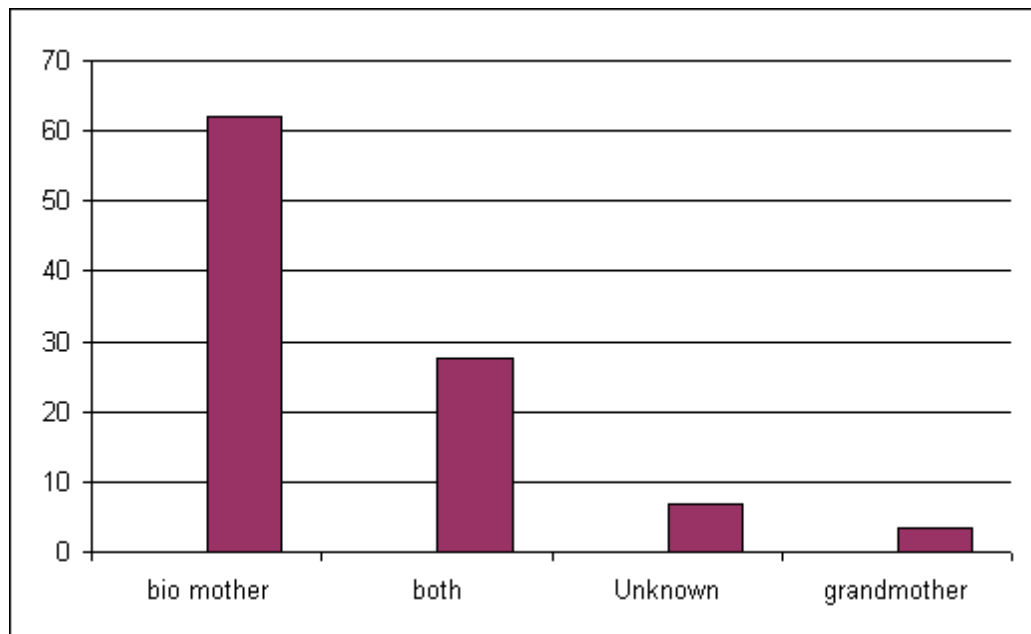
## Caregiver Profiles

The structure of the families of the children who experienced maltreatment is an important aspect of their social environment that social workers have to assess and submit to a Children's Court Inquiry. Reports should include information on the biological parents since they have the primary responsibility of protecting children. Therefore in terms of statutory interventions, it is important to provide sufficient information to a children's court pertaining the carers.

### Family composition: Biological mothers

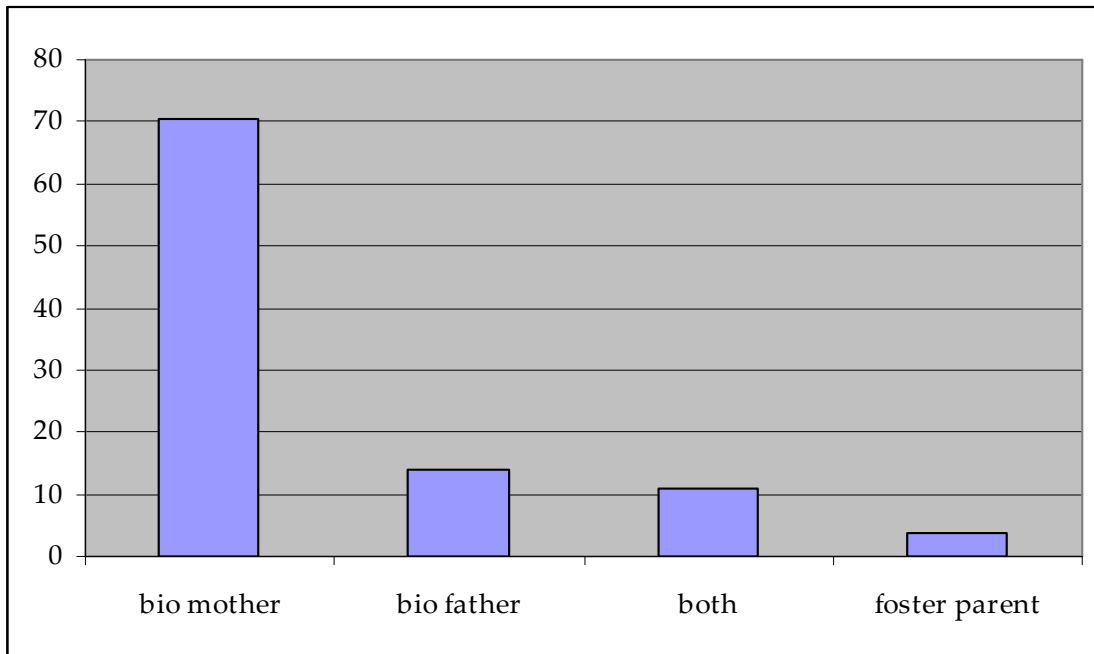
The majority of the children in all the magisterial districts we studied had a biological mother as a primary caregiver. Only a few children had both biological parents as caregivers. This situation meant that mothers were most likely to be perpetrators of neglect and abuse because they were highly represented as primary caregivers (Figures 8 & 9). But in Malmesbury, there was a significant proportion of fathers identified as primary caregivers of children brought before the children's court. It is equally important to note that in Mitchell's Plain approximately 30 percent of maltreated children were cared for by both parents (Figure 8).

**Figure 8: Caregiver type Mitchell's Plain CC (Percent)**





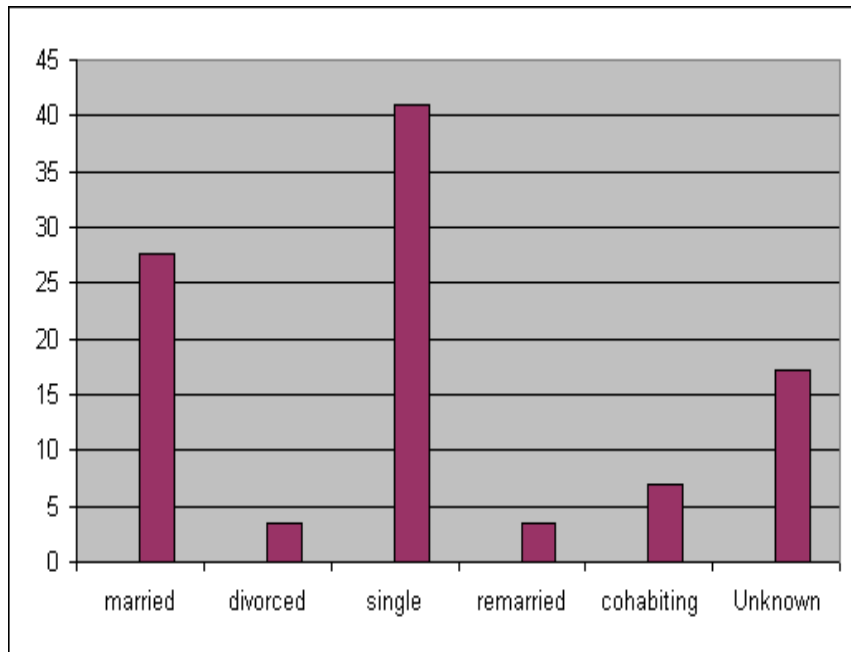
**Figure 9: Caregiver type Malmesbury CC (Percent)**



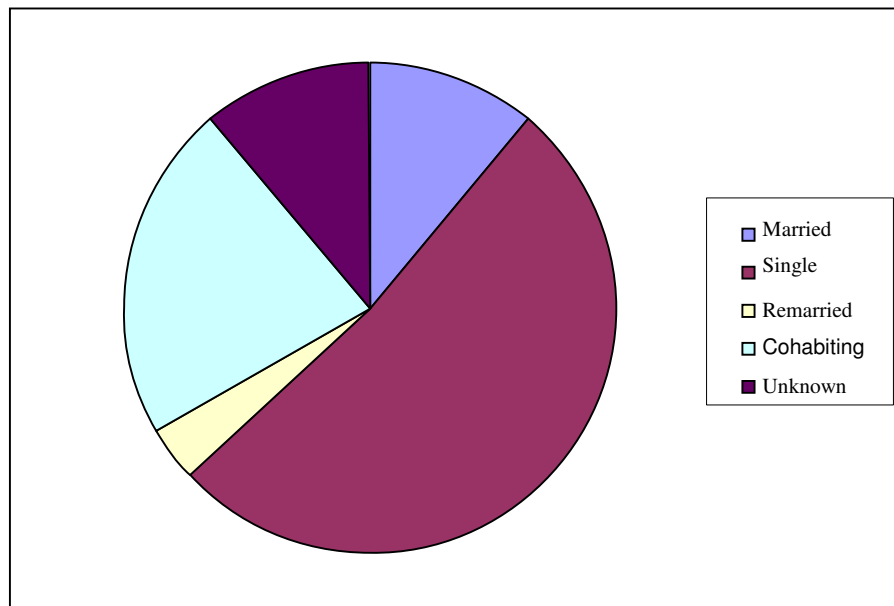
### **Marital status of the caregivers**

The characteristics of the primary caregivers in terms of marital status are provided in Figure 10, 11 & 12. The data also indicate that many maltreated children were affected by single parenthood associated with mothers thus highlighting the possible effects of the stress endured by single mothers who parented under less enabling environments. In Mitchell's Plain and Malmesbury, most mothers were single. It was also significant that in all the three areas, information on the marital status of the parents was not captured. This information gap was much serious in the Cape Town children's court.

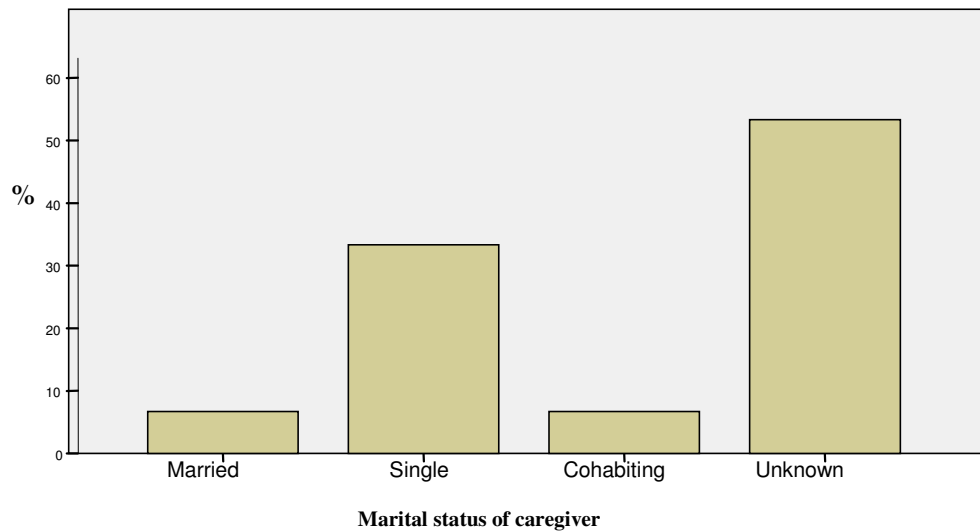
**Figure 10: Marital statuses of primary caregivers of children seen by CC – Mitchell's Plain (%)**



**Figure 11: Marital statuses of caregivers of children seen by CC – Malmesbury (%)**



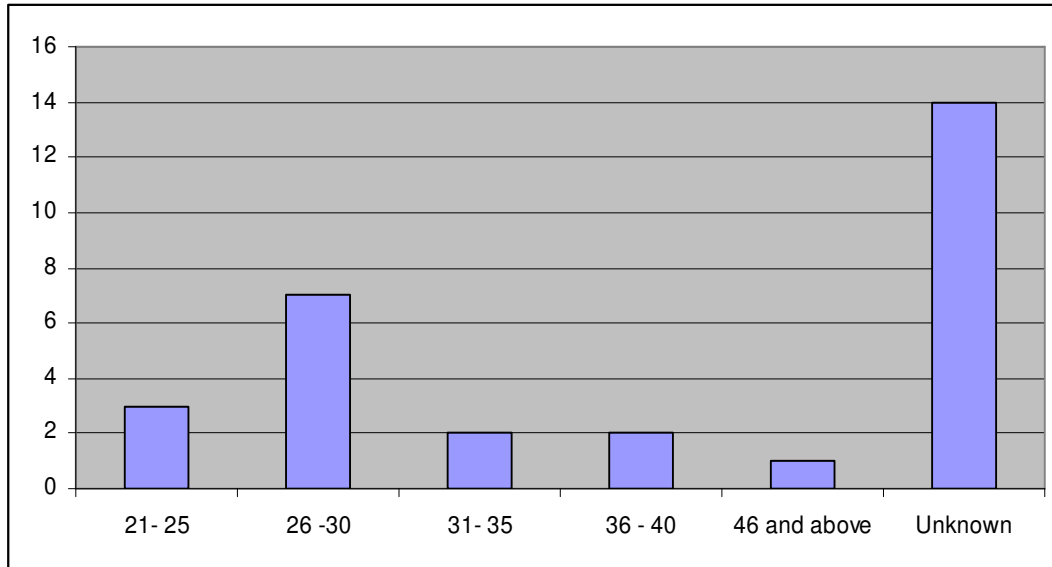
**Figure 12: Marital statuses of primary caregivers of children seen by CC – Cape Town (%)**



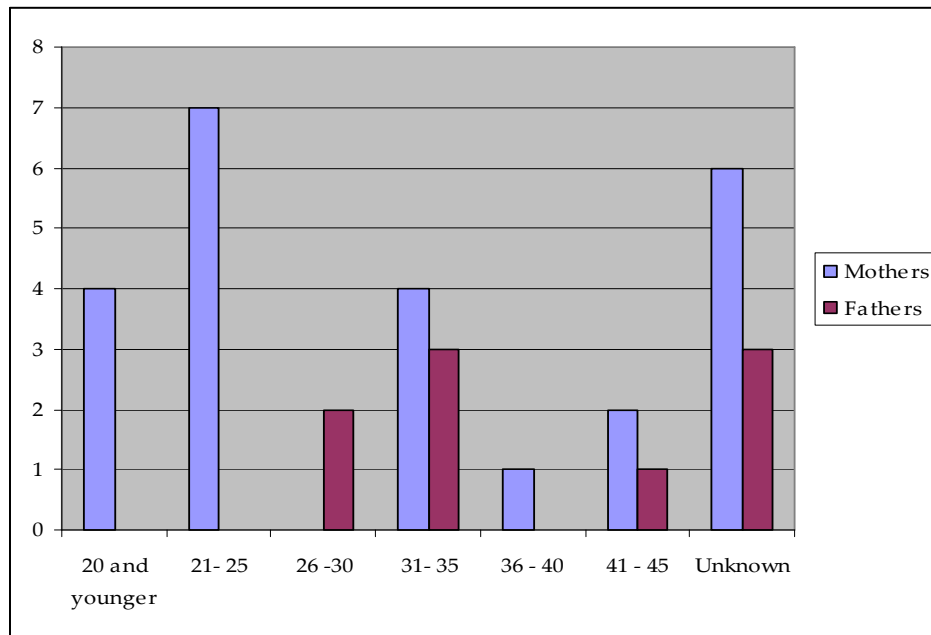
### Caregivers' Age

The level of information recording on the socio-economic and biographical characteristics of mothers was found to be inadequate. Basic information on their age, educational status, occupations and incomes was missing. This is despite the fact that decision by courts should be guided by a detailed assessment of such parent-related characteristics and how they influenced maltreatment. Figure 13 & 14 point to this limitation and the high representation of young caregivers in the records reviewed.

**Figure 13: Age of mother-caregivers of children seen by CC – Mitchell’s Plain (Frequency)**



**Figure 14: Age of the caregivers of children seen by CC – Malmesbury (Frequency)**



It is presumed that single parents, both fathers and mothers, who did not have support in the area of child care, would experience stress which manifested partly in poor relationships and parenting skills, thus making child maltreatment a feature of their parenting. This is particularly important considering that most single women who shouldered the child rearing responsibility on their own and were the majority of caregivers were young persons aged below 35 years. Their age implied that if they had lifestyles or were involved in activities incompatible with the child care role, young mothers would develop role conflict. It appeared many resolved the conflict through neglect.

Some of the interviewed officials were of the view that most of the current generation of parents lacked parenting skills because they grew up in cultures that upheld the view that 'children are to be seen and not heard'. One informant felt that black and coloured children (as previously identified under apartheid) were more affected by a milieu that was more permissive of child maltreatment than that of their white counterparts (Canalisation Officer 1). This perspective presumed that there was a culture which allowed for the transmission of child maltreatment within families, which was likely to persist due to a lack of role models for parenting as well as other ecological factors in the communities, such as the low educational status of parents and low household incomes.

The parenting challenges which young single mothers face are less understood. Most primary caregivers lacked parenting skills and material resources needed to meet the needs of their children. They also pursued lifestyles and other activities that led to less

time being devoted to child supervision, nurturing and support. Neglect and abuse were consequences of embedded child rearing practices and structural factors which impact on the family and undermined child-care within the home environment. For example, cases of child malnutrition and medical deprivation have long-term implications for child development (Box 9).

**Box 9**

*The child was referred to the ACVV by the Swartland Hospital after he was admitted on two separated occasions suffering from signs of malnutrition (kwashiorkor and marasmus). The mother is a teenager and the family are mainly employed through farm work and earn low salaries. They also are reported to be alcohol abusers (Child 1, Malmesbury).*

*Child abandoned by mother in the sense that she did not visit him in hospital and father in prison at the time for alleged murder. Mother abuses alcohol, no accommodation, no income. Child neglected due to the fact that he did not take medication for tuberculosis. Mother failed to provide supervision to extend that child was sodomised twice (Child 1, Atlantis)*

*Child's mother has unruly behaviour and no sense of responsibility towards the child; she was quite uncooperative in hospital to the extent of refusing medical treatment by signing the red card; No bond between mother and child developed as a result of the mother not being interested in the child. Mother abandoned child (Child 14, Cape Town).*

*The children were introduced to social intervention when one of them were hospitalised. The hospital called in Riebeeck BADISA. In June 2005 the children were hospitalised again as they were both diagnosed with TB. Through the social worker at the time, the children were placed with the foster parents as per private arrangement but the case was referred back to the Dept in May 2006 when the post of the social worker became vacant and the foster parents had requested a legal process (Child 9, Malmesbury)*

Understanding the risks in the context of the statutory removals implemented to protect children is important. Identification of risk factors among this population group can enhance prevention of maltreatment. Vulnerable mothers can be supported at an early stage of their pregnancy and motherhood through relevant antenatal services and universal home visits, especially for first time mothers. These approaches have resource

implications and will depend on effective inter-agency collaboration. There is a need for social workers to capture biographical information of the parents comprehensively. Supervision of social worker reports by experienced professionals could significantly contribute to quality reports. This is particularly important because as will be indicated later, some of the delays in the finalization of the inquiries were due to magistrates' decisions to reject inadequate reports.

## **IDENTIFICATION AND CATEGORISATION OF THE FORMS OF MALTREATMENT THAT RESULTED IN CHILDREN'S COURT INQUIRY AND THE STATUTORY REMOVAL OF CHILDREN**

Analysis of the reasons for bringing children before children's court delineates the reasons the children were investigated as at risk of maltreatment within their home. Social workers' reports and the Form C included in the court files specified the relevant sub-sections of Section 14(4) of the Child Care Act 78/1983, as the basis on which alleged child maltreatment was investigated and some children removed into a place of safety while investigation was going on. The information presented also provides indication of the incidence of the forms of child maltreatment which led Children's Courts to determine whether or not the children were in need of care and decide on their placement to foster care with individuals in the home environment, residential care or youth care centres. The social workers cited the relevant sub-sections of the legislation on statutory intervention to rationalise their recommendations for statutory removal.

Information was obtained from the social worker's reports as compiled for Children's Court Inquiries (CCI) and augmented by interview data with the relevant officials. These administrative data sources provide information, inadequate as it may be, on who reported child maltreatment, the reasons for initiating social worker intervention and ultimately leading to Children's Court inquiries and statutory removal of the children from their homes.

### **Who reported child abuse and neglect?**

Several reports were made by the children themselves, who presented to social services alleging abuse and neglect by their primary caregivers. This is a pattern that practitioners should encourage because it has the potential to enhance sibling protection. Relatives of the children, especially grandparents and aunts, and neighbours, brought child maltreatment to the attention of social workers and many provided places of safety informally for children. Grandparents also played an important role in cushioning children from the harsh home environments by providing formal or informal foster care. However, availability might not necessarily mean that grandparents would always provide the best care for children. Some of them presented similar risks to the children's well-being. For example, in one situation, a child was found to be:

**Box 10**

*[A child] exposed to a variety of carers and might be insecure with regards to his mother's profession as a commercial sex worker which makes her to deliberately neglect the child and desert her place of residence. That though paternal grandmother was alleged to abuse alcohol and was unsuitable to take care of child concerned, she was the one who took care of the child most times when the mother went to work and that her social drinking had not affected the well being of the child in the past" (Child 10, Cape Town).*

Most intakes happened following reports to government agencies, especially the social workers employed by the Department of Social Development, Provincial Government of the Western Cape (PGWC), hospitals and police and private welfare organisations involved in statutory child care. Within each court jurisdiction, except Atlantis, one or more private welfare organisations were identified as collaborating with the Children's Court and the Department of Social Development in providing child protection services. The key ones were the Child Protection Centre which operated within the Cape Town magisterial district, the Barmartigheid, Diens/Dianonaat En Saam BADISA and Afrikaanse Christelike Vroue Vereeniging (ACVV) found in all the four areas – Cape Town, Malmesbury, Mitchell's Plain and Wellington. These voluntary and faith-based organisations played a key role in bringing the cases of maltreatment to the authorities' attention for investigation and statutory intervention.

**Reasons for intake and investigation**

Most social workers' reports on investigation of maltreatment delineated the reasons for each child's intake into social services. The most common reasons for investigating child maltreatment were neglect due to failure to provide for the basic needs of a child, and deliberate neglect. Abandonment and physical abuse were the next common reasons for statutory intervention. Figures 15, 16 & 17 depict neglect as the most common form of primary and secondary child maltreatment brought before Cape Town, Malmesbury and Mitchell's Plain children's courts, respectively.

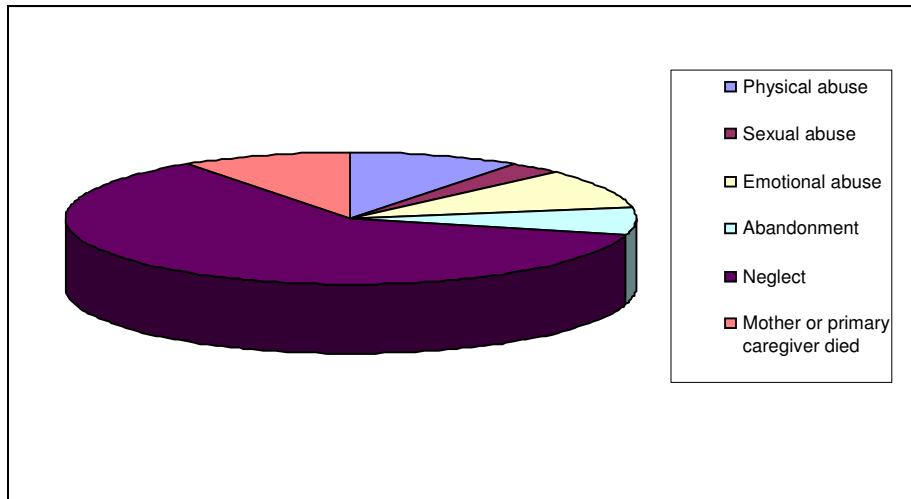
**Cape Town**

In 2006 the Cape Town magisterial district Children's Court received the highest number of cases of children alleged to be in need of care. Of the 297 received cases, 230



were confirmed and as involving child maltreatment. Among the 30 cases studied in detail, neglect due to failure to provide for the care needs of the child and deliberate neglect accounted for most maltreatment cases investigated by social workers (Figure 14). Physical and emotional abuse was each reported in fewer intakes.

**Figure 15: Reasons for child intake - Cape Town**



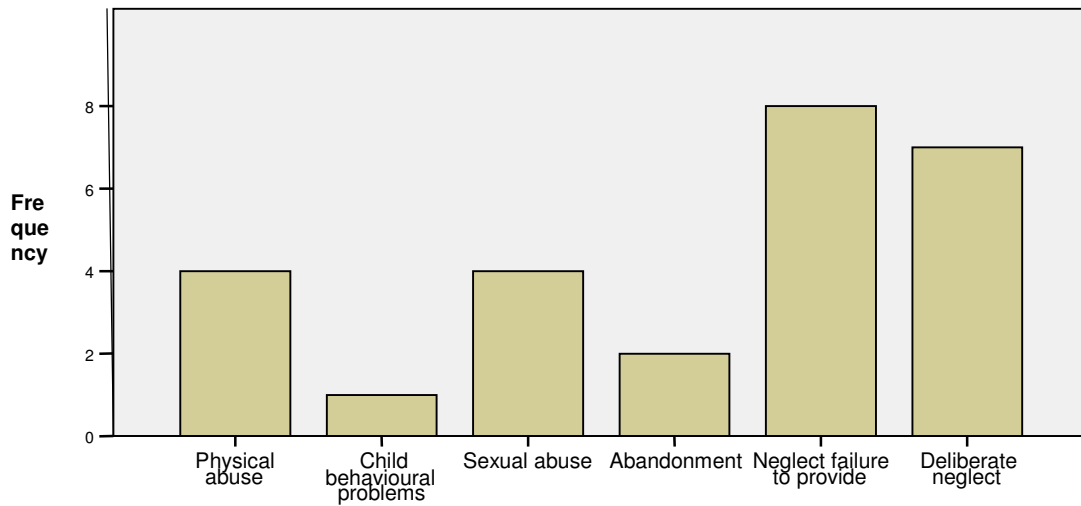
### Wellington

Wellington had the fewest cases of child maltreatment brought before the Children’s Court in 2006 – only seven (7) from February to October. However, the seven intakes involved eleven (11) children altogether with three of the intakes involving two or more children. Neglect, physical and sexual abuse were reported in two cases.

### Malmesbury

Seventeen intakes (67 percent) of the twenty-seven child maltreatment cases studied in Malmesbury children’s court were due to neglect – abandonment, failure to provide for the needs of children and deliberate neglect. Figure 16 shows that most children were brought before the children’s court on account of neglect.

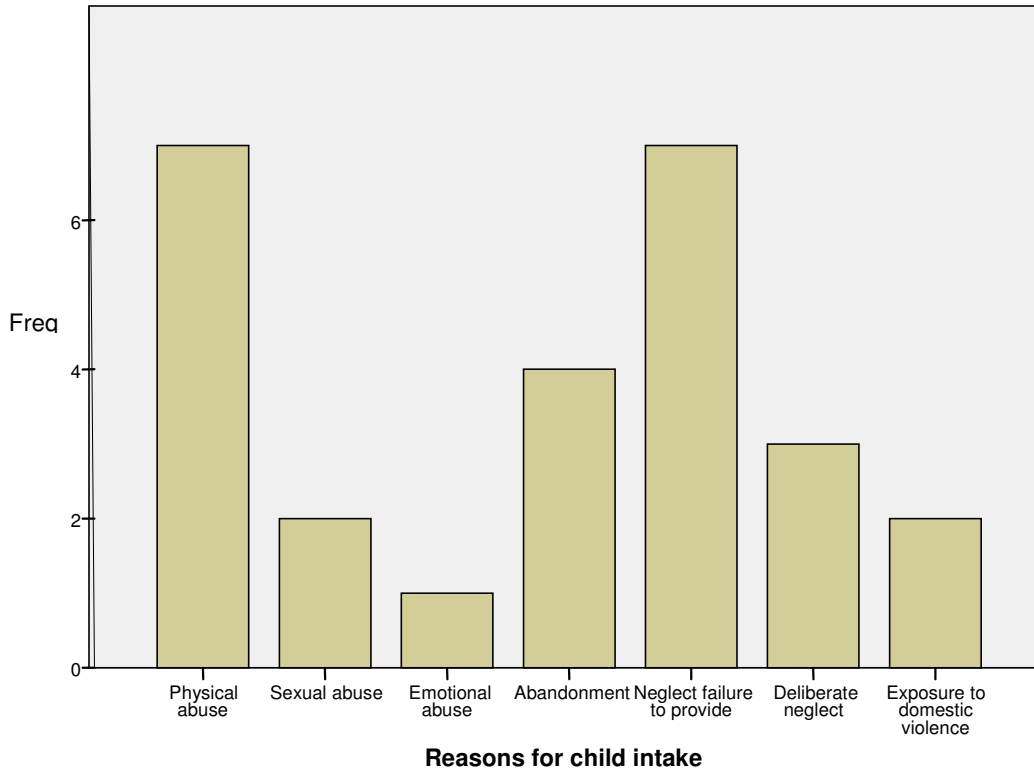
**Figure 16: Reasons for child intake – Malmesbury**



### **Mitchell's Plain**

Mitchell's Plain also had a high number of reported child maltreatment in 2006. Of the 227 reported cases, 200 were brought before the children's court. Among the 29 cases analysed in detail, physical abuse and neglect, both due to failure to provide the necessities and deliberate neglect, were the main reason children were investigated Figure 17.

**Figure 17: Reasons for child intake - Mitchell's Plain**



In all areas neglect was the main reason children were investigated for maltreatment. Although failure to provide was the main underlying factor to reported maltreatment, there was also deliberate neglect which manifested mainly through abandonment of children for different reasons. However, in Mitchell's Plain, physical abuse seemed to be equally common.

### **TRIGGERS TO INTERVENTION**

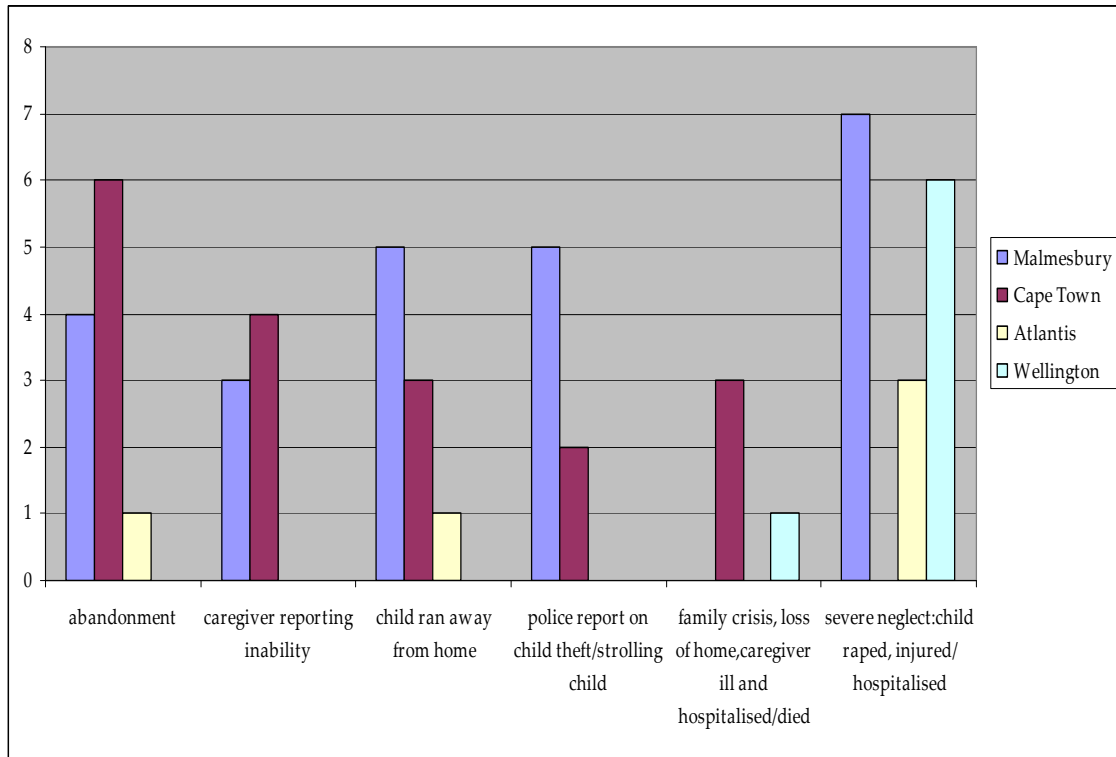
Although the safety of the children brought before the children's courts was generally jeopardized, it was mainly the report received by social workers regarding the crisis situation which triggered statutory intervention. In many instances social services provided emergency intervention. Abandonment and severe neglect resulting in a child being harmed (Box 11).

**Box 11**

*The SAPS Malmesbury received a complaint that the children had been left at home without the supervision of an adult. The mother was not found and the children were removed and put in a place of safety in Huis van Heerde through a form 4. The children were also taken to hospital for medical examination because they appeared ill and hungry. The doctor confirmed that the children had been underfed and hungry. The mother had still not been found, and the children's father is said to be deceased (Child 16, Malmesbury).*

Injury, rape and hospitalisation were major triggers of statutory intervention (Figure 18). In some instances family members, including biological parents and informal foster relatives, were reported to have initiated or facilitated statutory intervention and protection of their children by reporting their inability to provide for the needs of the children directly to social services agencies, but this was unusual. For example, a father reported to a social worker that he was overwhelmed by care responsibilities for an infant child whose mother could not provide care due to drug addiction. A mother also self-reported inability to provide care.

**Figure 18: Triggers to Children's Court Inquiry**

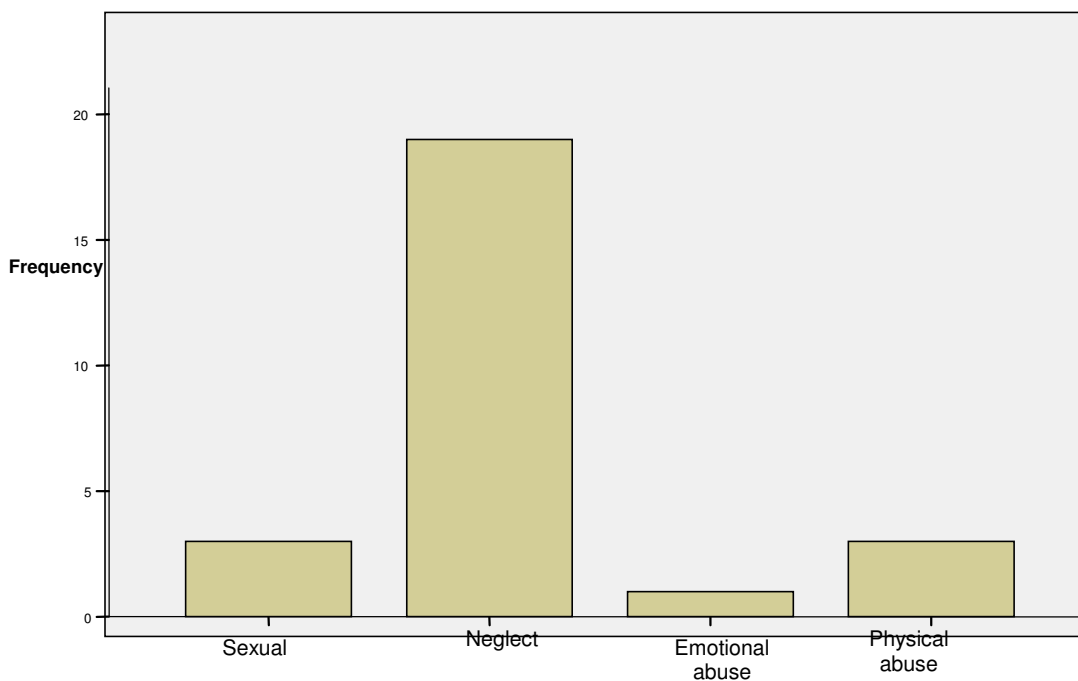


## CATEGORISATION OF THE FORMS OF MALTREATMENT AFFECTING CHILDREN IN THE FOUR MAGISTERIAL DISTRICTS

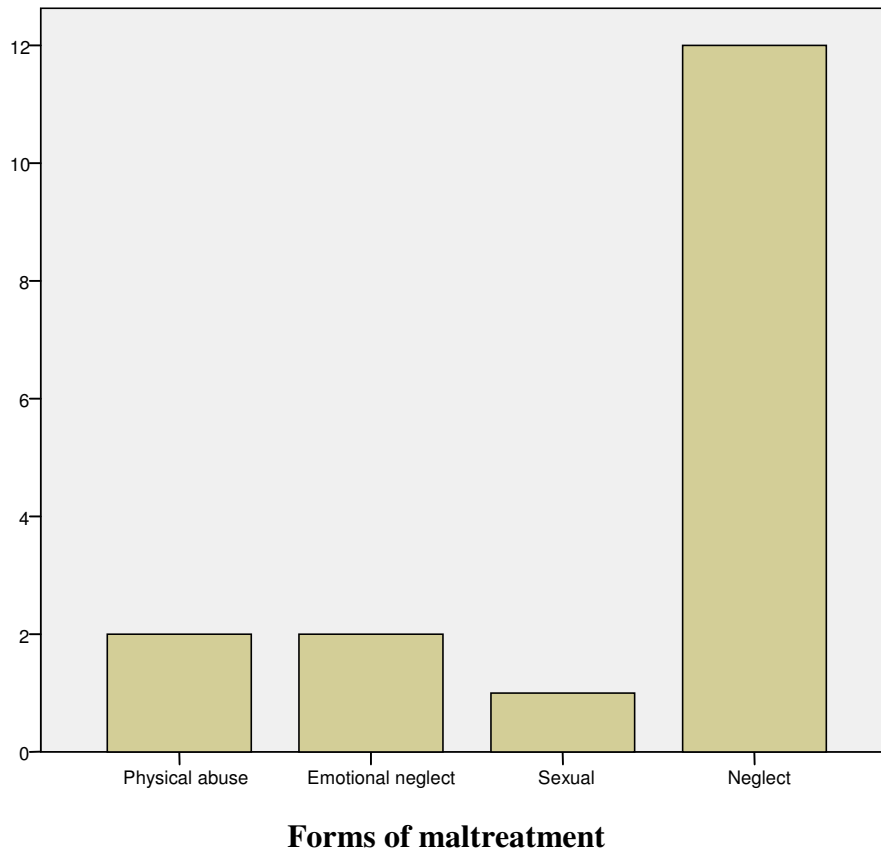
The study identified the forms of maltreatment affecting children who were brought before the five Children's Courts. The data suggest that the most common form of maltreatment affecting children and reasons for children being investigated for statutory intervention was neglect, followed by physical abuse and sexual abuse (Figure 19, 20 & 21).

### Neglect

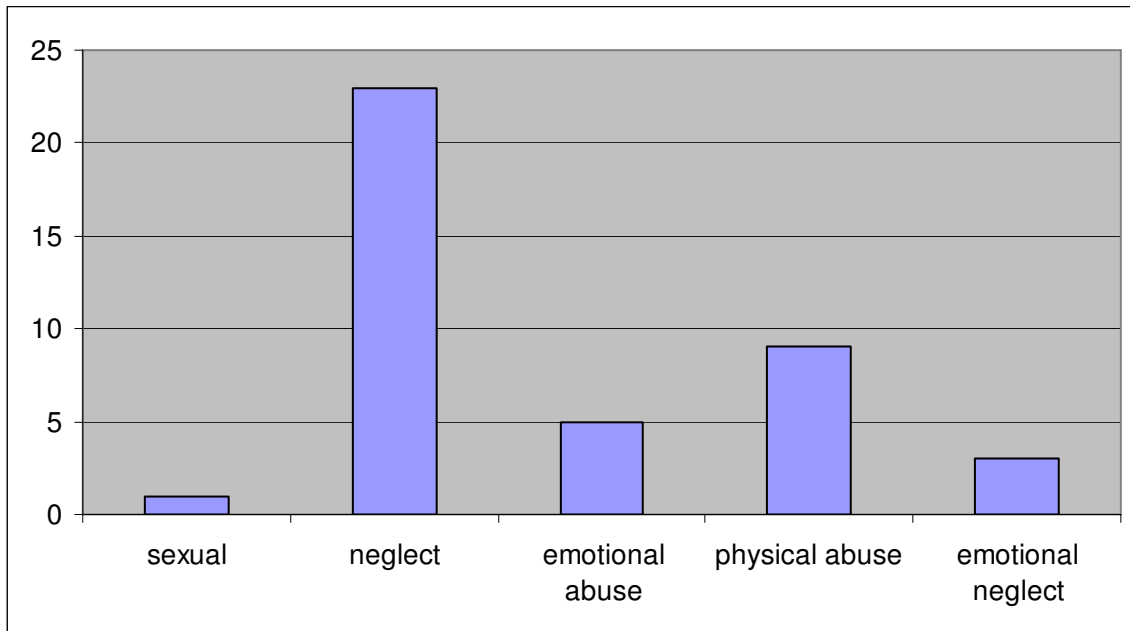
Figure 19: Risk factors for social worker investigation – Malmesbury



**Figure 20: Risk factors for social worker investigation – Cape Town (frequency)**



**Figure 21: Risk factors for social worker investigation – Mitchell’s Plain (frequency)**



Interviewed practitioners agreed that neglect was the most common form of maltreatment affecting children. Their perspectives were based on evidence from monthly reports that compiled statistical information on forms of maltreatment and areas mostly affected. This was a common source of knowledge mentioned by NGO representatives and it provided ideas about the nature of the problem. Other practitioners such as canalization officers based their perception on the cases which were canalized to children’s courts over time.

Social workers working with private welfare organisations in the studied areas pointed out that the widespread problems of alcohol and drug abuse (especially tik) and poverty in the province, were the main factors leading to neglect of young children. Alcohol abuse was associated with risky sexual practices that led to unwanted pregnancies among young women. This contributed to a problem of single parenting among young women who were less prepared to look after children and as a result abandoned them. Substance abuse diminished parental supervision of children.

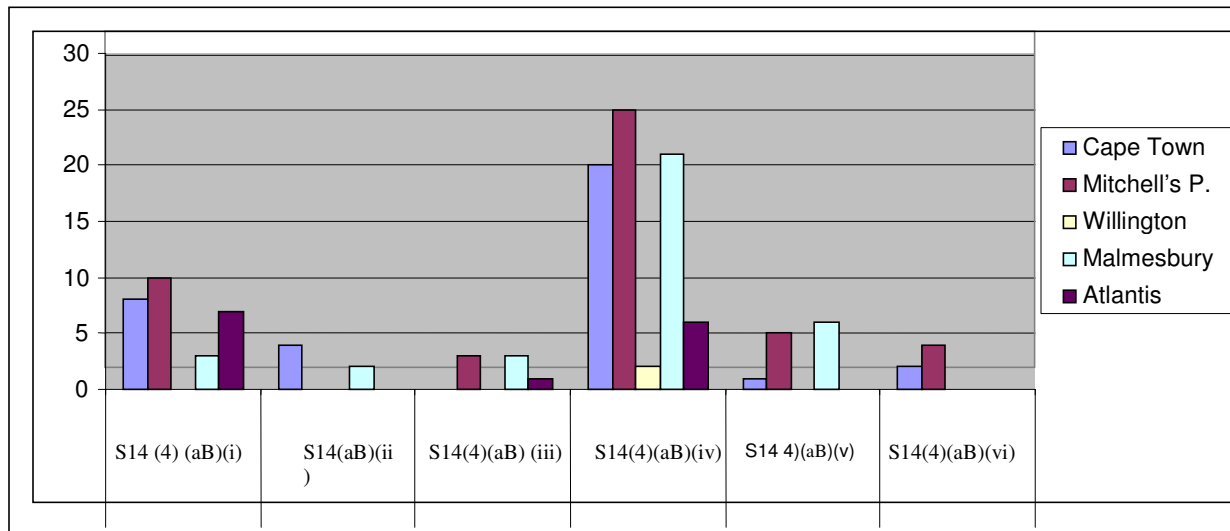
Neglect manifested in parents’ frequent absence, abandonment of children, failure by biological parents to pay attention to the care needs of the children even when they were around and inability to provide for basic needs including accommodation, food and medical care. The multifaceted nature of neglectful circumstances explains why the most common risk factor investigated by social workers in the studied districts was



neglect. Mainly as a result of drugs and alcohol abuse by parents, children were exposed to a high risk of neglect and abuse. Lack of parental supervision could affect the child's wellbeing in various ways including exposing them to physical and sexual abuse.

Figure 22 shows the incidence of the different forms of neglect and abuse as assessed in the five children's courts. Most children were removed because their caregivers were neglectful or had abandoned them. Children were found to live in or exposed to harmful circumstances that had potential to harm them physically, mentally or socially. This is illustrated by the clustering of cases in the category of children brought before the court because they were found to live or exposed to harmful circumstances with a potential to cause physical, social or mental harm to the child [S14(4)(aB)(iv)]. Children were also found to be maltreated due to abandonment which left them without visible means of support [S14(4)(aB)(i)]. The perception that emotional abuse was common but under-reported was also expressed unequivocally by child protection service providers, who indicated that in the presence of widespread abuse of alcohol and drugs, children were also verbally abused or exposed to violence. Accordingly, the notion of 'scapegoating' was used by social workers to describe the dilemma of children who live in such home environments.

**Figure 22: Incidence of the forms of primary and secondary maltreatment reported to Children’s Courts in 2006 for five magisterial districts**



**Key: Section 14(4) of the Child Care Act 78/1983**

*Abandonment/ no visible support means S14(4)(aB)(i)*

*Displays behaviour which cannot be controlled by parent or person in whose custody... S14(aB)(ii)*

*Circumstances likely to cause/ conduce to seduction/ abduction/ sexual exploitation S14(4)(aB)(iii)*

*Lives in or exposed to harmful circumstances potential physical, mental/social harm S14(4)(aB)(iv)*

*State of physical & mental neglect S14(4)(aB)(v)*

*Physical/sexual/ emotionally abused by parent or guardian S14(4)(aB)(vi)*

Practitioners interviewed in the child protection sector considered physical neglect of children and abandonment as the major reasons for statutory intervention for maltreated children. Lack of parenting skills alluded to earlier, could be exacerbated by poverty and substance abuse whereby parents became overwhelmed by their inability to meet the basic needs of their children.

Ability to detect vulnerability of families to maltreatment is critical in the prevention of maltreatment but also for early intervention. This is because the ideal of keeping families together can be attained when the chronic stressors to caregivers are understood and appropriate services are provided to families. The approach is also relevant for encouraging families to be proactive in approaching social services for felt inadequacies that will ultimately lead to caregivers as partners who do not feel threatened by social service providers.

## The nature of risks in neglectful situations

The risks in situations where children were investigated by statutory agencies for neglect affected the children's well-being in various ways. In many cases children were identified as affected by multiple risks. The concerned children were found to be deprived of some of the basic human rights such as access to health care and food. Their situation was illustrated by triggers to statutory investigation such as hospitalisation reported to social services mainly by health personnel who diagnosed disease and chronic malnourishment in children or observed that the parents did not help their children to adhere to prescribed medical treatment or provide support when the children were ill.

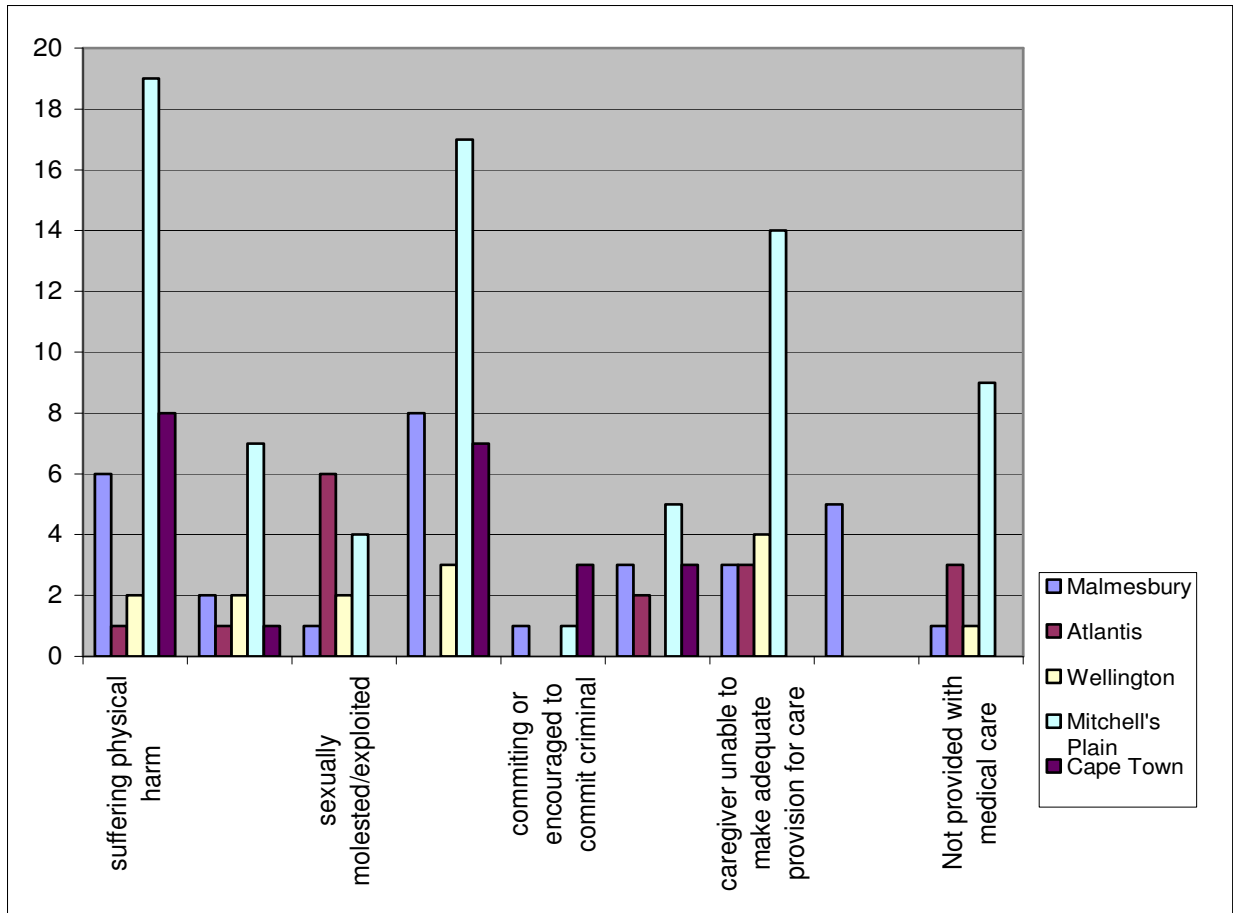
### **Box 12**

*The child was first reported to the office by the Swartland Hospital when she was brought in by her father and diagnosed with malnourishment and fever. The child was also tested for TB and results proved positive. The social worker's report does not give a chronological account of the events and it is not clear as to what led the parents to take the child to the hospital in the first place. It appears the child was taken up in hospital, but details are not very clear (Child 8, Malmesbury)*

Failure to provide for the children's basic needs was a common risk to child physical well-being. This risk was consistent with other neglectful situations – abandonment and the inability of many caregivers to provide for care, which were common in all the magisterial districts. Exposure to physical harm as a result of neglect was a serious risk, affecting children mostly in the Cape Town and Mitchell's Plain areas. Although suffering physical harm as a result of neglectful parenting undermined child well-being, it should not be confused with deliberate physical abuse. Malnutrition and deprivation of medical care due to neglectful parenting were common in Malmesbury, Atlantis as well as Mitchell's Plain. These are serious risks as they undermine not only the potential of the children in the long run but their survival too. The manifestations of neglect included suffering physical harm, exposed to family violence, sexual molestation and exploitation, inadequate nutrition and medication, educational neglect, abandonment and failure to provide a child with required medical care.

Figure 23 provides information on the nature of risk that children were exposed to due to neglect.

Figure 23: Nature of primary and secondary risks affecting neglected children for 5 children’s courts



\*(Note: See Figure 23 (Appendix 1 below for a full view of categories of neglect)

## Physical Abuse

Although not a common reason for child intake into statutory care, physical abuse was reported and it could entail severe physical injury. In a few instances where children reported being physically abused by parents or guardians, details of the nature of harm were not included in the social worker reports. However, it was clear that to a large extent, the risk of physical abuse was also linked to substance abuse (Box 13). Ward and Bennett (2003) warn that determining physical harm from maltreatment may be tricky when done by social workers instead of health workers. The cases which were reported by health care facilities were mainly about illness due to neglect.

### **Box 13**

*Allegations of father's drug taking habits, he abuses his daughters physically and emotionally when under influence. Mother is aware but her inability to actively protect children from father's abuse is a risk (Child 9, Mitchell's Plain).*

*The child alleged physical abuse by step father as reason for leaving home, traveling from Durban to Cape Town by hiking lifts from long distance truck drivers. Telephonic contact with family members was unsuccessful (Child 4, Cape Town).*

*Mother's drug addition is the main risk at home- she abuses alcohol and drugs. She is a single parent and neglects the children especially over weekends. Children left alone over weekends without the necessary care and supervision. Alleged abuse towards children has strained their relationship. Mother's present circumstances are unstable. The investigation was triggered by the injury which the child sustained when the mother put one of the child's hands on a warm stove (Child 11, Mitchell's Plain)*

*Both parents abuse alcohol, a physically aggressive step father; a child felt "scape-goated" when he used to stay at home with his sister (Child 20, Cape Town)*

## Sexual abuse

Although sexual abuse appeared to be less reported compared with other forms of maltreatment, it is a matter of concern as it mostly happened within children's familiar environments and perpetrators could be any adult including mothers who exposed children to pornography and fathers who sexually molested children (Box 14). Some children were molested because their parents could not protect them due to ill-health. For example, a child could be sexually abused as a result of a broken relationship between their parents. But inadequate or inappropriate form of shelter also exposed children to sexual abuse especially by non-family members.

### **Box 14**

*The child was introduced to the agency when her maternal great aunt received her from her father. The father had brought her to the aunt and asked her to look after her as her mother had not returned since the previous day. Upon changing her, the child exclaimed hurt and the aunt noticed bleeding. She took her to the office the Monday and was given a letter to go to the local clinic. The Sister there then gave her a letter for the hospital because she suspected sexual abuse. The medical report states the child was examined under anaesthesia as she was hysteric at the initial examination. The medical examination confirmed both vaginal and anal abuse. The child was removed through a form 4 and placed as place of safety in the care of the potential foster parent. The child's mother and father had not at that stage come forth (Child 10, Malmesbury)*

*Mother abuses alcohol. Child initially molested by family friend. Not removed because perpetrator did not live in the house. Child was raped 6 months later by another friend of the family; she was then removed from mother's care. Mother HIV positive/tuberculosis and generally in poor health and father deceased. Basic living conditions limited (Child 1, Wellington)*

*The child had wanted to stay at the home of her great aunt and her family after being physically and sexually abused by members of her family. The report does not give details as to who the specific perpetrators are other than the mother and grandmother's boyfriend who physically assaulted her. As to the sexual abuse, no mention is made of the perpetrator (Child 4, Malmesbury)*

The three forms of maltreatment that affected children and led to statutory removals were neglect, physical abuse and sexual abuse, but neglect in its various forms was the main reasons children were removed from their homes. Many primary caregivers were identified as unable to make adequate provision for care. Irrespective of the nature of risk at home, neglect deprived children of the basic necessities such as nutrition and medical care. Children were also removed because neglectful parenting also exposed children to physical harm.

The second part of the report examines the implementation of the statutory process by analyzing placement options for children and examining service delivery in this regard.

## **AN EXAMINATION OF SERVICE DELIVERY PROCESSES FOLLOWED IN RESPECT OF STATUTORY REMOVALS**

### **Roles and Responsibilities**

Social workers indicated that the institutional arrangements for the delivery of statutory care contributed significantly to the delivery of statutory care services. For example, in Wellington, the efficiency of the system was attributed to the capacity to do prevention work. There were three institutions involved – ACVV, BADISA and the district office of Social Development and delivery boundaries were according to geographical areas and different welfare organisations worked according to the stipulated boundaries. In addition, it was noted that many children who were referred to social services during the specified period were children whose mothers had died while their fathers' whereabouts were unknown. They were brought to the children's court by grandmothers who wanted to formalise their fostering or for adoption purposes. Institutional relationships were different in Atlantis where there were more delays and a large number of files were closed due to fact that inquiries were not followed up by social workers' report. It appears that at the time, there was poor supervision in that office with regard to statutory services and hence poor quality and inadequate reports on child abuse and neglect. The social workers' reports often did not meet the minimal standard required by the children's court and therefore most of them were rejected by the Commissioner.

**Table 2: Service delivery specifications in different areas between government and NGOs**

Children's Court Jurisdiction	Referring agencies & area of operation
<i>Atlantis</i>	Department of Social Development/PAWC (There were benevolent organisations providing place of safety for abused and neglected children but were not designated to provide statutory care hence depended on the efficiency of the Department of Social Development to legitimise their referrals).
<i>Cape Town</i>	PAWC Dept Social Services ACVV Communicare (NGO)
<i>Malmesbury</i>	PAWC Dept Social Services ACVV BADISA
<i>Mitchell's Plain</i>	PAWC - Dept Social Services takes the key leadership role ACVV (No criteria in terms of service delivery specifications. But for some organizations e.g. Child Welfare they work with children under the age of 12 years. The boundaries are determined by the availability of resources within an organization)
<i>Wellington</i>	ACVV BADISA Department of Social Development/PAWC

This analysis provides an examination of the service delivery process followed in respect of statutory removals of children who were brought before the studied children's courts in 2006. There are three broad elements to this process:

1. The social work prevention and intervention services provided to the affected families in order to prevent removals;
2. The investigation process by social workers including the time taken to finalise the inquiry;
3. Where children resided during inquiry.



## **Social work prevention and intervention services**

Before social workers may recommend statutory intervention for children who suffer maltreatment, they present a written report based on their investigation, including an evaluation of the risks faced by the child identified as *a child in need of care* according to Section 14 (4) of the Child Care Act, 1983. The reports are submitted to the children's court assistant, who has the responsibility to determine their appropriateness of the matter for consideration by a children's court inquiry. In addition, the *Regulations under the Child Act, 1983* identify the key components of the social workers' reports submitted for purposes of an inquiry. Paragraph 3(b) of the *Regulations* specifies that social workers' reports should include "a summary of prevention and early intervention services rendered in respect of the child and his or her family and a brief background of the previous statutory interventions in respect of the child, where applicable" (p. A3-6). The presence or absence of such evidence may influence the children's court commissioner's decision to consider and provide an order on the matter, request further investigation or even dismiss and close the case.

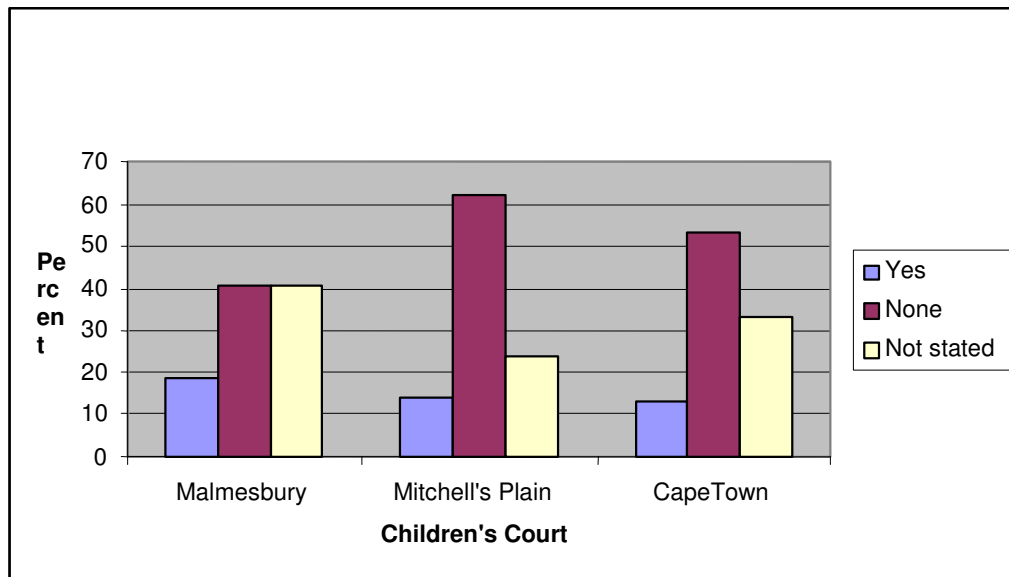
## **Previous statutory interventions**

One of the key observations from the data was that despite the high incidence of child maltreatment in the form of neglect, the majority of the children brought before the children's court did not have previous history with social services in the province. It seemed that in this sample, a high majority of families had not previously been reported to social services for child maltreatment or neglect. A few with previous reports mainly involved other children in these families – not those who were the subject of inquiry during the study period. In these cases, previous reports had pointed to serious risks in the families such as parents' psychological problems and exposure to or involvement in criminal activities. The reason for lack of information on the nature of support provided in past interventions was mainly staff turn over which disrupted continuity of services to the affected families.

In all the three children's courts where an adequate number of maltreatment cases were obtained, the proportion of children with previous history with social services due to child maltreatment was reported to be low. For example, Mitchell's Plain had 14%, Cape Town had 12% and Malmesbury had 20% (Figure 24). Although majority of cases were reported to have not been involved with statutory agencies before on accounts of child maltreatment, there is a concern that this is an artefact of poor recording of children's data as was observed with most of the biographical and socioeconomic information on children and their families from the court files. This is particularly a concern when considering that on average, there were more than 30 percent of files that did not indicate whether the concerned child or children had previously been investigated due

to maltreatment. In Malmesbury, the proportion of reports that specified the child status in this respect was equivalent to the proportion of cases identified as without prior history of investigation (both in excess of 40 percent).

**Figure 24: Referrals to social services on child maltreatment before**



If the statistics obtained were anything to go by, the relatively low incidence of past reports of maltreatment with respect to the affected families could be an opportunity for child protection services in the sense that many parents could benefit from preventative work. For example, supporting young and first-time parents in this regard would be a worthwhile prevention strategy. Social service agencies could also prevent reoccurrence of maltreatment by developing durable relationships with families identified as vulnerable. However, absence of evidence showing prior involvement with social services could also be due to poor recording of information as observed across different court jurisdictions. Lack of evidence on past statutory intervention from the court files could also be a reflection of the inconsistent recording of children's administrative information.

### **Prevention and early intervention services provided**

A previous report on child maltreatment is a reliable indicator of families' vulnerability. Such families need social worker support to maintain home environments that protect children. Where child maltreatment has been reported to social services, the process of determining whether the child is a child in need of care should be based on evidence that there was sufficient assessment of the risks that made children vulnerable to

maltreatment within the home. The process should as well reflect provision of social work services to the affected families that attempted to prevent removals as well as provide a plan of how reunification would eventually be attained. As Petersen, Aber, Billingsley et al (1993) state, social workers focus on the risk factors to the child and services that enhance family strengths.

Several social workers interviewed for this study stated that the environment within which they provided services did not support preventive work and they dealt mostly with crisis management that was not based on any form of planning. The need to make prevention a policy priority has been identified as key to providing effective services to children who are at risk of or affected by child maltreatment (Dawes, et al, 2006). Good social work practice entails prevention and provision of early intervention services that help avoid statutory intervention and preserve families. Services provided at this stage are also intended to minimise the likelihood of maltreatment reoccurring. As a social worker stated:

“Good social work services will implement prevention services and therefore eliminate statutory intervention. In cases where children are already affected by child maltreatment, good social work will ensure the appropriate placement of children where all their specific needs will be effectively addressed” (Social worker, Private Welfare Organisation – Wellington).

Social workers’ reports are integral to the process of children’s court inquiries. This is because apart from the important information on the factors that lead to the children being the subject of statutory intervention, they also provide children’s courts with information on prevention and early intervention services provided to the affected families by social services during investigation. The reports augment another statutory document – the Form 4 that authorised officers fill and present to the children’s court in cases where emergency removals are made.

One of the findings from this study was that social worker’s investigation reports rarely reported on the forms of preventative actions taken with families before bringing children to the attention of the courts. While children’s protection was ensured by taking them to places of safety, there was lack of evidence regarding how social workers prevented removals. Some of the major shortcomings of the reports presented to the children’s courts were that they were not comprehensive reports, they did not present the chronology of events and specified social worker interventions appeared to be ad-hoc actions that did not reflect continuous relationships with families. Consequently, most of the interventions though not specified for every case under review seemed to be consistent with the nature of risks diagnosed partially. In many instances, social workers left much to be implemented by caregivers who had multiple vulnerabilities including alcohol and drug abuse. The following (Table 2) captures some of the non-statutory services that were stated in some of the court files as implemented by social

workers during early intervention. They were mainly disjointed and were unlikely to bring about the desired change.

**Table 3: Forms of non-statutory services provided by social workers to primary caregivers and maltreated children**

Caregiver's services	Children's services
<ul style="list-style-type: none"> <li>○ Mediations attempts to get the children to return home make contact with the child's mother, but it was all in vain.</li> <li>○ Mother was advised to go into rehab/ mother's alcohol abuse was addressed (vague)</li> <li>○ Home visits and interviews were conducted to discuss social issues afflicting them</li> <li>○ Parenting skills and counselling</li> <li>○ The mother was referred to a psychologist,</li> <li>○ family reunification services</li> <li>○ the mother, during pregnancy, was moved to a pregnancy and counselling facility</li> </ul>	<ul style="list-style-type: none"> <li>○ The children were removed from parents' care and child in place of safety pending investigation</li> <li>○ <i>(Negotiated placement of children with relatives; child placed with a foster family pending discharge from hospital; child placed in residential care - children's home)</i></li> <li>○ Referred eldest child to rehabilitation centre for drug abuse</li> <li>○ emergency placement away from parent using Form 4 order</li> <li>○ food parcels from social services</li> <li>○ home visits</li> <li>○ post trauma referral following abuse (but very rare)</li> <li>○ child had not been living at home and was moved to a place of safety in a residential facility</li> </ul>

Although multiple risks would normally be diagnosed within the affected families, early interventions adopted by most social workers were generally not comprehensive and systematic as they addressed only one aspect of the larger problem within the household. For example, it was rare to find social work interventions such as the one detailed in Box 15 below:

***Box 15: Multiple interventions for multiple risks***

*The child was referred to the ACVV by the Swartland Hospital after he was admitted on two separate occasions suffering from signs of malnutrition (Kwashiorkor and Marasmus). The mother is a teenager and the family are mainly employed through farm-work and earn low wages. They are also reported to be alcohol abusers.*

- *Neighbours were asked to assist the mother with tending to the child*
- *The parents were asked to assist the mother in obtaining an ID*
- *The Farm manager's wife was asked to also keep watch of the situation*
- *Mother and child were referred to clinic for feeding and monitoring*

### **Barriers to Prevention**

The common challenge to providing preventive services was that conventional non-intrusive approaches normally used by social workers, were not effective in winning the cooperation of some parents. Substance abuse and the long-term consequences thereof, such as addiction, poor parenting skills, poor mental health and poor management of household income were some of the major risks for child maltreatment. From this perspective, the cycle of child maltreatment was difficult to break in many instances due to the widespread problem of substance abuse by parents. In an interview, one social worker stated that although it was necessary to work with both parents and children, since most of her clients were not responsive to intervention, mainly as a result of substance abuse and a long history of exposure to child maltreatment, she focused on children most of the time. This approach was also necessitated by high casework load which rendered the provision of quality social services and planning unattainable.

Court files also indicated that most of the services did not address families as units. They tended to be individual-oriented with the main recipients identified as mothers and the children affected by maltreatment. Given that the primary caregivers and perpetrators of neglect and abandonment were predominantly biological mothers, it was reasonable that social workers provided services to mothers.

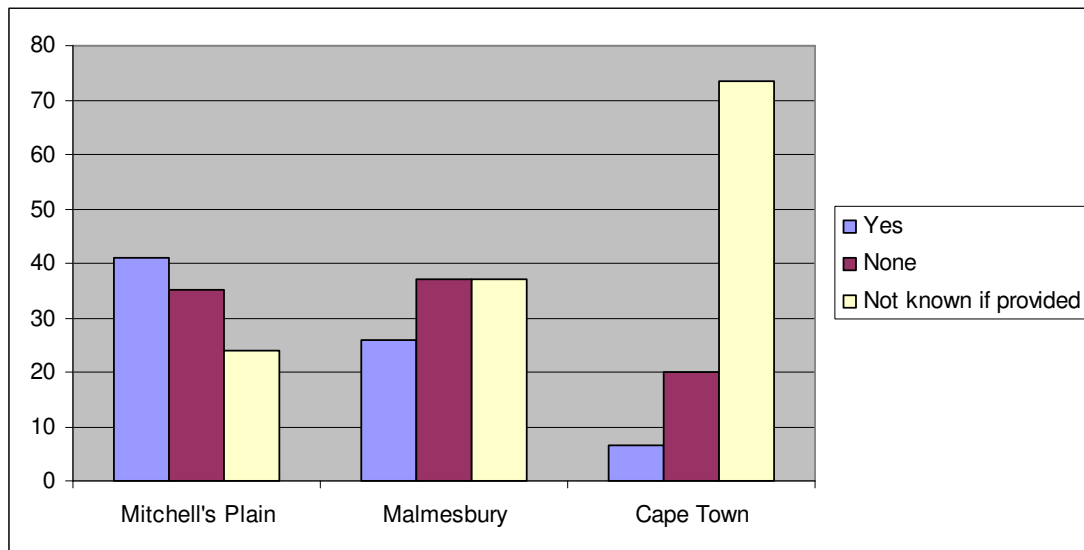
It is important that practitioners appreciate the complexity of challenges brought by substance abuse especially in non-supporting environments where neighbourhoods are plagued by drugs and alcohol abuse. For example, in one case a mother was identified as psychologically unstable, not playing the parenting role, neglecting her own health by not taking prescribed drugs for psychiatric illness and instead abusing substances; older siblings had in the past years been removed from mother's care (Child 21, Mitchell's Plain). Preventive work done was counselling to help the patient with medication compliance. Ideally, social workers would be expected to have maintained contact with the caregiver based on prior history of maltreatment in order to prevent younger children from being harmed.

The success of these interventions also depended much on the cooperation of the caregivers and the ability of social service agencies to trace the caregivers. Development of trust and durable relationships between service providers and neglectful caregivers was critical. Parents with a substance abuse problem would ordinarily ignore social workers' efforts to facilitate reunification while well-off families would also resist social workers' intervention. Behaviour of the latter could delay removal as parents used experienced lawyers to challenge social workers recommendations for statutory interventions. Some of these findings indicate that community awareness programmes are important for educating people about the value of statutory care and for developing partnerships with communities and vulnerable families. Several social workers indicated that involving families in the process was critical.

Poor outcomes could also be the result of high social worker caseloads which hampered implementation of preventive work. Despite the primary goal of social services being to maintain families by avoiding removals, most early interventions entailed placing children in a place of safety that for majority of the children marked entry into statutory care. Many children did not return to their biological parents' care following investigation and inquiry. In many instances, social worker's reports did not specify any non-statutory interventions provided to alleviate family problems prior to children's court inquiries. For example, most cases in Malmesbury and Cape Town (Figure 2) either did not receive such services or the services provided were not reported to the children's courts. The situation was different in Mitchell's Plain where records showed that non-statutory services were provided to more than 40 percent of reported cases of

child maltreatment. Inadequate reports by social workers from some jurisdictions indicated that the standardised reporting procedure was not adhered to in some areas.

**Figure 25:** Whether non-statutory services to alleviate risk at home were provided for 3 children's courts (%)



Lack of information on early intervention could also be an indicator of two common concerns about statutory care as was currently implemented. Various social workers reported that social work intervention was usually triggered by situations that required emergency response. This situation meant that it was rare for social workers to do case work for an extended period of time as most cases involved crisis management.

### **Social workers' views on good practice in statutory work**

Various key informants identified different aspects that they perceived as good social work practice in the provision of services to children and families affected by child maltreatment. The following are some of the attributes of good social work practice and services provided before and after finalisation as identified by social workers:

#### ***Prioritising and responding immediately to the needs of the child on the basis of alleged forms of maltreatment***

It was considered a good practice to be responsive to children's needs especially in the case of abandonment and all types of abuse should be prioritised. Prioritisation of cases was reported to be negatively affected by high case loads and responses to crisis work tended to be difficult with limited resources. Both social workers who work in the public and private sectors indicated that all the organisations experience high caseloads.

Most early responses entailed removing children from their home and placing them in a place of safety with relatives, formal institutions or neighbours pending further social worker investigation. Some informants indicated that disruptions were common even at this phase because service providers might only have space to accommodate children for limited periods.

### ***Placement of children and connection of families with services***

Due to the ecological factors in the communities child maltreatment was rampant and most interventions were responses to crisis situations. This situation has led to local resources being overwhelmed by the need for placement – places of safety and post inquiry placements within families and children’s homes. There was a chronic shortage of human resources especially social workers who could conduct thorough investigations and assist families to realise their strengths in parenting by connecting caregivers to support structures while also monitoring their progress on a sustained basis. This situation has become a serious challenge for service providers with the current pace of urbanisation and expansion of human settlements into informal settlements and areas with poor organisational capacity.

### ***Proper management of cases with adequate time allocated for supervision and follow up with cases.***

The respondents noted that most of the time it was difficult to follow good social work practice as required. From the reports, there was little indication that social workers had adequate time for supervision of clients. Most social work reports did not include information that would normally be generated through observation during home visits. The likelihood was that they had fleeting relationships with clients and the issue of follow-up subsequent to court order on child placement could not be ascertained from the children’s court files.

### ***Ability to link both children and parents with the required, relevant resources***

Perhaps due to alcohol and drug abuse problems in the communities, most primary caregivers who were provided with non-statutory services were referred to rehabilitation or counselling. Other developmental interventions such as capacity building, parental skills, and community work projects which were recorded in a few social workers reports certainly required connecting families with community resources which could support services based on social workers’ recommendations.

Although interviews with the social workers confirmed that they were conscious of the guiding policy to preserve families through preventive work, the dilemma of protecting children from further maltreatment in the context of prevailing constraints led to many children being taken before children’s courts so that inquiries could be conducted and statutory interventions done.



## Investigation Process

Proper investigations give credibility to statutory interventions. They have to be exhaustive, be conducted within specified legal time period to enable the children's courts to finalise the matters within reasonable time. There were two time points identified as crucial in the process of delivering statutory intervention to children affected by maltreatment. Each phase had implications for the wellbeing of the children because each produced delays in the delivery of statutory care thus affecting children's stability.

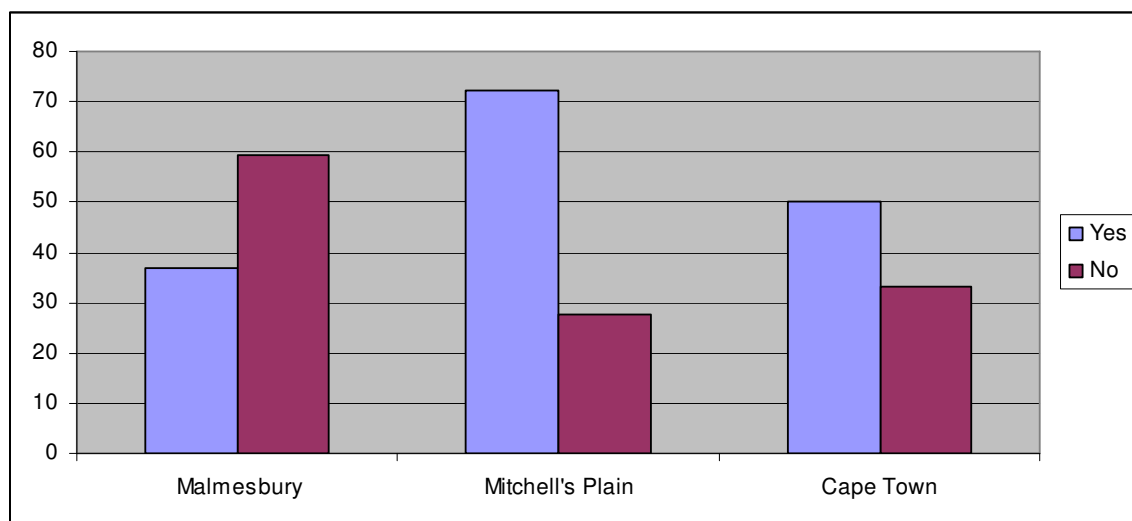
- Delays in social worker investigation
- Delays in effecting finalisation of inquiries

### Delays in the investigation of child maltreatment and finalisation of inquiries

Different cases took varying periods to investigate and it was established from the court files that delay could be a widespread problem. It was a concern that a high majority of children's court inquiries took more than three months to finalise with the waiting period varying from four months to two years.

Figure 3 shows that more than 70 percent of investigations in Mitchell's Plain, 50 percent in Cape Town and just less than 40 percent in Malmesbury extended beyond the 6 to 8 weeks period allowed by statutes and more than three months to complete and enable children's courts to proceed with inquiries.

**Figure 26: Did investigation take more than 3 months? (%)**



Various canalisation officers reported that commissioners would generally not accept inadequately compiled social worker reports. There were also cases in almost all the children's courts that were closed because social workers failed to make timely contact

with the court, either to complete their investigations or to request extension for further investigations. Some of the inquiries were closed after a period exceeding three months and before they could be finalised. Delivery of statutory care was undermined significantly by unavoidable delays during investigations. For example, Atlantis was reported to have had severely poor service delivery in 2006. During this period, it appeared that there was a shortage of experienced social workers and limited supervision, and those who were available were overwhelmed by the demands made on them by apparently high rates of child maltreatment and by the probation system, and therefore the children's court inquiries effectively stalled. The effect of this staff shortage was to undermine the rights of children in Atlantis to protection. However, this situation has subsequently been addressed by the Department of Social Development.

### **Reasons for delays during investigations**

The two sources of information used in this study pointed to various reasons for delay relating to lack of capacity and continuity in the agencies that provide social work services, failure to reach parents on time and poor collaboration among the different agents that contribute information to the inquiries. Most reports identified the need to carry out thorough investigations but did not specify the obstacles that had to be overcome during the investigation process.

The specific reasons for delayed children's inquiries identified from the reviewed court files were the following:

- The need to win the cooperation of biological parents especially where they disappeared during investigation or resisted statutory intervention. For example, in one of the inquiries that extended over a year, a social worker attempted to unite a mother and grandmother and to motivate the mother to attend a rehabilitation centre. Attempts failed and mother disappeared again.
- Attempts to use a strategy such as mediation were also time-consuming but ineffective because many caregivers absconded.
- The need to secure assessment reports from professionals, for example psychologists, and screen prospective foster parents.

In addition, interviews with canalisation officers, commissioners and social workers identified the following reasons:

- High caseloads among social workers as the underlying cause of the inefficiencies reported with regard to delays.
- Poor support of staff and demoralisation were responsible for poor follow-ups of cases and general poor performance in the production of social worker reports.

- High turnover of experienced social workers jeopardised continuity of cases and undermined the quality of social worker reports submitted for canalisation.
- Because of poor supervision and staffing constraints, there were usually gaps in the reports thus leading to a vicious cycle of delays and backlog of cases as commissioners normally required that exhaustive investigations and adequate reporting be done in the interest of affected children.
- Other key informants suggested that delays could also be attributed to lack of continuity in cases due to numerous commissioners presiding over children's courts over short periods.

In many instances, the efficacy of court commissioners which included their sufficient knowledge of child welfare matters and decisiveness were identified as a critical aspect of effective delivery of statutory services for children in need of care. Ironically, even strict adherence to procedure by commissioners was identified as responsible for delays in the processing of inquiries because the practice had unintended consequences for the delivery of statutory care: there were children who were not provided with care and protection despite referrals being made to social services about the risks they faced at home.

While the quality of reports would not necessarily suggest shoddiness of the investigation conducted, poorly compiled reports contributed to delays because in most cases they would not provide a comprehensive evaluation of the circumstances of the child even though removals would be recommended. Social workers and canalisation officers lamented the old practice whereby social workers were trained to compile reports; a problem that was exacerbated by inadequate supervision by senior social workers within the statutory social welfare agencies. Some of the consequences of the situation as observed by the practitioners were that canalization and the actual foster care processes tended to delay.

Cognisant of the constraints within which social workers functioned, some commissioners adopted a less stringent approach to facilitate continued delivery of child protection services even where commissioners would not be entirely satisfied with the content of reports.

Although, overall, court commissioners strove to provide child-centred services to children affected by maltreatment, some were not sufficiently prepared for this specialised function. Attempts to rectify the shortage of specialised full time commissioners in some of the districts whereby magistrates were appointed to preside over children's courts could also be responsible for delays or swift decisions which were likely to undermine the values embedded in statutory care.

Part of the service delivery processes followed in respect of statutory removals is how social workers protected children from further maltreatment. The following is an examination of the forms of shelter that were available to children prior to the finalisation of the inquiries.

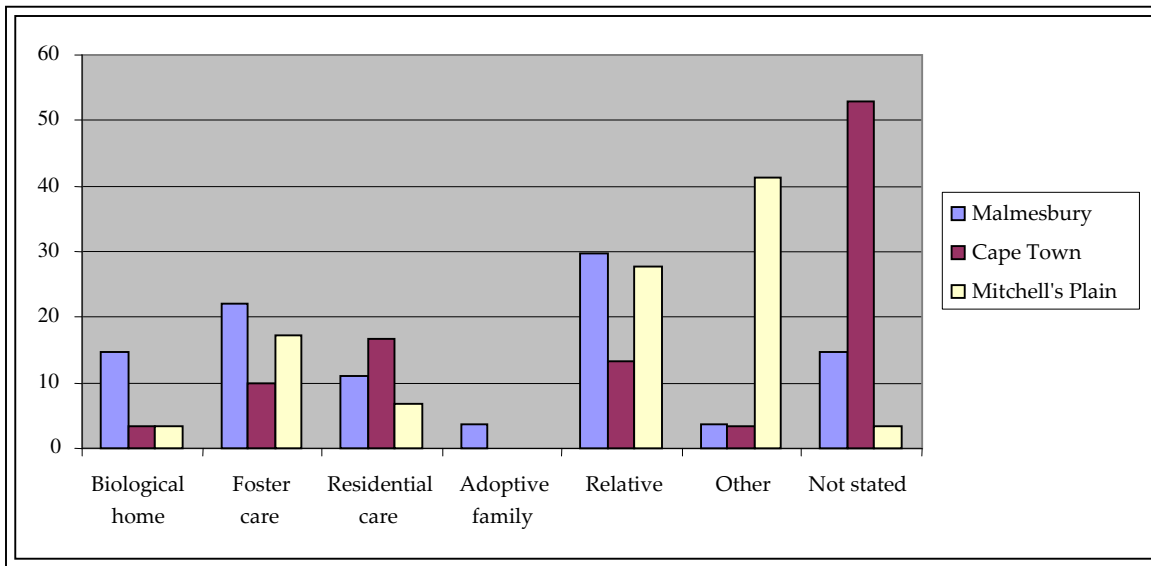
### **Where children resided during inquiry**

*The Child Care Act* (No 74 of 1983) provides a legislative framework for working with children at risk of abuse and neglect and provides for the removal and placement of children and for the establishment of residential care institutions. Invariably, social workers responded to all referrals that were ultimately brought before the children's courts by removing the children from their parents' care or legitimising their placement with individuals who initially protected them from abuse and neglect. The reports indicated that social workers generally followed the statutory procedure and removed children using the emergency Form 4.

Social workers identified responding immediately to the needs of children, that is, within 7 hours if it was a case in relation to physical or sexual abuse as an aspect of good practice. This value was reflected in their placing of referred children in places of safety before they requested court inquiries on these matters. Majority of children – 55.5 percent in Malmesbury, 41.3 percent in Mitchell's Plain and 50 percent in Cape Town were taken to a place of safety with a registered service provider following reports of maltreatment. This was followed by a place of safety with relatives especially grandparents and aunts who provided care while social workers would be attempting to provide preventive measures. To a lesser extent, non-relatives also provided a place of safety for abused and neglected children, especially for the Mitchell's Plain children's court.

Although it would be desirable to know where the children obtained a place of safety for the entire period of inquiries, there was significant number of children from Cape Town and Mitchell's Plain children's courts whose whereabouts during inquiries were *not stated* in the court files (Figure 4). Similarly, there were about 15 percent of children in Malmesbury who remained with biological parents during inquiries raising concerns about their protection.

**Figure 27: Where children in 3 courts were placed during inquiries (%)**



Among those for whom information on their intermediate placement was provided, most children during inquiries were placed under the care of relatives, followed by foster care and residential care (Figure 4). Social workers reported that these temporary measures to protect children from abuse and neglect during inquiries were constrained by lack of service providers. The problem was likely to be complicated by delays at the different stages of statutory processes, especially the time taken to investigate and finalise cases which affected out-flow of children from places of safety. Due to delays drift would not be ruled out and it would be important to provide children with appropriate emotional support during these transitions.

The following section analyses the placement options considered for children who were brought to the attention of the four children's courts for inquiry.

### **AN ANALYSIS OF PLACEMENT OPTIONS: FOSTER CARE, CHILDREN'S HOMES AND ADOPTION**

Prevention of statutory removals should ideally form the focus of social work services. Children at risk of abuse and neglect should be protected and vulnerable families should receive support that should first prevent removals, failing which efforts to facilitate reunification should be priority. Most social workers emphasised that they worked hard to prevent children from entering statutory care because it was a traumatising process for children; they recommended it where it was inevitable. As one social worker stated:

*Removal should be the last option because it usually exposes the child to more traumas such as a move from regular school that he/she attends, having to leave family and friends behind etc*

Provision of effective statutory care depends on the availability of suitable post-investigation alternative care for children who are removed from their natural parents' care. Statutory removals should be supported by providing appropriate placements with institutions or individual foster care parents.

### **Legislative framework during the period studied**

Possible placement options following children's court intervention and once a child has been found to be 'in need of care', may include the following orders which could be made by a children's court in terms of Section 15 of the Child Care Act 74 of 1983 as amended by Act No. 96 of 1996:

- a) order that the child be returned to or remain in the custody of his parents or guardian under the supervision of a social worker
- b) order that the child be placed in the custody of a suitable foster parent designated by the court under the supervision of a social worker; or
- c) order that the child be sent to a children's home designated by the Director-General; or
- d) order that the child be sent to a school of industries designated by the Director-General

According to **Section (3)** of the Act, a children's court may also order that the child be kept in a place of safety until such time as effect can be given to the order that the court has made. Chapter 4 of the Act makes provision for the adoption of children, as alternative to the placement options stated above.

### **Children's courts orders regarding placement of removed children**

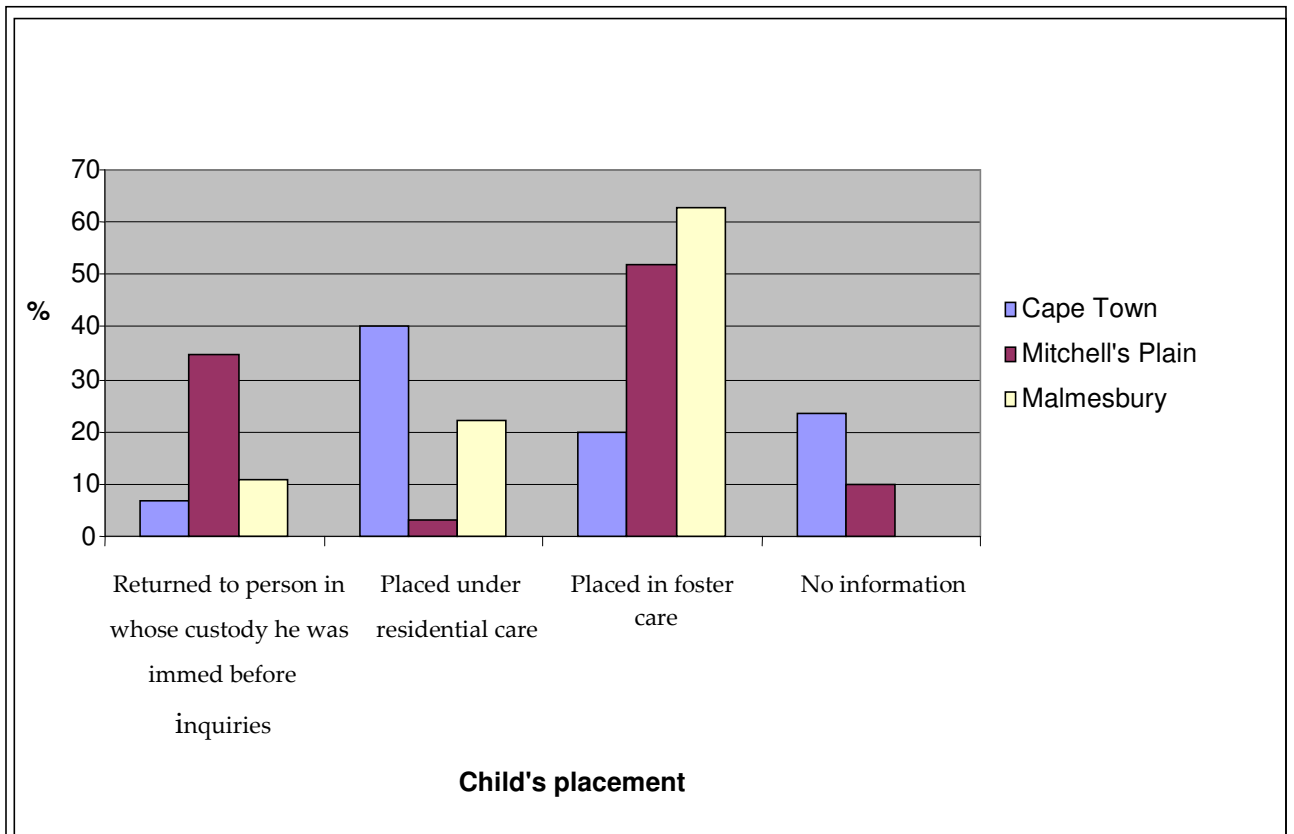
In the courts studied, commissioners consistently made their orders according to social workers' recommendations. This practice highlights the importance of comprehensive and systematic social worker reports that guide the courts to make well informed decision. Part of these recommendations is where children may be placed following finalisation of the inquiries. Interviews with different categories of practitioners and information from court files confirmed that placement options were generally limited and it might take longer to find suitable placement for certain children than others. Social workers were responsible for finding placements that should provide permanency needed to stabilise children who may be severely traumatised by removals and intermittent placements. They stated that obtaining suitable placements for children in their jurisdictions was challenging. One of the commissioners described the challenge

of finding suitable placement options thus: *“you can't put mini tyres on a truck because they will burst”*.

Foster care and residential care seemed to be the main options considered but there were a significant number of children in whose case it was ordered that they returned to or remained in the custody of their parents or guardians under the supervision of a social worker.

Figure 28 below shows that for both Mitchell's Plain and Malmesbury, placement with foster parents was a common option for courts, about 52 percent and 63 percent, respectively. This was despite the expressed need for families that could provide foster care in the communities. There was also a significantly low proportion of children placed in residential care in Mitchell's Plain (3.4 percent) compared with 22 percent in Malmesbury. Cape Town children's court had the highest proportion of residential placements for neglected and abused children – 40 percent while 20 percent were placed in foster care.

**Figure 28: Court orders for child placements in 3 courts (%)**



Availability of families who could provide foster care in the different areas seemed to be the main factor which social workers considered when they recommended children's placements. For example, a social worker in one of the private welfare agencies indicated that their organisational capacity to place children was limited. This was because they did not have enough places of safety and foster parents for children in need of care in their area of operation. The local children's homes were full and family placements were often used, if appropriate. However, the major constraint identified in most areas was that most of the volunteers in the communities were perceived as inappropriate because they were uninformed about the legal implications of statutory intervention and did not have skills to handle children with behavioural problems. Besides, considering that the studied courts provided services to communities with serious deficits in terms of social cohesion due to the problem of substance abuse, difficulties in identifying suitable foster parents would be a reality for welfare agencies. Due to lack of proper placement options, there were children who were currently placed with families who did not have the ability to address their problems effectively. With



appropriate programmes to create awareness amongst the communities this situation could be reduced improved.

The differences between areas in terms of placement options could be explained by their varied organisational and social resources that provided an enabling environment for provision of alternative care. Aware of the challenges in finding suitable foster parents, the Department of social Development in Mitchell's Plain implemented a programme to train committed volunteers in fourteen (14) wards of the district as safety parents. This community intervention could explain the low use of residential care in the area.

Institutional and socio-ecological factors associated with limited placement options for both foster care and residential care were the following:

First, the situation was partially attributed to the policy decision not to expand children's homes in the province despite the observed trend that it was usually impossible to realise reunification for many children, thus leading to reduced capacity of available facilities to admit new children.

In Mitchell's Plain, one of the social workers attributed the relative efficiency of the statutory care system to an initiative by the district office of the Department of Social Development which entailed training of community volunteers as safety parents and foster families for removed children. In many instances, placement challenges were alleviated because some of the safety parents who started as providers of emergency services developed attachments with children and subsequently applied to foster them. Thus, short term stays ended up as long term arrangements and these were identified by social workers as working to the children's advantage. Children could build trust and readjust to school, church, cultural setting and living arrangements. This strategy contributed towards creating permanency outside kinship care. It could be the reason why about 35 percent of the children were placed with non-relative foster care parents following finalisation of inquiries (Figure 28).

Second, current caseloads and generic social work done by statutory workers did not allow them to do case work and effect behaviour change among family members. As one social worker in a private organisation pointed out:

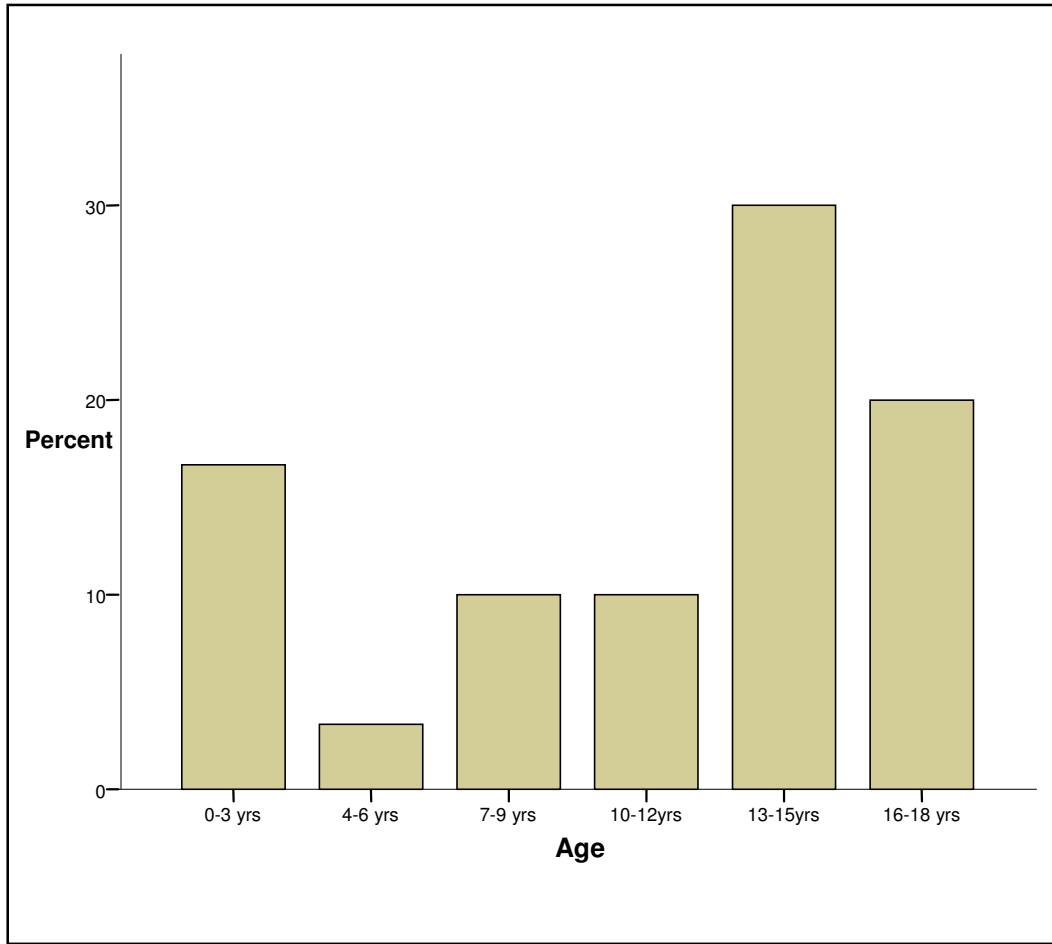
*"More human resources are necessary in order to render effective services to all the stakeholders. Unfortunately there are no funds to employ more staff. Due to the high caseloads, social workers do not get the opportunity to render therapeutic services to those vulnerable groups who are desperately in need of them"(Social Worker, Private Organisation – Mitchell's Plain).*

The role of social services in providing statutory services, in particular family reunification services to residential children, is examined by Meintjes et. al. (2007: 68). The current practice is that roles are divided between the internal social worker, based at the children's home, to work therapeutically with the child whilst the external social

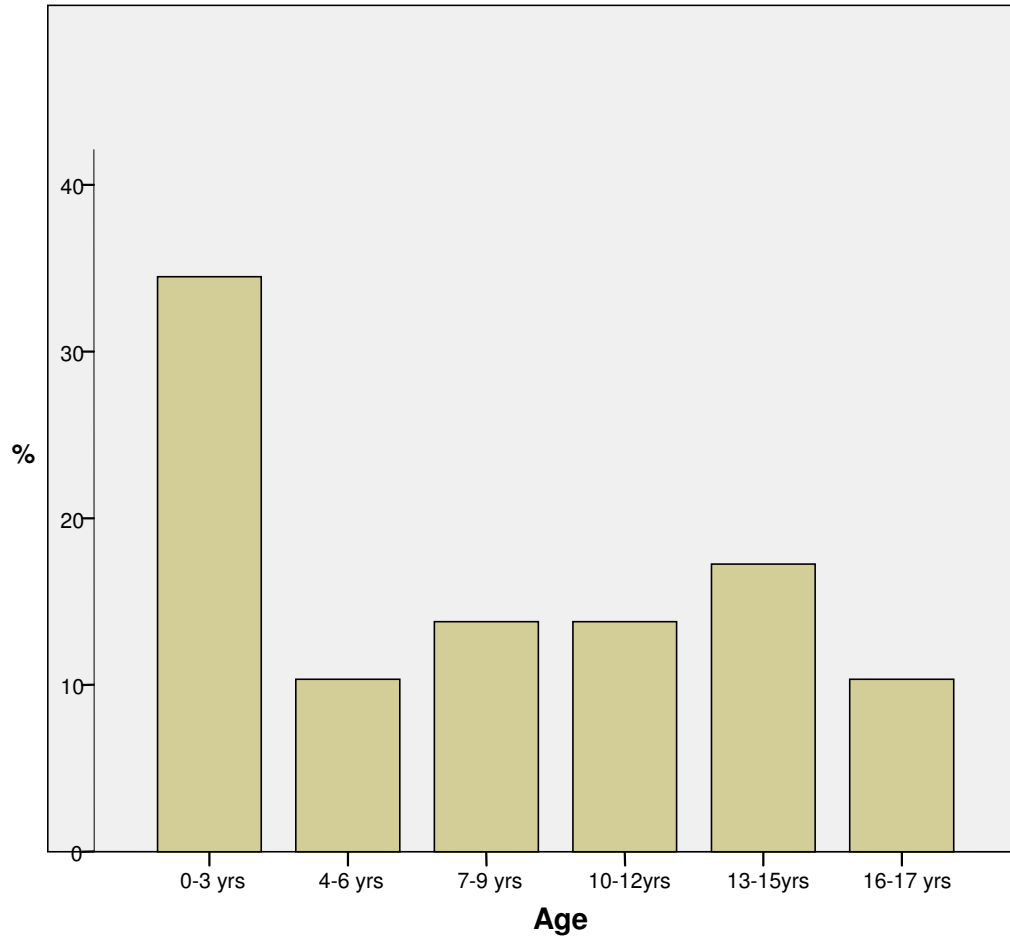
worker works with the family with a view of working towards family reunification. The high caseloads for external social workers who have to prioritise crisis intervention and the predominance of foster care applications were identified as barriers to provision of services. This situation has resulted in a larger number of children entering and staying in the system, than what could have been the case if the legal stipulation to have the children's court order valid for two years as a short-term measure allowing parents to improve their circumstances or address the risk factors was adhered to.

Third, the characteristics of children such as older age – children aged 11 years and over– and those with behaviour problems were generally perceived negatively by potential foster parents and presented unusual placement challenges. Children with these traits tended to be less attractive to potential foster parents who sometimes mistook their trauma with lack of discipline. As a result, older children were placed within formal institutions and younger children with foster families. This could explain the predominance of residential care in the Cape Town court where more than 20 of 30 children brought to the attention of the children's court were aged above 10 years (Figure 29). The placement options seemed to differ in Mitchell's Plain and Malmesbury courts where most of the children were younger than 10 years (Figure 30 and Figure 31).

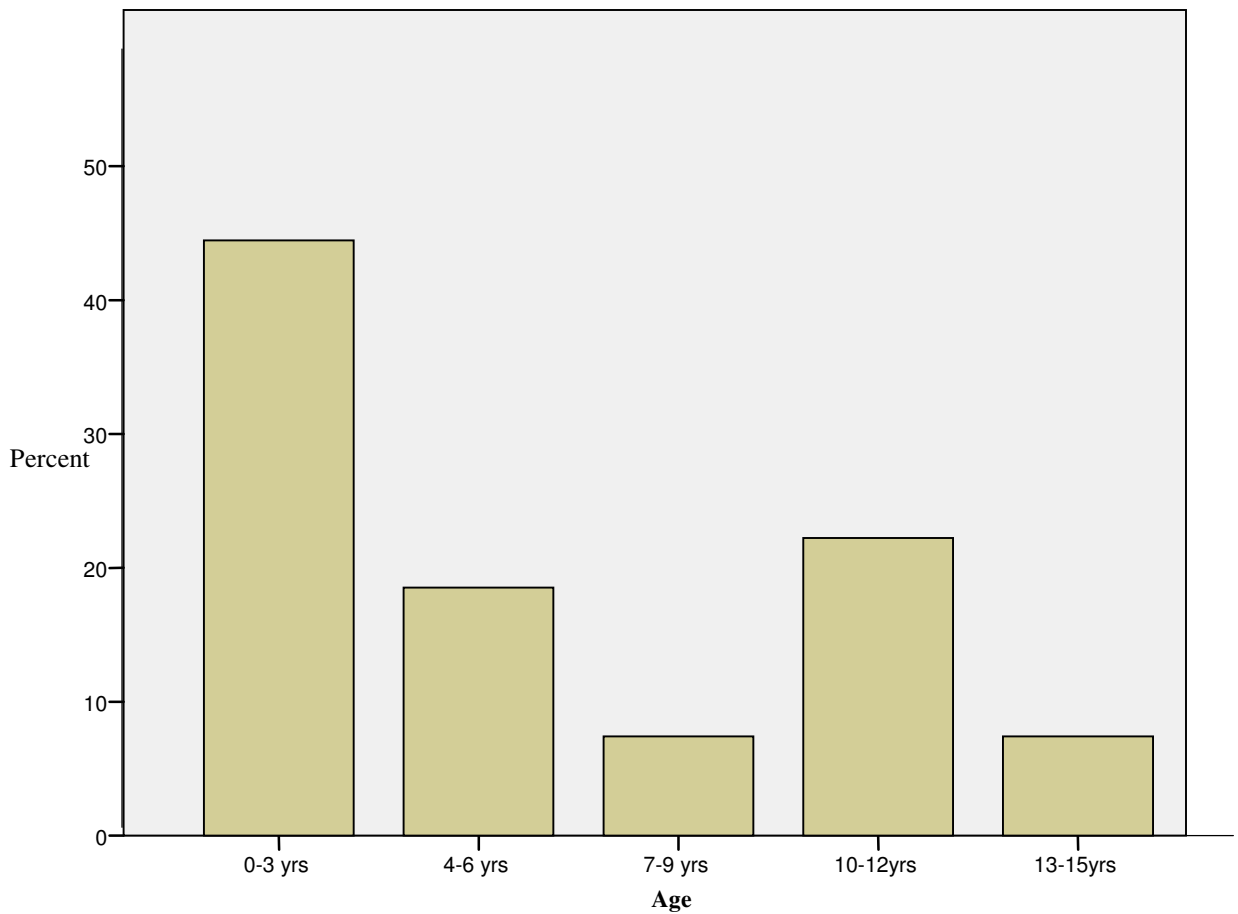
**Figure 29: Age of the children seen by the CC – Cape Town**



**Figure 30: Age of children seen by the CC – Mitchell's Plain**



**Figure 31: Age of children seen by the CC – Malmesbury**



While the attitudes of the members of the public and preferences of service providers might disadvantage older children, it would also appear that younger children constituted the majority of the recipients of family foster care. There was a concern that older children could be disadvantaged also because they did not stay long enough in residential care to receive the benefits of such placements hence many soon drifted into criminal behaviour. Affected children could easily feel rejected and might be re-traumatised due to lack of permanency in their placements. It was observed that the fourth placement option - ordering that the child be sent to a school of industries designated by the Director- General did not occur among the studied court cases.

## **Recommended intervention services**

Recommendations for statutory interventions provided for children identified as *in need of care* should be empowering to families affected by child maltreatment. They should be guided by the short and long-term views to protect the children from potentially harmful risks but should also include plans to integrate them back into their communities. Therefore, it is a standard requirement that apart from providing the context of inquiry by identifying the children's family circumstances – strengths and weaknesses of the primary caregivers - social workers' reports should make recommendations on the placement of children and provide evidence regarding positive screening of potential foster parents.

## **Children's Court Orders on statutory care: Permanency of placements and services following statutory intervention**

It seemed that in most cases, the courts orders had two components: placement of a child in foster care and provision of foster grants. The following were some of the statutory services provided to safeguard the protection of children who were brought before the children's courts.

- That child be placed in foster care, and foster care grant made and supervision be rendered.
- The children were placed in foster care and safety fees payment were to be paid to the parents
- The child was placed in foster care with screened family because the child had no other family members to take care of her; That foster care grant be administered and supervision be rendered to family.
- The child was legally fostered by his grandmother and foster care grant was to be paid
- Child be placed with a guardian till mother stabilizes psychologically and is able to make conscious and rational decisions as pertaining to parenting.
- Children be placed in foster care with maternal aunt; that contribution order be made against the reputed father; payment of foster care grant
- Placement with foster family; payment of foster care grant; and supervision to be rendered
- The child be placed in foster care with maternal grandmother; a contribution order be issued against father; family reunification services were to be rendered to the family; foster care grant was to be made.

It would be desirable to have children placed under the care of the same individuals for the entire period of inquiries provided it was a suitable place that met the needs of the child. Similarly, statutory workers should minimise the movement of children within the system once finalisation is made, by providing relevant services. Social worker's statutory duties to the child and family following the finalisation of the children's court inquiry include the following services as outlined in the *Kinship Care* discussion document (National Welfare, Social Service & Development Forum 2007: 5-6):

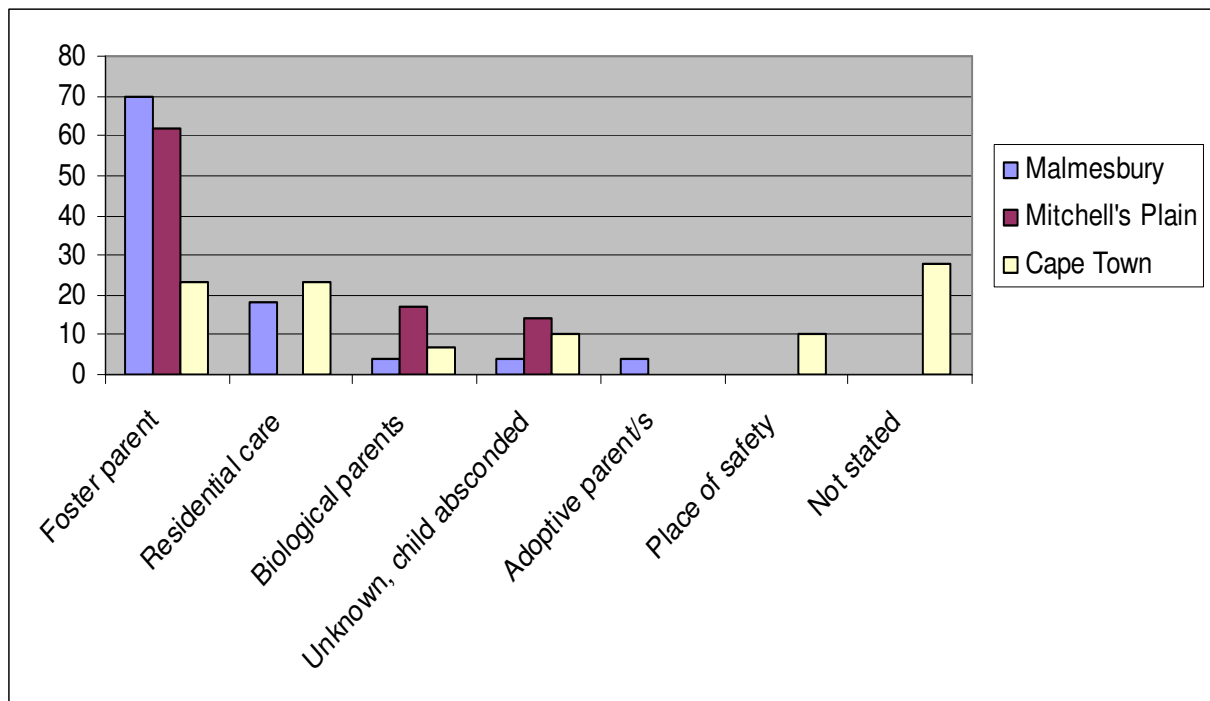
- **Foster care supervision and support services:** Helping the foster parents understand the child's special educational, behaviour and emotional needs and supporting them to respond appropriately. Monitor the placement to ensure that the child's needs are being met.
- **Support to the child** by means of providing therapy or counselling or connecting the family with alternative resources in this regard
- Provide **family reunification services** to the natural parents: Help the parents to improve their circumstances i.e. engage them in rehabilitation or therapeutic services or connect them with community resources
- If reunification with natural parents is not possible, alternative ways to achieve permanency for the child must be explored. Intensive **permanency planning** and ensuring the implementation of such plans is therefore necessary in order to avoid the drifting of children between various carers or placements in the system
- Liaising with other involved agencies i.e. education, health, home affairs to achieve above listed goals
- Maintaining file records and administrative tasks including writing supporting letters, reports and ensuring child's legal position is up to date and monitoring child's movements.

An assessment of the extent of drift which occurred within the statutory care system was done by comparing the change of proportions of children in different forms of care across the different points of the statutory care process (where they were placed during inquiry, and where they were ordered to be placed and where they were currently placed at the time of the study). This approach was hampered by the huge information gaps pertaining to where the children were placed during the inquiries.

Considering changes in the proportion of children in each form of placement over the period of inquiry for each children's court provided an indication of the extent to which children could be drifting within the system. In addition, the analysis compared the placement options across the points of statutory processes. For instance, while it seemed that there were multiple options for placement of children during inquiries, post-inquiry placement options clustered around foster care with relatives and non-relatives.

Comparisons suggest that at least for the three courts, there were no major changes in placements. Analysis of where the children were reported to be, showed that foster care and residential care remained the predominant providers of care (Figure 32). Majority of children who were the subject of inquiry and were placed in foster care were with relatives, especially grandparents and aunts but non-relative foster parents also contributed significantly to provision of statutory care in the three children’s courts particularly in Mitchell’s Plain (about 69 percent) and Malmesbury (about 70 percent).

**Figure 32: Children’s current placement type in 3 children’s courts (%)**





What remained a concern, however, was that this form of statutory support would not realise optimal care and developmental goals if other circumstances of the child apart from the risks of maltreatment were not well understood. For example, while most of the neglect was linked to poverty, little was reported about the educational situation of most children and how this goal could be pursued taking into account other challenges such as behavioural problems of the child and the capacity of the foster parents, especially grandparents to provide care. It also seemed that it was not common for statutory care recommendations to include primary caregivers and supervision. These aspects have implications for family reunification because the risks in the biological families were not likely to go away. Similar concerns were raised in the *Kinship Care Paper* in relation to services provided for foster parents (National Welfare, Social Service & Development Forum 2007: 4-5). The paper concluded that current emphasis on court ordered foster care, meant that intensive work and supportive services to foster families initially designed to support and develop children in need of care due to being abused, neglected or abandoned, became impossible whilst the only service being rendered was that of making a grant available for the support of the child.

### **Evaluation of Social Workers' Reports**

Information derived from the children's court files pertaining to the circumstances of the children was analysed to evaluate the adequacy of such information against the statutory requirements as specified under the *Regulations under the Child Act, 1983 Paragraph 4*. The concern expressed by some of the canalisation officers and commissioners of the children's courts in respect of poor quality reports was found to be a major source of information gaps in the current study. There was a lot of pertinent information about children, primary caregivers and families that was missing from the reports. Training of new social workers on how to compile reports and proper supervision within the PAWC Department of Social Development and private social welfare agencies should provide valuable support to the children's courts.

## CONCLUSIONS

This study has provided additional information building up on the findings of our previous study on child maltreatment in the Western Cape Province using a different source of administrative data on children – children’s court inquiries records. Analysis of the data was done according to the five children’s courts in four magisterial districts. This approach has provided a picture of what was happening in each area with regard to the manner in which the administrative data regarding children affected by statutory removals was collected vis-à-vis the stipulated procedure. Variability in statistics across the different areas could be the result of the areas’ capacity to provide prevention services where children are affected by maltreatment. The conclusions are according to observations with respect to the information obtained from the children’s court files and the substantive issues regarding the nature of maltreatment which was investigated and the processes involved in the delivery of statutory care.

### **Causes and circumstances leading to inquiries: case findings**

- The three forms of maltreatment which affected children and led to statutory removals were neglect, physical abuse and sexual abuse. Neglect in its various forms was the main reason children were removed from their homes. Although it is usually helpful to distinguish between circumstantial and deliberate neglect, this study notes that the widespread problem of substance abuse renders this categorization a challenge.
- Social service providers identified structural factors such as poverty, abuse of illicit drugs and alcohol, low education of mothers and unemployment as well as poor child rearing practices as the fundamental factors to widespread child maltreatment in most of the communities.
- Boys and girls are affected by child maltreatment with children under 4 years of age more likely to be reported for maltreatment and be removed into statutory care. This category of children is followed by teenagers. It also seemed that children who did not have siblings were more likely to be brought to the attention of children’s courts for removal into statutory care.
- Most children had mothers as their primary caregivers. Key characteristics of mothers whose children were brought into statutory care were: substance abuse, being a single parent and the fact that many were young.

Mothers living in poverty who had a problem of substance abuse posed a serious threat to their children. However, about 30 percent of children in our sample lived with both parents as caregivers and yet were affected by statutory removals. This showed the multifaceted nature of the factors which influenced child maltreatment. For example, it would seem that in the cases reviewed, substance abuse and inability to provide for children tended to influence most children's removals.

Chronic substance abuse undermined child protection and preventive work by social workers and as a result, in a context of low social work resources, sexual and physical abuse and abandonment were prioritised. Children were frequently removed because neglectful parenting also exposed children to physical and sexual harm.

Due to the preponderance of substance abuse clearly there is a need for prevention strategies relating to this problem. This requires a strategy which should involve an extensive network of treatment services at all levels. However, effective interventions will require social workers to be well equipped with knowledge about substance abuse and its management. They need also to be knowledgeable in the existing child protection services networks. The new Children's Act makes it possible for the children's court to order many different types of assessments and/or treatment for the child and/or any family member. This opens up a lot of possibilities for combining child protection and care measures with alcohol and drug rehabilitation.

Lack of positive role models in the communities and past experiences of child maltreatment among the current cohort of parents were seen as being responsible for children's circumstances. However, the immediate risk factor for children was abuse of alcohol and drugs. The problem was found to affect both mothers and fathers.

## **The statutory process**

- Three of the five children's courts held inquiries on a high numbers of maltreated children in 2006. These were Cape Town, Malmesbury and Mitchell's Plain children's courts.

Wellington and Atlantis had a lower number of inquiries conducted on child maltreatment during the specified period. The former mainly dealt with applications for adoption and foster care due to high incidence of death among mothers in the area (in part explaining the high incidence of inquiries in this jurisdiction for the period). The low figures for Atlantis were due to major administrative problems due to lack of capacity, which led to closure of inquiries before finalisation.

- The content of social worker reports was generally poor but the degree of variability was observed between poor resources areas and supported areas.

The information gaps were in relation to pertinent child information which should be captured and monitored if statutory care should realise care, developmental and permanency goals for maltreated children. Similarly, data on the children's households and caregiver socioeconomic characteristics was not captured adequately. These included household income, caregiver's education and occupation as well as information on other household members. Details on how social workers implemented prevention prior to removals were missing from the investigation reports. There was no indication of previous interventions by social services apart from the order made by the children's court.

- Although prevention was viewed as a priority, statutory care service providers mainly dealt with crisis intervention due to significant resource constraints.
- Delivery of statutory services was also negatively affected by some of the shortcomings in some of the parts of the system.
- High case loads, lack of resources, poor networking among the organizations in the sector render prioritisation of cases a challenge for social workers.
- Insufficient numbers and skills of personnel.
- The strategy by the Province to train volunteers in the community as safety parents and foster families for removed children alleviated placement challenges.

Lack of capacity across the different cadres of the statutory systems has been documented. A study of statutory services conducted by the Giese and colleagues (2003) reported that some of the constraining aspects relating to statutory service provision by social workers were lack of capacity of both state and non-governmental agencies with rural areas being particularly overstretched. Service provision was characterised by heavy case loads, limited staff (fuelled by high staff turnover in some sites) and little resources. Foster placements or effective child protection services could as a result not be rendered.

Training needs and skill gaps of social workers seemed to pose a threat to the smooth delivery of statutory care. Poor supervision of social workers contributes to delays in the delivery of statutory care. The devised strategy to bestow on magistrates the responsibility to preside on children's courts has merits and demerits. Some of the commissioners indicated that they were not trained to handle children's issues but did their best to make their courts child-friendly even though their proposals to enhance the children's court environment with items such as toys still had to be implemented. Some social workers and canalisation officers felt that since removals were inevitable on a daily basis it would benefit the children if there were full-time commissioners in their areas.

- For children who enter statutory care, it is imperative that the interventions are tailored to address their care, developmental and permanency needs.

There was a widespread concern that the placement options available to the Department of Social Development were limited. Unavailability of children's homes, trained safety and foster parents and the inappropriateness of some of the places where children were placed were of concern to both public and private welfare providers.

- Promotion of foster care was preferred

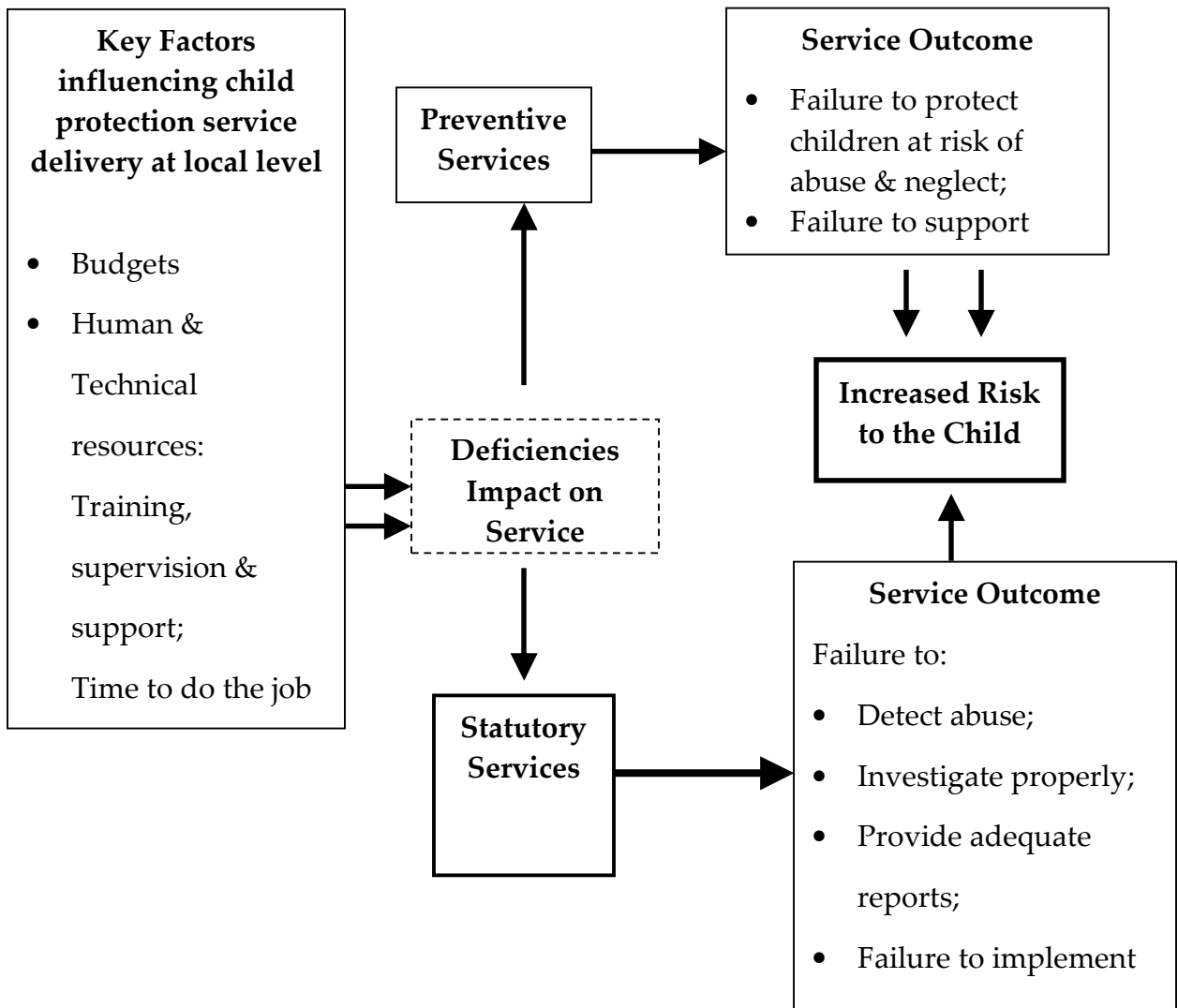
However, there are various social factors which did not support this form of statutory care despite availability of statutory grants to assist those who provided care for children outside their biological homes.

Statutory interventions do not reflect a consistent attempt to address the multidimensional vulnerabilities of families. Focus on the children only renders work on reunification unattainable because the risks are not dealt with systematically. There is need for strong inter-agency collaboration in the provision of services that help rebuild family strengths to enable parents to resume their parenting responsibilities following statutory intervention. This approach could reduce the problems of poverty, unemployment and substance abuse without making foster grants a long-term option for vulnerable children.

The key statutory responsibilities bestowed on the Department of Social Department to safeguard the right of the children in the country implies that proper budgets need to be provided for the Department to provide statutory care and support other agencies which depend on its legitimising functions.

We conclude with Figure 33 below which summarises the secondary risks to children affected by neglect and abuse that occur as a result of service deficiencies. Sadly, it appears to be the case that in spite of the best efforts of social workers and other agents, children who have suffered serious neglect and abuse are at risk of further trauma when they enter a system that is inadequate to cope with their needs.

Figure 33: Statutory service deficiencies and risks to maltreated children



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APPENDIX 1: NATURE OF PRIMARY AND SECONDARY RISKS AFFECTING NEGLECTED CHILDREN FOR 5 CHILDREN'S COURTS (A FULL VIEW)

