

**THE DEVELOPMENT OF A PROTOCOL FOR THE  
MANAGEMENT OF CHILD ABUSE AND NEGLECT**

BY

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Submitted in partial fulfilment of the requirements for the  
degree of Doctor Philosophiae in the Faculty of Community  
and Health Sciences, University of the Western Cape

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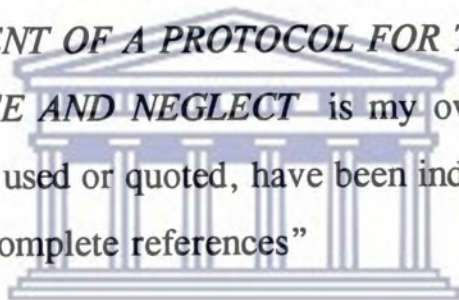
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**ROSELINE LYNNETTE BARNES-SEPTEMBER**

"I Roseline Lynnette Barnes-September declare that *THE DEVELOPMENT OF A PROTOCOL FOR THE MANAGEMENT OF CHILD ABUSE AND NEGLECT* is my own work and that all the sources I have used or quoted, have been indicated and acknowledged by means of complete references"



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Signed.....*Roseline Barnes-September*.....

Date:.....*1 April 1998*.....

*“Intended beneficiaries of a programme can be considered the ultimate source for assessing the merits of a programme as well as the standards on which programmes are judged. Without their considerable input, findings could be dismissed as merely hearsay”*

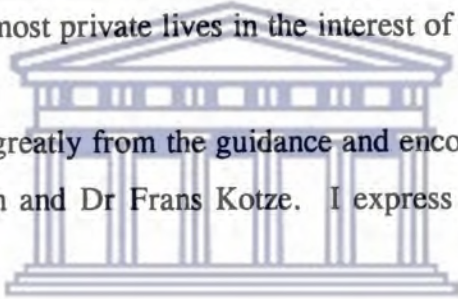
*Fetterman, Shakeh & Wandersman (1996), p336.*

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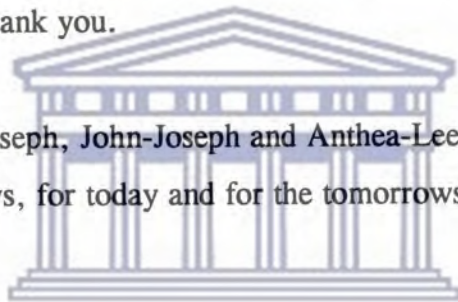
Social Services, Justice, Health, Safety and Security and Education for their confidence in the study, their encouragement and especially the opportunity to conduct similar processes in the other provinces.

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## ABSTRACT

The primary intent of this study was to seek solutions to the practical problems experienced by practitioners in their management of child abuse cases. A fundamental problem regarding the current management of child abuse is that there is no guarantee that a child entering the child protective system will be dealt with in terms of a set procedure and/or protected against further abuse. To address this problem in the Western Cape, the Intervention Research (IR) methodology (Rothman & Thomas, 1994) was used to develop a Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect.

The protocol was designed for agencies that intervene in instances of child abuse. It establishes criteria and procedures for interdisciplinary co-ordination and effective case management, delineates the professional roles and responsibilities and provides step-by-step intervention procedures.

The Intervention Research Design and Development methodology provided a useful framework to apply social science research methods to child protective practice and policy reform. IR focuses on the design of practice guidelines for intervention and policy reform. It can be conducted in a diversity of practice settings and therefore enhances collaborative efforts and inter-agency exchange among practitioners and among practitioners and universities.

The study evolved through six phases involving inter-as well as intra-disciplinary activities. These activities were guided by systematic and deliberate research procedures, techniques and instruments. The research phases included: problem analysis; information gathering and synthesis; the development and design of the protocol; testing the protocol through a process of workshops and finally, the launch and dissemination of the protocol.

A core element of the study was the active participation and collaboration of a broad range of key stakeholders, including: victims of child abuse, their families, service providers, and policy makers. The methods and instruments used were therefore designed to enhance participation and included interviews, workshops and observation of court processes. The bottom-up approach and collaborative design enhanced the level of contextual relevance, ownership and the commitment of stakeholders. As a demonstration of this commitment, the protocol has been endorsed by the Ministry of Justice and the Ministry of Health and Social Services of the Western Cape. The Department of Social Services has committed financial support to the project and is pilot testing it in three districts.

The study cautions that protocols alone cannot eradicate and solve all the problems in the child protective field and asserts that there is an urgent and critical need to develop and to implement a National Strategy on Child Abuse. Such a National strategy should include legislation that supports and enforces all aspects of a national policy on child abuse. At minimum, national policy should ensure consistent political will and leadership. This means that broad statements about the obligations of politicians and state officials is not enough. These should be followed by specific accountability and measuring mechanisms for enforcement.

State policy should also provide guidelines for standardized and appropriate working conditions, recruitment and training of staff. Furthermore, it should provide for a broad array of effective and accessible services to all children and families and the co-ordination of such services. Finally, legislation should include specific obligations regarding the appropriation of adequate and flexible funding to see that commitments made to children are realised.



## ABBREVIATIONS

A A A	-	Triple-A Framework
C B O	-	Community-Based Organization
CPS	-	Child Protective Services
C P S T P	-	Child Protective Service Training Programme
C P U	-	Child Protection Unit
D D	-	Design and Development
H S R C	-	Human Sciences Research Council
I C F D	-	Institute for Child and Family Development
I R	-	Intervention Research
K D	-	Knowledge Development
K U	-	Knowledge Utilization
N A P C W A-	-	National Association of Public Child Welfare Administrators
NCCAN	-	National Committee on Child Abuse and Neglect
N G O	-	Non-Government Organisation
N P A	-	National Programme of Action
P A W C	-	Provincial Administration of the Western Cape
R D P	-	Reconstruction and Development Programme
S A S P C A N-	-	South African Society for the Prevention of Child Abuse and Neglect
U N	-	United Nations
UNICEF	-	United Nations International Children's Emergency Fund
W C C A F	-	Western Cape Child Abuse Forum

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## **PART 1: GENERAL ORIENTATION AND PERSPECTIVES OF THE STUDY**

### **CHAPTER 1: INTRODUCTION AND RATIONALE**

#### **1.1 INTRODUCTION**

The aim of this study is to seek solutions to the practical problems experienced by practitioners in their management of cases or suspected cases of child abuse and to contribute to the transformation of child protective services policy and service reform. It is not primarily a study about the definitions, causal factors, dynamics, effects or indicators of child abuse. The main focus of the study is on the mechanisms and procedures that should be in place to ensure that children who enter the service system, receive the services that they need.

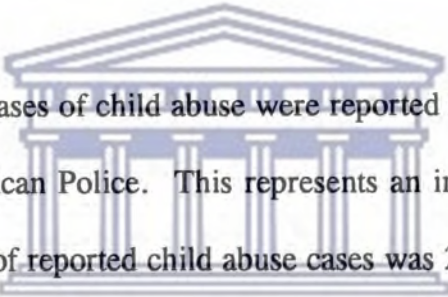
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A fundamental problem of the current child protective service system in South Africa is that there is no common process through which all children who are abused, can access services. There is also no guarantee that a child who enters the system, will be dealt with in terms of acceptable procedures or protected against subsequent abuse. Protocols, policies, and procedures are examples of such mechanisms that may lead to improved services for clients of the child protective system. A protocol serves as a useful tool for agencies that intervene in cases of child abuse. It delineates professional roles and responsibilities and provides step-by-step intervention procedures (Melton & Barry, 1994). Protocols are also essential in establishing criteria and procedures for interdisciplinary co-operation

and effective case management.

## 1.2 PROBLEM STATEMENT

In South Africa there is a growing awareness that child abuse is a serious and escalating problem. Although the scope and extent of the problem has not yet been accurately determined, various indicators including media reports, cases dealt with by the judicial system, reports from social workers and the statistics from the South African Police Services: Child Protection Unit (CPU), indicate that there is reason for concern.



In 1996, 35 838 cases of child abuse were reported to the Child Protection Units of the South African Police. This represents an increase of 56.4% since 1994 when the number of reported child abuse cases was 22 911 (South African Police Services: Child Protection Unit, Pretoria, 1995). It is widely accepted that these figures are underestimates and exclude cases that are reported directly to the police stations and to other service providers such as social workers and medical health professionals. There is currently no central reporting system. This means that children can enter the system through various entry points. In the absence of service co-ordination through the use of standardised protocols, these various entry points increase the likelihood that children and their families are not served or inadequately followed up. The situation is worsened because many professionals in the area of child protective services work in isolation. Not surprisingly, therefore, many children and families fall through the cracks in the system.

In the face of these problems, the response from the South African society has remained largely inadequate to address the needs of child abuse victims and their families. Since July 1995, the National Committee on Child Abuse and Neglect (NCCAN), comprising service providers, advocacy groups and others, has intensified its efforts to raise the awareness of policy-makers to the plight of children who are abused. In their submissions they have highlighted the conditions that exist at the agencies that should be responding to instances of child abuse. NCCAN presented a memorandum to the National Minister of Welfare and to the nine Provincial Ministers of Health and Welfare. The memorandum outlined several issues and concerns, which are the following:

- Urgent action is needed to alleviate the crisis pertaining to the inadequacy and decline of existing child protection services;
- The current system is responsible for numerous cases of secondary abuse of already traumatised victims;
- Child protection services are staffed by professionals who work and think in isolation;
- The funding crises at most private welfare organizations have led to cuts in essential services.

NCCAN's concerns were raised at the same time that the struggle between the state and private welfare organizations to reach consensus regarding role division, financing and accountability for child protective services intensified.



### 1.3 THE SCOPE OF THE PROBLEM

Since its formation in 1986, the CPU has dealt with more than 140 000 cases of crimes against children. In 1994, 22 911 cases of child abuse were reported, in 1995, 28 484 cases and in 1996, 35 838. These figures indicate an increase of 56,4 percent from 1994 to 1996 and an increase of more than 7,000 cases nationally between 1995 and 1996.

Table 1.1: Officially reported rape and serious assault cases 1993-1994

Officially Reported Child Abuse Cases	1993	1994	Percent change
Rape	4736	7559	59,6
Common Assault	2364	3246	37,3
Offences under amended Child Care Act	1969	2694	36,8
Attempted murder	175	213	21,7
Serious assault	1339	1905	42,3

Table 1.1 indicates that there was an increase in the number of rape and serious assault cases reported to officials from 1993 to 1994. It is not known whether the increase in the reporting rate is due to increased community and professional awareness of child abuse leading to increased disclosure and reporting or whether these figures reflect an actual increase in the numbers of child abuse incidents. Too little is known about the scope and manifestations of child abuse to make informed conclusions about the above patterns. Thus, there is an urgent need for research on the scope of the problem. Reporting on a recent study of 4606 CPU child abuse cases, Schurink (1996) found the following:

- (i) The majority of the offences were of a sexual nature (62%). Other crimes

included common assault (14%), serious assault (11%), abduction (2.3%), attempted murder (0.6%) and murder (0.3%).

- (ii) Most children are not abused by faceless strangers. In 83.5% of the cases the offenders were known to the children.
- (iii) Roughly a third (35.3%) of all offences were committed in the child's own home, 23.7% in the offender's home, 10.4% in deserted spots in a city or town, 6.8% in a deserted area outside a city or town, and 9.1% in a public area.
- (iv) Approximately one third (34.5%) of sexual offences involved physical violence. However in the majority (57.8%) of cases no weapons were used and the victims incurred no physical injuries.
- (v) Most of the victims were female (75.4%).
- (vi) The majority (80.6%) of the victims were black, (including "coloureds" and Asians) while white children accounted for the remainder (19.4%).
- (vii) Abused children represented a wide age range. The most common age range was children aged 13-15 (29.5%). Children aged 10-12 years ranked next (19.9%).
- (viii) Most of the offenders were male (88.9%). More than half (53.5%) were never married, 28% were married and 6.8% were divorced or widowed. In 4.4% of the cases marital status was unreported.
- (ix) Almost two-thirds (62.9%) of the offenders were unemployed.
- (x) As a rule, counselling and support services were not available to the victims and their families. While social workers were involved with 41.8% of all cases and 13.9% of the cases were handled by psychologists,

pastors, rape crises counsellors, teachers or physicians, 44.8% received no counselling and support services.

The cases reported at the CPU excluded the cases that proceed directly from police stations to the courts as well as cases reported to other parties, for example, to social workers or health care workers. Thus, the statistics provided here only represent a partial picture of the national problem of child abuse based on the only reliable source of data, the CPU. These statistics provide some of the facts known about the population of this study. In the next section the background of and motivation for the study are presented.



#### 1.4 BACKGROUND AND MOTIVATION

The impetus for this study evolved over the researcher's many years of learning, practice, teaching and training in the field of child and family welfare, particularly over the years 1991 to 1996. During this period the researcher was a member of the teaching and research staff of the Institute for Child and Family Development (ICFD), University of the Western Cape. In response to the increase of reported child abuse cases as well as media coverage, social workers, teachers, parents, health workers, prosecutors and other groups expressed the need for training related to child abuse case management. ICFD initially presented numerous workshops to diverse audiences on request, but these requests increased to such an extent that ICFD could no longer respond to *ad hoc* training requests. It also became clear that training needs were much broader than could be covered by one-day workshops. Therefore, the next logical step was the development of a

more comprehensive, structured training course. In partnership with practising colleagues, ICFD introduced and has presented the Child Protective Service Training Programme (CPSTP) since 1992. Since then, approximately seven hundred and fifty participants have completed the course.

Although the CPST Programme is not the focus of this study, it would be a serious omission not to emphasise the important contribution and focus that this programme provided to the study. Indeed, it was while the researcher was closely associated with the programme and its participants (social workers, prosecutors, the police, the Western Cape Provincial Child Protection Unit, teachers and child victims of abuse), that the motivation and commitment to conduct this study evolved, and a decision was made to engage in a participatory process to find solutions to the problems, identified by CPST participants.



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One of the significant discoveries made during the training process, was that most workers had very limited or no training and were, therefore, ill-prepared to intervene in instances of child abuse and neglect. Another was the finding that there existed no uniform protocol, procedures or guidelines for case management at most of the participating organizations. This situation raised serious concerns about the plight of children and families who enter not only the child welfare system, but also other related service systems such as the police, health, education and justice. Preliminary discussions with senior staff and managers in practice, attendance at provincial, national and international conferences, as well as literature reviews, confirmed the existence of serious concerns about the validity

of the service standards followed by Child Protective Services (CPS).

A study conducted by Gunston (1993) summarises the situation as follows:

*"The size and extent of the problem of child abuse, including sexual abuse, in the Cape Peninsula is unknown at present. It would appear that most abuse is not reported. Even where abuse is reported accurately, statistics are not kept by all agencies. Standard definitions, procedures of protocol and tools for measurement of the outcome of strategies are at present not available to service providers" (p. 34).*

Gunston's findings are supported by a report presented by the Department of Social Services Western Cape Province (1994).

*"This service has to date not functioned effectively due to the fragmentation of the own affairs (racially separate) structures. It has also not been a priority in terms of resource allocation. Overlapping of services between private welfare agencies and the state occurs (there is no clear division of role and function). Although legally obligatory, notification (reporting) by role players still does not occur on a regular basis. When notification (reporting) does occur, shortage of person power prevents the timely follow-up required and lack of expertise prevents in-depth service rendering to the victims and perpetrators. The central register is racially segregated and in most cases non-existent" (p. 12).*

The above concerns are echoed by the resolutions and recommendations that were

made at the 1993 and 1995 conferences of the South African Society for the Prevention of Child Abuse and Neglect (SASPCAN, 1995). A summary of the 1995 conference inputs indicates that:

- Existing services are fragmented and under-resourced, leaving large parts of the country un-serviced;
- The standards of services vary greatly and there is a shortage of suitably qualified and trained staff;
- Serious financial difficulties are experienced by service delivery organizations;
- There is a lack of policy guidelines and an absence of management protocol and procedures;
- No co-ordinated, comprehensive prevention strategies exist;
- There is an urgent need for standardized reporting procedures.

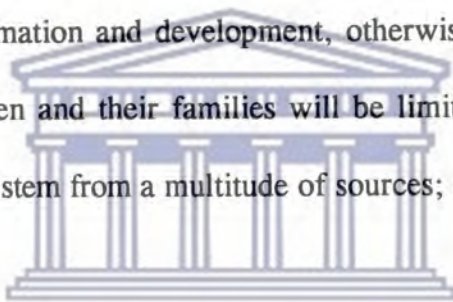
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Historically, the South African child welfare system has addressed child abuse and neglect cases primarily within the framework of child welfare legislation, while the police function within the criminal justice system. Evidence of how these systems work in isolation may be seen by the fact that the National Council for Child Welfare, the largest organized child welfare agency in the country, was informed of only 10 000 cases of child abuse handled by Child Welfare Societies in 1994 (South African National Council for Child Welfare, 1995). Child welfare agencies also do not typically track criminal court filings. Therefore, the relationship between these services and criminal prosecution for child abuse is not known. It is also not known to what extent court action is initiated after cases are

opened for services.

There is therefore no guarantee that children entering the system will receive the services that they need, or that they will be protected against further abuse.

This study is conducted at a time when the South African society is facing the challenge of post-apartheid reconstruction and development. This transformation involves more than can adequately be addressed by the reform of any single system. Such efforts must be accompanied by broader social, economic and political transformation and development, otherwise the impact on the lives of vulnerable children and their families will be limited. The complex problems facing our society stem from a multitude of sources; so, too, must their solutions.



Within the context of the transformation process for the social welfare sector, the Western Cape Child Abuse Forum (WCCAF) was initiated in 1994. This inter-disciplinary, multi-sectoral forum involved service providers working in the field of child abuse and neglect. At one of its first meetings the WCCAF articulated serious concerns about the nature and inadequate standards of Child Protective Services and mandated a working group under the auspices of the ICFD to develop a protocol for the management of child abuse and neglect. This mandate was in line with the objectives, goals and time-line of the present study, particularly since the researcher was employed by ICFD. The protocol development team (PDT) consisted of representatives from the following constituencies: The State Departments of Social Services, Health, Education,

Justice, the Police, non-government organizations (NGO's), hospitals, and providers in private practice and training institutions.

In 1995, the National Committee on Child Abuse and Neglect (NCCAN) adopted the recommendations of SASPCAN Conferences (1993 & 1995) and emphasised the urgent need to develop a national child protection plan. One important component of the proposed plan was the development of a protocol for the management of child abuse and neglect. The NCCAN recommended that the WCCAF initiative should be supported and should serve as a pilot study for the other provinces.



Thus, the researcher was influenced by a variety of developments to conduct this study. These included: A facilitating political context; opportunities to contribute to the transformation of the child welfare system; the lack of research methodologies that are appropriate within the context of reconstruction and development. Personal practice and teaching experience has also indicated that it was not only crucial, but urgent to develop standard guidelines and procedures (a protocol) for intervention in instances of child abuse. An appropriate conceptual and theoretical research framework to facilitate the process towards achieving a solution to the problems that had been identified by the primary stakeholders was therefore implied. A first assumption was that such a framework could inform logical, efficient and effective intervention methods for practitioners and at the same time enhance research practice and theory. A second assumption was that a participatory process with collaborative partnerships among a diversity



of stakeholders would not only benefit the field in significant ways, but could also serve as an unique example of how practice and theory could interface in social science research.

In this connection, Lorion (1990) states that the field's rate of future progress is dependent on the enhancement of its theoretical foundation. He cites specific advantages of doing this, and maintains that by developing theory in the context of practice, the field will be able to establish the conditions for determining:

- The problems to be targeted for intervention;
- The nature and sequence of questions to be addressed;
- The procedures to be followed in the pursuit of answers;
- The criteria by which competing findings are weighed;
- A matrix within which findings are integrated with existing knowledge.



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This method of developing theory in the context of practice is guided by grounded theory, an inductive method of theory development (Glaser & Strauss, 1967). The participatory design and emergent nature of this study are in contrast to positivist research methods which start with theory and use data to prove or disprove it (Strauss & Corbin, 1990).


The use of a grounded theory approach to effect the transformation of social welfare services meshes with the principles and ideals of the National Reconstruction and Development Programme (RDP). The RDP is an instrument for transforming government and society. It transforms society to take the leading

role in and responsibility for its own development in this process (i.e, it is participatory, it builds capacity and enhances sustainability). The principles of the RDP are emphasised in the following quotation:

*"The RDP is an integrated programme based on the people, that will provide peace and security to all and build a nation. It links reconstruction and development and deepens democracy"*

(African National Congress, 1994).

Thus, grounded theory is appropriate for use in the present study in view of the need for appropriate and relevant intervention and treatment models.



This study involves the following key stakeholders: All state and non-state child and family welfare agencies and departments; educators; health care providers; law enforcement officers (police); legal and judicial systems professionals, mental health professionals; other support services and communities. Families and children are stakeholders in so far as they are the target beneficiaries of an effective CPS system.

### **1.5 THE GOALS AND OBJECTIVES OF THE STUDY**

This study addresses the above concerns by conducting Intervention Research (IR) (Rothman & Thomas, 1994). The research methods included the implementation of the IR Knowledge Development process and the six phases of IR Design and Development to develop a protocol for the management of child abuse. The specific goals of each of these phases are presented here as process goals, while the

development of the protocol is referred to as the outcome goal of the study and the associated objectives are those conditions that the protocol would seek to establish.

**1.5.1 Process goals:** The process goals of the study were the following:

**Phase 1: The identification and problem analysis**

This phase involved the identification and analysis of key problems in collaboration with the relevant stakeholders. The purpose here was to initiate a broad "state-of-the-art" review that would provide a general orientation to the problem and determine the feasibility of the study.

**Phase 2: Information gathering and synthesis**

This phase included the identification and selection of existing information relevant to the task. This process involved the application of knowledge development research methods for gathering, processing and synthesising data.

**Phase 3: Design of the protocol**

The design phase may be conceptualised as a problem-solving process for seeking effective tools to deal with the problem. The goal of this phase was to design the first draft of the protocol. This was done by a purposively selected working group of practitioners (users) and academics.

**Phase 4: Development and consultation**

The goal of this phase was to engage in close, intensive interaction with the realities of practitioners to receive and capture their feedback and reaction to the proposed protocol.

**Phases 5, 6: Presentation of the protocol**

The goal of the last two phases was to refine the document in response to the feedback to ensure its usefulness, accessibility and user-readiness; and to disseminate the final product.

**1.5.2 Outcome goals: The outcome goals of the study are:****(i) Primary outcome goals**

The primary goal of this study was to produce a protocol, approved by all involved stakeholders, that addresses the roles, responsibilities, and procedures to be followed during the intervention process in actual or suspected cases of child abuse. The objectives of the protocol are to:

- (a) Enhance consistency in the delivery of child protective services;
- (b) Provide guidelines to ensure minimum standards of services to all children and families who enter the child protection system;
- (c) Find and test an appropriate conceptual and theoretical research framework in which to address the stated problems;

**(ii) The secondary outcome goals are to:**

- (a) Enhance the theoretical foundation of child protective services and social

work research;

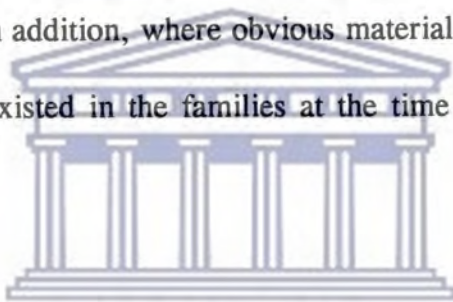
- (b) Demonstrate practically how the knowledge base of practice and theory can and should interface in social science research;
- (c) Provide an example of how the process of transformation of social welfare services and policy formulation can be achieved.

## 1.6 ETHICAL APPRAISAL

Practitioners often have very limited experience of participating in research studies as partners or co-researchers. They often experience researchers as descending on them for poorly explained and unilateral reasons, without having their own needs and contributions considered (Maluccio, 1979). In this study the researcher interacted with the "subjects" in ways to ensure that they contributed directly at all stages of the inquiry, and in this way they became co-researchers. This approach may also have stimulated participants to become more knowledgeable of the research process and able to conduct their own practice activities by utilizing appropriate research methods. This is imperative not only for professional development, but it may be argued that social workers are obliged to assure their clients that their practice is based on sound knowledge. For these reasons many hours were spent with prospective participants to engage their co-operation and support.

Ethical considerations such as confidentiality and the protection of the identity of individuals were respected and adhered to. In a number of cases the respondents enquired about the practical value of the research and their right to feedback.

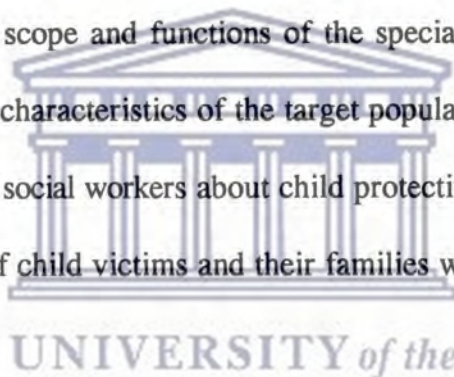
Their enquiries were addressed by involving them as partners in all the stages of the research process via workshops and at frequent feedback sessions held at the institute to which all CPS stakeholders were invited. Sensitivity to privacy rights of children and their families was maintained. All were informed that participation in the study was voluntary. Confidentiality was assured to the respondents. No names were used in any of the documentation. The tape recordings of the interviews were made only to provide accurate accounts of what was said. The possible financial constraints of the respondents were taken into consideration. In this regard, postage paid envelopes were used and compensation for transportation was provided. In addition, where obvious material needs were indicated and an apparent crisis existed in the families at the time of the interviews, help was extended.



### 1.7 ORGANIZATION OF THE STUDY

The study is organized into four parts. Part I, Chapter 1 comprises a general orientation to the study. Part II, comprising chapters two to six, presents ethical, theoretical and practice dimensions of child protection. These chapters include: Chapter 2: The Convention on the Rights of the Child: A framework for Child Protection; Chapter 3: Child well-being: Toward a holistic approach to child protection; Chapter 4: The ambivalent reality of modern childhood; Chapter 5: Formal responses to child abuse with special reference to child welfare and justice and Chapter 6: Child abuse intervention: Case management and the roles and responsibilities of professionals.

Part III, includes the research methodology, procedures, application and the interpretation of the findings. Specifically, Chapter 7 presents the research methodology; Chapter 8 (Phase 1) entails a discussion of the problem analysis and project planning activities. This involved the identification and engagement of stakeholders, gaining entry into and co-operation from research settings, and problem identification and conceptualisation. Chapter 9 (Phase 2) entails the information gathering and synthesis processes. This chapter is divided into four sections. Each section presents the findings of a key sub-section of the information gathering (Knowledge Development) phase. These include: Section 9.1: The nature, scope and functions of the special courts for sexual offences; Section 9.2: The characteristics of the target population (child victims); Section 9.3: The views of social workers about child protective services, and Section 9.4: The experiences of child victims and their families with child protective services.



Chapter 10 (Phase 3) presents the design and development process. This discussion includes the design objectives, domain, methods, information used and the design process of the protocol. Chapter 11 (Phase 4) describes the early development and pilot-testing of the draft protocol. The consultative process and its outcomes are also presented in this chapter. The completed product, a Protocol for the Management of Child Abuse and Neglect is presented in Chapter 12. Chapter 13 (Phase 5) explains the rationale for not conducting an advanced outcomes evaluation of the protocol at this stage. In Chapter 14 (Phase 6) the dissemination and the implications for the implementation of the protocol are presented.

Part IV (in Chapter 15) concludes the study with a discussion of the findings and ensuing recommendations.

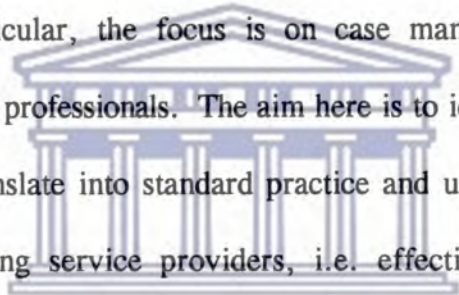
## **PART II: ETHICAL, THEORETICAL, AND PRACTICE DIMENSIONS OF CHILD PROTECTION**

Part II, comprising six chapters, presents the ethical, theoretical and practice dimensions of child protection. The Convention on the Rights of the Child (1989), (hereinafter the Convention), which was ratified by South Africa on 16 June 1995, gave new obligations to the South African society (in particular to the government), not only to raise awareness of child abuse and its unacceptability, but also to develop protocols for the effective management of child abuse. However, the development of protocols for the management of child abuse can only happen in an atmosphere of mutual understanding and co-operation. The purpose of the following six chapters is to develop and to propose an ethical, theoretical and practice framework to enhance such understanding and co-operation among child protective workers, civil society and government.

In Chapter 2 it is argued that a human rights discourse is needed for all child protection efforts. The Convention is introduced as an appropriate instrument to guide child protection policy and practice. The Convention is viewed as particularly useful because of its relevance to all sectors involved in child protection services. Chapter 3 therefore develops the notion of a holistic approach to child protection services and suggests that not only do we need a mutual ethical



understanding of child protection issues, but in addition, we need a scientific framework to understand, develop and to enhance theory and practice. As an example, the UNICEF Child Well-being framework is presented. In the context of the above chapters, Chapter 4 reflects on the philosophical and legal perspectives on the status and place of children in society and how these traditionally have influenced social policy and service provision for children. Subsequently, Chapter 5 provides an overview of the formal responses to child abuse with special reference to the child welfare and justice systems. Chapter 6 examines the specific interventions of professional helpers in instances of child abuse. In particular, the focus is on case management and the roles and responsibilities of professionals. The aim here is to identify core service activities which could translate into standard practice and ultimately into formal service agreements among service providers, i.e. effective protocols for the multi-disciplinary management of child abuse.



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## CHAPTER TWO: THE CONVENTION ON THE RIGHTS OF THE CHILD: A FRAMEWORK FOR CHILD PROTECTION

### 2.1 INTRODUCTION

In Chapter 1 child abuse has been identified and described as a serious and escalating problem in South Africa. This study is based on the assertion that the present child protection system in South Africa does not protect children adequately and that this situation may in itself constitute a violation of the basic human rights of children. This chapter will examine, firstly, the notion of children as protected persons under international law through the discourse of rights and, secondly, the specific position of the UN Convention on the Rights of the Child (1989) regarding the “care and protection rights” of children. In this regard Minow, (1990) aptly captures the salience of a “rights discourse” stating:

*“The use of a rights discourse affirms community, but it affirms a particular kind of community: a community dedicated to invigorating words with power to restrain, so that even the powerless can appeal to those words. It is a community that acknowledges and admits the historical uses of power to exclude, deny, and silence — and commits itself to enabling suppressed points of view to be heard, to making covert conflict overt”*  
(Minow, 1990, p 229).

Melton and Limber (1992) observed that *power* is a dimension salient to both children and to adults. A rights approach provides a way of ensuring that power is used to uplift rather than to oppress. When applied to groups with little power

(this description certainly fits children), sensitivity to rights may in itself “humanise” relationships with authorities. From this perspective a rights approach could have a socialisation effect on society toward building a nation that demands fulfilment of rights but also understands the obligations that recognition of rights imposes (on the nation) to protect the vulnerable and on the privileged to protect the powerless. The Convention presents the most comprehensive expression of what the world community wants for its most powerless members, children.

By ratifying the UN Convention on the Rights of the Child on 16 June 1995, South Africa accepted that it has international obligations with respect to its treatment of children. It has made a legally binding commitment to the inclusion of children among the categories of persons accorded special protection under international law through the assertion that they have internationally guaranteed rights and that the actions of the state will be measured against internationally accepted standards.

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## **2.2 CHILDREN AS PROTECTED PERSONS UNDER INTERNATIONAL LAW**

To ensure maximum protection for children and to strengthen advocacy efforts on behalf of children, it is important to approach the Convention within the broader context of human rights law. The Convention is not the only human rights convention entered into by the “new” (post 1994) South African government. There are other equally important and historic international human rights instruments. The Universal Declaration of Human Rights (hereinafter the

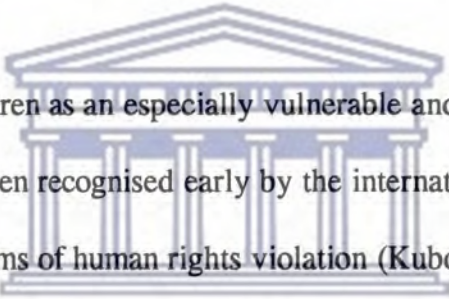
Declaration) and the International Covenants on Human Rights (1966) are examples.

International lawyers seem to agree that the legal basis of human rights protection under international law is the Charter of the United Nations (Chinkin, 1990). The Charter stipulates legal obligations on the part of member States to “universal respect and observance of human rights and fundamental freedoms for *all*”. The Declaration was adopted and proclaimed by the General Assembly (Resolution 217 A (111)) on 10 December 1948. In its preamble the Declaration, which is generally accepted as the “*ius constituendum*” or the definitional matrix of the Charter on internationally proclaimed human rights states:

*“...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world”* (Centre for Human Rights. 1988, p 1) (emphasis added by researcher).

Children are clearly included within this obligation. Most of the rights of the Declaration relate to children either directly or indirectly, some to a greater extent than others. Two further international instruments support children’s rights. These are: The International covenants on human rights: the Convention on Civil and Political Rights of 1966 and the Covenant on Economic, Social and Cultural Rights of 1966. Some of the Articles within these instruments involve children and their families and the rights to education. In addition to these instruments are conventions which identify classes of persons who are seen as especially vulnerable

and powerless; people who may suffer from discrimination on the basis of their race or gender; refugees; people caught up in armed conflict, victims of torture, abuse and exploitation. In all these cases special needs are identified and appropriate rights guaranteed. Such persons may be viewed as protected persons under international law. Children within these groups may be regarded as having their rights guaranteed twice over, by their inclusion in the body of human rights law as supplemented by the specific Convention on the Rights of the Child. Children can thus be assumed to be protected under international law, they are therefore entitled to the rights accorded in all of these Conventions.



The plight of children as an especially vulnerable and oppressed population of the human race has been recognised early by the international community. They have been the first victims of human rights violation (Kubota, 1989). The efforts of the League of Nations (1921); the Convention prohibiting trafficking in women and children (1926); and the activities of the International Labour Organization (ILO) against the exploitation of child labour and protection of working children are well documented (Alston, 1989). Over decades children have been exploited, neglected, abandoned, mistreated, abused (sexually and otherwise), beaten, sold into slavery, mutilated, forgotten, ignored or even killed with impunity, under circumstances of poverty, hunger, war and other difficulties. Children, because of and in spite of their dependent status, some with particular and exceptional difficult circumstances such as disabilities have not escaped exploitation, discrimination and infanticide. Children therefore seem to be the most oppressed and exploited group of all minorities although they are numerically in the majority

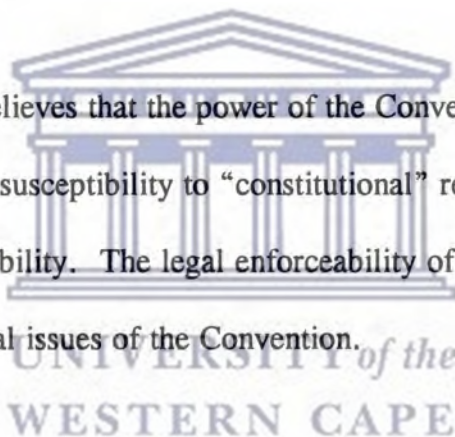
(Gross & Gross, 1977). Traditional approaches to law reform have not changed this position significantly. Rather, the law has reinforced societies' relationships with children, founded on the view that children are creatures who are "the property of parents and who are "not yet" human beings. It is therefore obvious why children needed protection in addition to that guaranteed in the human rights treaties.

The first international instrument that introduced the terminology of rights and entitlement of children was the Geneva Declaration on the Rights of the Child (1924). Following an unprecedented response to this Declaration, increasing concern about the plight of children among member States, and the many activities of the United Nations Committees, the Convention came into force in 1990 within one year after it was adopted (1989) by the General Assembly of the UN. The Convention contains fifty-four articles proclaiming the rights of children which must be respected and ensured by member States. The provisions of the Convention span the spectrum from civil and political rights to economic, social and cultural rights. The central construct or philosophical foundation of the Convention is recognition and protection of the child's dignity which underlies legal protection of the individual rights of children. The Convention outlines four groups of rights: survival, protection, development and participation. Although the categories of rights are individually listed here, it is necessary to note that in practice these rights can seldom be separated.

The most important improvement of the legal status of children is that the

Convention creates the definitive body of international law on children's rights. It serves as a permanent international forum that will force a protracted discussion on the rights of the child. The Convention also serves as a vehicle for mobilisation and monitoring. A monitoring system written into the Convention provides for the appointment of a committee of ten experts, to be elected by the ratifying countries. This UN Committee on the Rights of the Child is exclusively responsible to review and comment on the progress reports of members states (Jupp, 1990). A primary obligation of member states is to educate children about their own rights and about the rights of other children.

Melton (1992) believes that the power of the Convention lies in its philosophical coherence and its susceptibility to "constitutional" reading and not necessarily on its legal enforceability. The legal enforceability of the Convention is one of the most controversial issues of the Convention.



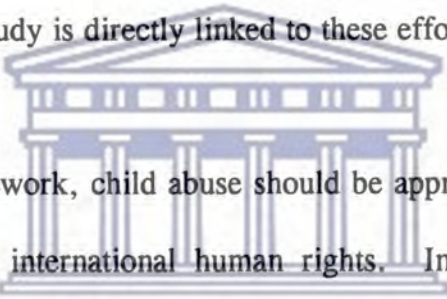
There exists concern in some circles that the Convention does not have "teeth" to act on behalf of children who are victims in violating states. Also, Balton (1990) argues that the UN, in its attempt to find common ground amongst all nations, only repeats previously existing standards. This view is perhaps too pessimistic in the light of the diversity of the situation of children of the world and the increasing support and mobilisation efforts of nations who have already ratified the Convention, toward improving the effective implementation and monitoring systems of the Convention. Although the Convention does not include a specific complaints procedure, Chinkin (1990) mentions three methods of enforcement of

human rights treaties that have been used. The first is an inter-State complaint method, whereby one State party may bring an allegation of violation of a international convention by another State party (Article 41, of the International Covenant on Civil and Political Rights). The second is the right of an individual complaint whereby an individual who is a victim of violation can make a complaint to an independent human rights committee composing of independent experts from a number of State Parties to the particular international convention (also Article 41 as above). The third mechanism is that of monitoring of reports submitted by States Parties to a committee of independent experts established under the convention. This is the only enforcement mechanism available under the Convention. The dilemma of the drafters seems to have been that between widespread adherence and rigorous enforcement measures. The latter may well discourage widespread commitment. Applying the Convention in the context of the other human rights instruments, allows the use of their enforcement on behalf of, or with children. In the case of the Convention, the Committee of ten persons has created a forum for international discussion about children and their rights. Its monitoring function will necessitate that governments undertake a review of their present legislation, policies and practices with respect to children and modify them where necessary. Non-government organizations and institutions participate in this process by supporting the government report or by submitting their own report. The latter option provides an important advocacy mechanism for NGO's to lobby government and society toward fulfilling their promises to children.

Human rights have now formally been recognised for children. There is no longer



a legal question whether the rights and fundamental freedoms in the Declaration also apply to children. In addition to these generally recognised rights, children require “special care and assistance” on the grounds of their special needs as stated in the Declaration, that is, the right to care, to nurture, to protection, to education and to games and recreation. As will be demonstrated in the following discussions, the strength of the Convention lies particularly in its potential to transform charity-oriented thinking and activities into national obligations to give meaning to their rights. Central to the challenge for South Africa is the enshrinement of these rights in national and provincial laws, policies and practice. The aim of this study is directly linked to these efforts.



Within this framework, child abuse should be approached in the context of the broader body of international human rights. In particular, national child protection policies should derive explicitly from the principles of the Convention. As Melton (1994) aptly remarked, tolerating child abuse in any society denies the worth of children as human beings and makes a mockery of the principle of respect for the rights and needs of each individual. The Convention pays particular attention to the rights of children who are victims of abuse and exploitation. The following discussion examines the protection of children in difficult circumstances under the provisions of the Convention.

### **2.3 THE UN CONVENTION ON THE RIGHTS OF THE CHILD: CARE AND PROTECTION RIGHTS**

To further develop and enhance the philosophical basis of the study, and to provide

practical guidelines for policy and practice, an overview of the “care and protection” articles of the Convention are presented next.

An international instrument does not exist in isolation; it is usually a reflection of years of concern and research on the particular issue by individuals, organizations, member States and the UN system. Children who are abused and exploited have long been on the international agenda. The Declaration and the Covenants mentioned above, state that children need special safeguards and care and shall enjoy measures of protection as are required by their status as minors. The protection of children is thus a pervading principle of international human rights law. The Convention provides a guidepost to the development of child protection policy, which demands substantial reform of most existing child protection systems.



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The following principles to guide policymakers in the child protection system has been reworked from the work of Melton (1991). It provides concrete ways of applying the main principles of the convention into practical guidelines.

**(i) Respect for the dignity of children**

Child protection policy should be guided above all by respect for the dignity of children as members of the human community. This does not imply a paternalistic sacrifice of some measure of autonomy and privacy, but also that recognition at least of limited self-determination for children does not absolve the community

responsibility for offering entitlements necessary for children to develop fully.

The Convention asserts about vulnerable children that:

*"...a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community"*

(Article 23, Section 1).

**(ii) Children first**

This principle should guide the development of human services. The preamble of the convention assumes that children are entitled to:

*"special care and assistance". Including "a standard of living adequate for the child's physical, mental, spiritual, moral, and social development"*

(Article 27, Section 1).

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The state should therefore make the provision of services for children a matter of highest priority.

**(iii) Protection of personal integrity**

The community bears a duty to preserve the integrity of children as persons. The state should ensure the protection of children's physical, mental and social integrity (Article 3, well-being; Article 6, survival; Article 6, development).

*"...take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence,*

*injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse” (Article 19, Section 1).*

*“...protective measures should, as appropriate include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up in instances of child maltreatment ... and, as appropriate, for judicial involvement” (Article 19, Section 2).*

**(iv) Protection of families**

Very broadly, the convention guarantees:

*“...appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities” (Article 18, Section 2; Article 27, Section 3).*

*“...assistance in the preservation of family integrity, the convention specifically prescribes child care services for working parents” (Article 18, Section 3) and*

*“...material assistance and support programmes (for families in need), particularly with regard to nutrition, clothing and housing” (Article 2, Section 3).*

*“...in situations when parents’ and children’s interests do conflict, notably*

*when parents abuse or exploit their children, the state has a duty to act to protect the child (Article 19, Section 1) and to remove the child from the "family environment" (Article 20, Section 1).*

**(v) Right to a family environment**

Instances do arise when parents are unable or unwilling to care for their children in safety. The convention therefore established a right, if not to a family, then to a "family environment" (Preamble and Article 20, Section 1 & 2).

Given the personal centrality of family ties, the Convention recognises that family is, in most cases, the ideal support mechanism for children and as such the Convention views the protection of this unit as being in the best interest of the child. Indicative of the seriousness of any disruption of such ties is the view that children may not be separated from parents against their will without judicial review (Article 9, Section 1). Any living arrangement outside the biological family should show due regard to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background (Article 29, Section 3).

Children living apart from their parents have a right to the maintenance of contact with them (Article 9, Section 4).

The state also must attempt to restore "family environments" when children have been in more restrictive settings. Placements and treatment plans must be subject to periodic review (Article 25).

**(vi) Right to protection and assistance when in the State's care**

The State itself bears a special duty to refrain from subjecting children to harm. The Convention accepts that the State generally does not exercise the same level of care of children as do most parents. It thus establishes express duties to ensure that children receive "special protection and assistance" when they are in State care (Article 20, Section 1). The State is obligated to establish and enforce standards of care, including staffing patterns, to be exercised by institutions and other programmes for children (Article 3, Section 3). Accordingly, the State must protect those children who are in its wards. It must ensure that *"...school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present convention"* (Article 28, Section 7). Mindful of instances in which both mental and physical violence have been justified in the name of treatment, the Convention specifically bars degrading treatment (Article 39).

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**(vii) Right to treatment for maltreated children**

Whenever there is harm to children (whatever the cause), the State should provide ameliorative efforts to restore their dignity as persons. The Convention requires State Parties to take all appropriate measures to promote physical and psychological recovery and social re-integration of a child victim of any form of neglect, exploitation, or abuse, stating: *"Such recovery and re-integration shall take place in an environment which fosters health, self-respect and dignity of the child"* (Article 39).

**(viii) Protection from exploitation**

The State should protect children from exploitation. The Convention requires that State-Parties protect children from economic (Article 32), sexual (Article 34), and *"all other forms of exploitation prejudicial to any aspects of the child's welfare"* (Article 36), including use of children in drug trafficking (Article 33) or sale of children (Article 35).

**(ix) Preventive child protection**

The duty to protect the integrity of children as persons implies a duty to prevent assaults on that integrity whenever possible. The Convention deals with prevention measures in the following articles. It establishes a broad right to preventive child protection services in Article 19, Section 2 and regarding health, Article 24, Section 2f. Moreover, the Convention, Article 24, Section 2f includes a section on *"guidance for parents"* that describes the role of parents in prevention measures.

The Convention also impresses an obligation to ensure the promotion of paediatric health. State-parties must provide children with the *"highest attainable standard of health"* (Article 24, section 1).

**(x) The right to be heard**

Children themselves should be regarded as important actors in the child protection system. The Convention provides that the best interests of the child should be *"a primary consideration in all proceedings involving children"*

(Article 3, Section 1).

The Convention gives meaning to the principle of “the best interests of the child” through the requirement that any:

*"child who is capable of forming his or her own opinion (shall have) the right to express those views freely in all matters affecting the child. The views of the child being given due weight in accordance with the age and maturity of the child"* (Article 12, Section 1).

In particular the child has a right to be heard in judicial and administrative proceedings affecting him or her (Article 12, Section 2).

**(xi) Consideration of cultural heritage**

In the development and implementation of child protection measures, due consideration should be given to all children's cultural heritage. This broad and general principle should however not be read to sanction traditional practices demonstrably harmful to the welfare of children. In South Africa with its diversity of peoples this principle requires extensive debate in the current review of substantive and customary law and other laws which impact directly or indirectly on the well-being of children.

The Convention requires cultural competence in the child protection system (Article 24, Section 3).



**(xii) Rights within an alien land**

The foregoing principles should be applied to all children within a nation's jurisdiction, regardless of their parents' or their own legal status. The Convention bars punishment of children for the sins of their parents (Article 2). It also requires protection of children who themselves or whose parents are asylum-seekers or who otherwise have ambiguous or alien legal status (Articles 7-11, 21, 22, 35 and 38).

**(xiii) Implementing the Convention**

Nations should establish legal and political structures to ensure that the foregoing principles are implemented.

Articles 43 and 44 state that State Parties are required to ensure implementation, to publicise and report on progress made in meeting the Convention dictates within countries as well as to the international UN Committee of experts.

The above principles based on specific Articles of the Convention provide governments with, at minimum, a point of departure for the review of policy and practice. It overtly provides normative statements that children are being taken seriously. A concern about being taken seriously, is a healthy phenomenon in the development of children and youth, says Melton (1991). It signals a sensitivity to the interplay between the political context and human experience and to the moral necessity of respect for persons. Moreover, the law must establish structures to enhance the community and to implement its norms. This means the

establishment of mechanisms to effect implementation of good child protection practice, for example, through developing protocols, developing policy, conducting research and the appropriation of adequate resources.

The next chapter examines the different levels of intervention required to ensure child well-being and argues that there is a need to approach child protection from a holistic perspective.



## **CHAPTER 3: CHILD WELL-BEING: TOWARDS A HOLISTIC APPROACH TO CHILD PROTECTION**

### **3.1 INTRODUCTION**

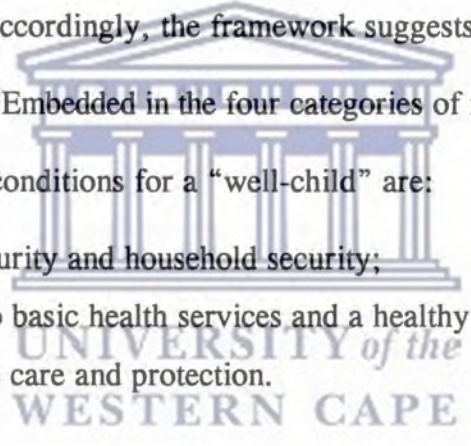
Any problem in society has an ethical and a scientific aspect. The ethical aspect deals with what should be done and the scientific aspect deals with what can be done about the problem. Given that our values influence our theory, modes and settings in which we put our theories, this divide between the ethical and the scientific is artificial. In dealing with issues affecting the lives of vulnerable and powerless individuals, the ethical is of particular significance. The Universal Declaration of Human Rights, the Covenants and in particular the Convention, (see Chapter 2) provides the ethical (philosophical) context of the study. The scientific aspect needs to recognise two components: a theory and a practice. Realising that theory is based on the observance of reality, and the embedded difficulties of subjectivity, theory cannot exist without practical application while, on the other hand, practice without theory is blind. This chapter will examine firstly, the imperative need for a holistic approach to child well-being and secondly, the impact of social welfare policy on the lives of children and their families.

### **3.2 THE NEED FOR A HOLISTIC APPROACH TO CHILD PROTECTION**

The child well-being framework promoted by UNICEF as a practical approach to address the problems facing children and those concerned about them, provides a point of confluence between the ethical aspect and the scientific aspects of the study. This framework is particularly suited for a study on child abuse case

management with its extensive inter-agency and multi-disciplinary implications and relevance. It provides a holistic alternative to the current fragmented, discipline-focussed approach to children and issues affecting their lives.

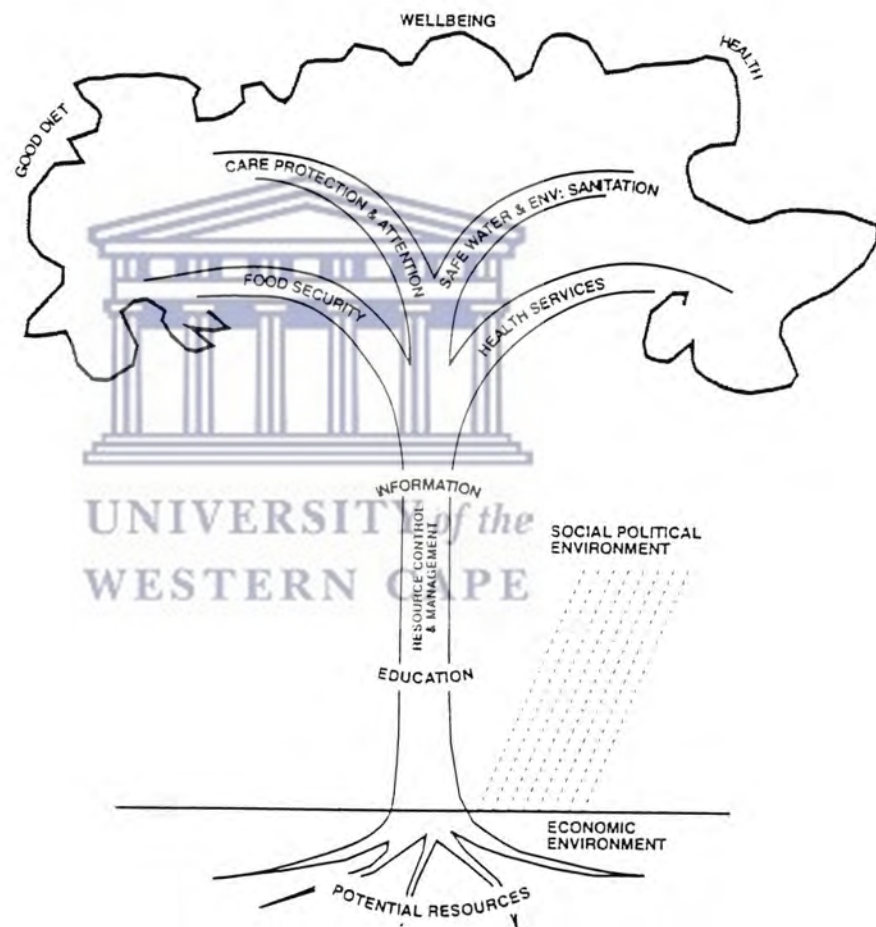
Based on the four categories of rights for children, as expressed in the Convention, the proposed outcome of this framework is the survival, growth, development and participation of children (i.e. child well-being). These include the physical, cognitive, emotional and social health of children. Here, health also includes the absence of trauma. The latter being a constant and damaging element of all forms of child abuse. Accordingly, the framework suggests three obligatory conditions for a well-child. Embedded in the four categories of rights mentioned above, the three obligatory conditions for a “well-child” are:

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- (i) Food security and household security;
  - (ii) Access to basic health services and a healthy environment;
  - (iii) Adequate care and protection.

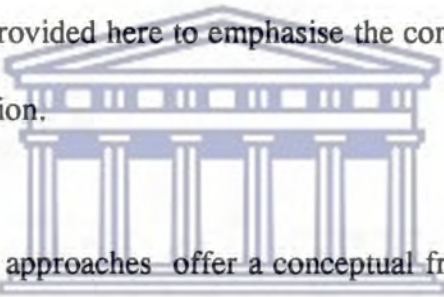
Although the specific focus of this study is on care and protection, each of the conditions is necessary; none of them alone is sufficient. In Chapter 2 it was already established that all children are entitled to these conditions. The indivisibility of these rights has also been noted. With reference to children who are considered to be in need of additional “care and assistance”, for example, children who are victims of abuse and exploitation, a holistic approach to their needs is of particular significance.

Figure 3.1 presents the UNICEF framework to illustrate the holistic approach to child well-being.

FIGURE 3.1: THE UNICEF CHILD WELL-BEING CONCEPTUAL FRAMEWORK



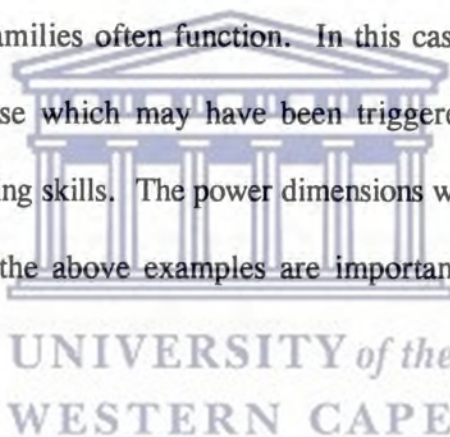
The holistic, inter-relatedness and “person-within-context” focus of this framework, is not new. It is indeed in accordance with existing and emerging social science theoretical perspectives. Social work, sociology and psychology have historically placed strong emphasis on the person-environment interrelatedness and person-situation transactions. The contributions of Gestalt theory, the ecological systems theory (also referred to as general systems theory) and community development theories are well documented examples. Systems theory is of particular relevance, but it is beyond the scope of this study to present a detailed discussion on systemic theories. However, brief summary of the key characteristics is provided here to emphasise the complexities involved in dealing with child protection.



General systemic approaches offer a conceptual framework that shifts attention from the cause and effect relationship between paired variables to the person-situation as an interrelated whole. The individual is considered a system “nested” within a person-situation system, but the person as a system is also composed of a set of subsystems that operate at another level of organization, such as the physical-biological, cognitive, emotional, and action-reaction systems. Beyond the level of the person-situation interaction are larger systems. The person “system” is thought of as being embedded within a hierarchal arrangement of systems that is characteristic of all living entities. Two important implications of this arrangement are: that activity within a particular system relies on the performance of all systems at lower levels, and that activity of a system at any given level is part of and may be controlled by systems at a higher level (Compton & Galaway,

1989; Turner, 1979).

A common example of systems theory and its underlying principles is the family system. For example, if a parent/s are unemployed and cannot find a job, members of that family may suffer; children may have to go without food, clothing, shelter and even adequate supervision; the community system may take action to report the family for “neglecting or abusing” their children; the protection system may intervene and remove the children. On the other hand the community system may be blocked out completely due to the social isolation in which abusing families often function. In this case the children may indeed be subjected to abuse which may have been triggered off by parental stress and inadequate parenting skills. The power dimensions within and between the systems as illustrated in the above examples are important and impact on intervention decisions.



Compton and Galaway (1989) conceptualise the ability to limit behaviour and to offer opportunities for growth on the part of any larger system in its relationship to the smaller systems as “power”. Ullman (1969) has also suggested that power may be the key concept in linking various levels of the systems. The notion of power is critical for human service workers in their consideration of the relationship between power, powerlessness, and the processes of human growth and development. The opening of power blocks and ensuring access to the larger systems to seek effective solutions to problems are primary concerns in protective work and a key concern of this study.

For these reasons, the broader societal context of child abuse intervention strategies should receive due consideration. If this is not done, programmes may be designed to change individuals rather than pathogenic aspects of the social order. To avoid this tendency of interpreting the dynamics of child abuse along single causal dimensions such as biological, psychological, social, economic or other dimensions, Gil (1970) suggests the following definition of child abuse:

*“Every child, despite his individual differences and uniqueness is to be considered of equal intrinsic worth, and hence should be entitled to equal social, economic, civil, and political rights, so that he may fully realise his inherent potential and share equally in life, liberty, and happiness. In accordance with these value premises then, any act of commission or omission by individuals, institutions or society as a whole, and any condition resulting from such acts or inaction, which deprive children of equal rights and liberties, and/or interfere with optimal development, constitute, by this definition, abusive or neglectful acts or conditions”*  
(p. 69).

In South Africa, it is generally believed that the imposition of apartheid as a political and social superstructure is the direct cause of the inequalities that prevail regarding resources and the quality of life among the different race groups. Even more, the apartheid state could be seen as a violator of children's rights if one considers that it was successful in keeping the majority of the country's population, black children, in a perpetual state of poverty for decades without providing basic protection (Wilson & Ramphela, 1989). This is particularly so with regard to the



provision of essential services, fragmented and ineffective service delivery structures and the non-existence of an equitable social security system. This situation left huge populations of unserved, unemployed families with needy, sick or dying children.

The complex interplay of “influences” and systems that may leave children vulnerable and unprotected have been briefly suggested in this section. The underlying notion is that if systems do not communicate effectively, children will fall through the gaps in the system. Hence the need for a comprehensive and coordinated child protection system based on legislation and sound social policies which in turn are based on the basic values of respect for the dignity of children. Children, because of their status of dependency, face complex challenges. As the “new-comers” into an adult created world, they are expected to fit into structures created for them by adults. Historically, children’s interests are not necessarily served best through these. Bardy (1994) says:

*“Every child generation is a group of newcomers discovering the world anew; and the world is introduced to children within the specific social structures created by the first comers, i.e. the adult generations. How the child and adult generations are positioned to communicate is a major issue ... childhood is linked with adulthood, and there is no society without both” (p. 299).*

Social welfare policy is usually expressed and implemented at many levels and is affected by the differing perceptions, ideologies and values of legislators,

administrators, supervisors and service providers. These values and beliefs do not only create perceptions about the needs and rights of people, but also determine what is done about them. This is particularly relevant when choices about appropriate services for children and families are made (Gil, 1973; Gilbert & Specht, 1977; September, 1992).

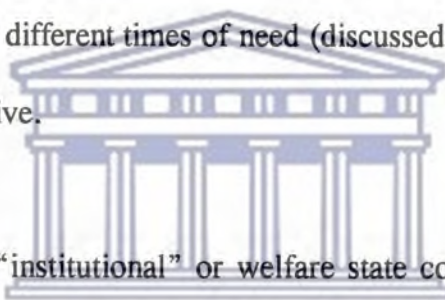
Some of these underlying beliefs and values, and the way in which social welfare policies impact on the lives of children and their families, are examined next.

### **3.3 THE IMPACT OF SOCIAL WELFARE POLICIES ON THE LIVES OF CHILDREN AND THEIR FAMILIES**

The autonomy of the family (traditional view) and the intervention of the state (protective view) are the most recognisable trends underlying the philosophy of existing welfare policies, and are at the core of residual and institutional (welfare state) models respectively (Makrinioti, 1994; Wilensky & Lebeaux, 1965). Wilensky and Lebeaux (1965) were the first policy analysts who conceptualised social welfare policy according to these two basic models.

The residual model is identified by the state's reluctance to intervene in the "private" domain by assigning a wide range of responsibilities to families. This view emphasises the provision of services only after the primary group's functioning has broken down. Because services are only provided after families have suffered hardship or disintegration, it is often restrictive and inadequate

(September, 1991). Some authors have criticised the residual model for its adherence to the deficit perspective on families in trouble (Grubb & Larson, 1982). Others have expressed concern regarding the underlying assumption that poor people are themselves to be blamed for their circumstances (Bronfenbrenner, 1981; Ryan, 1971). For children who live in “high risk” families (e.g. children who live in situations of poverty, over-crowding, substance abuse and other forms of abuse, poor parenting skills), this means that the state will assume that they are well until evidence to prove the opposite is supplied. For many children state intervention often comes too late. The notion of a range of different kinds of services which can be accessed at different times of need (discussed in Chapter 4) may be a more desirable alternative.



In contrast, the “institutional” or welfare state conception of social welfare is based on the principle of universality. The essence of institutional welfare policy is government-protected minimum standards of income, nutrition, health, housing and education assured to every citizen as a political right, not charity (Wilensky, 1975). The basic assumptions are that all persons have common needs and need help at various times. The state recognises the social consequences of industrialisation and assumes a primary role for social provision. Therefore a wide range of different kinds of services should be accessible and available without stigma (Jones, 1985; Mishra, 1984; Titmuss, 1974; Wilensky & Lebeaux, 1965). The activities of the welfare state are also associated with humanitarian aspirations which include state provision and state regulation of private activities (Qvortrup, Bardy, Sqratta & Wintersberger, 1994). However, in practice there are different

approaches and interpretations to “universality”. Historically the welfare state, and its role in families, has been both praised and criticised.

During the 1970's and 1980's, the welfare state was blamed for the declining economy, but defended by Marxists for the role it played in the successful struggles of the working poor. The collapse of communism in Eastern Europe and the Soviet Union (socialist social policy) has presented further challenges for social policy analysis. The transition of these countries to democratic pluralism and market economies had a profound effect on the most vulnerable members of their societies. Expressing concern about the levels of poverty and unemployment, Sipo (in Patel, 1992) asserts that political forces often fail to design social welfare policy on adequate long-term planning. Such incremental approaches to policy design rely on short-term measures, such as safety nets, social assistance and piecemeal reforms, to manage the crisis, and fail to make meaningful impact on the lives of the deserving poor of which children usually constitute the majority.

In her exploration of types of welfare systems and possible options for South Africa, Patel (1992) asserts that no model can be applied in pure form; rather, combinations of approaches are required. MacPherson and Midgley (1987) and Midgley (1984) argue that social work in the Third World was fostered by the residual social policy models based on the imitation of Western European and American approaches. They concluded that social policies adopted by colonial and post-independence governments, are compatible with the basic assumptions of development defined within the framework of modernisation theory (Lerner, 1964;

Parsons, 1951). This theory views welfare as a product of economic growth. Accordingly, people are dependent on economic market mechanisms to meet their social needs. The role of the state is limited to those instances that cannot be controlled by the private sector. Conversely, Hardiman and Midgley (1982) and MacPherson and Midgley (1987) argue for an egalitarian approach to social development. Their approach is based on the key elements of state intervention, economic growth, egalitarianism and welfare.

In opposition to the modernisation theory, Adelman and Morris (1973) observe that, in developing countries, increases in economic growth did not automatically accompany improvements in social welfare to the benefit of problems such as poverty, ill health and illiteracy. They argue that economic growth can only have real meaning if the benefits of growth are directed towards meeting the social needs of ordinary people. To ensure this, it follows that economic growth must be integrated with social development planning. Towards this end, Midgley (1984) strongly supports less centralised state control in favour of small scale community development (with state resources), stressing the empowerment and participation of the people.

In his appraisal of social welfare, MacPherson (1982) also emphasises the participation of society in achieving its own goals and believes that welfare could serve as a redistributive mechanism for social development. He defines social development as:

*"...the set of social goals which a society sets for itself ... it determines the range of means that a society is willing to use to achieve its ultimate*

*objective. It must be seen to be both a set of objectives and a process for achieving those objectives", and " ... social policies are the mechanisms used to redistribute resources and promote social development" (p.32).*

According to both Midgley (1991) and MacPherson (1982) the participation of society in determining its own goals as well as the process of achieving those goals are singled out as key elements of determining social welfare policy and achieving social development. During recent years the emphasis shifted in favour of social development strategies. Thus, the debate around notions of participation has extended to include discussions of partnerships between the state and civil society.

Rees (1991), explored some imbalances and defines social policy as:

*"...the articulation of values and rules which deals with relationships between government and governed, between agencies and their staff and between professionals and lay people" (p.154).*

However, the nature and composition of these relationships or partnerships are often not adequately explored particularly with reference to appropriate communication mechanisms and structures, representation, resources, power and control dimensions as witnessed in the field of child protective services (See chapter 5).

Rees (1991), is concerned that the exercise of "power" in the name of welfare may not always lead to the achievement of social development for the people by the people, as is also advocated by Midgley (1981) and MacPherson (1982). He

asserts that conflict seems to be unavoidable if welfare is owned and controlled by politicians who at the same time control the government. The ideologies of politicians and policy makers shapes social policies which in turn, determines and regulates services intended to impact positively on the lives of children, families and communities.

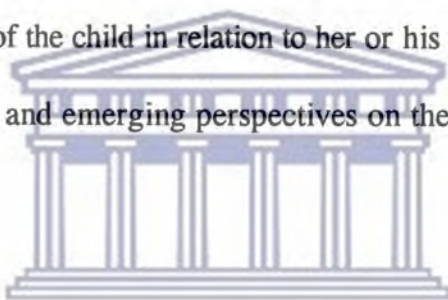
This chapter emphasized the need for a holistic approach to child protection. It asserts that instances of child abuse cannot be studied separately from the socio-economic and political context. To facilitate an holistic approach to child protection, the UNICEF child well-being framework was introduced as appropriate for child protective services with its extensive requirements of inter-agency and multi-disciplinary collaboration and co-operation. It provides, in the context of the Convention, a practical and visual framework to approach child abuse. Developing protocols demands a mutual understanding of the contribution that all role players make towards child well-being in general, but in particular to the successful management of child abuse cases.

The next chapter explores existing and emerging perspectives on the status and position of children in society and the way in which these have shaped perceptions about their needs and rights.

## CHAPTER 4: THE AMBIVALENT REALITY OF MODERN CHILDHOOD

### 4.1 INTRODUCTION

The political, public and professional discussions about the place of children in society have, surprisingly, not changed in their basic premises and features during the past 100 years (Qvortrup, Bardy, Sqrirta & Wintersberger, 1994). Debate about the place and status of children in society has historically centred on the boundaries between private and public, state and family, and the level of individualisation of the child in relation to her or his parents. This chapter reflects on some existing and emerging perspectives on the ambivalent reality of modern childhood.



In reviewing the literature, it appears that three developed and one emerging philosophical and legal perspective have influenced social policy affecting the status of children. Each of these views developed over time, but throughout history one or more has prevailed in any given period. Hegar (1989) identified these perspectives as:

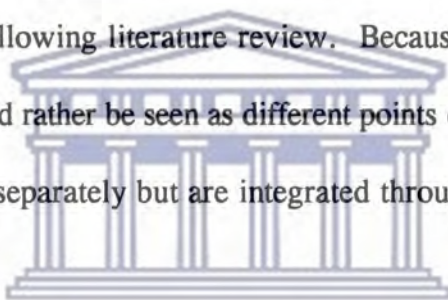
- (i) The traditional view, which holds that, since parents are the natural protectors of children, independent rights for children are unnecessary;
- (ii) The protective view, which defines a regulatory and intervention role for society to protect children, particularly in situations where parental protection is inadequate;
- (iii) The liberationist view, which favours expanded autonomy for children in



making decisions about their own lives by recognising their independent legal rights rather than relying on parents and the state to act in their interest, and

- (iv) An emerging view, described as neo-traditional, that favours a return to a stronger role for parents.

Although the above approaches are associated with the historical period when each was most influential, contemporary society reflects the influence of all four. Their continued influence and impact on social policy and social work practice is apparent in the following literature review. Because the views are not mutually exclusive, but could rather be seen as different points on the same continuum, they are not discussed separately but are integrated throughout the discussions.



#### **4.2 BALANCING THE RIGHTS AND RESPONSIBILITIES OF CHILDREN, THEIR FAMILIES AND THE STATE**

By the end of the 19<sup>th</sup> century, a period in which children were considered the property of their fathers or parents, the world community became increasingly concerned about neglected, mistreated and exploited children. In most parts of the world care for children became a public concern. The state felt responsible for these children and introduced laws to protect children against neglect or mistreatment by their parents. The state could act as *parens patriae*, interfere in certain families to protect the interests of the child, terminate parental custody, or remove the children into foster care or residential care.

Because of the global concern mentioned above, State interference in the family and in many social policy decisions has grown immensely during this century (De Langen, 1992). The judicial system was given very comprehensive competence to decide while the child or parents had no say in these matters. In terms of the Convention this is a violation of the rights of both parents and of children. This violation is only justifiable when the state has done everything to make it possible for these parents to care for their children. The preamble of the Convention refers to this first obligation of the State, stating:

*“That the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community”* (also see Articles 3,16, 19,24,26 and 27)

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The need to protect and promote families is consistently recognised throughout the Convention. It establishes affirmative duties of State-Parties to preserve family life. Chapter 2 reflects on a number of specific articles in this regard. In addition, children have the right to be cared for by both (Articles, 9 and 3) their parents (Articles 10, 2 and 13). It is only when parents are unable or unwilling to take care of their children that the state is allowed to intervene. Even though children are recognised as having the capacity to assert their rights, in general they are not regarded as competent to assert their rights. It is however possible, in cases of violation, to file a complaint against authorities using the human rights treaties as discussed in the previous section.

Previously in this review, it was stated that children's needs are articulated and satisfied only implicitly and indirectly. The allocation of welfare goods and benefits to children is dependent on their relationship with the larger social structure. The legislation underlying welfare relies strongly on family and family policies and assumes that parents will care for their children. Thus, children, from this perspective, are viewed as dependent minors and not as distinct social beings.

Engelbert (1994) and others (Aries, 1962; De Mause, 1974), have criticised this ambivalent perspective on the status of children which is based on an apparent contradiction: On one hand, childhood is accorded a special status meant to guarantee protection and advancement of children; on the other hand, children, are accorded outsider status. This means that children are excluded from decisions affecting themselves or suffer discrimination because of their age.

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Today's highly specialised modern societies determines or restricts people's actions in different ways by requiring that they possess specific skills and competencies suited to various times and specialised environments. Typically, children do not possess these competencies and, therefore, they are highly dependent on a wide range of adults. Most societies do not just abandon their children, but instead there are special institutions and environments created to ensure children's safety. Families which are the most important elements of such environments, have the primary responsibility to care for and protect children. Engelbert (1994) observes that these are heavy responsibilities and she notes that:

- (i) Families build up internal social relationships with their children. They are

important gate keepers who should ensure that other caregivers provide appropriate care. They also provide children with access to special institutions and give access to those institutions to their children.

- (ii) Families provide flexible arrangements for children's daily lives and oversee the co-ordination and organization of children's extra-familial activities.
- (iii) Families not only provide the spatial context for child-rearing but they also make it possible for children to access other places.

Historically it has been established that not all families are able to fulfill these functions adequately. Families too are often overburdened. They may need resources that they cannot provide for themselves. In these cases, families have traditionally relied on a range of social systems for support (Andrews, 1980; Engelbert, 1994; Jenkins, 1981; Laird, 1979; September, 1991). These systems, however, are not always responsive to families' needs. In some cases, families are confronted with indifference. In addition, there has been concern that some are treated inappropriately or unfairly by child protection systems. Thorpe (1974), Holman (1975), George (1984) and September (1991) have expressed concern about foster parents being treated more favourably than biological parents. Also, Laird (1979), Holman (1975) and Parton (1985) note that there are numbers of children in out-of-home care who appear to be adrift due to the lack of commitment on the part of workers and agencies.

It has also been argued that scant attention is paid to the factors in society which

serve to create poverty and stress for low-income families (Boushel & Lebacqz, 1992). This neglect in turn affects the care they can provide for their children (Pelton, 1982). A number of authors have established that children from poor families are over-represented in child abuse case loads in Britain, Canada, USA and South Africa (Channer & Parton, 1990; Maluccio and Fein, 1985; Pecorra, Carlson, Reese & Bartholomew, 1992; Pelton, 1982; Roberts, 1990). Gil (1974) makes the case for a holistic perspective on child abuse and its prevention that addresses social problems such as poverty, homelessness and health care. The strengths of this argument have been echoed by some South African writers who have noted with concern that numerous children from poor families are institutionalised for poverty related reasons (September, 1992). Given the indifferent environment encountered by many children and the inability of many families to fulfill their responsibilities with respect to their children, there is obviously a need to provide children with protection beyond that afforded within the boundaries of their families. This may be achieved by balancing the various levels of protection that children need. This is particularly the case for children living in poverty who are particularly at risk for oppression, exploitation and abuse.

In some social welfare policy formulations the impression is often created that there is a bottomless pool of resources for social security and grant applicants, while families who are in need of assistance, find it impossible to penetrate the system for financial support (September, 1992). Access to the social security system is usually based on a means test or the wit of applicants to "beat" the

system.

#### 4.3 INSTITUTIONAL CONTROL AND THE RIGHTS OF CHILDREN

The perception of the state as an agent of social control has been a central theme of theoretical analysis and discourse over many years (Rees, 1991). Sociologists West (1984) and Makrinioti (1994) question the structural roles of both families and the welfare state in the broader social context. They are particularly concerned about the marginalization of children within these structures. Makrinioti maintains that families supported by the state through welfare are central to discussions of the provision of labour, class relations and the dominant ideology. Families support the state and its control by their own social practice and the ordering of their personal relations. West (1984) asserts that under this interdependence child welfare is no longer approached and analysed in terms of autonomy and intervention. Rather, childhood represents an issue of concern, negotiation and shared responsibility between the state and the family. The position and well-being of children within this context therefore constitutes an arena for possible, ongoing conflict of interest in the changing social reality of childhood.

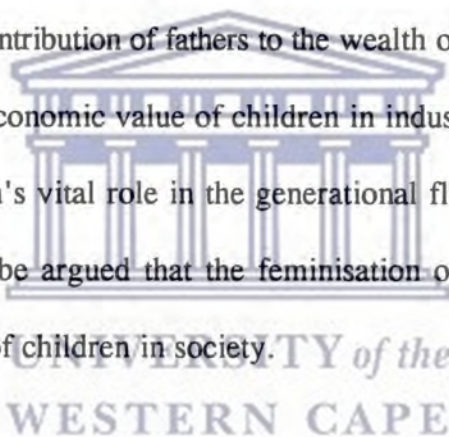
The concepts of familiarisation and familism were introduced by Makrinioti (1994) to emphasise the "invisible" position of childhood within adulthood and the family specifically. The term familiarisation refers to "the fusion of childhood into the family institution to such an extent that it becomes an inseparable unit, which obstructs the social visibility of its weaker part as a separate entity". "Familism"

is used to assert that the family, regardless of the wide range of changes in its structure and relations, remains a dominant ideology and form of social relating (Makrinioti 1994, p 268). Makrinioti further asserts that children represent the basic ideological theme in the construction of the ideal of the "average family". Children also provide the "average family" with its characteristics including emotional dependence and satisfaction, caring, intimacy and domestic division of labour, particularly the place and role of women. The latter continues to raise debate in women's movements and feminist theory.

Feminist perspective have relevance for this study both in terms of its own successful challenges to patriarchy and power relations generally, as well as its position on what is generally referred to as the "feminisation of childhood". Feminist theory concentrates inter-alia on the regulatory and reproductive dimensions and role of the welfare state in contemporary society (Dale & Foster, 1986; Pascall, 1986; Williams, 1989). The feminist perspective posits that forms of liberation may be achieved by examining the political implications of personal lives. Among others, Berlin and Kravetz (1981), Brook and Davis (1985) and Collins (1986) write about the significant achievements of feminist perspectives in social work. In particular, emphasis is placed on matters such as the victimisation of women, not as a result of the female psyche, but owing to patriarchal inspired values and institutions. Other foci of feminist research include pressure for social, legal and economic reforms; development of support networks among women; the development of alternative social services; the inherent value of the reflecting on

the causes and mechanisms that keep women subordinate; and the necessity for society to learn about equity in relationships and in the exercise of power.

The "feminisation of childhood" is a term used to refer to the transfer to women of the emotional, practical, and economic responsibility for children. Garfinkel and McLanahan (1985) write about the "feminisation of poverty" when they express concern for the increase in the number of children living in single, female headed households. Jensen (1994) remarks on the changing family patterns and the apparent decrease in the need to legalise fatherhood. She asserts that, in these cases, the non-contribution of fathers to the wealth of families is the basis for the declining direct economic value of children in industrialised countries, because it weakens children's vital role in the generational flow of the wealth of families. It can therefore be argued that the feminisation of children aids the continued marginalization of children in society.



From the feminist perspective, familiarisation in all its diverse forms, became the most natural way for the welfare state to approach and conceive children, not as persons on their own behalf but as extensions of their milieu, their families. Accordingly, the state's primary concern with children and other vulnerable groups, is seen as the channel through which it expands its domain, influence and control in private situations (Abramovitz, 1989). As an example of the state's control and regulatory functions, Wintersberger (1994) makes the point that children's welfare is regarded as depending almost entirely on the earnings of the



parent. The socio-economic status of families is, therefore, most relevant. Children share their parents' affluence or poverty. The family's economic situation is also clearly a decisive variable in determining the contribution of the state. Because children are not a homogeneous group with common needs and wants, social policy should be in accord with the "different childhoods". Rimmer and Wicks (1983) agree that diversity provides the context for looking at policies not merely in terms of allowances and benefits, but mainly in terms of their objective to contribute to equity among different childhoods.

The view also exists that children are only an economic burden and that they do not contribute to the economy. This perception is disputed by Wintersberger (1994). Children spend many years of their lives in adult designed and controlled institutions, such as schools, in preparation for their participation and contribution to society. These authors strongly assert that school is mostly unpaid work. Furthermore, in most developing countries it is an accepted fact that many children participate actively in household and economic activities to contribute to their own survival needs and those of other family members. These activities include a range of household chores, eg. baby-sitting, street vending and formal and informal participation in the labour market. In many cases children's own needs and rights, e.g. to adequate health and education are seldom considered.

A children's rights perspective provides a universal framework to ensure that children's dignity as individuals is protected. This perspective is, however,

relatively new. The Convention is an attempt to ensure that children are protected against institutionally entrenched marginalization. Social workers as social change agents have a particularly important contribution to make toward social justice.

#### 4.4 SOCIAL WORK AND SOCIAL JUSTICE

Various assumptions are made about the interaction between welfare policy and the common good or social justice. Taylor-Gooby (1981) argues that the role of welfare policies is usually to contribute to the common good by seeking to attain social harmony, promote social consensus, and serve as an intermediary between the state and society. Plant (1980) and Hardy (1981) agrees with this view, but argue that because welfare policies are also designed to meet needs expressed on a collective basis, the welfare state has failed to fulfil its promise to meet the needs of certain vulnerable groups. In this regard, children are an important example.

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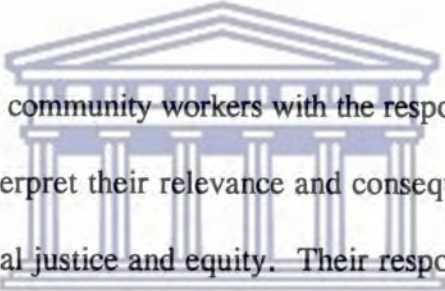
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George and Wilding (1984) argue that within the context of social welfare policy, new social categories are continually formed, each with different, even opposing, interests and needs and with varying social power and influence. On these grounds, welfare policies cannot be considered independently of the power hierarchy and efforts to resolve, eliminate, or even prevent conflict between social groups (Hall, Land, Parker & Webb, 1975). It can therefore be argued that it is in the interest of the welfare state to maintain the existence of hierarchical patterns such as class, gender, race and generation. Rappoport (1981) and Hegar (1989) are of the opinion that welfare policies represent mere expressions of political

decisions and, as such, they are characterised by an inherent dynamic, contributing to or reinforcing the government's legitimacy. This criticism of compliance, consensus seeking and compromising on principle issues has not only been lodged against social welfare policy, but also at social workers, as the key implementers of social welfare policies.

With respect to child protection services, social work has historically been most associated with the protective view that involves the state in meeting children's needs. In this role their most overt functions involved intervening in the private lives of families to protect children from abuse. Unfortunately, the intervention was most often punitive and involved the removal of children from their families. Such actions enhanced the fusion, at least in the eyes of the public, between the professional and the political. Hence the perception has arisen of social work as the arm of the government. The civil service (public administration and service delivery) in South Africa, has always been seen as the executive arm of the politicians. In the apartheid era the "arm of the government" was oppressive and unpopular. Civil servants either opted to leave or to conform to the situation. Rees (1991) argued that failure to separate the professional and the political, so that one contaminates the other, derives from an overarching social control, consensus-oriented, positivist tradition in social theory and contributes to the notion of uncritical conformity in the family, the school, the agency and other institutions.

At this juncture it may be useful to review Rappoport's (1981) suggestion for a "needs and rights" basis for social policy development. He claims that empowerment can span the gap as a bridging concept between policy and practice based on both, rights and needs. Hegar (1989) maintains that if social work is traditionally committed to social justice and individual well-being, then an empowerment-based practice must serve the dual goals of helping clients make real gains in social power, as well as helping those who want to change their perceptions and use of power. According to this perspective the objectives of empowerment should, therefore, lead to social justice.



Social workers and community workers with the responsibility to implement social policies and to interpret their relevance and consequences are well positioned to work towards social justice and equity. Their responsibilities provide them with opportunities to advocate fair play and equity with and on behalf of their clients. They are often placed in positions where they can directly observe the unjust use of human resources resulting from gross social and economic inequalities and discrimination, in the form of racism, sexism and ageism. Their role as social change agents is of particular importance in influencing policy and legislation.

Rees (1991), in discussing how policies and services affect people, suggests two relevant tasks for social workers: firstly, informing clients about the availability of services and other resources to which they are entitled; and secondly, to demystify policy as part of an overall educational and political process. Goodin

(1985) adds another goal in pursuing social justice and suggests that social justice is also about protecting the vulnerable and stopping those with overwhelming power from exploiting those without it. Children as a vulnerable group have received priority attention within social work practice for many years. However, the attention afforded them was based on the socio-economic status of their parents. What seems to be needed is a reappraisal of social work's current child welfare orientation leading towards support for a children's rights approach. For example, in child protective services, a rights approach would in every case demand a rigorous assessment of the child's best interest, as well as due consideration of his or her personal views on matters affecting his or her life.

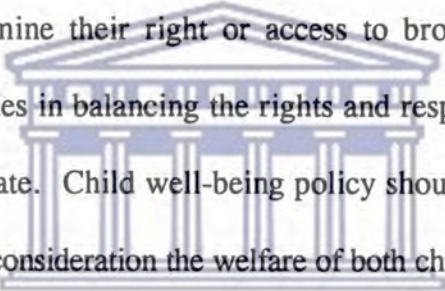


#### **4.5 REDEFINING CHILD PROTECTION**

Makrinioti (1994) questions the state's support of and its belief in the autonomy of families when she states that, in the case of child abuse the state often acts decisively against the parents even to the extent of the removal of the children from their families. The action of the state in such cases are often questioned, with regard to whether it takes full account of the best interest of the child. Such questions are relevant in settings where the abuse are compounded by other socio-economic factors. Makrinioti also asserts that regardless of the frequency of these incidents, the prevailing explanation of child abuse is one that keeps such incidents from constituting a social problem. Families who fail to provide adequate protection continue to be blamed and marginalised. It would appear that by avoiding the definition of problems as ultimately and essentially structural, social

services adopt non-challenging definitions of social problems.

If welfare policies are to be regarded as mechanisms to contribute to the well-being of children, it is necessary to reconsider the premise on which childhood is conceptualised and approached. Protection and exclusion are not different paradigms. Both are features of childhood and “two sides of the same coin” (Engelbert 1994, p.289). The premise is that children have the right to all protective mechanisms afforded to all human beings including an effective child protection system. The fact that they have functioning or dysfunctional families should not determine their right or access to broader protection rights. The challenge clearly lies in balancing the rights and responsibilities of children, their parents and the state. Child well-being policy should therefore:

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- (i) Take into consideration the welfare of both children and parents in as many areas as possible;
  - (ii) Correct and contribute to making differentiated structures available to children;
  - (iii) Provide safe spaces for children;
  - (iv) Compensate with regard to provisions, but also in terms of age and sex related restrictions and, above all, the unequal distribution of parent's burdens and resources for action, and
  - (v) Be comprehensive, i.e., it must make provision for individual children as well as for children in general;
  - (vi) Always integrate and develop elements of social policy for families, and

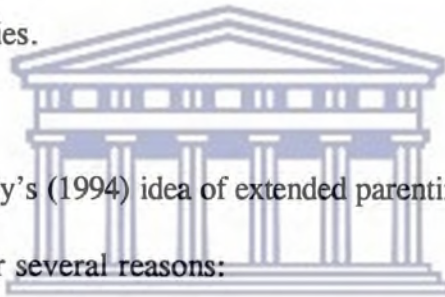
make allowances for the existing plurality of children's family environments.

Families are important for children. In spite of the many changes in society that have altered the family's structure and functions, families in different shapes and sizes continue to provide the natural framework for the emotional, financial, and material support that is essential for the growth and development of infants and children. However, an uncritical analysis of the status of children within families and other institutions in society may further contribute to their marginalisation and abuse within social institutions. Transformation is needed in the ways that children as newcomers are received in society and cared for by the first comers (adults) and in the ways in which they are allowed to influence the common culture (Bardy 1994). Central to transformation are the ideas of shared parenting, social space and child participation. In light of the sparseness of this perspective in the literature, Bardy's ideas are further explored.

*Socially shared parenting.* The main claim here is that childhood is affected by many social institutions and practices. Bardy (1994) extends the philosophy of partnerships and makes the point that children are parented by several adults in private parental parenting and in professional parenting. In industrialised communities the latter is institutionalised and takes place in mainly in schools, day care, medical and social work practice. In developing particular African societies, the notion of shared parenting is accepted as a social norm and is reflected in such

notions such as “ubuntu”, “any child is my child” and “it takes a village to raise a child”.

Fisher, Marsh, Phillips and Sainsbury (1986), in their study on child protection, call for the reassertion of the primary role of parents, but strongly feel that this role must be supplemented by public services. In their view, society must treat those in need of child protection services as fellow citizens rather than “inadequate” parents and children. The active participation of child-centred and informed neighbourhoods and local communities are critical elements of child protection strategies.



Accordingly, Bardy's (1994) idea of extended parenting is of social importance for transformation for several reasons:

- (i) It indicates a stronger responsibility for children in trouble;
- (ii) It tries to shift the general orientation from problems and disturbances to partnership of equally adequate parties, regardless of whether the one is an expert or a layperson, a child or an adult;
- (iii) It turns the focus from the intra-familial context, and emphasises the links with society;
- (iv) It redirects attention from adequate parents to adequate society in which the flow of resources is not restricted by family ties or age.

*Social space and participation.* Bardy (1994) further argues that transformation



calls for the dismantling of the polarisation of the respective status of adults as subjects and children as objects. This overt confrontation of the power constellation between adults and children appears to be sensitive. Some studies have pointed out that children are less shy to articulate their perceptions of adult power than adults are comfortable to speak about children as equals (Broady, 1986; Fine & Sandstrom, 1988). Children are also not passive in their participation in expressing their opinion about adults. Various examples in society illustrate this. The ways in which children organise themselves in subsystems (gangs, and other sub-cultures) in institutions and society to cope with adult authority is but one example. Children's concepts and opinions may differ from those of adults but they are of no less value. There is a growing recognition that transformation must include the opening-up of social arenas for children to participate as informants and users when their issues and issues of common interest are at stake (Bardill & September, 1994). The Convention (Article 1) draws attention to the empowerment of children by expressing their own views and to be heard in judicial or administrative proceedings affecting them.

In relation to the complexities that are involved in child protection debates, many writers (Costin, et.al., 1994; Garbarino, 1994) and practitioners support the notion of *an ecological view* (holistic, comprehensive and systemic, as proposed above) of childhood and child maltreatment. Scholars in the field of child abuse may differ about many issues, but very few would disagree that child abuse is a complex societal problem and the fact that no one single factor causes child abuse.

Accordingly, child maltreatment stems from interacting factors among environmental, parental, family, and child characteristics. Different combinations of these factors creates situations in which child maltreatment is likely to occur.

Poverty, unemployment, substance abuse, alcoholism, crime and gangsterism in many cities and rural communities have increased the vulnerability of children who live there. These combine in a number of different ways with parental situations or personality traits. For example, low tolerance and/or high stress level on the part of a parent, and a chronically ill, crying infant, makes for the type of situation which may make children particularly at risk. The lack of or unresponsive service systems further contribute to the vulnerability of both children and their families.

As discussed in Chapter 2, *the language of rights (liberationist view)* provides a framework to balance the issues of provision, protection and participation of children as citizens. The Convention serves as a political tool in redesigning knowledge about and with children toward the transformation of the status of children in society.

#### **4.6 SUMMARY**

The status of children in society has remained largely ambiguous. Their powerlessness is a temporary condition that for most will change as they grow older. For many other children their powerless status is accompanied by societal values and other variables that have no time limit and which are mostly beyond

their control. The status of children is dependent on the status of their parents. This position may place children in potentially vulnerable situations if their safety, development and health are threatened. Children, who are members of disempowered groups (poor, black, rural, disabled and abused) are at a further disadvantage. It is therefore argued that children should be protected and specifically targeted for social justice and equity measures.

Children have several lines of protection including: children themselves, members of their families, neighbourhoods and community-based institutions. No one institution alone can protect children, while all have the potential to harm them. What seems to be suggested is an ecological perspective of childhood and child maltreatment which accept that the status of children stems from the interaction of a diversity of human and social variables. Within this context, the concept of shared parenting introduced earlier, seems reasonable. However, children would still seem to be at risk without some generally applied values and guidelines to regulate the behaviour and attitude of society in their dealings with children. The UN Convention on the Rights of the Child (1989) has been proposed as a universal instrument towards this end.

Ensuring children's access to adequate services through legislation, social policy and effective practice is central to society's obligation to its most vulnerable members. The development of mechanisms such as protocols to ensure effective collaboration and co-ordination of services among service providers are essential

components of this obligation. The South African situation demands focussed attention in this regard. The aim of this study is to redress the situation.

The child welfare and justice systems in most countries have assumed primary roles in responding to instances of child abuse. The next section examines the formal responses (intervention) of the child welfare and justice systems in instances or suspected instances of child abuse.



**CHAPTER 5:            FORMAL RESPONSES TO CHILD ABUSE WITH  
SPECIAL REFERENCE TO THE CHILD WELFARE  
AND JUSTICE SYSTEMS**

**5.1    INTRODUCTION**

Child abuse is a longstanding problem. Throughout history children have been beaten, overworked, prostituted, sold, given away and exploited by adults. Underlying these actions are a variety of attitudes toward children. In earlier days, children were not considered to be people. They were seen as the property of their parents who could do anything they willed with them. It is therefore not surprising that it took the death of many children before modern society realised that children are citizens with rights and duties, and deserving special protection. Child protection has also not always been accepted as a moral imperative in all societies. The work of many child advocates, continued attention from the media, better communication, research and publications throughout history contributed to the currently developing focus on children's rights, children's need for special protection from harm and the formalisation of child protective services.

The previous chapters explored some perspectives on the status of children. It showed that: Children's status is largely ascribed to them by virtue of their relation to other individuals and institutions of society; that social welfare policies are not created in a vacuum, but are shaped by the beliefs and values of policy-makers; that these values do not determine only the needs and rights of children, but also

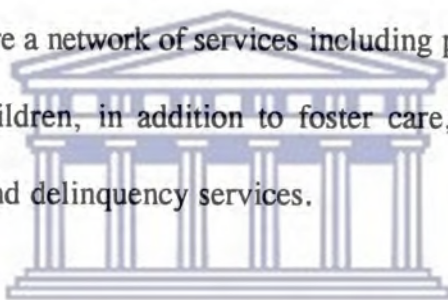
what is done about these. The formal response to child abuse can be seen from the view of three main ideologies: penal (justice), medical and social welfare. This chapter examines the responses of the child welfare and justice systems to the needs and rights of children who are victims of child abuse.

## **5.2 CHILD WELFARE SERVICES: AN OVERVIEW**

Within most societies, child welfare services are based within the social welfare system. These services have been central to the development of the social work profession, which continues to dominate them. The child welfare movement in South Africa was formally founded in 1908. However, prior to this date, religious and other philanthropic groups had taken measures to alleviate the plight of vulnerable children. As a result, the earliest legislation in South Africa, regarding social welfare care, involved children. Such legislation included Meesters en Dienstboden Wet, 1856; Verbeterinrichtingen Wet, 1879; Wet op Verlate Vrouwe om Kinderbescherming, 1895; Wet ter Beskerming van het Leven van Jonge Kinderen, 1907; Wet ter Bescherming van Kinderen, 1913; and the Aanneming van Kinderen Wet, 1923. However, these laws were guided by the ideology of apartheid, with its racially based inequalities and therefore, did not address all of South Africa's children and families. Black families relied primarily on extended family support systems and networks for both social and material support.

In response to international publications, the increase in media coverage and a report from a government committee on the neglect of children and the criminal

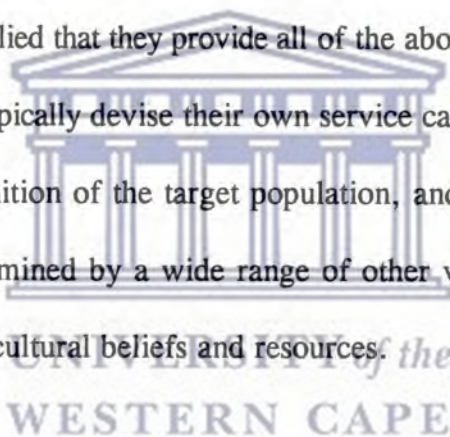
activities of children and young persons, The Children's Act of 1937 was enacted and replaced the Wet ter Bescherming van Kinderen, 1913 and the Aanneming van Kinderen Wet (1923). This Act was amended in 1944 and in 1950 and replaced by the Child Care Act of 1960. The latter became the main legislation governing child protection until 1983 when it was replaced by the Act number 74 of 1983, amended in 1991. The 1991 Act provides the legal framework for child protection mechanisms and intervention. Child welfare services evolved in response to the difficulties encountered by a relatively well-defined group of poor, deprived families confronting unmanageable family crises (Antler, 1985). Today, child welfare services are a network of services including protective services for abused and neglected children, in addition to foster care, adoptions, residential care, juvenile justice and delinquency services.



Child welfare workers have always seen families as the primary agents providing for the welfare of children (Costin, Bell, & Downs, 1991). A central purpose of child welfare services is therefore to strengthen family life. Thus, most of the traditional child welfare agencies have also changed their names to "child and family welfare" services to emphasise this focus of their work. In South Africa child welfare services constitute a major part of the work of state and private welfare organizations. There exists no clear division of responsibilities regarding child welfare service provision between the state and private welfare organizations.

For organizational and structural purposes, services have traditionally been seen

as supportive, supplementary or substitute. Supportive services are designed to support or strengthen the ability of the parent's needs, through case work services at home, to meet the child's needs. These services may also include protective services provided on a non-voluntary basis by child welfare agencies to protect children from conditions detrimental to their welfare. Supplementary services compensate for certain inadequacies in parental care, for example, by offering day care. Substitute services are designed to substitute parental care, e.g. foster and residential care (Costin, et al., 1991). Although, this service classification works in theory, in practice most child welfare agencies describes their services as generic. This implied that they provide all of the above services. For this reason welfare agencies typically devise their own service categories. The scope of their services, the definition of the target population, and financial arrangements are usually also determined by a wide range of other variables including political, socio-economic, cultural beliefs and resources.



The plight of vulnerable children and families in South Africa is well documented and this provides a good picture of how societal variables determine the quality and equity of services. Many authors have outlined the devastating impact of the pernicious legacy of apartheid policies and chronic violence on black families in particular. They have reported on the many stressors which have affected the lives of black families, the effects and symptoms in children and the impact on intra-psychic functioning of these families (Burman & Reynolds, 1990; Chikane, 1986; Killian, 1993; Mckendrick, 1990). Others have documented the impact of



the rigid, compartmentalised, unequal, and discriminatory welfare system on black families, who in most cases were left without any type of safety net. Indeed, social security benefits were dispensed according to a means test inadvertently designed to exclude the most needy populations (Keen & Maharaj, 1991; Mckendrick 1990; Wilson & Ramphela, 1990; Patel, 1992; Roberts, 1990; September, 1992). Lund (1986) and Kruger (1992) argue that socialist principles governed policies for whites, while black families were subjected to the principle of a free market enterprise. This resulted in huge inequalities between the social conditions and services of families. The new Government of National Unity, with its Reconstruction and Development Programme and several other departmental initiatives, has indicated its intention to change the living conditions of particularly the most marginalised people of the country (Department of Social Welfare and Population Development: White Paper, 1995). It is now generally accepted in South Africa that in order to address the needs of multi-problem families which have been neglected for many years, a broad range of services at different times should be provided.

To facilitate the development of such comprehensive child and family welfare services, the American Public Welfare Association's Commission on Child Welfare and Family Preservation (1994) has proposed three complementary components:

- (i) Broad support for all families through an array of primary prevention programmes available in neighbourhoods and opportunities for healthy

- growth to prevent dysfunction and the need for more intrusive services;
- (ii) Assistance to families in need whose problems are less acute and where child abuse or neglect is not involved;
  - (iii) Provision of child protective services to families in which serious abuse and/or neglected children have been identified.

Each component is important individually, but unless all three components work in concert, there will be diminished capacity to support and improve the quality of life for children and families. From a policy and practice perspective, the components are not separate entities but can be seen as a continuum of services sharing common goals and a common philosophy.

This proposal indicates that the challenges confronting the child welfare system encompass more than can adequately be addressed by the transformation of a single service system. Unless this effort is accompanied by the broader transformation of economic, social and political superstructures, they will have little impact. Just as the complex problems facing children and families today stem from a multitude of sources, so too must their solutions (September, 1994). The emphasis must, therefore, be on a broad co-operative effort to help families to maintain stability. Within this mandate there is the obligation to reform the child protection system (CPS).

### **5.3 CHILD ABUSE: THE RESPONSE OF THE CHILD WELFARE SYSTEM**

The abuse and neglect of children has historically been viewed as a private, familial concern. Laws concerning parent-child relations were grounded in the philosophy that parents should be given autonomy in disciplining and controlling their minor children, and that, in the interest of preserving family harmony the state should not intrude into the parent-child relationship (the traditional perspective). The privacy accorded to families in South Africa resulted in child abuse remaining a hidden problem for many years. It was only during the 1960's that the extent of child abuse and neglect was widely recognised. Although the pediatrician Caffey compiled the first serious medical report on the "battered child" and non-accidental injury in children in 1946, the extent of the problem was not really understood until 1961 when Kempe and others reporting on "the battered child syndrome" found hundreds of children had been severely injured by their parents (Helfer & Kempe, 1987). Since then, there has been extensive increase in public and professional awareness. Subsequently legislation focussing on child protection followed in most societies. Initially, intervention favoured out-of-home placements, particularly foster and residential care for young children. This approach was guided by early colonial values, and England's seventeenth century Elizabethan Poor Laws which held the view that children of the poor should be saved (rescued) from developing the slothful ways of their "unfit" parents through placements in institutions or foster care (American Public Welfare Association, 1994).

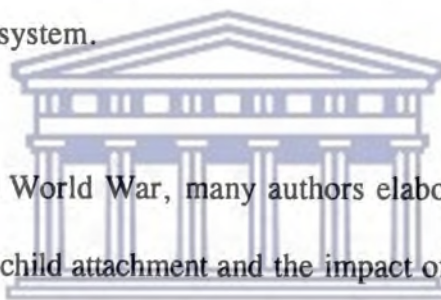
The on-going debate about whether the focus of intervention should be on the rights of the child or those of the parent/s is well documented in the literature. Stevenson (1989) summarises the debate over familial versus children's rights as follows:

*“At one extreme it is asserted that the protection of the child from abusing families is of primary and overriding importance and that the needs of and feelings of adults must at all times be subservient to that. At the other extreme, the needs and rights of the families are asserted: their need for support and confirmation of their status as parents: their rights, including social justice and in particular a right to procedures and mechanisms which protect them from unjustified allegations” (p. 146).*

Conversely, others argue that parental ties to children are over-valued (Dingwall & Eekelaar, 1984; Pringle, 1974; Sader, 1994; Stone 1990). The primary concern here is that children may be kept in harmful situations in order to protect the privacy of the family, but with devastating long-term consequences for children. In the absence of norms that regulate the behaviour of all parents, these writers assert that children need a higher order of protection from the inevitable intolerance and violence in their constant confrontation with an indifferent environment.

Some authors also argue that within child welfare practice, the protection of the child from the family is seen as more important than protection of the family

(McCallum, 1995). They are concerned that parents' rights are not given sufficient regard, and that children are too easily removed (Andrews, 1980; Corby, 1987). Berridge and Cleaver (1987) expressed concern about the inadequacy of alternative care systems and the effect of such systems on children. Moreover, Mnookin (1981) and Wilkinson (1986) raise concern, not only about the use of middle-class foster parents to care for children from working class families and the damaging effects this may have on both the children and their families, but also about the imposition of middle class values by social workers, lawyers and judges on the working class or the unemployed who comprise the bulk of the clients of the child welfare system.



After the Second World War, many authors elaborated on the significance and primacy of parent-child attachment and the impact of separation and placement on children (Germain, 1980; Jenkins, 1981; Sinanglu & Maluccio, 1981). There has also been public and political outrage at the numbers of children in out-of-home placements and the conditions in residential care institutions, which sparked a renewed debate for child protection (Fischer, Marsh, Phillips & Sainsbury 1986; Kufelt 1989; Millham, Bulluck, Hosie & Keane, 1986; Taber & Proch, 1987). Many writers have underscored the importance of maintaining children in their own homes, except for urgent and compelling reasons. The emphasis was being placed on permanency planning for children in need of care. Permanency planning as defined by Maluccio, Fein and Olmstead (1986), refers to the process of taking prompt and decisive action to maintain children in their own homes, or to place

them permanently with other families. The purpose was to focus on reconstruction and reunification services with the child's own family. The goal of such intervention is to help the family to change their behaviour and if necessary also their socio-economic circumstances to expedite the child's return home in the case of out-of-home placement, or to prevent placement in the first place. The proponents of this approach believe that effective permanency planning in all child welfare cases combines the rights of parents and the rights and needs of children.

The apparent tension that exists seems to be based on a choice that some workers and agencies feel they have to exercise. The choice is dependent on the degree to which workers and agencies take account of the societal, and individual factors in child abuse. Too much emphasis on the individual may lead to a situation where socio-legal authority is over-used. Conversely, the lack of recognition of the specific socio-economic and other societal factors may be perceived as anti-family or "blaming the victim" and authoritarian. Child protective service provision is complex. Balancing power and authority is a critical element in influencing decisions and actions toward the best interests of the child and his or her family.

#### **5.4 CHILD ABUSE: THE RESPONSE OF THE JUSTICE SYSTEM**

Along with the functions, roles, and responsibilities of families, Tower (1993) mentions two factors associated with the position of families that continue to contribute to the maltreatment of children. These are society's belief in the sanctity of the family and the disproportionate emphasis afforded the rights of

parents compared to the rights of children. This review has highlighted the ongoing debate in this regard and has established that children's rights are often only emphasised when parents have failed to meet their responsibilities. Children in most societies do not have clearly established rights.

During the past ten years there have been some attempts to delineate the rights of children. The Convention has played a significant part in establishing an international movement towards this end. Many countries around the world have subsequently ratified the Convention which should serve as a guideline for policy and service provision for children. In South Africa, the escalation in the numbers of children involved in child abuse court cases and the unacceptable conditions during court procedures also added a new dimension to the debate on the rights of adults versus those of children (Olivier, 1993; Schurink, 1996; September & Loffell 1996). Concerns about the inappropriate treatment of children during court proceedings include: the courts apparent ambiguity concerning the best interests of the child; secondary abuse and victimisation of child witnesses; the lenient sentences given to perpetrators of child abuse; the unsupportive environment and lack of adequate services to victims and their families; the non-existence of legal representation for the child, and the inadequate protection provided to child victims by the Child Care Act, 74 of 1983, as amended in 1991 (Fouche, Hammond & Hammond, 1987; Horak, 1984; Olivier, 1993).

There has been a worldwide effort to address the problems of child abuse more

comprehensively. In the United States, the amended Federal Child Abuse Prevention and Treatment Act of 1974 provides *inter alia* for the appointment of a guardian *ad litem* to represent all children in court proceedings. The Children Act 1989 in the United Kingdom requires courts to appoint a guardian *ad litem* to represent the child unless the court deems one unnecessary to safeguard the child's interest (Buchanan, 1994). In Australia arrangements in each state and Territory differ but a common provision is an *ad hoc* arrangement for the child to be represented by or through various Legal Aid officers (Schwass, 1993). In 1955, the Israeli Knesset (Parliament) passed the Law of Evidence Revision (Protection of Children), which is uniquely designed to protect children from possible harm during police and courtroom interrogation. This law was strengthened by the 1989 amendments which now make no distinction between physical, mental and sexual abuse, thereby applying to all child abuse cases (Amendment to the Law of Evidence Revision: Protection of Children, 1989). In South Africa, following an investigation into the protection of children in court proceedings, Sections 1, 2, and 3 of the Criminal Law Amendment Act, No.135 of 1991 were amended in 1993. These sections make provision for children to testify while being in a room other than the court room. Cross-examination is done via a court appointed intermediary. This system functions currently in two magisterial districts in Cape Town (Olivier, 1993: September, 1994).


Additional concerns have been expressed relative to the apparent double standards often observed in child abuse case management. It appears that cases involving



parental or intra-familial abuse receive more lenient handling by the welfare and court systems than those involving extra-familial abuse, with the latter being more likely to be referred to the criminal courts. Apparently, lenient treatment is accorded parental or familial abusers in an effort to spare the child and the family the trauma associated with court proceedings. However, the impact and effects of intra-familial abuse are as serious as those of extra-familial abuse.

Notwithstanding the improvements made to the South African justice system (for example, the institution of special courts for children), some writers believe that children in South Africa are not adequately protected. For example, children are not separately represented as a matter of course (Roberts, 1990; September, 1994). In this regard September (1994) argues that in these proceedings, the state will typically be represented by a state prosecutor, with the primary role of establishing, with requisite burden of proof, the allegations contained in the petition; the social services department is represented by a social worker summoned by the court to act as an expert witness, or to present a report containing the opinion of the commissioner of child welfare; and the accused or the parents by court appointed or private legal representation. It seems logical that the child, a central figure in the entire process, needs also to be adequately represented. Furthermore there is an over-emphasis on sexual offences in the special courts for children. With the increasing calls for family preservation and neo-traditional views on child protection, the steadily growing lobby for children's rights is asking questions about how far should protecting families "in the child's

interests" really go? This lobby is concerned that the focus on preserving families is placing children's lives at unnecessary risk. These questions further involve claims that children continue to be "punished" for their parents' socio-economic status and the failure of the state to care for the most vulnerable (and in South Africa, the majority) of its population: namely children (Bardy, 1994; Sader, 1994; September, 1994). Children who were abused are identified only after the damage has occurred. The state typically intervenes only when all the protective factors have failed or function inadequately. It follows that the *prevention* of child abuse should be a foremost priority. In facilitating this course as asserted in the former section, children's rights must be supported by protective legislation.



The courts have historically assumed an important role as final arbiter of disputes between adult rights and the rights of children. In the case of child abuse, the law governs reporting of suspected child abuse and neglect, and outlines the duties of child protection agencies in responding to these reports (Costin, et al., 1991). Statutes and court rules determine the circumstances under which children suspected of being abused or neglected may be detained in a hospital or removed from their homes on an emergency basis. In this regard, the court's application of the laws must ensure that the rights of all parties are protected and are abridged only after full, fair and objective court process. In the use of this statutory and regulatory authority, the law (state) represents society's interest and sets minimum standards which apply to all children; and it intervenes in the parent-child relationship. Another important way that the state may use its authority is to

legislate for the development of child welfare services. The United States of America is one example of how governments have enforced the compliance of its states to implement federal policy (Laird, 1979).

Nevertheless, there are limitations to the law's possible impacts on the problem of child abuse. Other professions (social work, the police, teachers and health) must support the law in identifying and responding to child abuse. The law may prohibit child abuse, mandate reporting and other actions, but it cannot singlehandedly prevent child abuse. Prevention and treatment of child abuse and neglect depend on caring individuals pulling together in well-trained multi-disciplinary teams in collaborative actions toward a common goal. The success of prevention and treatment initiatives is dependent on political support for these efforts. The Convention is an example of a political document that may be used as the basis for legislative protection of the rights of children.

The important and central role of policy and legislation in child protective services is emphasised by Costin et al., (1991) when they assert that the success of aid given to children depends on the extent to which the laws reflect modern views about children and their changing world, and the government's readiness to appropriate funds for professional services and facilities to meet the needs of children. This statement illustrates the important relationship between policy, legislation and practice. Internationally CPS systems have suffered because of the lack of political support and financial resources. Clearly, committed and

competent workers are not enough. As observed in the previous discussion, most of the families who come into the CPS system, need more than that which the CPS system is designed to provide.

The next section provides an overview of current legislation pertaining to child abuse.

## **5.5 THE SOUTH AFRICAN LEGISLATIVE FRAMEWORK FOR CHILD ABUSE AND NEGLECT: A CRITICAL VIEW**

### **(i) The major legislative provisions pertaining to child abuse and neglect**

The Child Care Act, no. 74 of 1983 as amended in 1991, is the main protective statute for children. This Act determines the powers of Commissioners of Child Welfare and governs the operation of Children's Courts. It provides for official investigation into cases of alleged abuse and neglect, for Children's Court Inquiries in such cases, and for placement of children in substitute care or under social work supervision within their own homes, when necessary. The Act also provides for the adoption of children and the controls and procedures relating to this process. Section 42 mandates health care professionals and social workers to report suspected ill-treatment of children served by them. Section 50 provides for prosecution in cases of ill-treatment or abandonment of children. Section 52 (A) prohibits child labour.

The Child Care Act is recognised as being inadequate in many respects to address

the problem of abuse and neglect. In the proposed Blueprint for an Effective National Strategy on Child Abuse and Neglect (1996), September and Loffell (1996), identified several problems associated with the functioning of the judicial system and how it affects abused children. They also make recommendations for composite legislation which incorporates all aspects of child rights, to replace the present legislation aimed at protecting children. The composite legislation is designed to address children's issues from a broader perspective than does the present Child Care Act, which focuses primarily on formal protective procedures. The following problems with the Act were identified:

- (i) It fails to address the situations of children whose basic survival needs are not met;
- (ii) It addresses inadequately the grounds on which the court may issue protective orders;
- (iii) It lacks explicit provision for legal representation for children;
- (iv) It lacks proper definitions or procedures relating to compulsory reporting of abuse;
- (v) It lacks provisions for addressing child labour.

In addition, September and Loffell (1996) voiced concerns about the Children's Courts, specifically the lack of:

- Transparency of their operation;
- Training for Children's Court personnel;
- Provision for appeal against decisions;

- Children's Courts in some parts of the country.

The Prevention of Family Violence Act, no. 133 of 1993 allows a judge or magistrate to grant an interdict preventing assaults or threats against an applicant or a child living with either the applicant or the offender or both. An offender who contravenes such an order may be arrested. Many difficulties are being experienced with the implementation of this Act, which is therefore not effective in ensuring that women receive protection as intended nor does it specifically prohibit child abuse. It does, however, provide the basis for removing perpetrators rather than victims of child abuse from their homes. Section 4 of the Act mandates compulsory reporting of child abuse by any person in a position of responsibility for the care or treatment of a child, to a Commissioner of Child Welfare, a social worker or a police officer. This provision runs parallel to Section 42 of the Child Care Act. As with the latter, there are no clear definitions or procedures for reporting, and there is no co-ordination of the reporting requirements of the two Acts.

The Sexual Offences Act, no.23 of 1957 covers some specific aspects and forms of child sexual abuse, e.g child prostitution, procurement or abduction of a minor for sexual purposes, conspiracy or fraud or the use of drugs or alcohol to involve a female victim in sexual activities, and sodomy. In addition, Section 14 defines the age of consent, below which some forms of child abuse amount to statutory rape. The National Committee on Child Abuse and Neglect (1996) raised concern

about the discrepancy between the ages of consent as applicable to males and females. When the offender is a male: the age of consent is sixteen in the case of a female child and nineteen for a male child. When the offender is a female: the age of consent in the case of a male child is sixteen and in the case of a female child, nineteen (See the above Act). The rationale for these age differences by victim gender is not clear, but the differences appear to be made to make it easier for adults to abuse younger children of the opposite sex.

The draft Film and Publication Bill prohibits the production and distribution of pornographic material depicting children younger than sixteen years and protects children from exposure to pornographic material. However, it fails to prohibit the importation, exportation or production of pornographic material involving children. The Criminal Procedures Act, 1977 governs the judicial processes and procedures associated with all crimes, including those against children. Section 153A is of particular relevance in cases involving child witnesses, as will be discussed next.

**(ii) Deficiencies in the criminal justice processes**

September and Loffell (1996) reported on multiple problems that are experienced when child abuse cases are brought to court. These related mainly to:

- (a) The secondary abuse suffered by children who are required to give testimony in courts which are principally designed for adults;
- (b) The lack of effective policies and procedures for bail and sentencing; and

- (c) The lack of provisions to ensure the financial and physical well-being of victims and their families if they elect to pursue criminal charges.

**(iii) Problems associated with child witnesses**

The traumatization of child witnesses by court procedures, especially in cases of child sexual abuse, is well documented (Olivier, 1993; Wise, 1991). Significant advances have been made on the basis of recommendations by the SA Law Commission which resulted in the 1993 amendment to Section 153A of the Criminal Procedures Act, 1977. This amendment authorises the court to appoint an intermediary to assist the child, both in giving testimony and being cross-examined, thus preventing direct questioning of the child by a defence lawyer. The court may also order that the child's evidence be given in a room separate from the main courtroom, with an audio-visual link-up, so that anyone whose presence might be intimidating to the child, remains out of his or her sight. Provision is also included for the child to give evidence by non-verbal means, e.g. by the use of signs and gestures or dolls. In accordance with the Law Commission's recommendations, the necessary structural alterations have been made in a number of court buildings and the new procedures are used in some courts. However, the National Committee on Child Abuse and Neglect (NCCAN) (1996), reports that these approaches remain discretionary and many child witnesses, especially those outside of main centres, are not receiving the benefit thereof. Videotaped interviews with children are not yet admitted as evidence and, as a result, children continue to have to repeat their stories to a several



investigators from different disciplines, and also to the court.

Current pressures on the time and resources of courts prevent sufficient preparation of child witnesses. The availability of intermediaries is limited and does not always allow for children to be provided with mediators who are fluent in their native tongue. September (1994) argued that children are not adequately represented during court proceedings. They therefore often suffer secondary trauma by having to, for example, disclose and describe the circumstances of their abuse in detail to many investigators; endure public court appearances and confront perpetrators, unfriendly courts, and aggressive cross-examinations. The state is typically represented by a prosecutor, the accused by an attorney, and the social service department acts in court not as the guardian of the child but as an expert witness summoned by the court. It seems logical that the child, a central figure in the entire process, needs to be adequately represented. Arguably, as some commentators point out, since the state social welfare (or mandated private agency) files the petition on behalf of the child, the state prosecutor therefore represents the child's interests. In point of fact, this is not the case. Once prosecutors enter the court they assume a prosecutorial role. Their primary emphasis is not the independent representation of the child's interest; it is an attempt to establish, with requisite burden of proof, the allegations contained within the petition. The establishment of the accused's culpability and the protection of the child's interests are not the same.

In an effort to address some of these issues and recognise the special needs of children in the justice system, many countries have enacted statutes that provide for representation for children. For example in the United States, the child is often represented by a volunteer “court appointed special advocate” (CASA) who is often called the volunteer guardian *ad litem*. This person is separate from the attorney for the child. Sometimes the attorney and the guardian *ad litem* are the same person.

In South Africa, accounts of secondary victimisation of children during the court proceedings focussed legislators’ attention on the plight of children in court. Among others, Fouche (1992) underscored the gravity of the situation and suggests that persons accused of crimes against children are among the most likely to be acquitted. Olivier (1993) stated the following:

*“I was frequently reminded about the growing body of empirical evidence which demonstrates that children are no less credible than adults in areas relevant to witness assessment, such as suggestibility, memory and distinguishing between reality and fantasy, which prompted many people, especially non-lawyers to start doubting the premises on which the cautionary rules concerning children are based “ (p 96).*

#### **(iv) Bail and sentencing**

Media reports have often highlighted the dissatisfaction among the general public and children's service workers about bail and sentencing procedures in relation to

child abuse. In general, the call from grass-roots community groups is for harsher sentencing. Among service professionals the appeal is more commonly for sentences which protect children by keeping certain offenders in custody, while promoting the rehabilitation of those who have the potential to use services effectively.

**(v) Lack of support services**

September and Loffell (1996) reported that the prosecution of the offender could lead to the destitution of the whole family including the victim. This often happens in cases where the offender is the breadwinner of the family. Prosecution may also lead to violent retribution with no effective protection available for those in jeopardy. The following recommendations were proposed to address this situation:

- The provision of bail-houses as a means (as yet non-existent in South Africa) of facilitating the removal of alleged offenders from the homes of the victims.
- The establishment of shelters for mothers and children at risk from offenders thereby encouraging victims and non-offending parents to use the criminal justice system.
- The establishment of witness support programmes.
- The provision of adequate systems of financial and practical aid, to enable families who are dependent on perpetrators for income and/or accommodation to assert themselves on behalf of the victim through

criminal justice processes.

**(vi) Additional legal provisions relevant to child protection**

A range of other statutes and measures, mainly falling within the ambit of the civil justice system, have a bearing on the well-being of children. These include the Children's Status Act, the Human Tissue Act, and laws relating to custody and guardianship. Other measures relating to the rights of unmarried fathers and of extended families in relation to children, are also relevant. Customary law regarding custody, guardianship and access are a further important area. The Hague Convention on international child abduction is now binding on South Africa.



Provisions relating to the control of the sale of liquor and other drugs also have implications for child protection. The laws related to child maintenance are of particular significance in assuring that children's basic needs are met by parents. Similarly, all forms of social security provisions for child care and the mechanisms for accessing them play an important role on the broader societal level in preventing the neglect of children.

**5.6 THE CHALLENGE FACING CHILD WELFARE PRACTICE**

The efficiency of any child protective system is enhanced if the entire child welfare system together with broader community development efforts are collectively responsive to the comprehensive needs of families and communities. In earlier

sections of this study, the inter-relatedness and dependency among children, families, communities, and society and its socio-economic-political superstructures were illustrated. In addition, the case was made that the complex nature of child abuse requires an accessible, responsive child welfare system ready to address victims' and families' needs through a comprehensive range of services. Particularly relevant are the perceptions of some scholars that child abuse is often closely associated with family and community violence (Garbarino, Dubrow, Kostelny, & Pardo, 1992).

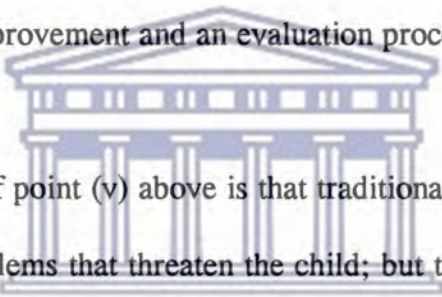
To this end some communities have embarked on innovative strategies to integrate their child protection obligations into their community development plans for family safety and the prevention of violence. As an example of how this can be done, a model was developed by the Institute for Families in Society (Andrews, 1996). The model provides a continuum of care to promote safety and nurture and is based on the following principles:

- (i) Safety and survival first. Every community needs an adequate protective and law enforcement system to respond to highly dangerous situations in the home.
- (ii) Prevention. All families need support without regard to income, family composition, location, or other eligibility criteria. In addition, secondary support should be available from strong communities that are prepared to intervene before at-risk victims suffer traumatically, for example, by establishing means to detect at-risk cases through routine medical

assessments and school-based and community-based education programmes.

- (iii) Focus on the family as a whole. Families have primary responsibility for the well-being of their members. They should have the right to be active participants, and leaders when appropriate, in key decisions regarding services they may receive.
- (iv) Pro-active help. People should not have to be hurt before help is available; nor should they have to waste valuable time searching desperately for appropriate assistance.
- (v) Family and neighbourhood strengths, not deficits. Families' capacity to nurture and protect must be strengthened and supported. Families, community and society are interdependent. Their capacity to care is enhanced if they, too, can rely on supportive relationships and resources.
- (vi) Cultural competence. Interventions should be offered in ways that are responsive to racial and ethnic heritage, language, socio-economic status, ability levels, special needs, religious orientation, gender roles and status, and varieties of family structures. Leaders and service providers should represent the diversity of the communities served.
- (vii) Significance of economic concerns. Given that the risk of family violence or neglect increases substantially when families are in economic crises, interventions should aim to help families prevent and manage financial stress.

- (viii) Co-ordinated, efficient care and resources. Preventing all forms of family violence and neglect require involvement of all aspects of society, including: Voluntary association; business; local, provincial and national government; human services agencies; early childhood programmes; economic assistance programmes; housing; law enforcement and judicial systems. If these agencies operate inefficiently they contribute to further harm.
- (ix) Results orientation. All efforts to promote family safety should clearly articulate anticipated results based on quality standards and include ongoing quality improvement and an evaluation process.



The significance of point (v) above is that traditionally intervention in family life is to correct problems that threaten the child; but the new trend is to regard the family differently. Families are now recognized as being complex. Parts of a family system may threaten a child while other parts protect and support the child. Seen in this way, the goal of CPS is to discern in which way the family system functions or could function and strengthen those parts that benefit the child's well-being.

Based on the above principles, a comprehensive community system of care will include a range of interventions that aim to prevent victimisation and promote healing and justice in its aftermath. Such a continuum of care interventions could include:

- (i) Prevention, which aims to stop violence or neglect from occurring at all.
- (ii) Risk reduction, or early intervention, based on knowledge about risk factors associated with violence and neglect.
- (iii) Crisis or initial intervention as a first response when harm is imminent or has just occurred or been disclosed.
- (iv) Recovery intervention to help people affected by violence or neglect to heal and grow.
- (v) Collaboration, planning, and advocacy to assure that appropriate resources can be accessed efficiently by any family.
- (vi) Education to assure that people from all professions, including social work, law, medicine and other health professions, education, administration, justice, are prepared to address family violence or neglect and work together for prevention and treatment.
- (vii) Policy development as continuous process that involves public participation as policies are studied, enacted, and assessed.
- (viii) Evaluation and continuous quality improvement is important because it creates an information flow that monitors results and promotes effective action. (Adapted from the work of Andrews, 1996).

Ensuring that children are adequately protected, by having an effective and efficient Child protective services (CPS) protocol in place, is an important component necessary to create and preserve safe and nurturing neighbourhoods for children and their families. Protocols represent a formal statement of intent from



service providers to communities, indicating their response in instances of child abuse. Such clarity of the consequences of child abuse, is an important indicator that children are being taken seriously. In addition, it may also serve as an deterrent. Protocols, thus serve an important role and is relevant on several points on the continuum of services indicated above.

### **5.7 SUMMARY**

The literature and legislation reviewed indicates inadequacies in the social welfare and justice systems that may subject children to further abuse. Abused children are inadequately protected and represented during court proceedings and lack support and follow up services. Furthermore, bail and sentencing of offenders are perceived to be primarily in the interests of the offenders. These weaknesses in the system underscore the need to develop child protective protocols as part of and within a comprehensive CPS and community development context. Child protective services can then be placed on a continuum of care to prevent victimization and to promote safety, healing and justice. It should however be cautioned that a comprehensive system is only as effective and efficient as its parts. It is therefore imperative to develop the parts fully in order to support the whole. The purpose of this study is to contribute to developing a protocol for the multi-disciplinary management of child abuse. A protocol which is flexible enough to fit into a comprehensive system where it exists, yet also effective and efficient to function as a complete system to ensure that children wherever they are, can depend on protective service intervention when they need it.

**CHAPTER 6: CHILD ABUSE INTERVENTION: CASE  
MANAGEMENT AND THE ROLES AND  
RESPONSIBILITIES OF PROFESSIONALS**

**6.1 INTRODUCTION**

This chapter provides an overview of core aspects of child abuse case management including its aims, special attributes, the roles and responsibilities of services providers, which is directly related to the present study. Examples are also drawn from other countries. The chapter is divided into the following sections:

- (i) The aims and special attributes of child protective services.
- (ii) The definition dilemma of child abuse.
- (iii) The case management approach to child protective services.
- (iv) Roles and responsibilities of team members.
- (v) Core components of child protective services.

**6.2 THE AIMS AND SPECIAL ATTRIBUTES OF CHILD PROTECTIVE  
SERVICES**

Child protective services are intended to reduce the risks to children's safety and well-being; prevent further abuse; and restore adequate parental functioning whenever possible or, if necessary, take steps to remove children from their own homes and to place them in foster or other living situations in which they will receive more adequate care (Costin et al., 1991). In many countries CPS is regarded as a specialised field of child welfare that does not address all child and

family-related problems. However, CPS should function as an integral part of both the larger child welfare system and the broader social welfare system, but maintain a discrete set of services for the protection of children. In South Africa, only a small number of private child welfare agencies, but no state welfare departments, specialise in CPS.

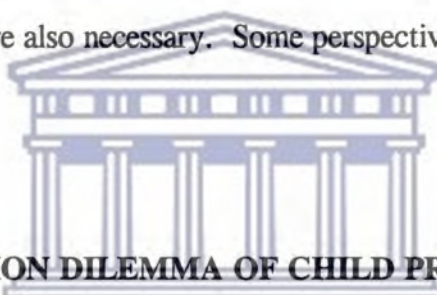
The focus of protective services is on both the investigation of reported maltreatment that initiates agency responsibility, and on establishing the child's safety on a permanent basis. These foci are intended to ensure that adequate attention is given to the stabilisation and improvement of the child's own home as a first option through helping the parents or caregivers to perform more responsibly in relation to the child's care. The role of communities in the prevention and intervention of child abuse cases has been receiving increased attention. Protective services are therefore also concerned with social planning to organise and co-ordinate collaborative child protective efforts within communities (Carroll & Haase, 1987). Costin, et al (1991), provides a definition of CPS:

- (i) Child protective services are authoritative and involuntary. The CPS initiates the service by approaching the parents or caregivers based on a complaint from some source in the community such as a school, the police, neighbours, health nurses or relatives.
- (ii) Child protective services carry increased social agency responsibility, since they are directed toward families where there are children at risk. This responsibility is to the child at risk, the parents or caregivers (who are

usually found to be experiencing great stress); and to the community, which charges the agency on its behalf to protect children.

- (iii) Child protection services involve sanction from the community. CPS agencies are statutorily mandated to intervene all cases of child abuse.
- (iv) Child protective services require a crucial, just and effective balance in the use of the agency's authority.

Although the above characteristics of CPS services provides broad guidelines on intervention, there are practitioners who believe that clear definitions about what constitutes abuse are also necessary. Some perspectives on this issue are presented next.



### **6.3 DEFINITION DILEMMA OF CHILD PROTECTIVE SERVICES**

CPS clientele are usually defined by state statutes. In most countries this is done by assigning various child protection rights, powers and responsibilities to public (government) agencies as intervening authorities. However, most statutes describe the population of children to be served indirectly (NAPCWA, 1988; Child Care Act 74 of 1983, amended in 1991). Issues around the definition of child abuse and neglect (commonly referred to as the definition dilemma) for public child protection service agencies, have long been debated. There is no single conceptual definition of either abuse or neglect.

The literature indicates that the difficulties in finding an appropriate definition

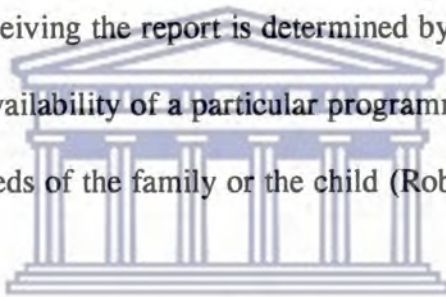
relate to a number of factors and reasons. Whereas it is relatively easy to identify extreme cases of child abuse, the majority of cases fall into more ambiguous categories in which complex sets of factors must be considered. Child abuse carries sanctions in all cultures, but defining abuse involves establishing community standards regarding the care of children. Garbarino and Ebata (1983) are of the opinion that any conclusion about who abuses and how much they abuse, depends upon a culturally validated definition of what abuse is.

There is also debate over whether abuse and neglect have identical or separate definitions. Some argue that because child abuse and neglect are always related, both concepts are included in the term "child maltreatment", which is defined as a situation in which:

*"...through purposive acts or marked inattention to the child's basic needs, behaviour of a parent, parent-substitute or other adult caretaker caused foreseeable and avoidable injury or impairment to a child or materially contributed to unreasonable prolongation or worsening of an existing injury or impairment"* (US Department of Health and Human Services, 1979, p. 39).

Child abuse is also defined as any non-accidental physical injury inflicted on a child by a parent or a caretaker deliberately or in anger. The types of abuse referred to in the literature include physical abuse, sexual abuse, and emotional abuse (Justice & Justice, 1976).

Gil (1973) and Pelton (1982) caution against narrow definitions that define child abuse only within the family context. Their concern stems from the over-representation of poor families in CPS caseloads. Statistics show that the families who become involved with the CPS system come from many different social backgrounds, income groups and all walks of life. Access to the system is often determined by specific crises, which may vary in nature but which usually involve some disruptive, violent act. The nature of the act itself typically determines which agency will handle the case. Child abuse is reported to social welfare agencies, the police, schools, day care centres and hospitals. The response of the agency or unit receiving the report is determined by a number of factors. These may include the availability of a particular programme, facilities and or funding, rather than the needs of the family or the child (Roberts, 1990).



The poor are also over-represented in the criminal justice system. The stress of living in chronically poor conditions has long been associated with child maltreatment. Gil (1970) states that:

*"Poverty is a major source of insecurity, frustration, and stress and ... poor parents have fewer options than affluent ones for dealing with insecurity, frustration, and stress and for making alternative child care arrangements. Poor households also have less space, a circumstance which may increase tensions in interactions with children" (p.300).*

Many studies have demonstrated beyond question the apparent over-representation

of poverty and economic deprivation in most of the CPS families (Gil, 1973; Pelton, 1982; Roberts, 1990). Although Roberts (1990) found that 90 percent of CPS clients were low income and 10 percent middle class, the author concludes that this pattern could be attributed to the low income families falling more under scrutiny because they are more likely to be in contact with various arms of the social welfare system. However, the social isolation that is characteristic of middle and upper class lifestyles can also conceal child abuse (Tracy & Whitaker, 1987). The middle and upper classes seldom approach public services for help, and as a result, according to Pelton (1982), there are large numbers of child abuse cases in middle and upper class families that are never reported. Class differences in child-rearing practices may also explain some of the difference in child abuse rates. Costin et al. (1991) observe that poorly educated people may express their abuse more readily in direct, aggressive actions, whereas those with more education, in higher income groups, may resort to other means such as verbal attacks or withdrawal of affection.

Another factor that influences the definition of abuse is the level of ability of agencies to handle child abuse cases and to provide appropriate services. When families are shuttled between many agencies, they may eventually fall through the cracks, a practice commonly referred to as "client dumping" (Pelton, 1982). Facing multiple stressors often places families at risk for child abuse (Pecorra, Carlson, Reese, & Bartholomew, 1992).

State statutes also influence the definition of abuse. In South Africa, legal intervention in cases of abuse is governed by the following legislative provisions.

These were discussed in the previous chapter.

- The Child Care ACT no., 74 of 1983, as amended in 1991.
- The Prevention of Family Violence Act, no. 133 of 1993.
- The Sexual Offences Act, no.23 of 1957 as amended.
- The draft Film and Publication Bill.
- The Criminal Procedures Act, Section 153A of 1993.

Some authors have referred to the fact that a legal charge of "child abuse" does not exist in South African law (Bosman-Swanepoel, & Wessels, 1995; CPU Pretoria, 1994; September, 1994; Wise, 1991). Article 14 of the Child Care Act, no. 74 of 1983 addresses the conduct of inquiries. Article 14 b provides that the court shall determine whether a child has a parent or guardian or is in the custody of a person who is unable or unfit to have the custody of the child. This section places emphasis on the "incompetence" of the parent, and not the circumstances of the child (September, 1994; Bosman-Swanepoel & Wessels, 1995). Article 15 of the Act grants the children's court powers to determine what happens to children after an inquiry. Articles 50-52 in Chapter 8 of the Act specify the penalties for ill-treatment, unlawful removal and abandonment, and prohibit the employment of certain children. Prior to 1991, Article 15 only applied to parents, guardians or others who had legal custody of a child. Since the 1991 amendment, the Act now applies to "any other person who ill-treats a child". Child abusers may also



be convicted under common law (Van Oosten, 1985) if the offence is one of the following: sodomy; indecent assault; incest; an offence that contravenes the Sexual Offences Act, Section 14 of Act 23 of 1957; attempted rape and rape.

Costin et al. (1991) believe that there is a need for both broad and narrow definitions. They argue that narrow definitions are more helpful in legal proceedings, while broad definitions may be useful for case management decision-making. For example, the New Zealand Children and Young Person's Services (1996) takes the position that there are potential problems in categorising abuse under the traditional headings such as neglect, or physical, sexual or emotional abuse. The argument is made that such categories begin with the conclusion that a specific type of abuse is suspected, and this narrowly focuses the investigation on that type of abuse. Furthermore, all types of abuse involves emotional abuse, and sexual abuse may also include neglect and physical abuse. Also, it is not uncommon to find cycles of abuse involving, in some cases, physical and psychological harm. Therefore it is not appropriate to focus on a type or types of abuse because in so doing one could endanger children further by failing to identify the full extent of the abuse or failing to assist victims to access all needed services.

In a large, pluralistic society, the answer to what constitutes abuse may be an impossible task (Giovannoni & Becerra, 1979; Pelton, 1982). Nevertheless, in attempting to define child abuse two considerations appear important to most

observers: firstly, identifiable harm or injury to the child, and secondly, evidence of intent to inflict harm or injury. Thus, for the purposes of this study, the word abuse will be used to refer to all types of abuse and operationalized as follows:

Any act of omission or commission that endangers or impairs a child's physical or emotional health and development. Child abuse is not limited to a child-parent/guardian situation but includes any one who has contact with or control over a child, e.g. child-minders, relatives or teachers and strangers.

Specifically:

- Physical abuse: battering, non-accidental use of force or poison resulting in physical injury or death of a child, such as bruising, burns, scars, bite marks and fractures.
- Neglect: failure to provide a child with adequate care, food, clothing shelter, or health care where resources exist. Symptoms include poor general appearance, sores, untreated wounds or child being left alone for extended periods of time.
- Sexual abuse: exploitation of a child for sexual or erotic gratification, such as incest or exposing a child to other forms of sexual activity like fondling or pornographic activities. Signs of abuse include child expressing pain in genital area, child behaves inappropriately or has extreme reactions towards an adult.
- Psychological abuse: Psychological damage that impairs the emotional or intellectual development or well-being of the child, such as severe or persistent rejection of the child through indifference, deprivation of

education or play, or putting a child in circumstances of fear or in desperation.

These above are combinations of the researcher's own and other existing definitions.

#### **6.4 THE CASE MANAGEMENT APPROACH TO CHILD PROTECTIVE SERVICES**

In developing a system to respond to child abuse and neglect the US Advisory Board on Child Abuse and Neglect (1993) identified some elements as being necessary for the integration of CPS into a comprehensive, multi-disciplinary, integrated and co-ordinated child protection system. These are as follows:

- (i) A framework that includes social services, the legal system, law enforcement, health, mental health and education (inter-and multi-disciplinary);
- (ii) A mechanism for co-ordinating the involvement of governmental agencies at all levels, the private sector, private child welfare and mental health agencies, as well as civic, religious, self-help and professional agencies, individuals and volunteers, (integration and co-ordination of CPS);
- (iii) A system that adequately addresses the elements of prevention, investigation, adjudication and treatment i.e., sufficiently comprehensive to allow access to a range of services (effective guidelines and protocols).

Cheung, Stevenson and Leung, (1991) broadly define case management as:

*"...a multi-disciplinary, task-oriented approach, the purpose of which is to co-ordinate client-centred services" (p. 426).*

Currently, child welfare services are characterised by fragmented and uncoordinated services, arising from compartmentalised thinking on the part of providers. This mind-set creates a breeding ground for unhealthy competition among service providers for limited resources, instead of a collaborative, client-centred environment that focuses on continuous service improvement (Cheung, et al., 1991; Glaser, 1985; Gunston, 1993; Roberts, 1990; September, 1994). Additional concerns are raised with respect to inadequate services, poorly trained workers; system bureaucracy; inadequate hospital, school and other institutional problems; poor record-keeping; and issues related to confidentiality and placement related problems (Bedil & Lind, 1989; Middleton, 1991; Robertson, 1989). Glaser (1985) summarised the situation at a national conference on child abuse by saying:

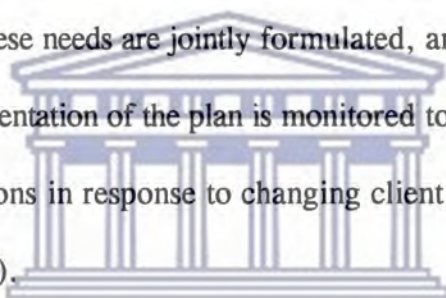
*"It is virtually impossible to present a comprehensive picture of child abuse management practices in South Africa. The reason is that there are simply no standard, well-defined, and generally applied ways of handling child abuse in any city, let alone in the country generally" (p.3).*

In 1990, Roberts stated that:

*"Until the services are evaluated and Social Workers are given clear and*

*precise guidelines on how to handle and treat all forms of child abuse, there is little hope that the incidence of child abuse will decrease in the future" (p.5).*

Bringing order to this unco-ordinated and seriously fragmented system currently poses the challenge of developing and implementing methods to maximise the likelihood of positive outcomes for clients. Case management is one possible approach, which emphasises the importance of integrating, co-ordinating and monitoring service activities. It is a process in which clients' needs are identified; plans to address these needs are jointly formulated, and services to attain the goals provided. Implementation of the plan is monitored to ensure adherence and assess the need for revisions in response to changing client needs (Weil, 1985; Wood & Middleman, 1989).



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Compton and Galaway (1989) place the case management approach centrally in the systems theory "paradigm". They argue that this theory and common sense supports the notion that altering one part of a system will impact other parts of the system. Stein (1984) agrees with this view and asserts that co-ordination is becoming increasingly necessary for three reasons. Firstly, professionals are moving away from the excessive preoccupation with client pathology and more emphasis is placed on the client's social environment and the interplay of factors which relates both to the individual and other social systems. Secondly, there is a movement away from a medical model of practice to a legal and human rights

model. Thirdly, clients are more likely to be more active participants in the development of the intervention plan that affects their lives and, therefore, would demand more streamlined, effective and efficient service. The relationship between workers and clients seems also to be changing. The power base which has favoured a authoritarian service provider has shifted to a client-centred approach. Increasingly clients are now insisting on access to information which they could use to make decisions and demands accountability in service delivery.

It is also clear that modifying standards of practice, recording and administrative structures without administrative supports, new skills development and training, is not likely to result in more effective practice (Compton & Galaway, 1989). In support of this view, Nunno (1985) states that given the emphasis on professional competency and accountability, standardized training will provide a means for integrating case management skills, reinforcing practice standards and assessing workers' knowledge and skills.

The work of multi-disciplinary teams has received increasing recognition and status in child abuse case management. In some countries interdisciplinary intervention is a basic practice standard. For example, in England (HMSO, 1991) the "Working Together" document sets out guidelines for what are now often referred to as "partnerships" for the protection of children from abuse. In this regard the HMSO guidelines suggest that staff who work collaboratively require specific skills in effective communication, co-ordination and co-operation. Working partnerships

thus combine the skills and expertise of professionals from various disciplines, such as social workers, health visitors, child health doctors, general practitioners, police officers and the National Society for the Prevention of Cruelty to Children. On occasion, other experts may be sought for consultation, for example, teachers, psychiatrists, lawyers, or experts in the area of cultural, race or linguistic issues (HMSO, 1991).

Multi-disciplinary teams have several strengths. They prevent services from becoming holly shaped by single disciplines or traditional views by bringing diversity to service delivery. This in turn motivates innovative responses to clients' needs. Multi-disciplinary teams also provide opportunities for team support of members, thereby lessening their reliance on client appreciation or premature signs of progress. Finally, the burden of decision-making is reduced because it is divided amongst the team (Bross, 1988; Kaminer et al., 1988).

Weber (1988) aptly summarised the importance of working together in the CPS when he wrote that:

*"The protection of children is such a critical societal role that effective interaction between the CPS agency and other segments of the system involved in protecting children cannot be left to chance. Informal co-ordination or co-operative understanding do not explicitly delineate roles"* (p.55).

To achieve this, CPS agencies must develop written protocols for intervention with law enforcement, attorneys, the attorneys-generals, other child welfare agencies, health, education, local authorities and other stakeholders (Weber, 1988; NAPCWA, 1988). This is the primary concern of this study.

## **6.5 ROLES AND RESPONSIBILITIES OF TEAM MEMBERS**

Multi-disciplinary teams have become an increasingly common model in child protection service delivery. Most teams include social workers, lawyers, educators, psychologists, law enforcement, and health representatives. Their responsibilities include assessment, case planning, programme planning, community organization, crisis management, and case management. A brief description of the role of key team members is discussed next.

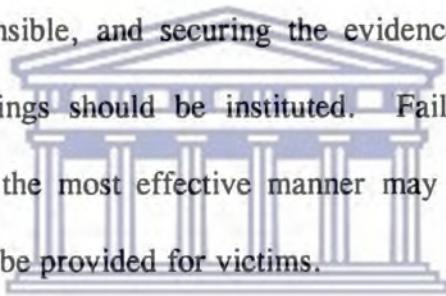
### **(i) Social work services**

Social workers who are employed by the state or its authorised agencies have a statutory duty to investigate when they have reasonable cause to suspect that a child is suffering, likely to suffer significant harm, or subject to an emergency protection order or police protection. Such investigations are not undertaken in isolation but may be informed by the expertise of other professionals. However, social workers usually co-ordinate services and case management, and hence are responsible for convening child protection conferences. Social workers must also assist the public to report child abuse by making their agencies and services as accessible as possible.



**(ii) Law enforcement**

Police involvement in cases of child abuse stems from their primary responsibilities to protect the community and bring offenders to justice. Some, though by no means all, parts of the country are now served by police Child Protection Units and trained individual officers who specialise in handling crimes against children. Emphasis is placed on training that improves the officers' skills so that they conduct investigations in a manner that minimises the trauma to victims which can result from law-enforcement processes. The police focus on tasks such as determining whether a criminal offence has been committed, identifying the person or persons responsible, and securing the evidence needed to decide whether criminal proceedings should be instituted. Failure to conduct child abuse investigations in the most effective manner may mean that the best possible protection cannot be provided for victims.



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The decision whether or not to institute criminal proceedings is based on three factors: whether or not there is sufficient evidence to prosecute; whether it is in the public interest that proceedings should be instigated against a particular offender; and whether or not it is in the interests of the child victim that proceedings should be instituted. Although the police may instigate proceedings, it is the responsibility of the Senior Prosecution Service to review and, where appropriate, conduct all criminal proceedings instigated by the police. Thus, in some cases advice from the Senior Prosecution Service will be sought prior to proceedings being instituted (September & Loffell, 1996).

**(iii) Police/social service consultation**

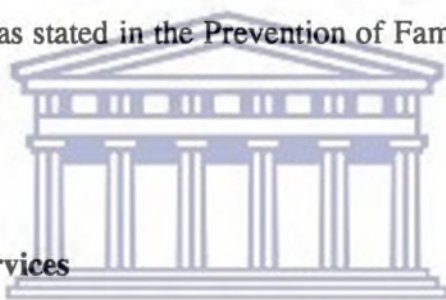
Although in cases of child abuse both the police and social work services have as their primary objective the child's welfare, their primary functions, powers and methods of working are different. While the police focus on the investigation of alleged offences, the social work services are concerned with the welfare of the child and other members of the family (HMSO, 1991).

Difficulties encountered in joint investigations can be minimised by selecting specialist staff who are appropriately trained. However, multi-disciplinary and multi-agency teams must establish specific procedures to address other matters beyond joint interviewing of child victims. There must be joint investigative procedures; adequate planning and full consultation through all stages of the inquiry. Staff and supervisors must understand their responsibilities fully, as well as the powers and standards of proof in criminal and civil proceedings. Such a comprehensive understanding will help to ease some of the tensions that could otherwise exist (HMSO, 1991).

**(iv) The courts**

The evidential requirement of the criminal courts is proof beyond reasonable doubt of the guilt of the accused. The burden of proof rests with the prosecution, i.e., the defendant does not have to prove his innocence. It is not unusual for the police or the Prosecution Service to decide that criminal proceedings cannot be instigated against a person suspected of child abuse on the grounds that there is insufficient

evidence to meet the required standard of proof and for the courts to decide that the child needs protection from the accused. Some, but not all, courts have introduced measures to protect child witnesses from secondary trauma and are ensuring some measure of specialisation and training for court personnel dealing with children (September & Loffell, 1996). Protection for the child may be sought from the Children's Court, with or without the involvement of the criminal court. The Children's Court may order placement of the child in substitute care or with his/her parents subject to specified conditions and safeguards. In addition a judge or magistrate may order an alleged perpetrator to leave the child's home and cease abusive activities as stated in the Prevention of Family Violence Act (September & Loffell, 1996).



**(v) Health services**

The participation of health service providers who have a commitment to protect children in multi-disciplinary social service systems is essential to safeguard children's interests. Health professionals are key providers in inter-agency care of children beyond initial referral and assessment to include attendance at child protection conferences, involvement in case planning and provision of ongoing support to the child and family. Thus, close co-operation between health professionals and all other disciplines involved in child protection is essential. These include national, provincial and district health authorities; health visitors; all hospital staff, primary and community health services, child and adolescent mental health services, general practitioners and private health care professionals.

Medical examination of children in cases of suspected physical or sexual abuse is a specialised task that impacts the likelihood of secondary trauma to the child and possibly the outcomes of criminal prosecution. Health care professionals who perform such examinations require special training. Specialist clinics which offer such services are a vital component of the child protection system but are at present in short supply (September & Loffell, 1996).

**(vi) Educational service**

Educational and day care services are not investigative or intervention agencies, but they play an important role in the recognition and referral stages of child abuse case management. Given their frequent contact with children, teachers, other school staff, and youth workers are well positioned to observe outward signs and symptoms of abuse. School social workers, school nurses and educational psychologists also play important roles because of their professional concern for the welfare and development of children (September & Loffell, 1996). In order, to ensure that proper procedures are followed in each educational establishment the head teacher or other senior members of the staff should be designated as the liaison contact with the social welfare department and other relevant agencies regarding cases of child abuse.

**(vii) Substitute care provision**

Substitute care for children who must be cared for temporarily or permanently apart from their families is an essential component of the CPS system. Informal

care, e.g. within the extended family setting, is an important aspect of provision in the South African context. Formal foster care, residential care and adoption are options for those abused, abandoned or severely neglected children for whom family preservation options or informal arrangements are not viable. Ongoing attention to the recruitment, selection, and training of and support for residential child care workers, foster parents and adopters is an essential aspect of CPS operation ( September, 1994).

**(viii) The community**

The trend in CPS service delivery is to emphasise the importance of the community, which as a whole is responsible for the well-being of children. This means that all citizens should remain alert to circumstances in which children may be harmed. Individuals can assist the statutory authorities by bringing cases to their attention. Relatives, friends and neighbours of children are in an optimal position, but they need to know what procedures to follow and be prepared to provide support for the family and child (Costin et al, 1991; September & Loffell, 1996).

**6.6 CORE SERVICES OF CPS**

The literature on child abuse and neglect case management from the past two decades indicates consensus regarding the major areas of knowledge and skills to be covered in CPS training (Melton & Barry, 1994; Nunno, 1985). CPS intervention is broadly defined as a short-term, intensive service, designed to

protect children in instances of abuse. This service must function as an integral part of both the larger child welfare system and the broader social system, while maintaining a discrete set of services for the protection of children (American Public Welfare Association, 1994; Cheung et al., 1991; Home Office, Department of Health, Department of Education and Science, Welsh Office (HMSO), 1991; New Zealand Consolidated Children's, Young Persons and their Families Act, 1989; Singapore Social Welfare Department, 1993).

However, some authorities focus exclusively on certain types of abuse, for example in the United States, some states address only intra-familial abuse (NAPCWA, 1991). In other areas there is either no clear focus or the statutes address both intra- and extra-familial abuse and provide case management in both instances, for example, in South Africa, The Child Care Act 74 of 1983 as amended in 1991; New Zealand, The Consolidated Children, Young Persons, and Their Families Act, of 1989; and England, The Children Act 1989.

A person considered to be an extra-familial abuser may be a stranger, member of the extended family, a family friend or acquaintance, or a person who because of professional or voluntary activity, has reason to be in contact with a child. When abuse is carried out by someone other than an adult living in the immediate family, the impact of the abuse on the child and the family is likely to vary according to the nature of the abuse and the nature of the child's relationship with the abuser (HMSO, 1991). Nevertheless, all extra-familial abuse merits the same

consideration accorded intra-familial abuse, although case management and service delivery may vary with circumstances. For instance, in cases where the parents are not the offenders, services would focus on family support and referrals for clinical services and other critical components of multi-disciplinary case-conferences.

In relation to the specific CPS services provided, there seems to be a fair amount of consensus. Although the terminology or the steps may differ, the content seems to indicate a set of core services. Most training programmes suggest that the process of a case management approach should include five major steps: social assessment; service planning; implementing the service plan; case monitoring; and case closure (Costin et al, 1991; Cheung et al., 1991; HMSO, 1991). In addition, NAPCWA (1988) guidelines list four core services that must be provided by public CPS agencies: intake; crisis intervention; case planning and co-ordination, and discharge. According to the guidelines of the Singapore Social Welfare Department (1993) all cases may be brought to the attention of this department by any reporting agency or person, but the CPS unit conducts initial investigation of all new child abuse cases. Investigative procedures are as follows: referrals; intake procedures; initial home visit; medical examination; psychological assessment; case conference; registration at the child protection registry; care proceedings, voluntary care; follow-up action after care proceedings; and re-union of the child with the family.

The HMSO (1991) stipulates the stages contained in the agreement amongst agencies about the handling of individual cases. In broad terms these are: referral and recognition; immediate protection and planning the investigation; investigation and initial assessment; child protection conference and decision-making about the need for registration; comprehensive assessment and planning, and implementation, review and, where appropriate, de-registration.

Based on these guidelines, a brief summary on the content and important characteristics of each stage of case management is presented next. The literature used for the next section includes a combination of the researcher's own training materials, and the procedure guidelines of the American Public Welfare Association, 1991; Home Office, Department of Health, Department of Education and Science, Welsh Office (HMSO), 1991; New Zealand Children's, Young Persons and their Families, NZCPS guidelines 1996; and unpublished material from the Singapore Social Welfare Department, 1993.

**(i) Referral and recognition**

This process is initiated when any person who has knowledge of or a suspicion that a child is suffering significant harm or is at risk of significant harm, reports his/her concern to one or more of the agencies with statutory duties or powers to investigate and intervene. In most cases reports are made to the social welfare department or the police. Referrals may come from children themselves who may or may not be the victim, a parent or family member, members of the public, or



those working with children and families. Regardless of their origin, all referrals should be taken seriously.

**(ii) Immediate protection and planning the investigation**

Where a child's life or safety is at serious risk, agencies with the statutory powers must secure the immediate safety of the child. A decision must be made immediately as to whether the child and/or any other children in the household should be removed to some other place voluntarily or by a protection order. The dominant issue must be to ensure the safety of children. Yet the urgency of the situation should not detract from efforts to involve parents or caregivers fully throughout the process. In some cases it may be possible to ensure the child's safety by the voluntary or involuntary removal of the alleged abuser from the home. The agency receiving the initial referral, should initiate early strategy discussions with, for example, the police, to plan the investigation and the role of each agency. Crisis intervention services, e.g. shelters for victims of domestic violence or short-term placement with family, should be made available to help stabilise families during a crisis. Therapeutic foster care is an important alternative to residential care for children who require substitute care but have mental or physical challenges that interfere with their placement in a typical foster family home.

**(iii) Investigation and initial assessment**

Clear child protection procedures must exist in all local areas. The prime aims of

investigations are: to establish the facts about the circumstances giving rise to the concern; to decide if there are grounds for concern; to identify sources and level of risk; and to decide protective or other action in relation to the child and any others. Those engaged with planning the investigation need to involve others with specialist knowledge as the situation demands. Decisions about child assessment, in cases where the investigation is obstructed by the parents or caregivers, selection of trained and competent staff for interviewing, and accurate recording must receive prompt, focussed attention.

According to NAPCWA (1988) guidelines, initial tasks of CPS agencies include intake services. Intake services comprise: report-taking, screening, investigation, risk assessment and determination of case disposition. In later phases of service delivery, CPS will decide whether the case is unsubstantiated (meaning no credible evidence of abuse or neglect has been identified) or substantiated (meaning that credible evidence has been identified that abuse or neglect has occurred). In instances where the investigation reveals no substance to the cause for concern, all parties must be informed in writing.

**(iv) Child protection conference and decision-making**

The child protection conference provides the main forum in which professionals and the family can share information and concerns, analyse the level of risk to children, and make recommendations for action. This conference should be a priority and take place within 7 to 15 days after the incident is first reported. A

decision whether or not to register the child should be made at the conference. If the decision is to register, most literature indicates that the social worker is the responsible person for doing so. In cases where the child is not registered, other services may be needed and appropriate referrals must be made.

**(v) Comprehensive assessment and planning**

The purpose of the comprehensive assessment is to acquire a full understanding of the child and family situation in order to provide a sound basis for future decisions. The assessment must be planned and structured to incorporate contributions from all relevant social, environmental, medical and developmental service agencies. Decisions must be made with respect to who will conduct the assessment, where and when it will take place, if the family will be involved, the legal status of the child, and how this process fits into the court action/s.

**(vi) Implementation, review and, where appropriate, de-registration**

A written plan has to be constructed with the involvement of all parties to clarify roles and expectations. After the plan has been reviewed and accepted, everyone involved, including the child, must receive a copy of the plan. Usually, a case manager is assigned the responsibility of co-ordinating the input of all parties. The CPS agency may provide the services noted in the case plan or it may refer families to other service providers through purchase of service agreements. Costin et al (1991) provide some guidelines about when discharge services are appropriate. These are: (a) the child is no longer at risk to warrant CPS

involvement; (b) the family is voluntarily receiving services from another agency; and (c) CPS places the child in substitute care.

**(vii) Additional procedures**

Two remaining issues in CPS have been central to development of CPS during the past decade. These are: Risk assessment and the role of a central registry.

**(a) Risk assessment**

The critical tasks in child protection are to decide whether the child is in danger and what is the risk of a dangerous outcome in the future. Risk assessment is a decision based on the probability of something occurring and the likely severity of the potential outcome if it does occur (Smith, 1995). CPS practice involves complex situations; decision-making therefore demands more than just good professional judgement. Currently, in South Africa, these decisions are mostly based on individual value judgement.

The primary purpose of risk assessment is to make conclusions about the risk for and/or presence of abuse or neglect on the basis of available evidence. Risk assessment is usually the responsibility of the social worker or the joint investigation team (social worker and police officer). According to Tower (1993), risk assessment should begin the moment the social worker assumes the case. Hill (1983) suggests that the social worker must answer three questions:

- Is the child at risk from abuse or neglect and to what degree?

- What is causing the problem?
- Are there services that could be offered to alleviate the problem?

Obtaining answers to these questions require investigations involving several interdependent, but situations-specific factors. These may be child specific, care-giver related, perpetrator specific, incident related, and/or environmental factors (Tower, 1993, p.240). Assessments therefore demand skill, self-assurance, cultural and personal sensitivity.

The use of risk assessment instruments is seen as one way to improve consistency in decision-making and the identification of serious cases (Costin et al, 1991). These instruments tend to standardise data collection, which in turn leads to more consistent decision-making within and across agencies. Risk assessment instruments are mainly still in development and, therefore, are intended as an aid to workers, and should not be relied upon as the sole basis for case decisions.

#### **(b) The role of a central registry**

The establishment of central registries of suspected and confirmed cases of abuse has been proposed in the literature since the 1960's. There are mainly two types of central registries: one for victims of child abuse, and one for offenders. The assumption is that central registries would help to track suspected abusers who tended to avoid detection by rotating their use of services and/or location; would help to monitor case handling and the use of community resources; and would

provide a statistical database on reported child abuse and neglect and the characteristics of the children's families.

Registries have not proved helpful in monitoring casework activity because data are not entered reliably or in a timely fashion (Whiting, 1977). In addition, general and central registries have not met their objectives because they have not significantly improved the delivery of protective services and instead have threatened to usurp the civil liberties of families and children while consuming considerable resources. Thus, the reasons for maintaining a central registry should be clearly specified to avoid wasting resources and possibly harming registrants.



## 6.7 SUMMARY

It is well established that effective child protective work requires good inter-agency co-ordination. In earlier parts of this section the advantages of multi-disciplinary teams were discussed. Since many roles overlap, it is critical that professionals communicate and collaborate with one another and develop formal and informal mechanisms for working together. Beyond the responsibility that professionals have, all citizens must be able to identify and report suspected cases of child maltreatment. Intervention in family life especially when the court is involved, will have significant implications for the family even if no further action is decided upon. It is therefore important that process and case intervention is as transparent as possible. Most CPS systems have developed protocols which provide guidelines for the practice of individual professions as well as protocols concerned with inter-

professional and inter-agency co-operation, case management and mutual understanding.

Inter-agency work is enhanced when it is supported by legislation. All professionals who are concerned with the protection of children need to have a clear understanding of the legislation, court orders and procedures as they apply to the care and protection of children. Working together effectively also implies that staff will be trained not only in their own disciplines but also exposed to joint training. There must be confidence that the system works effectively for all concerned.



The child protective service system in South Africa is currently poorly defined. It forms part of a child welfare system that can at best be described as fragmented and unco-ordinated. The absence of formal agreements and protocols among service providers has been identified as a critical need in redressing the situation.

## **6.8 CONCLUSION**

CPS tasks are complex. Many factors interfere with the ability of CPS to meet the expectations of society and the needs and rights of children. One such obstacle is inter-agency variation with regard to staffing, organizational structure and available resources. Another barrier is the issue of conflicting values. On the one hand, society believes in the integrity and autonomy of families, while on the other hand, children must be protected when their families threaten or violate their well-

being. Despite this debate, the literature continues to indicate that most societies are deeply concerned about children and have accepted their obligation to protect children from harm. Ensuring that child protective service standards, procedures and protocols are in place and working effectively and efficiently, remain at the heart of this obligation, and the key concern of this study.

Formulating policy and reforming practice poses a significant challenge. Many societies have developed child protective mechanisms to regulate service standards, procedures and protocols. This study is about taking up this challenge in South Africa, starting in the Western Cape province. However, a case management system cannot be imposed. What seems more likely is the development of a framework for co-ordination and integration of service provision in partnership with all concerned parties. The challenge seems to be the following:

- (i) To develop and apply a mutual language of children, their status and rights. For example, the Convention;
- (ii) To utilize a uniform practice model (for example the UNICEF framework) for comprehensive child well-being to enhance and facilitate a holistic child protection strategy;
- (iii) To ensure the availability of a comprehensive range of services that can provide access at different points on the continuum to a diversity of target populations;
- (iv) To develop and to implement a formalised child protective intervention system based on a case management protocol adhered to by all child



protection workers, by the state and civil society.

A major concern of the current child protection system in South Africa is that it lacks such a collective vision and mission. The intent of this study is to reverse this situation. In Part III, the research methodology, application and interpretation of the findings are discussed.



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### **PART III: RESEARCH METHODOLOGY; APPLICATION OF RESEARCH PROCEDURES AND INTERPRETATION OF FINDINGS**

The transformation and restructuring of a “new South Africa” is undoubtedly an ambitious task, but doing so is critical if we are to address the many and diverse problems facing our society, especially when in pernicious combinations, the change threatens the safety of our children. Within the context of the Convention on the Rights of the Child (1989), which the South African government has ratified and the National Plan of Action for children, this study is a response to the imperative need for new policies, programmes and grass-roots action that does not only inform such changes, but also gives practical effect to its development and implementation. Consequently, this also implies the need for new methods that could facilitate such change. Part III presents the methodology, research procedures and the interpretation of the findings.

Chapter 7 describes the research methodology and explains why Intervention Research is considered an appropriate methodology for the purposes of this study. In Chapter 8 the problem analysis and project planning is presented. Chapter 9 comprising four sub-sections of the information gathering and synthesis phase, presents the findings on: The nature, scope and functions of the special courts for sexual offences; The characteristics of the target population (child victims); Child protective services: the views of social workers; and, the experiences of child victims and their families. Chapter 10 explains the processes involved in the

design of the protocol. Chapter 11 deals with the early development and pilot testing of the protocol. In Chapter 12 the final product: A protocol for the multi-disciplinary management of child abuse and neglect is presented. Chapter 13 explains the rationale for not conducting an outcome evaluation of the protocol at this stage. Chapter 14 concludes Part III with a discussion on the dissemination and implications for implementation.



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## **CHAPTER 7: RESEARCH METHODOLOGY: INTERVENTION RESEARCH (IR) DESIGN AND DEVELOPMENT**

### **7.1 INTRODUCTION**

The previous chapters demonstrated that any attempt to change CPS practice and policy must involve both service providers and beneficiaries. In addition, the immediate political context in South Africa promotes social transformation and gives impetus to research initiatives such as the present study. For some time, researchers in human service areas such as social work, mental health and public health have sought approaches to research which yield findings that can be applied by practitioners, administrators and policy-makers. However, there is a marked lack of integration between social work practice and research in terms of research findings, methods, design and structures to facilitate collaborative efforts between universities and social agencies (Austin, 1994).

Intervention research (IR) has emerged as an explicit paradigm, largely out of frustration with the inability of conventional research methods to guide the research and development of human service interventions. Guided by the methods in development research, evaluation research, behavioural assessment, technology transfer, social science research as well as modelling and systems theories, Rothman and Thomas (1994) developed systematic procedures in IR for designing, testing, evaluating and refining needed social technology, techniques and programmes for professionals. No one particular research technique is employed in IR. Rather, the IR process draws from qualitative and quantitative

methods and techniques to develop a systematic and phased system of action that harnesses the potential of diverse methods to generate practice intervention innovations as illustrated by various studies (Bredenkamp, 1990; De Vos, 1993; Faul, 1988; Fouche, 1992; Hattingh, 1991; Nel, 1991; Taute, 1992; Van Schalkwyk, 1988).

IR methodology comprises three phases: (1) Intervention Knowledge Development (KD) which employs conventional social research strategies to develop knowledge; (2) Intervention Knowledge Utilization (KU) which employs a variety of procedures such as meta-analysis, and marketing strategies to package and disseminate knowledge about innovative interventions; and (3) Intervention Design and Development (D&D) which develops innovative interventions. These three phases can be conducted independently, sequentially, or interrelatedly, for example, D&D can be linked to specific KU activity and or preceded by a related KD effort. In the present study, the phases were modified to suit the proposed inquiry. These modifications are described as applicable in the application section of the study. Activities characteristic of the three phases are problem analysis and problem planning (situation analysis); information gathering and synthesis (assessment); design; early development and pilot testing; evaluation and advanced development; and dissemination (action).

Although the study applied the three IR components as an integrated research continuum the D&D phases were applied as the general framework and research procedures. D & D constitutes the core process of IR and provides its uniqueness

by involving inter- as well as intra-disciplinary efforts in a systematic process immersed in research procedures, techniques and other instrumentalities (Rothman & Thomas, 1994). D & D uses a problem - solving approach similar to the triple-A framework and social work's problem- solving method, which makes it especially suited for the purpose of this study.

One of the challenges of D&D is the time commitment required. This process is labour intensive, and requires that researchers possess specific skills and substantive knowledge about the phenomenon being studied. Furthermore, since IR is designed for implementation in a real world context, flexibility is required in planning and time management, as well as in handling the complex interrelation of the research variables. D&D is an interactive, dynamic process of developing and applying knowledge and designing new approaches of working and research in the social and environmental context of the identified problem. Research processes may run in parallel or one process may be dependent on the completion of another. Scheduling is governed by the personal schedules and commitment of the research participants.

IR was selected as the methodology for this study for the following reasons:

- (i) It can be conducted in practice settings;
- (ii) It helps researchers conceptualise the meaning and design of proposed interventions;
- (iii) It enhances collaborative efforts and inter-agency exchange among practitioners and in particular practitioners and universities;
- (iv) It focuses on the design of practice guidelines for intervention and policy

reform;

- (v) It embraces the ideals of empowerment and capacity building of beneficiaries. As indicated by Fetterman, Shakeh & Wandersman (1996): *“Intended beneficiaries of a programme can be considered the ultimate source for assessing the merits of a programme as well as the standards on which programmes are judged. Without their considerable input, findings could be dismissed as merely hearsay”*

The primary intent of this study was to seek solutions to the practical problems experienced by practitioners in their management of child abuse cases. The goals of the research therefore extended beyond the traditional goal of "contribution to existing knowledge". Rather, the expressed goal was the design and development of a tool to be utilized by practitioners in their day-to-day interventions with children who are victims of abuse. The strengths of IR methodology were further enhanced by a number of similar or supportive theoretical perspectives and methodological elements. These are discussed next.

## **7.2 SUPPORTIVE THEORETICAL PERSPECTIVES**

The South African reconstruction and development programme (RDP) reflects an overt emphasis and support for community driven and owned problem-solving and change efforts. Although social change agents have long recognised the important benefits of community and stakeholder partnership and collaboration in activities directed toward change, it is only recent that researchers have begun to investigate and apply research and evaluation methodologies which support these values.

Kelly (1986) summarises the increasing support for participatory research and evaluation efforts as follows:

*“An antidote for coping with the regal quality of our scientific heritage and the discomfort about not being able to reduce the barriers between research and practice is to develop an investigative style that makes inquiry not just a right or privilege but makes community research a genuinely collaborative process” (p. 589).*

Kelly (1986) also concludes that without such collaboration our ideas run the risk of being sterile and our impact puny and shallow. While, the application of such approaches could provide researchers, practitioners and other stakeholders with opportunities for personal development, institutional transformation and social change.

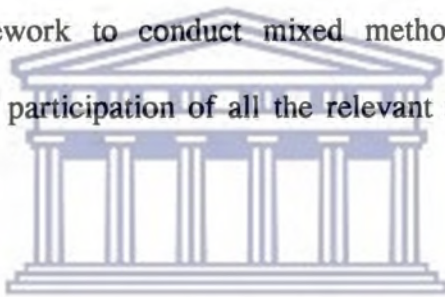


Although not exhaustive on this specific approach to inquiry, the following discussion represents some theoretical perspectives that were used to guide this study.

The Multi-operations Paradigm (Brewer & Collins, 1981). This paradigm assumes that some degree of error and of truth are inherent in all research methods. Thus, truly scientific evidence about a phenomenon can only be obtained by examining data generated by different researchers, employing different methods and viewing various facets of the construct of interest. In this regard, the present study adopted a multi-method strategy to achieve its aims.



Qualitative and Quantitative Research. Researchers are sometimes constrained to choosing between quantitative and qualitative methods, and develop a preference for one of these methodologies. This study posits that both methods are relevant for social work research. Thus, the knowledge base of this study was strengthened through the use of both quantitative and qualitative methods. For example, the data that were generated during the problem analysis phase from the courts are mostly analysed by quantitative analysis procedures. The use of qualitative methods enhanced the participatory, explorative, interpretative and holistic approach of the study. IR, specifically D&D, methodology provides the scope and framework to conduct mixed method inquiry by engaging the collaboration and participation of all the relevant stakeholders in the problem-solving process.

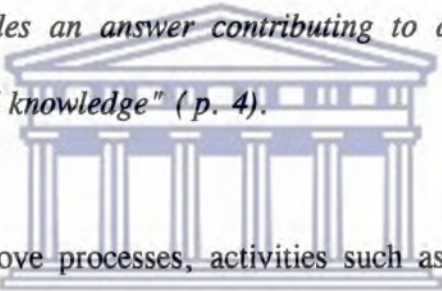


The Practitioner-Researcher Paradigm. Grinnell (1993) argues that there exists no real dichotomy between social work practice and social work research. Thus, a social worker can be both a good practitioner and a good researcher. The practitioner-researcher paradigm calls for social workers to become more knowledgeable of the research process and to guide their own practice by utilizing appropriate research methods. Not only is knowledge development crucial to professional development, but it is argued that social workers are under obligation to their clients to base their practice on current empirical research. The further development of the social work profession is thus dependent on the application of research methods in social work practice.

Grinnell (1993) further suggests that practitioners and researchers employ the same methods and models of thought in approaching problems. The problem-solving model, as explained in the following definitions, illustrates this point:

*"Social work practice is a reflection of a particular set of assumptions about the causation of personal and social problems and the most effective responses to these. It relates to theories of the way society operates and tests these theories by acting on them" (p. 4) and,*

*"Social work research is a scientific inquiry about a social work problem that provides an answer contributing to an increase in the body of generalized knowledge" (p. 4).*



In both of the above processes, activities such as problem identification and definition, generation of alternatives and selection of problem-solving strategies, implementation, evaluation and dissemination of findings are implied. Although many authors have presented examples of problem-solving processes, the basic elements or phases are the same. Brody (1982) suggests the following processes for community organizations. As illustrated these phases are similar to the proposed six phases of the Intervention Design and Development research model.

These are:

Analysing problem ---> Setting objectives ---> Considering optimal approaches---> Implementing activities ---> Monitoring and assessing results ---> making changes and taking corrective actions---> Redefining problem ---> Modifying objectives---> Reconsidering options---> altering activities.

Co-operative and Participatory Research. The nature of researcher-subject interactions has increasingly become the basis for debate and change in social science research. For example, some researchers may argue that social science research inquiry always involves an element of observation and interaction with persons in order to offer empirical evidence for the research findings. Such arguments have developed into a dichotomy often referred to as the new and the old research paradigms (Reason & Rowan, 1981).

The "old" paradigm is associated with descriptions such as the hypothetico-deductive, scientific, pure, basic and positivistic research approaches. Interaction is generally based on the premise that the "subjects" are naive about research proposals and that they make no contribution at all to formulation at any stage of the inquiry. This raises concerns about the researcher as "expert", about who controls the research and for whose benefit it is conducted. This "old" but still dominant paradigm, has increasingly been criticized for its adherence to positivist research traditions. Some researchers believe that such research becomes complicated jargon which mystifies and alienates the public, hides common sense under dense terminology, and forces social scientists to communicate primarily among themselves (Reason & Rowan, 1981). Some argue that despite claims by some researchers, research methods and procedures are not really applied clinically. In this regard, Kaplan (1990) observe that scientists do not necessarily follow the sequence of steps described in the "so-called" scientific method. Nevertheless, the positivist paradigm continues to be very influential in the research community.

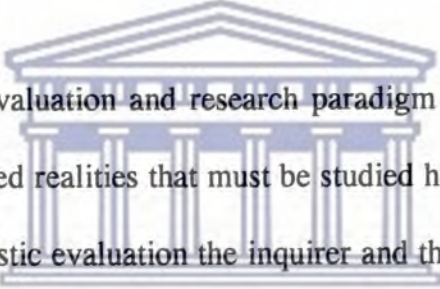
The "new" paradigm is associated with co-operative, participatory, naturalistic, empowerment and inductive research and evaluation methods. Few researchers have experience in participatory research and resistance to this approach is, therefore, not uncommon. Hardiker, Exton and Barker (1991) found that at times the subjects in traditional research tend to perceive that the researchers are descending on them. In addition, in some cases the researchers failed to explain clearly and honestly the purpose of the research. Furthermore, the "subjects" felt that benefits were not mutually shared and that their needs were seldom considered. In contrast, in cooperative or participatory research the researcher interacts with the "subjects" to ensure that the subjects/beneficiaries contribute directly at all stages of the inquiry. Grinnell (1993) supports the idea of participatory research and believes that it is possible that the "subject" can become a co-researcher and the researcher a co-subject, both participating fully in the action and experience to be researched.

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In the case of the inductive paradigm, associated with ethnographic and naturalistic research, the researcher gains access to the social system to be 'researched', develops rapport with people and spends extended time collecting data (Smith & Glass, 1987). By interacting with the research context in this manner, data collection usually involves a variety of methods. One example is presented by Smith and Glass (1987) in their discussion of the inductive paradigm. They suggest that the themes and patterns within the data emerge during the process and that hypotheses are alternative explanations of the construct rather than pre-determined specifications. In this way the theory about the phenomenon

develops and is "grounded" in the data. The theory developed in this way, is viewed credible as long as it is supported by the data.

The use of grounded theory, particularly through the extensive use of interviews and observation facilitates the process of generating the ideas, concerns, and directions of participants. Grinnell (1993), who advocates the use of grounded theory methodologies, observes that interviews guided by this paradigm, are generally unstructured and in-depth. As a result, more than one interview is often required to clarify the findings and to analyse stakeholder contribution.



The naturalistic evaluation and research paradigm acknowledges that there are multiple constructed realities that must be studied holistically (Guba & Lincoln, 1981). In naturalistic evaluation the inquirer and the "object" of inquiry interact and influence one another. Thus, the inquirer brings to the context choices, theories and knowledge (Guba & Lincoln, 1981; September, 1991). The emphasis is on speculation, understanding and inferential meaning. In contrast, the positivistic paradigm presents reality as a single, tangible and fragmented state that can be predicted and controlled.

The IR process used in this study was further enhanced by theoretical sensitivity. Theoretical sensitivity refers to the knowledge of the area under study arising from researchers' own field experience and understanding of substantive theory and practice. This awareness alerts them to areas of importance, strength and weakness in the phenomenon of study (Strauss & Corbin, 1990). Because

researchers are members of the stakeholder community, their role is one of a participant observer. Possible bias that may develop are controlled by the use of triangulation methods. This is done by building checks and balances into the research design through multiple data collection strategies (Patton, 1987). In the present study, multiple methods such as document reviews, questionnaires, interviews, observations and workshops were used.

### **7.3 AN OVERVIEW OF INTERVENTION RESEARCH AS APPLIED IN THIS STUDY**

#### **7.3.1 Phase One: Problem analysis and project planning**

The researcher began the study in 1994 with the aim of conducting a program evaluation of two sexual offenses courts. Discussions with stakeholders and the data, highlighted the need for further inquiry beyond the courts. The subsequent focus of the phase was to engage stakeholders and to ensure their participation in the knowledge (KD) process, by engaging them in:

- (i) Identifying and involving clients through various processes;
- (ii) Gaining entry into and cooperation from all the relevant stakeholders. These included: the courts; the Child Protection Unit; social workers; children and families who have used the above services;
- (iii) Conducting preliminary interviews to identify concerns of the population that would guide the Knowledge Development process;
- (iv) Analysing the broad areas of concern to guide the development of data collection instruments for use in the KD (phase two: information gathering) process.

### 7.3.2 Phase Two: Information gathering and synthesis

The key objectives of this phase were knowledge acquisition and the integration of information. A Knowledge Development study was conducted to gain an understanding of the current state of child abuse case management in the Western Cape. This inquiry was important because limited information existed on this topic. Therefore, as part of the collaborative KD process and in order for problem-solving to begin, it was necessary for key stakeholders to “develop” knowledge about child abuse case management in the Western Cape.

#### The KD research process

Information gathered in Phase One was used to develop the themes, questions and patterns for the KD process. Three evaluation questions guided data collection in the KD process.

These were:

- What is the nature, scope and service provision of the special sexual offenses courts with specific reference to child victims?
- What is the nature of the Child Protective Service System with specific reference to social work services?
- What are the characteristics and experiences of the child-victims and their families during their involvement in the system?

To answer the first question, data were collected by means of document reviews, observations and interviews with social workers and prosecutors based at these courts. To answer the second question, 200 questionnaires (based on a random

sample of social workers who provide services in instances of child abuse at welfare agencies in the Western Cape) were sent to practising social workers and interviews were held with the heads of the agencies or a person designated by her or him. Ninety four questionnaires were returned.

To answer the third question, 205 letters were sent to all the caregivers of all the children whose details were recorded in the registers kept by the Victim Support Coordinators (social workers) at the courts. Interviews were conducted with 33 children and their mothers, or as in one case, an aunt.

### **7.3.3 Phase Three: Design**

A multi-disciplinary and inter-sectoral protocol development team (PDT) was mandated by WCCAF to develop the protocol. The team consisted of members of the CPST Advisory Committee and other experts in the field. The team met on a bi-weekly basis to study the findings of the two previous phases and to discuss the relevance of the literature on existing case management models to the task at hand. This process, which was enhanced by the expertise of the team members, laid the groundwork for the development of the first draft of the protocol for the management of child abuse.

### **7.3.4 Phase Four: Early development and pilot testing**

During this phase the first draft of the protocol was produced. This document was used at workshops and presentations to engage other partners during the advanced development phase. The workshops were led by two moderators. The following



workshops and presentations were held:

- (i) Provincial workshops with service providers, e.g. police, social workers, prosecutors, teachers, doctors and nurses;
- (ii) National presentations including the workshop presentation at SASPCAN, 1995, conference;
- (iii) Fifteen, decentralized district workshops hosted by the state welfare departments within each of the regions;
- (iv) Provincial presentation to the heads of the relevant state departments, i.e. welfare, justice, police and health;
- (v) Linking the research project with relevant national initiatives and stimulating national debate and action towards the transformation of child protective services beyond the provincial boundaries. The National Committee on Child Abuse and Neglect was specifically targeted for this purpose.


  
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#### **7.3.5 Phase Five: Evaluation and advanced development**

Feedback and recommendations obtained from the preceding phases was captured by video and audio recordings of workshop proceedings. The workshops were led by two co-facilitators who were trained for this role. At the conclusion of each workshop, the co-facilitators compiled a detailed report containing the feedback that was received. This document was then circulated for review by the stakeholders. Stakeholders responses and feedback in general were integrated into a final document called, a Proposed Protocol for the Management of Child Abuse. An evaluation instrument was designed to guide this process.

### 7.3.6 Phase Six: Dissemination

This phase included some of the elements of KU suggested by Rothman and Thomas (1994). These included the preparation of the document for marketing and dissemination to policy-makers and other stakeholders, who provided feedback. The dissemination process involved a general mailing as well as a series of formal presentations to policy-makers and other groups of stakeholders. This effort involved designing and packaging the protocol to make it user friendly. The process was guided by principles of social marketing so as to increase the appeal of the tool to potential users. The document was disseminated to the following parties:

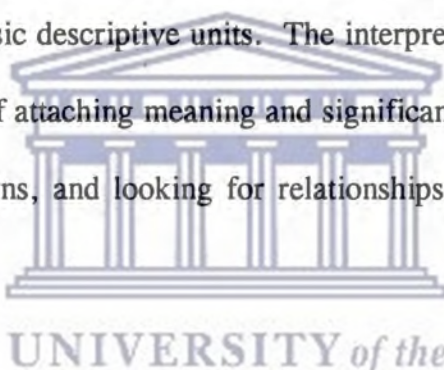
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- (i) The relevant ministries;
  - (ii) The Director-Generals and officials of the relevant state departments and non-governmental organizations;
  - (iii) The standing parliamentary committee on welfare;
  - (iv) The National Inter-Ministerial Steering Committee on the National Plan of Action for children;
  - (v) The Department of Justice for consideration of the legislative reform proposals;
  - (vi) The National Committee on Child Abuse and Neglect;
  - (vii) The South African Law Commission: Special Project on Sexual Offences against and by Children.

## 7.4 DATA ANALYSIS AND REPORTING

The study involved a mix-methods research design which included the application

of a structured questionnaire; interviews; document reviews and workshops. Information gathering occurred throughout the process. Data screening was an ongoing process to ensure that in each sequential phase the focus was only on the most relevant data. The selection of the data happened as the study evolved and as themes/ideas and working constructs developed during the data capturing processes.

The data analysis procedures involved a descriptive and interpretive process. This included a process of bringing order to the data, organizing it into patterns, categories and basic descriptive units. The interpretation of the data involved an ongoing process of attaching meaning and significance to the analysis, explaining descriptive patterns, and looking for relationships among descriptions (Patton, 1987).



The descriptive process was informed by the data from the interviews, records reviewed and literature review, while the interpretive analysis attempted to explain the "why" question by attaching some significance to particular answers and placing patterns into an analytic framework. Techniques such as the thick description, content and inductive analysis were used. For the demographic data, tables, graphs, verbatim quotations, summaries, diagrams and descriptive statistics were used.

The analysis were guided by questions recommended by Rothman and Thomas (1994) for this purpose. These were: What is the nature of the discrepancy

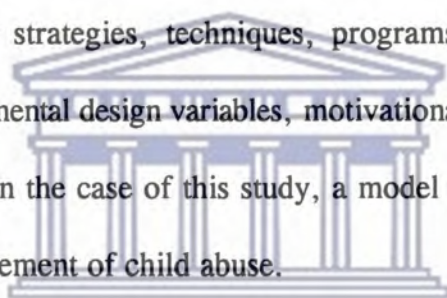
between what the respondents saw as the "ideal" and "actual" conditions that define the problem? For whom is the situation a problem? What are the negative consequences of the problem? Who benefits from conditions as they are now? How do they benefit? These questions lead to an understanding of why the problem exists and why interventions have not succeeded to date. Combinations of these questions guided the analysis of the data derived from the problem identification (Phase 1), the KD process (Phase 2) and the stakeholder workshops (Phase 4).

Rothman and Thomas (1994) also suggest a further set of questions related to possible alternatives and conditions that could facilitate change. These include: Who should share the responsibility for change? Whose behaviours should change? What conditions are needed to establish change? At what levels should change be directed? What are the target systems that should change? Are they key individuals or social, physical, structural conditions and in what sectors, government, business or politics?. The above questions were useful during the processes designed to develop the perceived solutions to the identified problems. It also provided a framework to identify key functions and role-players for each stage of child abuse case management, which was the main focus of the study. The latter questions were used for both the workshops and the design process.

Both sets of questions formed the basis of the process of sorting, clustering and merging the data sets into meaningful themes for the design and development of the protocol and for other reporting purposes.

To enhance the qualitative, explorative and interpretative approach of the study, verbatim quotes, discussions and recommendations of participants were used. This style was used to enhance the ownership of the study by stakeholders and to increase the utility of the final report with specific reference to the outcome, i.e. the protocol for the management of child abuse and neglect.

According to Rothman and Thomas (1994) intervention research results in two main products: data that may demonstrate relationships between the intervention and the behaviours or outcomes that define the problem and the intervention which may include new strategies, techniques, programs, informational or training materials, environmental design variables, motivational systems, models, policies, or procedures - in the case of this study, a model for a protocol for the multi-disciplinary management of child abuse.



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A summary of the research methodology is presented in table 7.1.

TABLE 7.1: SUMMARY OF RESEARCH METHODOLOGY

IR PHASE:Design and Development (DD)	ACTIVITIES	CURRENT STUDY	METHOD
<p><b>Knowledge development (KD)</b> integrated with DD during phase 1&amp;2</p> <p>*Nature and scope of services provided by sexual offenses courts;</p> <p>*characteristics of victims;</p> <p>*Social worker's perceptions of CPS;</p> <p>*Experiences of child-victims (P.160)</p> <p><b>Knowledge utilisation (KU)</b></p>	<p><b>Phase 1: Situation analysis:</b> Problem analysis &amp; planning - involved discussion with stakeholders and Cape Town (CT) &amp; Wynberg (WB) sexual offenses courts and preliminary interviews to identify concerns (p.145); service-providers CPSTP (p.154)</p> <p><b>Phase 2: Assessment:</b> Information gathering &amp; synthesis - involved examining current state of child abuse management</p> <p><b>Phase 3: Design</b> - involved bi-weekly meetings to develop protocol 1st draft</p> <p><b>Phase 4: Early development &amp; pilot testing</b> - workshops (W) led by two trained facilitators &amp; presentations 696 participants; 619 completed questionnaires (Appendix J) P.293</p> <p><b>Phase 5: Evaluation &amp; advanced development</b> - video and audio record of workshops plus facilitators' reports</p> <p><b>Phase 6: Action: Dissemination</b> - document (D)</p>	<p><b>Engage stakeholders\key informants</b> Courts CPU Social workers Consumers\clients</p> <p><b>Child victims</b> - CT n=190; WB n=181 <b>VSSC</b> <b>Court sw's, VSSCs &amp; prosecutors</b> <b>Intermediaries</b> (n=25) <b>Field social workers</b> (n=200; Ret=94) <b>Agency heads</b> (n=10) Caregivers (n=33)</p> <p><b>Protocol development team (PDT)</b> <b>Service-providers</b> SAPSCAN,PWOs; NGOs HOD's of state departments NCCAN</p> <p><b>Key stakeholders</b></p> <p><b>Policy makers</b> <b>Stakeholders</b></p>	<p>Preliminary interviews (n=20 p.155)</p> <p>CT &amp; WB court records Document reviews Observations Interviews (p.165) Workshop (p.185) Mailed questionnaires Interviews Interviews</p> <p>Bi-weekly meetings Curriculum-development</p> <p>Workshops National Provincial District Provincial P National P Presentations Mailing of D (p.149)</p>

This chapter presented the research methodology. The following chapters present the research outcomes as they evolved through the application of the above phases.

## **CHAPTER 8: PROBLEM ANALYSIS AND PROJECT PLANNING (PHASE 1)**

### **8.1 INTRODUCTION**

Problem analysis and project planning constitutes the first phase of Intervention Research Design and Development (D & D) and involves the following activities: identifying and involving stakeholders; gaining entry and co-operation from settings; identifying concerns of the population; analysing identified problems and setting goals and objectives. As mentioned earlier, Rothman and Thomas (1994), suggests that the Knowledge Development (KD), Design and Development, and Knowledge Utilization (KU) components of Intervention Research may overlap. In this study, a KD process formed the basis on which a further D and D process was based. Thus, the processes of the initial KD study and those of the D and D process therefore overlapped, although the core actions were part of the D and D.

### **8.2 IDENTIFYING AND INVOLVING STAKEHOLDERS**

Intervention researchers choose the constituency or population with whom to collaborate. The premise is that research that addresses the critical strengths and problems of important constituencies, has a greater chance of receiving support from the target population, professional community and the general public (Rothman & Thomas, 1994).

The identification and engagement of the participants and target population for this study, involved several processes. The original request for training from agencies

dealing with child abuse cases and the subsequent Child Protective Service Training Programme were the first stages of problem identification and contact with the target population. At this initial stage the "problem" was vague, unspecified and based primarily on service providers' perceptions of their training needs.

The ICFD response to the providers and agencies was the development of the Child Protective Service Training Programme. This provided the context and opportunity to interact with service providers. During the first two years of training, it became increasingly clear that providing training was not enough and that the "problem" extended beyond the training needs of individual case workers.

An analysis of the pre- and post-training feedback forms administered to the 1992 and 1993 course participants indicated that no formal case management procedures or protocols for intervention existed at most of the agencies in which the respondents worked. The evaluation questions broadly addressed course content, which was designed to replicate the 'life' or typical duration of a case, proceeding from disclosure, reporting, investigation, intervention (or service plan), and prevention.

A number of senior practitioners (supervisors and directors) who were members of the Advisory Committee for the CPST reviewed the evaluation reports after each course presentation as well as the final annual evaluation report. Concern was expressed about the standard of service provision and there was a growing



recognition that "something" had to be done. These initial notions were supported by field visits to service sites. These included visits and discussions, 20 in total, with staff at social work agencies, the two sexual offenses courts, the Child Protection Unit of the Police, hospitals, schools and residential care facilities during November 1993 and February 1994. Based on the findings from these inquiries, the research problem was stated as "problems of social workers with the courts".

Given the vagueness of the problem statement and the lack of knowledge about what really constituted the specific problems experienced by service providers or what their recommendations for constructive change might be, there was a need for further, in-depth information gathering. To this end, an evaluation study focussing on the current state of the art CPS practice, was conducted because formative evaluations are usually appropriate for the purpose of improving a program while it is being developed. The goal was to collect information about the processes and procedures followed by key service providers during their management of child abuse cases and to capture their views on how the system may be improved. The focus was therefore not on the impact or outcome of services per se.

### **8.3 GAINING ENTRY AND CO-OPERATION FOR RESEARCH**

Some of the service providers were known to the researcher. However, entry into their "working environment" was not as easy as initially anticipated. Some providers viewed the researcher as an academic outsider or intruder. This view

was expressed in one case as A practitioners really know what happens; academics are too far removed. These initial perceptions may have influenced the responses and attitudes during the initial stages of the study. However, as the research purpose, methodology and mutual expectations were clarified, a remarkable openness, frankness and an eagerness to participate in the process, evolved.

### **8.3.1 Access to the courts**

Initial contact with the research sites was made in November 1993 and negotiations for access were finalized at the end of February 1994. Written and verbal consent and support for the study was obtained from the Department of Social Services, Chief Magistrate and the Attorney-General after the researcher provided information about the research objectives, process and possible use of the potential outcomes (see Appendix B and C). No particular difficulties were encountered in gaining entree into the courts or social service agencies. On the contrary, the study was met with support, active participation and commitment on the part of those involved. These initial contacts developed into professional relations and partnerships beyond the boundaries of CPS.

Court records and archival documents and those in the offices of the Victim Support Coordinators were made accessible to the researcher. Gaining access to courts during hearings as an observer, was also not a problem. Retrieving data from the documents was a difficult task. The data were not organized systematically, so the researcher had to organize them.

### 8.3.2 Access to social workers

Two hundred questionnaires were sent to social workers employed at agencies that provide Child Protective Services. A covering letter explaining the purpose of the questionnaire and encouraging participation was included. Ninety four questionnaires were returned. All respondents appeared to answer all questions freely. Two respondents also indicated that they would expect and value feedback. Their request indicated a frustration with research studies that "leave them nowhere", referring to the relevance and ownership of the research data and process. Special efforts were made to ensure that these respondents subsequently became active participants of the process.

### 8.3.3 Access to the beneficiaries of services

Based on the record review at the courts, 205 letters were sent to the parents of the children whose names and full addresses appeared on the registers of the Victim Support Service Co-ordinators (VSSCs) at the two special courts. The letters asked recipients to contact the researcher either by returning the letter, in the enclosed self-addressed envelope or telephonically. The recipients were asked to indicate whether they and their children would be willing to participate in a process aimed at improving the current child abuse case management system (see Appendix E and F).

Fifty four (26%) letters were returned. Eight respondents did not want to be interviewed. Fourty six appointments were made. Thirteen did not keep their appointments. Interviews were conducted with 33 (86%) respondents. Given the

sensitive nature of the cases, this response is satisfactory. In an experimental research design, it could be argued that the procedure used here could lead to a selective or skewed response pattern. Here, however, the focus of the study is on the views of the respondents about process and procedures followed and not on the relationship between cause and effect, or inputs and outcomes.

Respondents were given their preference of interview venue. Those who chose the researchers office received a minimum amount of R10.00 for transportation. Most of the interviews were held at the office of the researcher or a social worker's office; both of which were accessible to many clients. After the purpose of the study was explained, no problems in accessing or receiving information were experienced. In most of the cases the child concerned was accompanied by a mother or an aunt. A semi-structured interview guide was used (See Appendix G). The results of these interviews are found in Part III, Chapter 9.4.

#### **8.4 IDENTIFYING CONCERNS OF THE STAKEHOLDERS**

Identifying stakeholder concerns proceeded during the first two phases. First, initial interviews were conducted with key informants, including clients, managers of social welfare agencies, the police, CPU personnel, and social workers at hospitals. The interview data and the literature review provided the basis for developing the KD research questions. The second phase, involved the KD process. For this purpose a qualitative-descriptive research design with an emphasis on illumination, understanding and exploration, rather than on causal determination, prediction and generalization were needed (Patton, 1986).

A naturalistic, empowerment approach to the KD phase was used because it provided the scope for the inquirer and the "subject" to interact and to influence one another and accepted that the inquirer brings to the context choices, theories, knowledge. The inquirer is value-bound in contrast to value-free and must acknowledge the possibility of multiple and often conflicting values and goals. In congruence with Intervention Research the naturalistic approaches also accept that all the entities are in a constant state of flux so that it is often impossible to distinguish causes from effects thus programs are dynamic and multi-stage in development (Guba & Lincoln, 1985).

The KD data collection and analysis phase was guided by four evaluation questions.



These were:

- (i) *What are the nature and scope of services provided by the special sexual offenses courts with specific reference to child victims?*

This question was directed at the procedures followed at the courts from the time that "the case" reached the court until the case was closed. The specific questions for data gathering included: background of the courts; the role and functions of the court staff; the court proceedings and staff's perceptions of the strengths and weaknesses of the courts.

- (ii) *What are the characteristics of victims of child abuse handled by the special courts?*

The responses to this question provided information about the number of children going through the court system; the duration of proceedings; the average age and gender of the children; the relationship between the victims and offenders; offences committed; the involvement of the police, justice, social work agencies and medical doctors.

(iii) *What are social workers' perceptions about Child Protective Services?*

This question addressed the experiences, perceptions, concerns and recommendations for change of social workers working at agencies that provides services to children who are abused.

(iv) *What are the experiences of child-victims and their families during their involvement in the system?*

The responses to this question provided information about the appropriateness, accessibility, availability and value of services received by the victims and their families.

The KD Process (Phase 2) are presented in Chapter 9.

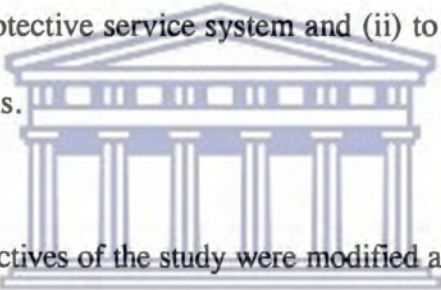
### **8.5 ANALYSING IDENTIFIED CONCERNS**

As described in the above section, the problem identification and information gathering processes evolved through two separate phases. During this phase of problem analysis and project planning, initial interviews were conducted with key informants as identified above. This data were screened and analysed with the

purpose of identifying emerging general themes and key focus areas for the broader knowledge development phase. A detailed description of the data analysis process and procedures of the study is presented in the Chapter 7.

## 8.6 SETTING OBJECTIVES

At the end of this first phase, the objectives were broad and allowed for the evolving process of goal setting and participation of key stakeholders. The goal of the researcher at this stage was to engage with child protective service workers in a collaborative research process to (i) identify the current concerns and problems within the child protective service system and (ii) to find possible solutions to the identified problems.



The goals and objectives of the study were modified as the process developed. For example, at the end of the Knowledge Development (Phase 2), the primary goal was directed by the findings of the Information Gathering and Synthesis phase (2). In collaboration with the Western Cape Child Abuse and Neglect Forum the goal was then refined to be: The develop of a joint, multi-disciplinary protocol for the management of child abuse and neglect (See Chapter 9.4.9).

The specific objectives were formulated, reviewed and refined in consultation with WCCAF throughout the study. Retrospectively, it was through processes such as these that consensus about process and outcomes were reached. This in turn, strengthened the locus of control and eventually the ownership of the end product by the stakeholders and affirmed their responsibility for implementing it.

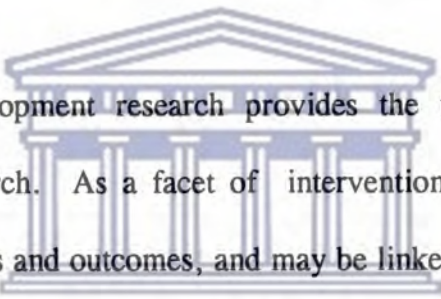
The purpose of the next phase, information gathering and synthesis, was to develop an understanding of the existing situation or state of the art of child protective services as viewed by some key stakeholders.





## **CHAPTER 9: INFORMATION GATHERING AND SYNTHESIS: KNOWLEDGE DEVELOPMENT (PHASE 2)**

Conducting investigations for the purpose of developing knowledge is in agreement with Rothman and Thomas (1994) who describes Intervention Knowledge Development (KD) as a distinct effort to create findings that will apply to the understanding and solution of practical problems. The questions asked during Intervention Knowledge Development are therefore practical and more closely related to intervention problems than those used in basic research.



Knowledge Development research provides the fuel for further phases of intervention research. As a facet of intervention research, KD has its own objectives, methods and outcomes, and may be linked to or may be conducted as a separate research process with its own aims and methods. In this study, Knowledge Development is linked to Design and Development.

This phase involved the operationalization of the KD study as discussed in the previous phase. The findings of the KD process presented next, are intended to provide an understanding of the current situation of child abuse case management as perceived by key stakeholders. The findings of each data set are preceded by a brief discussion on the methods used to collect the information. The findings are presented as follows: In section 9.1: The nature, scope and functions of the special courts for sexual offences against children; 9.2: Characteristics of the target population (child victims); 9.3: The views of social workers on child protective

services and 9.4: The experiences of child victims and their families during their involvement with child protective services.

## **9.1 THE NATURE, SCOPE AND FUNCTIONS OF THE SPECIAL COURTS FOR SEXUAL OFFENCES**

### **9.1.1 INTRODUCTION AND METHODS**

The purpose of this investigation was to provide knowledge about the scope and functions of the two special courts for sexual offences against children. Both courts were fairly new and were regarded as a progressive improvement on previous judicial procedures for children. The scope of the investigation was largely dictated by the sparsity of research and the state of current knowledge about the courts. The design of the investigation was therefore descriptive and explanatory to meet the following objectives:

- (i) To identify the questions, issues, concepts, concerns and preliminary hypothesis regarding the functioning of the courts;
- (ii) To provide information about the role-players involved as well as the inter-relationships of certain variables.

It was considered that the quality of the information might be "richer" if obtained by eliciting the views of people who were directly involved, experienced and informed. Data was therefore collected by personal in-depth, tape-recorded interviews which were semi-structured and allowed for ample probing. In addition existing documents were reviewed. The initial telephone contacts were followed

up by personal visits. The interviews were conducted with the social worker (the two victim support service co-ordinators) and two prosecutors at each of the courts. The first series of interviews were open-ended, unstructured and explorative. Then second set of interviews was conducted with the same staff. These interviews were semi-structured and focussed on case management issues. A third round set of interviews was conducted eighteen months later by which time the staff had changed.

A workshop was also held with twenty five intermediaries to discuss and to record their perceptions about their role, functions and general working conditions in the special courts. This workshop was designed to meet the above goals. The workshop programme included three sessions. The first session focussed on individual inputs on how and why the participants became involved with intermediary work; in the second session the participants shared their perceptions on what intermediary services are, their roles, functions, concerns and working conditions. The third session, provided the opportunity to focus on their recommendations for change.

The documents reviewed for the purposes of this investigation, included: The progress reports of the victim support service co-ordinators; news paper clippings; client registers; registration forms and police dockets.

A source of on-going validation of court-related information was the senior prosecutor based at the office of the Attorney-General, who was also a CPSTP

committee member and a member of the Protocol Development Team.

## **9.1.2 BACKGROUND TO THE SPECIAL SEXUAL OFFENCES**

### **COURTS IN THE WESTERN CAPE**

In 1988, following increasing debate and pressure from practising professionals in the field, the Minister of Justice requested the South African Law Commission to conduct an investigation into court proceedings involving children . As a result of the report of the Commission, Sections 1, 2 and 3 of the Criminal Law Amendment Act No. 135 of 1991, was enacted and went into effect on 30 July 1993. This Act stipulated the following major improvements regarding the protection of children in court proceedings:

- (i) Child witnesses may now give evidence via live television from a location outside of the courtroom. In this manner the child, is seen by the court, but does not have to face the accused.
- (ii) Children may be assisted by a court appointed intermediary, who relates the questions of the court and defence to the child. The intermediary listens to the cross examination by means of earphones and relays the general purport of the questions in an objective and non-aggressive manner to the child, thereby reducing the stress of testifying and possibly making it easier to elicit more and better information from child witnesses.
- (iii) Demonstrations, gestures and nods of the head shall be deemed viva voce evidence. Also anatomical figures can be used to elicit evidence from child witnesses.

The two special sexual offences courts established in 1993 have implemented these procedures. Since 1993, both have full-time social workers appointed as Victim Support Service Co-ordinators (VSSC). The Special Sexual Offences Courts function within the broader CPS. However, the role of the VSSC differs at each court. It is also important to note that the G-Court deals with both woman and children while the X-Court only deals with children. Therefore, the proceedings at each court will be discussed separately.

The presentation of the findings of the KD study as it relates to the two courts, follow. The discussion focuses on the procedures followed at the courts, the roles of the key players, their perceptions and recommendations for change.

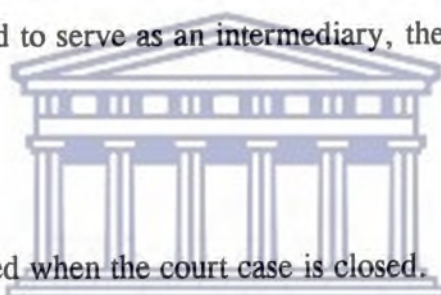
### 9.1.3 THE G-COURT (WYNBERG) PROCEDURES AND FUNCTIONS

The VSSC was appointed at the beginning of May 1993. During the period of May 1993 to February 1994, 181 cases were registered on the sexual abuse interventions form designed for this purpose.

#### (i) Procedures followed at the G-Court

This court receives the police dockets containing child sexual abuse charges from police stations in 20 residential areas in the vicinity of the Wynberg Magisterial court. When a charge is made at a police station or at the Child Protection Unit (CPU) of the SAPS, an investigation is conducted by a police officer to ascertain whether a crime has been committed. On completion of the investigation, all evidence including the social worker's report and a medical report, if obtained, are

placed in a court file, called a police docket. At the court a charge sheet with a court number is opened. A senior prosecutor then decides, based on the contents of the police docket, whether or not to prosecute. The prosecutor also prepares the child and family for the process and decides whether an intermediary will be needed. According to the prosecutors who were interviewed, this process is basically an assessment of the child's ability to testify in court. The assessment is generally based on the content of the police dockets, medical examinations, social work and other counselling information, and the family's own needs and concerns. The G-Court VSSC does not participate in the assessment phase so that in the event that she is required to serve as an intermediary, the evidence will not have been contaminated.



The docket is closed when the court case is closed. The VSSC will refer victims for further follow-up should they choose this option. All police dockets are sent back to the police station. The senior prosecutor and VSSC both acknowledged that there currently exist no protocols or formal agreements between the professionals who are involved in case management. In this regard, one interviewee stated "There's no written rules, everything is still flexible". However, all agreed that a multi-disciplinary protocol that included a clear statement of role divisions would facilitate better understanding and working relationships.

## **(ii) The role of the VSSC**

The VSSC summarised her role as follows:

- (a) To sensitize and inform the district surgeons about their role;

- (b) To help the CPU with referrals;
- (c) To train intermediaries;
- (d) To develop procedures inside and outside the court.

The VSSC saw her role mainly as a liaison person between external stakeholders and the Special Sexual Offences Court. It was not clear what "support" services are provided to the victims other than intermediary services. The VSSC undertook the transformation of the "cold court facilities" to an atmosphere that is "child-friendly and warm". These efforts included decorating and equipping the room with wall murals, and toys and comforting the victims and their families before or after hearings. The VSSC felt that it is not possible to provide services to each family on an individual basis, because of the time she must spend informing stakeholders beyond the court. It was not clear who the specific stakeholders referred to here was. The VSSCs unavailability strained the relationship between her and the prosecutors. The prosecutors were convinced that the social worker at the court's primary role should be to provide the clients with the necessary support and to assist them (the prosecutors) in decision-making, and when needed, to act as an intermediary.

### **(iii) Medical examinations and other social work services**

According to the VSSC, child victims are referred to the Red Cross Hospital and adult female victims to Victoria Hospital. Both groups may also be referred to a district surgeon. The police are usually responsible to ensure that medical examinations are completed according to SAP 308, a standard request for a

medical examination. The medical officer must then complete the J88 form. However, in some cases, particularly when initial reports of abuse are made to social welfare agencies, social workers assume the responsibility to have the medical examinations completed.

The medical practitioner is supposed to diagnose abuse with reasonable medical certainty; to cause the least possible trauma to the child involved and to diagnose and treat the medical problems. The prosecutors were of the opinion that medical doctors are not prepared or eager to provide the information necessary to secure a conviction. On the other hand, one doctor felt that other professionals sometimes have unrealistic expectations of what can and cannot be done by medical professionals. He also observed that although most cases involve visible signs of abuse, few doctors are trained to recognize them.

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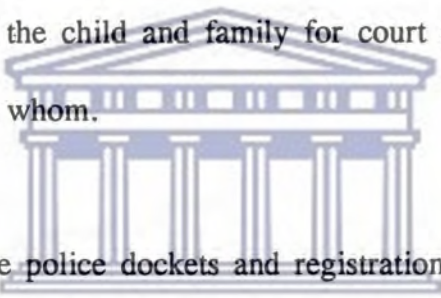
The unavailability of support services and social work services during the initial phases of child abuse disclosure and reporting, was a recurrent theme in most of the interviews. A standard CPU procedure is to involve a social worker as soon as possible in the management of the case. However, at local police stations, no standard practice exists regarding the use of social workers or counsellors. The CPU also indicated that sometimes they may also request psychological assessments, but none of the cases recorded at the G-Court included evidence of such assessments being performed. Also, according to the children and families interviewed, and a review of court documents, no social workers were involved in their cases and they received very limited or no support services during or after



the court proceedings.

#### (iv) Discussion

In 1994, when the data for this study were collected, the lack of information systems for recording and filing at the courts, may be attributed to the fact that the courts were still experiencing initial "setting-up" problems. There was observable tension between the VSSC and the prosecutors. Staff roles were still not clearly defined or delineated. Some confusion existed about who is responsible to ensure that medical or other necessary assessments are completed; to know the status of cases; to prepare the child and family for court and what records should be maintained and by whom.



An analysis of the police dockets and registration forms at the VSSCs office indicate that the majority of the cases referred to this court involve members of the coloured and African communities. A concern raised by the court staff was that many police dockets are obtained, particularly those involving Xhosa speaking children, but a very small percentage actually go to trial. This is because of problems relating to tracing the victims, cultural beliefs held by victims' families, and the lack of Xhosa police officers to investigate cases. The court staff could not comment with authority on these problems, but they related cases in which clients mentioned cultural beliefs as a factors in their decision not to proceed with criminal charges. These observations were supported by interview data from some children and their mothers.

#### **9.1.4 THE X-COURT (CAPE TOWN): PROCEDURES AND FUNCTIONS**

The X-Court handles cases that involve only children and was under the auspices of the House of Assembly at the time of the inquiry. Thus, its function is different from that of the G-Court. The VSSC at this court was appointed on 1 October 1993, and at the time of the first interview, had established a register for all cases handled at the X-court. The register facilitated the data gathering process.

##### **(i) Procedures followed at the X-Court**

All X-Court cases came mainly via the CPU and the police stations in the Cape Town and Northern Suburbs of the Cape Metropole. Most victims appeared to have had medical examinations following the report at the police station and prior to coming to court. At the court the police docket is studied by the prosecutor who consults with the social worker (VSSC) about cases. In most of the cases no field social workers were involved during the police investigation except when the CPU officer initiated the contact and worked directly with an social work agency or a hospital. However, in all cases, the VSSC consults with the child and family before the court hearings, provided that she is not required to serve as an intermediary in the case. Intermediaries, who are usually social workers, are used in most of the cases at this court. According to the prosecutors, there are cases where children testify in the open court, or testify in the special court without an intermediary. Such a decision is usually made by a prosecutor who believes that the child A could benefit from such an experience". This view was not shared by some of the social workers interviewed at the courts. They believe no child should testify in open courts.

**(ii) The role of the VSSC**

The role of the VSSC at the X-Court was summarized as follows:

- (a) To verify the accuracy of the incident with the victim;
- (b) To assist in the preparation of the child for the court hearing, including showing the child around the courtroom and reviewing roles and procedures;
- (c) To consult with the prosecutor to determine whether the child will be a competent witness in court;
- (d) To determine what support services are in place or needed for the victim and family;
- (e) To provide support to the victim and family, i.e. to refer all cases to external social work agencies and to conduct at least one follow-up consultation with victims and their families.



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**(iii) Medical examinations**

In accordance with CPU policy, all of the children seen at the X-Court had medical examinations done shortly after reports are made to the police. A prosecutor interviewed at this court felt strongly that some medical doctors are not willing to participate in court hearings because they are not sure about what they should be looking for when they conduct their examinations. The prosecutor suggested that only doctors who are specifically trained should conduct examinations and should all produce adequately completed J88 forms.

(iv) **Discussion**

In contrast to staff at the G-Court, X-Court staff appeared confident and clear about their roles. A recording and filing procedure appeared to be in place at the time of the study. No inter-disciplinary tensions were observed among the X-Court staff. The most significant difference between the two courts are the roles of the VSSC or social worker. While the social worker at the X-court works full-time at the court, the G-Court social worker is more involved in systems and developments external to the court itself. This may explain the lack of cooperation between the G-court social worker and the prosecutors; the lack of clear procedures and the feeling expressed by clients that there *"was no one there for them"*. The role and availability of the X-Court social worker were regarded as crucial by the prosecutors and CPU officers, all of whom related well with each other. They emphasized the important role that the social worker fulfilled regarding providing support to families and bringing different but complementary insights to the prosecuting process.

There was less evidence of such "working together as a team" among G-Court staff, where the prosecutors appeared to operate fairly independently from the social worker, who, herself was minimally involved with the children and families. The reason given for her non-involvement was that it ensured "independence" should she be required to act as an intermediary. This practice, however, may leave children and families without very necessary support. Furthermore, if the social worker has a role outside the court, it is impossible for her to be available and accessible to victims who are in need of the support and thus the title of the

position Victim Support Service Co-ordinator becomes a misnomer. Thus, there seems to be a need to separate the role of the intermediary and the social worker, since the two roles have different objectives and combining them results in confusion.

A concern raised at both courts was that no social workers are involved from the beginning of the reporting stage at the police stations or shortly thereafter. It is also clear that there exist ample opportunity for cases to be lost between the reporting stage and actual court proceedings. In addition, not only can police officers decide whether to investigate cases further or not, but prosecutors on their own often makes these decisions based on the content of the police docket alone. Particularly in the case of the G-court, the social worker seemed to have no input in decision-making concerning the child's ability to testify or in preparing the child and family for court appearances. Both courts also indicated that limited use is made of expert witnesses to assist the court in decision- making.

### **9.1.5 PROSECUTORIAL SERVICES**

The services rendered by prosecutors at both courts appeared very similar with regard to their basic tasks. This section provides an overview of the procedures followed, important tasks and concerns of some prosecutors.

#### **(i) Procedures Followed**

The following flow-diagram presents the procedures followed by the prosecutors:

1. Receive police docket --->
2. Verify facts of the case --->
3. Decide whether

offense has been committed. ---> 4. Verify whether complainant will be a reliable witness. ---> 5. Consult with relevant parties including social worker/s and the victim. ---> 6. Decide whether to prosecute and if so whether an intermediary will be needed or if the child can testify in the open court. ---> 7. Hearings ---> 8. Verdict and sentencing.

In relation to the above tasks the prosecutors raised several concerns.

## **(ii) Concerns and issues raised by prosecutors**

### **(a) The importance of complete and informative police dockets**

The prosecutors were generally concerned about the poor quality of police dockets, most of which lacked basic information that prosecutors then had to request. Most dockets do not include a social worker's report or any other supporting evidence or information. Also, prosecutors reported a marked difference in the quality of the dockets received from the CPU and those from the other police stations. CPU dockets were generally more adequate and comprehensive. Hence the concern expressed because the decisions on whether or not to prosecute is based, in most cases, solely on the content of the police dockets. Also, in many cases, secondary interviews must be conducted with victims because the first interview failed to capture "the full story." Concerns were also raised about the insensitive manner in which the interviews with children were conducted. Prosecutors observed that superficial investigations are a waste of time and contribute further to victims' agony by prolonged trials. The dockets reach the courts sometimes as long as four months after the first report, which is unacceptable to the prosecutors, because

the court process itself often lasts for five to six months. Complaints with respect to delays were often made by children and their families.

**(b) Medical examinations**

The prosecutors emphasized the important evidential relevance that the medical report may have to the prosecution. However, they find that the J 88 forms completed by most medical officers were incomplete and not "saying anything". One prosecutor noted with frustration that the comments written on the J88 forms by doctors are so vague that *"I wonder if they know what they are looking for"*. In some cases, the medical officers did not indicate what the physical condition of the child's clothing was or whether blood was observed; information that may make a difference in sentencing. These problems and complaints support the need for training medical doctors and senior nurses to conduct medical examinations effectively. Concerns were also expressed about the frequent reluctance and sometimes outright refusal of medical doctors to testify in court.

**(c) Social work and other counselling services**

The interaction of prosecutors with social workers (VSSCs) differs between the X- and G-Courts. VSSCs can provide support services and counselling to victims and their families or act as an intermediary. These roles are mutually exclusive in order to preserve objectivity and not contaminate the evidence. In the G-Courts the VSSC does not provide support services as a standard practice, nor do the prosecutors typically consult the social worker with regard to decisions about whether the child should or should not testify in the open court. In the X-Court

it is standard practice to involve the social worker in consultations provided she will not be serving as an intermediary.

Prosecutors may also request social work reports on the socio-economic and/or other related circumstances about the child and or the family. In this regard the prosecutors were concerned that social workers do not respond to these requests in a timely manner, and also the contents of the reports, when received, are not as requested and, therefore, not always useful. Indeed, social workers and prosecutors did not appear to agree on what the content of such reports should be. Nevertheless, despite these problems, the prosecutors did report some very positive working relationships with social workers in the field, particularly those who specialize in child abuse cases. In fact the prosecutors were of the opinion that the expert testimony of these professionals should be admitted as evidence, particularly in those situations where the social worker has had a long standing relationship with the child in question.

Concern was also expressed about possible “influencing” (contamination of the witness) of the child during therapy. It was suggested that in the presentation of evidence, there should be a distinction between terminology used in therapy and the original statements of disclosure made by the child. The child’s statements should be presented verbatim to the court so that it does not appear as if, in giving testimony, the child has been rehearsed in adult terminology.

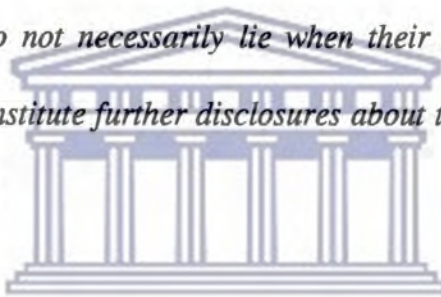


**(d) Professional concerns**

With regard to their own professional concerns, the prosecutors were ambivalent about the functions, standards and rules of the court and the developmental needs and rights of the child. They emphasized that no prosecutor want to appear insensitive to children, but their main function remains one of prosecuting the case, proving beyond reasonable doubt that an offense was or was not committed.

Ambivalence in this regard were captured in the following verbatim statements:

*“The rules governing court procedures do not take into consideration that children do not necessarily lie when their stories change, but that the changes constitute further disclosures about the same incident or series of incidents”*



*“With regard to the evaluation of the witness, cautionary rules apply in court. Contrary to developmental theories, it is often accepted that children fabricate stories. Eriksen e.g. states that children between 5-8 views themselves as heroes, not victims”*

*“Far too little is known about the child’s concept of truth”*

*“Magistrates need training in child development”*

*“It is difficult to change court rules”*

As a result of high case loads, work pressure was mentioned as a major staff concern. One of the courts had a backlog of over two hundred cases and there was

a need for at least one more specialized court servicing G-Court. The G-Court no longer provided support services to children and families because of the large numbers of cases. Also, children and families were no longer being referred to social welfare agencies for follow-up services because the VSSC felt that they were not followed -up anyway". Thus, staff at both courts expressed the view that specializing in CPS was very stressful. Therefore, CPS professionals should be granted the flexibility to switch to another assignment when they felt the need to have a break.

**(e) Other concerns**

Prosecutors were also concerned about matters that did not necessarily have immediate impact on their work, but may have implications for re-offending rates. These included the lack of response to referrals from social work agencies. They were also concerned that the safety of the children may be seriously compromised when a conviction is not made and the alleged offender remains in the same home as the victim. Finally, it was reported that some welfare agencies refuse to initiate criminal procedures in cases where abuse has occurred.

The interviewees also emphasized the need for social work services in cases where in addition to or as an alternative to criminal procedures, children's court inquiries have to be conducted immediately. Some families in this situation, decline the offer of support services. Nevertheless, the CPS staff were of the opinion that all families undergoing such intense experiences, should have access to support services when they request or need it.

A major concern for the prosecutors was the utilization of “inadequately trained counsellors” who have limited, inappropriate or no professional qualifications to prepare and submit reports and to accompany the child during court proceedings. It was suggested that basic standards should be instituted for CPS staff, particularly those involved in litigation. In this connection, there is also a need to verify the credentials of expert witnesses.

The prosecutors were also concerned about the special plight of children with mental health problems. They noted that owing to the limited legislation in this area, it is very difficult to obtain convictions in cases involving such children. Thus, there is a need to involve mental health professional expertise for test cases and to change current legislation.

Mentally ill children are not the only ones facing unique problems in the CPS system. Interviewees observed that cases involving Xhosa children are often under-reported and seldom come to trial. This is perhaps because of the lack of Xhosa speaking court staff and CPU police officers. However, in contrast to the Xhosa, children from poor families and those from the so-called coloured population are often over-represented among the cases that come before the courts, whereas very few white children come through the courts.

#### **9.1.6 THE ROLE AND PERCEPTIONS OF INTERMEDIARIES AT THE TWO SEXUAL OFFENCES COURTS**

The data for this section were gathered during a workshop with 25 intermediaries.

(See Appendix D). Seven follow-up interviews were also conducted with individual intermediaries for triangulation purposes. Information gathered included perceptions about their roles, training, and concerns.

**(i) Perceptions about their role and functions**

A wide range of perceptions and interpretations about their roles exists. In general, the intermediaries saw their role primarily as one of protecting the child from the "abuses" of the court and making sure that "justice" occurs. The following themes summarize their perceptions of their roles: To help children to communicate their feelings and understanding of what has happened; to help the court to communicate in "ordinary" language with the child; to ensure objectivity; to help children to understand the court process and to determine the mental state of the child. One respondent said that intermediation is a "system of communication between the child and the court room". The variation in their responses highlights the need to clarify the role of the intermediary, because such a diversity of opinions could have profound consequences for children and for the court process including decision-making and sentencing.

**(ii) Training**

No selection criteria exist for the recruitment or appointment of intermediaries. Some intermediaries had crisis management training prior to the establishment of the courts. One person had received a one week training course at the College of Justice in Pretoria. In addition, all of them are trained at one of three training workshops presented by the VSSCs. Topics covered in the training included an

overview of the legal process and legislation; the legal position of the child; understanding and interpreting the child's perceptions and language; child development; the dynamics of child abuse; and the qualifications and role of intermediaries. All the respondents indicated that the training was too "crash" and limited and did not prepare them for what is expected of them in the court. Thus, they wanted lengthier, more in-depth coverage of legal procedures, and understanding and interpreting the child's language and emotions.

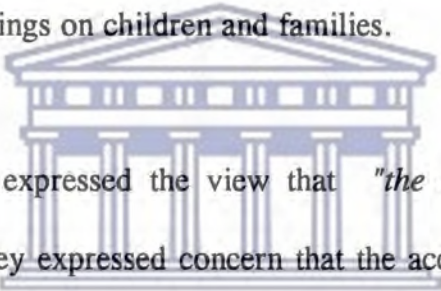
### **(iii) Key findings**

The respondents expressed concerns that the legal professionals displayed little or no understanding or consideration for the contributions made by social workers. This complaint was a recurring theme in their responses. For example, they observed that social workers would not only be expected to come when called without consideration of their own priorities, but often have to wait long hours without being consulted or informed about procedures or case-outcomes. They felt that "other" professionals, more specifically legal workers, would not be expected to do this. In addition it was felt that prosecutors and magistrates often lack knowledge of basic child developmental needs. Therefore, members of both groups often make demands that children cannot meet. Failure on the part of children to comply with these demands often had negative consequences for children, for example their cases could be dismissed.

The long hours that children are expected to attend proceedings evoked strong feelings from the respondents. One observed that this expectation "*indicates a*

*profound lack of understanding about psychological issues and about levels of maturity and mental ability*". A general feeling of dissatisfaction about the preparation that children receive prior to court proceedings, was also expressed.

It was also strongly recommended that magistrates should not "rotate", i.e. change from hearing to hearing as often as they currently do. Respondents felt that rotation require children to "adapt" to a new person every time. This happens frequently because many cases are remanded for two and more times. Multiple remands or postponements of cases were seen to heighten the negative effect of prolonged proceedings on children and families.



Interviewees also expressed the view that *"the court is on the side of the perpetrator"*. They expressed concern that the accused seldom *"comes on the stand"*, and that cases are often remanded to "suit" the needs of the offender exclusively. Thus, they felt that the needs of the child are seldom considered. In addition, *"it is never clear who is representing the child"*. Whether the child is adequately protected in the court was an issue that was debated at length and one about which the respondents had strong feelings.

Concern was also expressed that sentences are not always in line with the severity of offences. Other issues of professional concern were as follows: the variations in the legal interpretations and beliefs of magistrates regarding the status, needs and rights of children and also with respect to sentencing which can have an adverse effect on all parties concerned; and the need for uniformity with regard

to procedures and adequate training. In light of the very important role of the intermediaries, there exists a need to review selection and recruitment criteria as well as the training curriculum and their work environment. There is also a need to establish that intermediaries require specific skill and should be compensated accordingly. The respondents felt that intermediary service is currently an "add on" service to their already very overloaded case-loads. They provide this service voluntarily and are not compensated for it, but feel that they should be paid and receive the necessary support and recognition.

Finally, although there were exceptions, the responses indicated concerns about the insensitive behaviour of the prosecutors towards social workers, children and their families. Such behaviour underscored the need for prosecutorial training, particular in the areas of child abuse dynamics, child development and multi-disciplinary team work.



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#### **9.1.7 SUMMARY**

In this chapter the findings on the nature, scope and functions of the special courts for sexual offences were presented. The findings indicate that there are serious concerns regarding procedures followed at the courts and the roles of professional service providers. The concerns are summarized below:

- (i) The Child Care Act 74 of 1983 as amended in 1991 is in need of overhaul and judicial procedures must be transformed to seriously address the needs and rights of children. This call for an comprehensive process that will inform legislation within the new democratic context of the South African

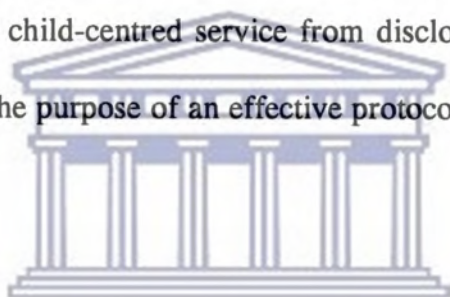
society and the obligations of the Convention on the Rights of the Child.

- (ii) All professionals, especially those in the justice field need to adopt a child centered and child-sensitive attitude reflected in legislation, procedures and service programmes.
- (iii) There exists clear evidence that all professionals need training in a range of child protective issues. Multi-disciplinary as well as specialized training needs were emphasized by respondents. Training of magistrates in particular was identified as a top priority. It was felt that the training needs of staff are not taken seriously enough by policy-makers and senior managers at welfare agencies. The need for standardized curriculum and accredited training was strongly recommended.
- (iv) Reports from service providers indicate that children and their families often need a variety of services, from material needs such as assistance with finances, transportation and accommodation to support services. Comprehensive service planning and case conferences should take these into consideration.
- (v) Dove-tailing and linking of all related children's services and transformation processes on all relevant levels, is important to ensure less duplication and waste of resources.
- (vi) Basic standards of services and procedures for working together should be established. For example, conducting joint investigations. These include guidelines for specific sectors as well as protocols for multi-disciplinary case management. There is very limited interaction, sensitivity and understanding of each other's roles, limitations and strengths among CPS



providers.

Children are persons protected under international and national human rights instruments, in South Africa, they also have constitutional rights intended to protect them from abuse and exploitation. However, the above findings indicate that in reality there exists serious gaps in the judicial system. It is evident that child abuse victims involved in the criminal justice system, require co-ordination among all relevant stakeholders, including prosecutors, police, social workers, expert witnesses and victim assistance programmes to ensure that children receive an integrated and child-centred service from disclosure through sentencing and beyond. This is the purpose of an effective protocol.

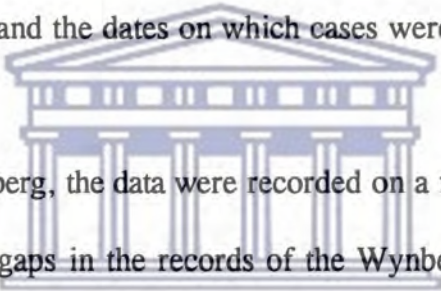


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## **9. 2: CHARACTERISTICS OF THE TARGET POPULATION (CHILD VICTIMS)**

### **9.2.1 INTRODUCTION AND METHOD**

The findings of the document review regarding case characteristics are presented in this chapter. The sample was traced from the records of the Victim Support Service Co-ordinators (VSSC) at both the Cape Town and Wynberg courts. The Cape Town court has a complete set of records kept in the form of a client register. This register captured the demographic details of the children, the dates of court hearings, and the dates on which cases were finalised.



In the case of Wynberg, the data were recorded on a form designed by the VSSC. There were huge gaps in the records of the Wynberg court. The analysis was limited because the two courts had different categories of data. Thus, cross-court comparisons could, therefore, not be made for some variables. Also, at the time of the study, both courts were also not computerized. Although, the Cape Town Court opened almost three months after the Wynberg Court, the numbers of cases registered for the periods under study, (Cape Town Court: 20 October 1993 to 23 June 1994, and Wynberg Court: 1 July 1993 to 30 November 1993), did not differ much between the two courts.

The following questions guided the data-gathering process:

- (i) How many children were registered with the VSSC's?
- (ii) What is the average duration of case proceedings?

- (iii) What is the mean age of the children?
- (iv) Are there any observable patterns with regard to gender?
- (v) Does age impact on the type of charge filed?
- (vi) What are the nature of the offences?
- (vii) Who are the alleged offenders?
- (viii) Do victims receive medical attention? If so where?
- (ix) What is the involvement of the social welfare agencies?

### 9.2.2. PRESENTATION OF FINDINGS

The sample constitutes the case information recorded on the registers of the VSSC at both courts. The data were collected during the period April to July 1994. It include information from 190 cases at the Cape Town court and 181 at the Wynberg court. Individual case files were not reviewed because only one of the courts kept case files, which were also not comprehensive file entries. Also, in both courts, not all the case information on all the variables was recorded. The N for the different variables presented below, therefore, changes according to the number of cases for which data on the variable in question, were collected. The difference between the N and the totals accounts for cases where the specific data was missing or not known.

Table 9.1: Sample size

Cape Town Court	190 (51.2%)
Wynberg Court	181 (48.8%)
TOTAL	371 (100%)

Table 9.2: Duration of case proceedings in months

COURTS	N	Mean	Standard Deviation	Minimum Value	Maximum Value
Cape Town	176	4.34	1.37	0	7
Wynberg	29	5.48	3.05	1	16
TOTAL	205	4.5	1.75	0	16

As can be understood from the data in Table (9.2), it is difficult to make precise statements about the average duration of the case proceedings because of the limited number of cases where the dates of intake, hearings and case closure were recorded at both courts. The duration of the proceedings is based on the date of first appearance and the date when the case was closed, without taking into account what the outcome or reason for closure was. At the Cape Town Court, the duration of the court proceedings was recorded for 176 out of a total of 190 cases, with an average duration of four months and ten days. At the Wynberg Court, for 29 out of the 181 the duration of the case were recorded with an average duration of five months and fifteen days. The duration of court proceedings is often cited as a problem by the families and CPS workers (see Chapter 9.3 and 9.4).

Table 9.3: Mean victim age distribution

COURTS	Mean	Standard Deviation	Minimum Value	Maximum Value
Cape Town Court N=190	11.52	3.89	1	21
Wynberg Court N=181	12.52	4.13	2	18
TOTAL	12.01	4.04	1	21

Table 9.4: Frequency distribution of victim age for total sample

AGE (Years)	Frequency	Percent
0 - 4	16	4.3
5 - 9	96	25.9
10 - 14	145	39.1
15 +	114	30.7
TOTAL	371	100

According to Tables (9.3) and (9.4), slightly over a third of the children (39.1%) in the sample are in the 10 - 14 years age group. Children above age 15 comprise the second highest category. Thus, older children appear to be at greater risk to be abused, with about 70% of the cases involving children between the ages 10-17.

Table 9.5: Victim age by court

Age (Years)	Cape Town Court	Wynberg Court
0 - 4	6 (3.16%)	10 (5.52%)
5 - 9	62 (32.63%)	34 (18.78%)
10 - 14	74 (38.95%)	71 (39.23%)
15+	48 (25.26%)	66 (36.46%)
TOTAL	190	181

The data in Table 5 show that there is a significant difference in the mean age of the victims at the two courts ( $p = .0008$ , chi square value = 11.859). However, at both courts older children were more likely to have been abused.

Table 9.6 :Gender distribution of total sample

Gender	Frequency
Male	29 (8%)
Female	333 (92%)
TOTAL	362

*Missing cases=9.* The majority of the cases involved females.

Table 9.7: Gender distribution by court

Gender	Cape Town Court	Wynberg Court
Male	16 (8.7%)	13 (7.3%)
Female	167 (91.3%)	166 (92.7%)
TOTAL	183	179

*Missing cases=9*

There is no significant difference in the gender of victims in the two courts, ( $p=0.604$ , chi square value of 0.269). The breakdown of cases by gender at the two courts is roughly similar. At both locations, there are more female than male victims.

Table 9.8: Case outcomes by victims' age

CASE OUTCOME	0-4 yrs	5 - 9 yrs	10 - 14 yrs	15+ yrs	TOTAL
Guilty	1 (7.14%)	29 (30.85%)	24 (16.67%)	15 (13.3%)	69(19%)
Acquitted	2 (14.29%)	14 (14.89%)	15 (10.42%)	14 (12.4%)	45(12%)
In Progress	2 (14.29%)	23 (24.47%)	38 (26.39%)	21 (18.6%)	84 (23%)
Withdrawn	4 (28.57%)	6 (6.38%)	6 (4.17%)	8 (7.1%)	24 (7%)
No trial	5 (35.71%)	22 (23.4%)	61 (42.36%)	55 (48.7%)	143(39%)
TOTAL	14	94	144	113	365

*Number of missing values = 6.*

As shown in Table (9.8), there is a significant difference in the outcome of the cases compared to the age group of the victims ( $p=0.001$ , chi square=34.202). The number of cases in the 'No trial' category indicates that across all age categories many cases (39 percent) do not go to trial, particularly at the Wynberg Court. This may be a result of the lack of consistent procedures and protocols clarifying the roles and responsibility of professionals involved in the child abuse case management. Furthermore, some intermediaries and social workers (case workers) observed that prosecutors decide on their own which cases have enough "merit" to proceed to court. In the age category '0-4 years' there is a high rate of withdrawal (28.6%). Despite the small size of this category, the withdrawal rate may reflect the difficulties of convicting alleged abusers of very young children. Court staff reported that cases seem to "disappear" between the time they are reported to police stations and court proceedings.

Table 9.9: Case outcomes by age of victims for Cape Town Court

CASE OUTCOME	0 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 + yrs	TOTAL
Guilty	1 (20%)	26 (42.6%)	21 (28.4%)	11 (23.4%)	59 (31.6%)
Acquitted	2 (40.0%)	14 (22.9%)	14 (18.9%)	13 (27.7%)	43 (23%)
In Progress	2 (40.0%)	21 (34.4%)	38 (51.4%)	18 (38.3%)	79 (42.3%)
Withdrawn	0	0	0	4 (8.5%)	4 (2.1%)
No Trial	0	0	1 (1.4%)	1 (2.1%)	2 (1.1%)
TOTAL	5	61	74	47	187

The total number of cases in Table (9.9), 187, are the cases for which the outcomes of the court proceedings were recorded. Thus there are three cases with unrecorded outcomes at the Cape Town Court; 79 cases (42%) were still in

progress when data collection was concluded; 59 (31%) cases resulted in convictions; 43 (23%) cases ended in acquittal; 4 cases were withdrawn, and 2 cases did not go to trial. The two latter categories, withdrawn (4) and no trial (2) both involved older children. Two of the cases involving the youngest children in the sample ended in acquittal, one in conviction, while the remainder were still in progress when data collection was completed.

Table 9.10: Case outcomes by age of victims for Wynberg Court

CASE OUTCOME	0 - 4 yrs	5 - 9 yrs	10 - 14yrs	15 + yrs	TOTAL
Guilty	0	3 (9.1%)	3 (4.29%)	4 (6.06%)	10 (5.6%)
Acquitted	0	0	1 (1.43%)	1 (1.52%)	2 (1.1%)
In Progress	0	2 (6.06%)	0	3 (4.5%)	5 (2.8%)
Withdrawn	4(44.44%)	6 (18.2%)	6 (8.57%)	4 (6.1%)	20(11.2%)
No Trial	5 (55.56%)	22 (67%)	60 (85.7%)	54 (81.8%)	141 (79.2%)
TOTAL	9	33	70	66	178

In table (9.10), the total 178, represents the number of cases where the outcomes of the court proceedings were recorded. Thus of the 181 cases at the Wynberg Court, in three cases the case outcomes were unrecorded. The number of cases not going to trial was high across all age categories. Of the cases involving children under age four, four were withdrawn, and five did not go to trial. Thus, none of these cases ended in convictions. This pattern may reflect the difficulties associated with obtaining convictions in cases where young children are involved. The highest number of "no trial" cases was among the older children aged 10-17 years. It is important to note that the Wynberg Court serves the townships where difficulties with lack of Xhosa speaking police staff were indicated by social



workers, intermediaries and prosecutors. This may explain the high number of cases said to be disappearing between the police office and the court.

Table 9.11: Distribution of offences and alleged offences

Alleged Offence	Frequency	Percent
Rape	254	71.1%
Sodomy	28	7.8%
Attempted Rape	68	19%
Incest	7	2%
TOTAL	357	100

*Missing cases = 14*

Table 9.12: Comparison of offences and alleged offences by court

OFFENCE	Cape Town Court	Wynberg Court	TOTAL
Rape	113 (59.8%)	141 (83.9%)	254
Sodomy	16 (8.5%)	12 (7.1%)	28
Attempted Rape	56 (29.6%)	12 (7.1%)	68
Incest	4 (2.1%)	3 (1.8%)	7
TOTAL	189	168	357

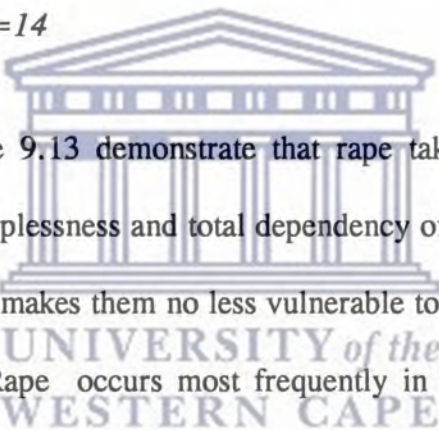
*Missing cases = 14*

According to Tables 9.11 and 9.12 rape is clearly the most common (71.1%) offence. This finding should be considered in view of the fact that the sample is predominantly female. The finding is also supported by national and international research findings that rape is the most common form of abuse against children. The distribution figures for both courts at Cape Town and Wynberg are roughly the same. However, the number of the attempted rape cases is much higher in the Cape Town court than in the Wynberg court, while the number of rape cases is higher at Wynberg than at Cape Town.

Table 9.13: Age and type of abuse

OFFENCE	0 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 + yrs	TO TA L
Rape	12 (4.7%)	48 (18.9%)	106 (41.7%)	88 (34.7%)	254
Sodomy	0	13 (46.4%)	12 (42.9%)	3 (10.7%)	28
Attempted Rape	4 (5.9%)	33 (48.5%)	16 (23.5%)	15 (22.1%)	68
Incest	0	0	6 (85.7%)	1 (14.3%)	7
TOTAL	16	94	140	107	357

*missing cases = 14*



The data in Table 9.13 demonstrate that rape takes place across all the age categories. The helplessness and total dependency of infants, toddlers and young children apparently makes them no less vulnerable to abuse, including rape, than older children. Rape occurs most frequently in the case of older girls. The number of rape cases in the 10-14 year category exceeds the number of all the other types of abuses across all the age groups.

The patterns observed across the entire sample are also reflected in the separate caseloads of each court, as shown in Tables 9.14 and 9.15. Rape is the most common offence across all age categories, but most frequently among older victims. Incest, as well as sodomy occurred mostly in cases involving children in the 10 - 14 years age group. Attempted rape also occurred more in the case of older children.

Table 9.14: Age and type of offence for Cape Town Court

OFFENCE	0 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 + yrs	TOTAL
Rape	2 (1.8%)	25 (22.1%)	50 (44.3%)	36 (31.9%)	113
Sodomy	0	9 (56.3%)	6 (37.5%)	1 (6.3%)	16
Incest	0	0	3 (75%)	1 (25%)	4
Attempted Rape	4 (7.1%)	27 (48.2%)	15 (26.8%)	10 (17.9%)	56
TOTAL	6	61	74	48	189

Table 9.15: Age and the type of offence for Wynberg Court

OFFENCE	0 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 + yrs	TOTAL
Rape	10 (7.1%)	23 (16.3%)	56 (39.7%)	52 (36.9%)	141
Sodomy	0	4 (33.3%)	6 (50%)	2 (16.7%)	12
Attempted Rape	0	6 (50%)	1 (8.3%)	5 (41.7%)	12
Incest	0	0	3 (100%)	0	3
TOTAL	10	33	66	59	168

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Table 9.16: Distribution of case outcomes for total sample

CASE OUTCOME	Frequency	Percent
Guilty	69	18.9
Acquitted	45	13.1
In Progress	84	22.8
Case Withdrawn	24	6.7
No Court	143	38.6
TOTAL	329	100.0

As noted in Table 9.16, many cases do not go to trial (38.6%). Of those that go to trial, 18.9% of cases end in a conviction.

Table 9.17: Distribution of case outcomes by court

Case Outcome	Cape Town Court	Wynberg Court	Total
Guilty	59 (31.6%)	10 (5.6%)	69
Acquitted	43 (23%)	2 (1.3%)	45
In Progress	79 (42.3%)	5 (2.8%)	84
Withdrawn	4 (2.1%)	20 (11.2%)	24
No Trial	2 (1.1%)	141 (79.2%)	143
TOTAL	187	178	365

The figures in Table 9.17 reflect a difference in the outcome of the case when comparing the two courts. Wynberg Court has many (79.2%) cases that do not go to trial. In the Cape Town Court the distribution of cases falling into the “guilty”, “acquitted” and “in progress” categories are roughly the same.

Table 9.18: Distribution of cases by completion status for total sample

Completion Status	Cape Town Court	Wynberg Court	Total
Complete	96 (56.8%)	31 (19.4%)	127
Not Complete	73 (43.2%)	129 (80.6%)	202
Total	169	160	329

As noted in Table 9.18, more cases are completed in the Cape Town Court (56.8%), whereas 80.6% of the cases were not completed in the Wynberg Court.

Table 9.19: The relationship of the accused to the victim for the total sample

Offender	Frequency	Percent
Relation Not Known	175	55.2
Acquaintance(s)	70	22.1
Family Relative	29	9.2
Biological Father	19	6
Substitute Father	13	4.1
No relation	7	2.2
Current/ Ex- Boyfriend	4	1.3
TOTAL	317	100.0

*Missing cases = 54*

'Relation not known' means that the exact nature of the offender's relationship to the abused was not indicated. The number of cases in this category (in addition to missing cases) equals 229 out of a total of 371 cases. Thus in roughly two thirds (61.7 percent) the offender's relationship to the abused was unknown. 'No relation/stranger' means that the offender was not known to the abused. "No information" means that no data were provided about the offender. Only seven cases, where the relationship was known, involved a stranger.

Table 9.20: The relationship of the accused to the victim by court

Relationship	Cape Town Court (%)	Wynberg Court	TOTAL
Relationship not known	63 (35 %)	112 (83 %)	175
Acquaintance(s)	57 (31.3 %)	13 (9.6 %)	70
Family Relative	26 (14.3 %)	3 (2.2 %)	29
Biological Father	14 (7.7 %)	5 (3.7 %)	19
Substitute Father	12 (6.6 %)	1 (0.7 %)	13
No relationship	7 (3.9 %)	0	7
Current/Ex Boyfriend	3 (1.7 %)	1 (0.7 %)	4
TOTAL	182	135	317

*Missing Cases: Wynberg Court = 42; Cape Town Court = 12*

The nature of the relationship of the accused with the victim varied significantly between the two courts ( $p=0.001$ , chi-square=70.197). As seen in Table 9.20, in 119 cases (65%) of the Cape Town court cases, the offender was known and, in fact, in 52 cases (28.6%) was a relation of the victim. In contrast, 112 cases (83%) of the Wynberg sample fell into the category "relationship not known". This high figure might be explained by either the bad records kept by this court or reluctance on the part of the abused to identify the offenders.

Table 9.21: Type of offence committed according to the accused's relationship to the victim for total sample

Accused	Rape	Sodomy	Incest	Attempted Rape	Total
Biological Father	7 (3.2%)	1(4.8%)	7 (100%)	4(6.9%)	19
Substitute Father	10 (4.6%)	0	0	3(5.2%)	13
Current/Ex Boyfriend	4 (1.8%)	0	0	0	4
Acquaintance	51 (23.3%)	4 (19.1%)	0	15(25.9%)	70
Family Relative	18 (8.2%)	2 (9.5%)	0	9(15.5%)	29
Relationship not known	129 (58.9%)	14(66.7%)	0	27 (46.6%)	170
TOTAL	225	21	7	58	305

Table 9.21 shows that in the majority of cases the relationship between the child and the offender was not recorded. Among cases where the relationship was known, rape by an acquaintance of the child was the most common form of abuse. All types of abuse were alleged to have been committed by biological fathers, but there were no cases of sexual abuse involving mothers. Where substitute fathers were the accused, the victims were all girls, and the offence was rape. Incidents of rape occurred throughout all categories.

Table 9.22: Distribution of hospital referrals for total sample

Hospital	Frequency	Percent
Victoria	112	32.8
No Hospital	107	31.4
Red Cross	42	12.3
Tygerberg	29	8.5
Conradie	16	4.7
District Surgeon	15	4.4
GP	8	2.3
Somerset	6	1.8
Libertas	4	1.2
Groote Schuur	1	0.3
Day hospital	1	0.3
TOTAL	341	100

As indicated in Table 9.22, of the cases that were referred to hospital, the majority of cases were sent to Victoria, Red Cross, and Tygerberg. The remainder of the cases were referred to various other hospitals.

Table 9.23: Referrals to welfare organizations for total sample

WELFARE Organization	FREQUENCY	PERCENTAGE
Cape Provincial Administration (CPA)	92	24.8
House of Representatives	80	21.6
Not known	53	14.3
Diakonale Dienste	48	12.9
Red Cross	20	5.4
Communicare	10	2.7
No Referral	10	2.7
Day Hospital Clinic	7	1.9
House of Assembly	6	1.6
Did Not Want	6	1.6
Safeline	5	1.3
Wynberg CWS	5	1.3
Ilitha Labantu	5	1.3
Tygerberg	5	1.3
Shawco	4	1.1
Groote Schuur Hospital	3	0.8
Afrikaanse Christelike Vroue Vereniging	3	0.8
Social Worker (organization not recorded)	3	0.8
Athlone CWS	2	0.6
Anne Starck	1	0.3
CAFDA	1	0.3
Rape Crisis	1	0.3
Ons Plek	1	0.3
TOTAL	371	100.0

As shown in Table 9.23, the majority of court referrals to welfare organizations were to the Cape Provincial Administration (CPA), the Department of Welfare (House of Representatives), and Diakonale Dienste. These organizations served the country's black (African and Coloured) population prior to the 1994 elections.



Table 9.24: Referrals to welfare organizations by court

WELFARE Organization	CAPE TOWN-COURT	WYNBERG-COURT	TOTAL
Cape Provincial Administration (CPA)	36 (19%)	56 (30.9%)	92
House of Representatives	38 (20%)	42 (23.2%)	80
Not Known	15 (7.9%)	38 (21%)	53
Diakonale Dienste	48 (25.3%)	0	48
Red Cross	2 (1.1%)	18 (9.9%)	20
Communicare	10 (5.3%)	0	10
No Referral	8 (4.2%)	2 (1.1%)	10
Day Hospital	0	7 (3.9%)	7
House of Assembly	6 (3.2%)	0	6
Did Not Want Referral	6 (3.2%)	0	6
Wynberg CWS	1(0.5%)	4 (2.2%)	5
Safeline	4(2.1%)	1	5
Tygerberg	5(2.6%)	0	5
Ilitha Labantu	0	5(2.2%)	5
Shawco	3 (1.6%)	1	4
Afrikaanse Christelike Vroue Vereniging	3 (1.6%)	0	3
Social Worker	3 (1.6%)	0	3
Groote Schuur Hospital	0	3 (1.7%)	3
Athlone CWS	0	2 (1.2%)	2
Ons Plek	1 (0.6%)	0	1
CAFDA	0	1	1
Rape Crisis	0	1	1
Anne Starck	1 (0.6%)	0	1
TOTAL	171	163	371

More cases are referred to welfare organizations by the Cape Town court than by the Wynberg court. Most of cases are referred to Diakonale Dienste and the two State Welfare offices, i.e. House of Representatives and Cape Provincial Administration. All three of these offices serve black clients (African and “coloured”). It is noteworthy that the number of white children referred to the House of Assembly is significantly lower.

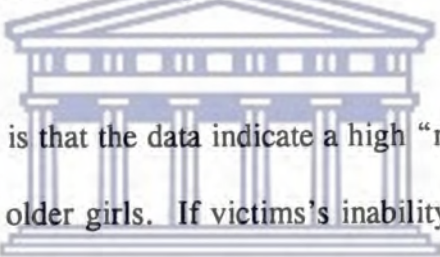
### 9.2.3. Summary of key findings

The aim of the component of the study reported in this chapter was to gain an impression, i.e. broad patterns in the data. The intent was to gather information that would enhance current understanding of the services provided to abused children by collecting data on the characteristics of a sample of the children involved in the court proceedings at the two courts for sexual offences. The availability of these findings at the early stages of the study enriched and informed the subsequent phases of the research process. In light of the utility value of the investigation, the “aging” of the data is, therefore, not a concern. At the time of the study the courts were newly established. The Wynberg Court opened on 1 May 1993 and the Cape Town Court on 18 October 1993. Data collection for this study commenced in February 1994. All records of cases registered with the VSSC at the two courts from its inception until June 1994 were included in the study. The key findings are summarized below.

The total sample was three hundred and seventy one ( $N=371$ ) and included all of the children who appeared on the registers of the VSSC at both courts. The average duration of the court proceedings was 4.5 months. However, this figure is not a true reflection of the situation because there are too many cases with missing data, particularly for the Wynberg Court. A comparison of data collected through several methods, in addition to the document review, such as interviews and personal observations and interview's, indicates that the duration of cases is actually much longer and is problematic for all concerned. Also, it should be noted that many cases were still in progress at the time of data collection because the

special courts were newly opened.

The average age of children in the sample was 12.01 years. Although victims came from a wide age range, girls between ages 10 and 17, were over represented. This finding is supported by the literature which documents that older girls are more at risk of abuse than younger girls or boys. This finding therefore has implications for preventative and after-court services. For example, since the majority of this population is of school age, teenage sexuality and safety skills should be a core part of such services. The role of the school in providing these services should, therefore, be emphasized and encouraged.



A disturbing pattern is that the data indicate a high “no trial” rate for very young children as well as older girls. If victims’s inability to recall and/or relate the incident is considered a limiting factor in obtaining convictions for younger children, cases involving older children should have a higher conviction rate. However, the data indicate no difference, and thus victims’ recall and speaking ability appear not to affect the likelihood of cases ending in a conviction. Further investigation into this topic may be valuable. A related finding is that statutory rape occurs most frequently to very young children and older girls. In this study, where children knew their abuser, the accused were most often acquaintances and family members. Ex-boyfriends (in the case of older girls) and strangers accounted for the least number of cases. This finding challenges the often held belief that older girls are most often abused by the boyfriends with whom they already have sexual relationships, and that rape charges are often vindictive in

nature.

The social workers at both courts refer cases to a wide range of social welfare agencies for follow-up services. Most of these agencies are statutory welfare offices and private welfare organizations. However, the court records do not indicate whether post-court services were provided because the court staff think that their role ends at the time of sentencing.

The interview data, particularly interviews with children and their families indicate that CPS is in a serious state of disarray. Most of the children did not receive follow-up services. Thus children who have been seriously traumatized during abuse incidents do not receive clinical or other support services. If the studies on the impact of abuse on children are taken seriously, as they should, then the current system, in essence constitutes secondary abuse in its worst form to child victims.

### 9.3: CHILD PROTECTIVE SERVICES: THE VIEWS OF SOCIAL WORKERS

#### 9.3.1 PROCEDURE FOLLOWED BY SOCIAL WORKERS

Social workers are the primary service providers in the field of Child Welfare Services. Most of the child abuse cases that they handle are reported directly to them by members of the public. The nature of these cases appear different from those reported at the police stations, where social work services are not always engaged or available. Although all types of abuse are reported at social work agencies, many of the cases fall into the category of neglect, which Costin et al. (1996) defined as:

*“a condition in which a caretaker responsible for the child either deliberately or by extraordinary in-attentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities”* (p 171).

The social work intervention process usually follows the steps listed below:

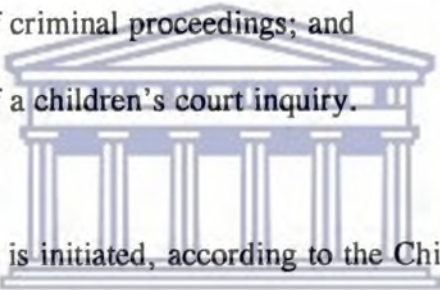
- (i) The case is reported either in person or telephonically to the social worker;
- (ii) The social worker conducts an interview with the reporter. Based on the contents of the report, the social worker assesses the information;
- (iii) If immediate action is indicated, a home visit is conducted where the safety of the child is assessed. If the child is in danger, he or she is removed;
- (iv) If no immediate danger is observed, further investigation follows, or;

- (v) The social worker may elect not to conduct a home visit but rather to send a “call- in letter” to the parent/s of the child. The services of police officers are usually not engaged.

Once the investigation is complete, the social worker may choose from several options which are not mutually exclusive. These include the following:

- Termination of the case;
- Referral to other services;
- Provision of protective services while the child remains at home;
- Initiation of criminal proceedings; and
- Initiation of a children’s court inquiry.

If a formal inquiry is initiated, according to the Child Care Act, 74 of 1993/91, Section 13, the Child Welfare Commissioner, who presides over the inquiry, may:

-   
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- (i) Order that the child be returned to or remain in the custody of his/her parents, or if the parents live apart or are divorced, the parent designated by the court or his guardian or of the person in whose custody he/she was immediately before the commencement of the proceedings, under the supervision of a social worker, on condition that the child or his parent or guardian or such person complies or the parents of the child comply with such of the prescribed requirements as the court may determine; or
- (ii) Order that the child be placed in the custody of a suitable foster parent designated by court under the supervision of a social worker, or

- (iii) Order that the child be sent to a children's home designated by the Director-General, or a place of safety until a decision is made.

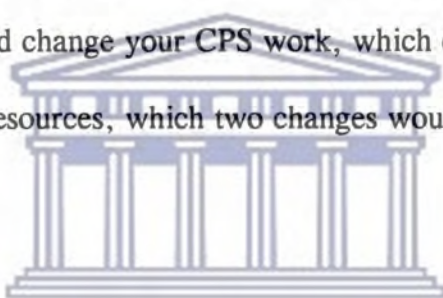
### 9.3.2 METHOD

With the general procedural framework discussed above in mind, the researcher designed this component of the study to capture social workers' views of the CPS system. Social workers employed by child and family welfare agencies that provide CPS, including state and private welfare organizations, were invited to participate in the study. The data collection methods were a semi-structured interview and a questionnaire. Interviews were conducted with 10 managers of child and family welfare agencies and were audio-taped and transcribed. These interviews focussed on the situation of the organization rather than the individual and were guided by the same set of questions posed in the questionnaire. The pencil and paper questionnaire was sent to two hundred social workers, including the ten social work managers mentioned earlier (see Appendix H). Ninety four were returned; a response rate of 49,6%. Of the 94 respondents, 63 were employed by the state, 26 by private welfare agencies, and six by hospitals. The respondents' CPS work experience varied. Over 80 % had more than three years of experience, and almost a third had over ten years experience.

The interviews addressed in-depth CPS policies and procedures which were also covered in the questionnaire. As befits a semi-structured discussion, the interviews did not adhere rigidly to the guidelines, but were characterised by a natural communication flow between the interviewee and the interviewer. During the

analysis phase, it was necessary to make follow-up telephone calls to some interviewees to verify or elaborate on certain of their responses. The questionnaire was comprised of the following questions:

- (i) How does your agency define CPS?
- (ii) What service principles should guide CPS delivery?
- (iii) What core services constitute CPS?
- (iv) What is the government's role in CPS ?
- (v) As a CPS worker, are you satisfied with your working conditions?
- (vi) If you could change your CPS work, which changes would you make?
- (vii) Given the resources, which two changes would you make first to the CPS system?



Because the questionnaire and interviews addressed similar topics, the researcher integrated the findings of both data collection measures. Interview responses were categorized according to the questionnaire item to which they had the most relevance. Then, the data were analysed according to the basic guidelines of content analysis. For each question, responses containing similar elements were grouped into categories. During this process defining themes emerged. These formed the basis for the cross question analysis that yielded the summary which concludes this chapter.

The following presentation of findings includes the social worker's ideas about the way in which CPS should be conceptualized. Specifically, it provides thematic



categories of responses, supportive verbatim quotations and where appropriate, tables showing the frequencies of responses. Please note that since multiple responses were permitted the total number of responses varies.

### 9.3.3 DEFINING CHILD PROTECTIVE SERVICES

Respondents were asked how their agencies defined CPS. The table below presents their responses to question 6.

Table 9.25: Definitions of CPS

Responses	Frequencies	Percentage
Focus on the rights of the child	63	21.1
Primary focus on safety	55	18.4
Provide alternative placement	36	12.1
Protective service to child	27	9.1
No specific definition	68	22.8
Primarily statutory services	35	11.8
Focus on whole family systems	14	4.7
Total Responses (N=94)	298	100

The difficulties in defining child abuse, as identified in the literature, were reflected in the responses. The analysis revealed that child welfare agencies do not necessarily have a clearly defined or written policy regarding child protective services. Most of the respondents attempted to describe their work, rather than define CPS. Others gave their own rather than the definition that the agency use.

In the words of two respondents:

*"We deal with child abuse, but do not really define it"*

*“No specific definitions or procedures are used. The normal social work methods are used”*

While noting the absence of an organizational definition of CPS, many respondents presented their own ideas of how CPS should be defined. Other common elements identified as characteristic of a good CPS definition included: A focus on the rights of the child; the safety of the child; whole family systems approach; the provision of alternative placements and the belief that CPS is primarily the responsibility of the state. These are supported by verbatim quotes. Where applicable the Afrikaans verbatim responses are translated into English.

- A primary focus on the safety, quality of life and best interest of children.  
*“Protecting children and attempting to improve the quality of their lives, and to act in their best interest when the usual societal methods of coping have failed”*

*“As die kind in gevaar verkeer, moet hy/sy onmiddellik verwyder word”*

(When the child is in danger, he or she must be removed immediately).

- Recognition by the state and all concerned parties that CPS are primarily statutory services.  
*“The definition of the Department (social welfare services) is to protect the child according to the Child care act”*

- Inclusive services that address all forms of child abuse.  
*“Protection of children against all forms of abuse. Including neglect, physical, sexual, emotional and the prevention of abuse”*
- Risk assessment, investigation, protective intervention, counselling, and prevention services as part of the service package.  
*“To identify children at risk and to mobilize resources in order to protect them. To investigate every allegation of abuse reported to the agency with a view of validating abuse, organising protective custody if indicated and offering counselling as well as preventative work and ensuring ongoing protection”*
- Family support and reconstruction (reunification) services are essential components.  
*“There is too much emphasis on sexual and physical abuse and seldom focus on emotional abuse; the focus should be on support and empowerment of parents”*
- CPS should have as a foremost concern protection of children’s rights.  
*“The rights of the child must be the social worker’s first concern, but it is not, because we have so many other factors that we must keep in mind, like, finances”*

### 9.3.4 SERVICE PRINCIPLES FOR CHILD PROTECTIVE SERVICES

Respondents were asked what service principles should guide CPS delivery. Their responses indicated that CPS workers have generally reached some consensus on some service principles underlying CPS. The following table illustrates.

Table 9.26: CPS Principles

Responses	Frequencies	Percentage
Needs and rights of the child primary focus	84	31.05
Co-operation/coordination of stakeholders	72	27.3
Trained staff and ongoing staff development	44	16.7
Thorough Planning and small caseloads	31	11.7
Holistic and inclusive approach to services	22	8.3
Confidentiality	11	4.2
Total Responses (N=94)	264	100

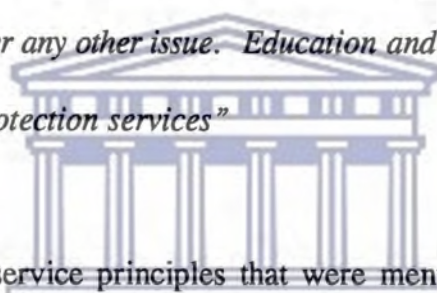
Most of the responses indicated that the protection of the safety, needs, and rights of the child should be primary intervention principles. Concerns were expressed that children are apparently removed too soon from their homes without due consideration given to the possibility of removing the offender from the home, particularly in the case of familial abuse. This emphasis on the rights of the child is reflected in the following verbatim remarks:

*“The child’s needs are paramount and need to be placed above those of the parents, social workers and other adults. Try to avoid removal at all times, but don’t delay removal when necessary. Link planning and evaluation activities”*

*“Die kind is die kern van die ondersoek, assessering en behandelingsplan. Die kind se woord is belangrik. Glo die kind totdat die teendeel bewys word”*

(The child is the center of the investigation, assessment and treatment-plan. The word of the child is important. Believe the child until the opposite can be proved).

*“Every child has the right to protective services. Every allegation must be investigated within 24 hours of referral. The child’s safety takes priority over any other issue. Education and prevention should be integral to child protection services”*



Other important service principles that were mentioned related to professional codes of conduct and service conditions. These include:

- Confidentiality must be ensured. The respondents expressed that it is necessary to balance confidentiality and the need to share important information within the management team.
- Objective and effective assessments must be conducted. Respondents indicated that the quality of the risk assessments is often poor, which contributes to poor decision-making with devastating implications for children and families. Risk assessment was identified as an important area for intensive training.
- Ongoing and adequate training is necessary. One respondent stated that *“the training received during a bachelors degree or a once-off orientation*

*programme at the welfare agency when workers are first employed, is not enough”*

- Each discipline needs practice guidelines. Several respondents indicated that protocols are needed to ensure that all children who access the CPS, receive the timely and appropriate services.
- Co-operative, co-ordinated multi-disciplinary team intervention. Successful service delivery is dependent on engaging a multi-disciplinary professional team, including social workers, the police, prosecutors and medical doctors. Others such as teachers may also be involved. Respondents felt strongly that a multi-disciplinary practice protocol, including professional behaviour standards, should be developed and implemented. Furthermore, they recommended that procedures addressing violation of the protocol should also be instituted.
- Provision of a range of service options and packages. The respondents observed that families in crisis usually require a range of services, including but not limited to, residential care, familial support, financial assistance, and housing.
- Permanency planning should be a primary function of CPS. Every effort should be made to establish a permanent living arrangement for the child and to prevent unnecessary multiple placements.

### **9.3.5 CORE SERVICE ELEMENTS OF CHILD PROTECTIVE SERVICES**

Respondents were asked what in their view constituted core CPS services. These are services considered to be of primary importance for social workers in their

professional response to child abuse. One respondent described core services as being “*a crutch to the victim during the crisis period*” . The table below presents their views followed by a brief summary of responses.

Table 9.27: Core CPS services

Responses	Frequencies	Percentage
Timely and efficient investigations	56	20.7
Multi-disciplinary intervention	48	17.7
Judicial services	47	17.3
Financial aid when needed	43	15.9
Reporting and registration systems	41	15.1
Prevention	19	7.0
Alternative care	17	6.3
Total (n=94)	271	100

The respondents emphasized the importance of effective and efficient investigations into all accounts of reported child abuse cases. They placed high value on multi-disciplinary intervention and a fair and efficient judicial system that respond adequately to the special needs of children. The respondent also felt strongly that families in need of financial and other immediate needs should be referred to responsive services. An effective reporting and registration system, prevention services and alternative care was also considered to be important core CPS services. Some specific suggestions made by respondents included:

- It should be possible to transfer any child to an appropriate alternative location when circumstances dictate;
- Children and families must have the right, access and resources to initiate

and proceed with criminal and other judiciary procedures if they choose to do so;

- It should be possible for any member of the public to report child abuse without fear of reprisal. An effective and efficient registration system capable of capturing the necessary data and providing accurate statistics should be established;
- Timely child abuse investigations and risk assessments should be conducted within twenty four hours of the initial report by qualified and skilled CPS workers;
- Children should have access to a broad range of services that meet their needs. Such services should include, but are not limited to the following: social work and other clinical counselling services on a short- or long-term basis as needed by the child and the family; accessible and appropriate medical services; accessible and sensitive police services; reconstruction and reunification services, where applicable; and financial assistance, as needed.

### **9.3.6 THE ROLE OF THE GOVERNMENT IN CHILD PROTECTIVE SERVICES**

Respondents were asked to give their views on the role of government in CPS. The general view was that the government has the primary, but not sole responsibility for CPS. Their specific views are reflected in the following table and discussion.



Table 9.28: The role of the government

Response	Frequencies	Percentage
Providing adequate finances/resources	79	26.8
Enforce uniform standards	63	21.4
Provide legal protection	59	20.0
Coordination of services	47	15.9
Employment of CPS staff	47	15.9
Total (n=94)	295	100

The respondent generally indicated that they considered the state to be the statutory guardian of all children with the primary responsibility to ensure that children are protected against abuse and neglect. They felt that the state should firstly ensure that children do not suffer unnecessary harm because of the lack of adequate resources available in the households where they live. The enforcement of uniform CPS intervention standards and legal protection were viewed as a state responsibility by the respondents. They also felt that the state should employ CPS staff and coordinate CPS services. More specific tasks that government should give priority to included:

- Transform the welfare system, of which child welfare constitutes a major component;
- Review, develop, implement and enforcement of new child protective legislation;
- Ensure uniform standards for practice, e.g. training, caseload size, case management protocols;
- Employ more CPS workers, including social workers, CPU staff and prosecutors;

- Establish CPS centres and resource units to provide comprehensive services and extend such services to rural areas and to perpetrators;
- Provide adequate financial resources to private welfare organizations;
- Provide financial support and other basic services, such as housing to families.

The following quotations illustrates the ways in which the social workers felt that government should exercise its responsibility:

*“An independent body should assume responsibility for the enforcement of services regarding children. The government appears to be suited for this role as it is primarily responsible for the well-being of children. The government should therefore be actively involved and should be the dominant role player. The government could also subsidize private welfare agencies and could therefore expect accountability in respect of their services from the private organizations”*

*“To provide enough subsidised posts so that investigative social workers can do their work without the pressure of a high case load. To provide a place of safety for emergencies, that is appropriate for abused children and available, e.g. community emergency homes”*

*“The government has to ensure that the protective units cover all communities and include specialized services and programmes in the communities. In particular, the government must establish more resources*

*in the rural areas”*

*“Die regering moet sorg dat daar genoeg hulpbronne is om in die basiese behoeftes van die kind te voorsien, asook die gesin”*

(The government must ensure that sufficient resources are available to meet the basic needs of the child as well as that of the family).

*“The state should maintain and increase financial support for CPS and ensure that additional resources required by CPS are provided and to facilitate with regard to fundraising, specifically for specialized units to prevent, investigate and treat abused children”*

*“Providing financial aid for much needed projects and organizations dealing with children, fulfilling primary needs of children, e.g. for food and education. Co-ordinating child care services to prevent duplication and thus squandering precious resources”*

*“There must be proper legislation which caters for child protection. The present Child Care Act is ineffective. The law must provide the necessary structures and facilities that help in keeping families intact, e.g. jobs, proper housing and proper education. The government must review all the existing legislation that refers to children to protect children's rights. Such legislation must also facilitate the CPS intervention system”*

*“Mechanisms to have standardised definitions of abuse/neglect and protocols for service delivery. National statistics and registers of both victims and perpetrators must be kept”*

*“Provide a complete range of services: prevention to after-care services for all concerned. These should include, maintenance for families who were dependant on perpetrators. Some children should be protected from other children, particularly in residential care settings. Provide different institutions for different types of children”*

*“The government should also take responsibility where the socio-economic situation has resulted in maltreatment of children. The focus should be to strengthen and maintain the family as the primary child-rearing unit”*

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*“The state should be more supportive to the workers. The establishing of more specialized agencies for child abuse could bring about the opportunity to specialize. The state should also look after its workers with regard to remuneration. Training of more staff for this specialised field is a priority. Trained staff should be multi-racial and in direct proportion to the statistics of the different racial groups. Sponsoring of research projects in this field”*

*“Encouragement of ongoing training for all rendering pre-statutory and statutory services. The government has to employ more skilled people - and in-service training and workshops should be financed by the government”*

*“Ensure adequate legal protection of the child not only of the abuser. Harsh measures of punishment should be introduced to perpetrators to serve as a lesson to prospective abusers. Centres for rehabilitation of perpetrators should also be developed”*

*“Police involvement must be ensured within an effective structure. The CPU needs more person power and the government has to ensure this”*

*“The government has a role in facilitating a faster/slicker court process and to appoint skilled commissioners of child welfare, court assistants and prosecutors in Children's Court to ensure rights and needs of children are protected”*



### **3.7 WORKING CONDITIONS OF CHILD PROTECTIVE SERVICE WORKERS**

Respondents were asked to comment on whether they were satisfied with their working conditions.

Table 9.29: Satisfied/Not satisfied

Responses	Frequencies	Percentage
Not satisfied	75	79.8
Satisfied	14	14.9
No Comment	5	5.3
TOTAL (N=94)	94	100

The analysis revealed that the overwhelming majority, (n=80% of 94) of the respondents were not satisfied with their working conditions. Several of the respondents who answered “yes” to this question qualified their responses by also indicating reasons for their dissatisfaction. Two of the respondents who claimed to be satisfied attributed their feelings to the challenges posed by their jobs. They said:

*“The work is challenging, never the same and lots of opportunities to grow”*

*“Dit is 'n uitdaging om as ondersoekbeampte in kinderbeskerming te werk omdat dit vele uitdagings aan jou bied. Wat wel belangrik is, is dat jy as werker nie emosioneel daarby betrokke word nie”*

(It is a challenge to work as an investigative officer within child-protection services because it presents many challenges. What is important is, that as worker, you should not become emotionally involved).

The table below presents the main reasons for the dissatisfaction.

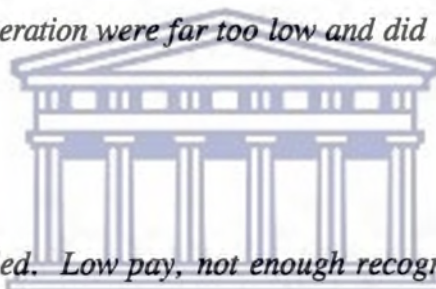
Table 9.30: Reasons for dissatisfaction

Responses	Frequencies	Percentage
Lack of training/ support	81	33.3
Poor pay	55	22.6
Organizational restraints	35	14.4
Lack of co-operation	28	11.5
High caseloads	25	10.3
Need for specialization	19	7.8
Total (N=94)	243	100

The respondents generally felt that they do not receive sufficient training or supervision to prepare them for the demands of CPS. All of these problems they felt, are compounded by the poor salaries paid to social workers. The other reasons for their dissatisfaction were directly or indirectly ascribed to the organizational structure, policies, service conditions and resources of the agencies by whom they were employed. Some expressions and explanations of dissatisfaction in the respondent's own words were clustered in themes and presented below.

- Poorly paid social workers

*"The remuneration were far too low and did not match the demands of the job"*



*"Not satisfied. Low pay, not enough recognition, not enough support by professional team, multi-disciplinary approach, not enough in-service training/workshops etc. All this affects the service rendered to the clients"*

*"Not satisfied - Grossly underpaid"*

*"Satisfied. However, the salary received after a four-year degree (social work) is not suitable recompense for the amount of work and the responsibility required"*

*"No - not paid enough for after-hour services"*

*"I am satisfied on the whole. However, I find it difficult to sustain my energies for low pay and at times difficult or dangerous working"*

*conditions. More restorative leave would be good"*

- Child protective work should be specialized services

*"Workers are expected to do everything; this does not contribute to positive reinforcement and development"*

*"The matter is always referred - too many referrals mess up one case. A specialized unit should handle the intake and finance the assessment. I always wonder what happened to a case after it has been referred"*

*"No specialization. You have to touch on a bit of everything in the shortest possible time. Bulk of work is thus done in the shortest possible period, but not satisfactorily or as you'd like it to be done"*

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*"No. The reason is, because it is difficult to concentrate on child protection service as we deal with other things. There is a great need for specialization"*

*"No. The integrated post with other cases like statutory work, causes a lack of adequate time for CPS"*

- High caseloads

*"Too high caseloads which render services ineffective"*

*"No. Case loads make it difficult to see cases through to their*



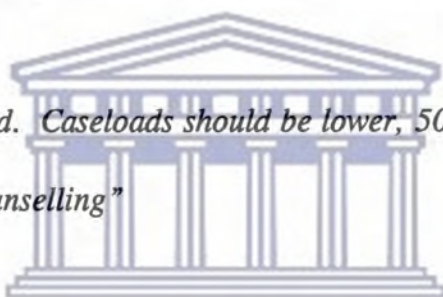
*conclusion”*

*“No. Referrals take too long before the organization decides who has to deal with it”*

*“With other casework this is difficult. Every case rises as a crisis or is already wrongly handled by other persons”*

*“No. Not enough time to deal with a case effectively”*

*“Not satisfied. Caseloads should be lower, 50-60. Manageable to handle in depth counselling”*



*“No - Understaffed therefore not giving enough attention to all my cases and therefore not doing justice to the abused child”*

*“Nee. Weens hoë gevallelading, beamppte verrig statutêre en nie-statutêre werk. Die kind is in baie gevalle die persoon wat ook deur die maatskaplike werker benadeel word en vanwee beperkte insig en kennis”*

(No. Due to high caseloads, officers does statutory and non-statutory work. The child is often the person that is also disadvantaged by the social worker, because of a lack of insight and knowledge).

*“No, because of the high case loads and burn-out a person cannot attend*

*fully to the child abuse cases”*

*“No. All services are not available, no overtime, no psychologist, not easy to contact, external social worker has a heavy load”*

*“No. High and diverse caseloads make it difficult to handle child abuse cases in the most effective manner possible”*

*“No. The work is too fragmented because of the heavy case loads”*

- Lack of resources to deal with the clients' problems effectively.

*“No. Facilities for children and their families in the initial stages are inadequate”*

*“Not satisfied. Not sufficient physical and legal protection for workers in the field”*

*“No. There should be more places of safety and children's homes”*

*“No. There is a need to work until after working hours and we are not allowed to use transport after such time. At times our client can be reached when they are back from work”*

*“If only SA was a welfare state where the basic needs of people were met*

*in an effort to prevent violence, overcrowding, poor living conditions, etc.”*

*“We serve a disadvantaged community, of which some of their problems which contribute to the abuse situation are beyond their capability, e.g. poor housing, uneducated and unskilled clients, unemployment and that is discouraging in the sense that even with one's input their situation is unlikely to improve or change”*

- The non-existence of management protocols or service guidelines.

*“There isn't any resources in the rural area that I work. Although there is a specialized worker for CPS, I have to handle the cases of that nature that is reported to me directly in that area. Sometimes we work on the same cases because there is no co-ordination and system”*

*“We don't follow a specific programme, need to implement one”*

*“There is no guidelines to help workers to render effective and efficient multi-disciplinary services, confidently”*

*“Dissatisfied - stressful, different procedures and expectations at the various courts and agencies”*

*“Not satisfied yet because in real situations social workers are not*

*involved as expected. This is due to the lack of communication, protocol, as well as consultation from the initial stages”*

- The need for adequate and effective supervision and support.

*“Yes. But sometimes other persons in the organization do not appreciate the work and perhaps do not give the backup support that is needed. Better salaries would attract more competent staff to the profession. It would also offset some of the negatives that workers are exposed to. There should also be time out for CPS workers to spoil themselves. For example, by getting one's hair done or going out for a meal etc. Workers in this field are exposed not only to the trauma of abuser but also the need to help children work through this. Many parents who are abusive have personality problems and can be threatening and verbally abusive, e.g. one can get abusive phone calls at home, get threatening letters from attorneys which all add to stress levels in the job”*

*“Very little recognition for burn-out syndrome, therefore also very little prevention of burn-out. Stressful physically”*

*“The nature of the work means social workers often find themselves in potentially dangerous situations. Efforts should be made to ensure the safety of workers”*

- Gaps in training of all professionals involved and a need for ongoing

training.

*“Yes, to a certain extent although there is room for further training on therapeutic services to children and families”*

*“Need to have courses such as the CPSTP at UWC”*

*“No. More in-service training is needed”*

*“The training at university does not prepare us for this job. It is better to get the training at the ICFD because it is relevant and useful in the field. You can also phone in for advice”*

*“No, all the different professional must be trained. The magistrate is the most important team member, but he knows too little”*

*“All training must be fully paid or subsidized by the state, because this is statutory work and the state must protect children”*

- The Child Care Act and court work.

*“Procedures and interpretation of Child Care Act at various courts are resulting in different expectations and sentences for the same thing”*

*“Nee, die Kinderwet is verouderd en beskerm nie die kind genoegsaam*

*nie”*

“Can be frustrating working with legal structures etc. that are not child friendly”

- Co-operation with other professionals.

*“Desperate service needs for Xhosa speaking clients. Load is large.*

*Referrals to agencies not always followed up/ dealt with effectively”*

*“The legal system is very discouraging. Removal or non-removal of children is always a sensitive issue”*

*“Satisfied to a certain extent. In some instances there is no effective co-operation between doctors and social workers. Some outside welfare agencies do not make the appropriate follow-ups on township abuse”*

*“Not fully. Lack of co-ordination. Lack of interest on part of legal professionals. External agencies (some)hesitancy to render after-care services”*

*“Satisfied, yet the outside services, e.g. SAP, court, outside community agencies frustrate me. They are often not available, or dependable”*

This section reflects the concerns of social workers of the sample (n=94) who

worked with child abuse cases. They were also asked to make suggestions as to the changes required in the child protection system. Their recommendations are presented in the next section.

### 9.3.8 RECOMMENDATIONS FOR CHANGE

As could be anticipated, the areas of concern and dissatisfaction with the system, were also those identified as those being the most in need of change. The recommendations for change included the following areas: The transformation of CPS services; the needs and rights of victims and their families; the justice system and legislation; prevention of child abuse; and the needs of CPS workers. The responses are firstly presented in a table followed by a discussion on the findings.

Table 9.31: Recommendations for change

Responses	Frequencies	Percentages
Transformation of the Justice system	81	28.13
Transformation of CPS system	74	25.69
Address the needs of CPS workers	69	23.96
Redress basic needs and rights	37	12.8
Focus more on the prevention of child abuse	27	9.38
TOTAL RESPONSES (N=94)	288	100

Respondents included a range of recommendations for change. These were grouped into themes and is presented next.

- Transformation of CPS Services.

The responses indicated the need for the transformation of the CPS system. The specific changes suggested included the need for specialization; expansion of

services with regard to both inter-and intra-disciplinary service coverage; provision of a comprehensive range of accessible services; development of rural services; and development of protocols to ensure effective intervention. The following responses are characteristic of the comments made about needed changes.

*“Involve all the professionals working with abused children - to clearly outline their roles. Constructive education to men with a high potent of being involved in abusing children and to render treatment service to the offenders”*

*“I would upgrade the existing facilities in order to enable all children, regardless of their skin colour, to enjoy equal facilities. I would make psychological and counseling services available to all children and other family members”*



*“Restructure the entire system to accommodate the child and his/her family, including the present Acts on Child Care”*

*“Provision of a special unit. More outside resources with regard to providing safety for abused children and mothers”*

*“To provide a unit specializing in CPS, employing experienced professionals”*



*“More information and training on CPS”*

*“More centers for perpetrators and more places of safety for kids”*

*“There is a great need for CPS in the rural areas; thus these services must be extended and include , e.g. psychological services”*

*“Broaden CPU services. More special courts”*

*“To minimize the number of social workers/therapists in the child's life when abuse is disclosed. The court process and criminal process especially, is still not geared to deal with child sexual abuse”*

*“More counseling services and more people (all professionals) more knowledgeable in handling abuse”*

*“Correct procedures must be followed: CPU, victim assessment for court procedures, medical investigation, psychological report, perpetrator programme. More regional courts making provision for child witnesses. Upgrade the standard of places of safety and children's homes as the conditions in most of them are poor”*

*“There should be a consistent procedure for all CPS workers to provide effective services. Training and education for substitute care-givers in case*

*of foster/parental care”*

- The needs and rights of victims and their families.

The respondents indicated that the system needs to adopt a more sensitive and responsive approach to families.

*“I would concentrate on the broader needs of the family. It is felt that availability of maintenance in the family should be considered. It is not a child's fault to be born with poor parents”*

*“Die proses wat 'n kind moet deurgaans deur die probleem aan verskeie professionele persone oor te vertel moet die kind negatief raak. Probeer die oortreder uit die onmiddellike omgewing van die kind te verwyder en nie die kind nie”*

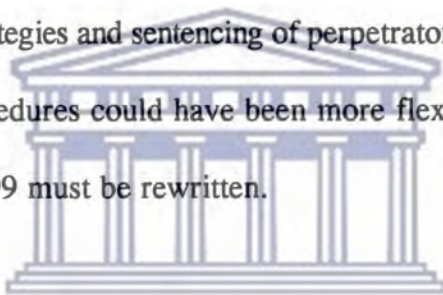
(The process that the child must go through by explaining the problem to different professional persons, must affect the child negatively. Try to remove the offender from the immediate environment of the child, not the child).

*“ Child Care Act and the Criminal Procedure Act/CPS should have flexibility in itself to take the individual needs of cases into consideration. All CPS workers need a good understanding of child development, family functioning, ability to engage parents as partners, good knowledge of abuse, legal systems and legal authority, procedures etc. Canalization*

*panels should also have good knowledge, having had experience and their work should not be obstructed through petty bureaucracy. We should support one another in terms of Government and private welfare organizations in relation to this complex and difficult field taking into account parents needs etc. Person in all levels of this work need to be creative and flexible so that we serve the needs of children and families”*

- The transformation of the justice system and legislation.

The general message captured in this category was that there was a need to rethink the intervention strategies and sentencing of perpetrators. In addition, respondents felt that court procedures could have been more flexible and that the Child Care Act, 74 of 1983/199 must be rewritten.



*“In Baie gevalle is daar volgens die kindwet, nie altyd regulasies om’n kind te verwyder (sodoende om die ouer ongeskik te bevind nie), maar tog weet jy as werker dat die kind in gevaar verkeer. Myns insiens sal sekere veranderinge in die wet teweegbring moet word”*

(In many instances there are no regulations in the Child Care Act to remove a child (in order to find the parent incompetent), but still, you as worker know that the child is in danger. In my opinion there should be changes made to the law).

*“Improve the legal system within which child protective workers work. Raise awareness in communities about the rights of children”*

*“To improve the legislation in order that it becomes more responsive to the developmental needs of the child. To create parenting skills training resources within the community so that they are accessible and available to the clients”*

*“The legal system should operate far quicker. Heavier sentencing for perpetrators”*

*“Create an atmosphere and environment in the court conducive to the child and the worker, e.g. include objects familiar to the child”*

*“Remove perpetrator even if he/she is the breadwinner, from the house and support the family financially until court procedures are finish. If parent should go to prison assist further financially or assist with finding a job”*

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*“Stop children who were abused (especially sexually), from reliving the experience in court. For perpetrators to be removed and sentenced immediately so that the child and family can try to live a "normal" life as soon as possible”*

*“More effective punishment for perpetrators, and stiffer penalties for child neglect. More easily accessible rehabilitation (alcohol) facilities of compulsory nature. Involuntary sterilization for women and men with a child abuse and neglect record”*

- The prevention of child abuse.

More than half of the respondents recommended that more attention be paid to preventative services. The strategies suggested had a strong community-based focus and included group work, educational and skills training programmes.

*“I would concentrate more on prevention services”*

*“Initiate prospects to develop community-based protection services including statutory work, but emphasizing education and training to tackle the problems of poverty and subsequent neglect on a broader scale”*

*“To change to community based prevention services. To empower the non-abusive parent in order to protect their children”*

*“Expand preventative services on an individual and community basis. Appointment of children’s assistants” of the*

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*“Advertise in the community. Use information campaigns. Hold workshops to let the children know what their rights are, and how to keep themselves safely if anything happened to them”*

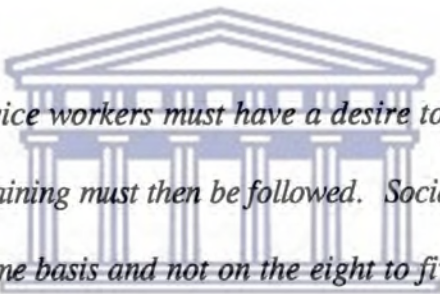
*“Accessibility to services for children. Have specialized centers as mentioned, as well as preventative measures educating children about child- friendly resources”*

*“To mobilize all available resources in the community. Increased use of*

*group work and community work”*

- The needs of CPS workers

The importance of providing adequate support systems for CPS personnel was cited as another area that demanded improvements. Necessary supports mentioned by many respondents included adequate salary reimbursement; protection for CPS workers working in dangerous situations; good supervision and consultation; flexible working hours; opportunities for therapeutic debriefing particularly after difficult cases.



*“Social service workers must have a desire to render services in the CPS. Adequate training must then be followed. Social service workers must work on a flexi-time basis and not on the eight to five basis like its presently the situation”*

*“Have wide experience. Workers to be trained cross-culturally in relation to the area population especially language usage”*

*“Provide well-paid, skilled workers who know what they're doing, why they're doing it. Realistic with good support and supervision, and good salaries will help to retain staff “*

*“Higher salaries to attract skilled people to remain in the profession long enough to make a difference”*

*“Substantially increased salaries and improved working conditions. More credibility for CPS workers particularly in the legal field through education of magistrates and prosecutors about the issues involved in CPS work”*

### **9.3.9 SUMMARY OF KEY FINDINGS**

Examination of the data has confirmed the existence of the basic anomaly suggested in the introduction and rationale of the study. The respondents (social workers), expressed a significant degree of concerns about their ability to respond effectively to the plight of child abuse victims and their families under the present CPS system. They observed that the flaws in the CPS system are symptomatic of deficiencies in the broader social welfare system. They reported that in practice they faced an ongoing struggle to respond to the material needs of the clients and pressures from the system and that they sorely lacked the resources to address either demand. There exist, in most agencies no clear infra-structure and policies to inform their practice on child protective services. Their own practice environment provides limited incentives to boost their morale which is further dampened by low salaries. Lack of training and support as well as adequate supervision are also key concerns. With respect to training, many respondents felt that their tertiary social work degrees does not prepare them for the realities of practice.

The general recommendation called for the development and implementation of a national policy on child abuse. Specific regulation is also urgently needed to regulate CPS practice and stipulate what should be done when practice guidelines

are not followed. This policy should include practice guidelines, intervention standards, and a multi-disciplinary case management system to ensure prompt and appropriate service delivery and reduce the likelihood of secondary abuse of victims. Comprehensive service delivery that provides a continuum of services would facilitate a balance between prevention, intervention and recovery. Financing and adequate budget allocations were considered a priority for child protection work. Respondents expressed concern that presently most of the financial burden is carried by the Department of Welfare. CPS should be an inter-sectoral concern, collectively planned and funded.

The social workers' responses indicated a high level of awareness of concerns in the field of CPS and the belief that there are feasible, practical solutions to these problems. However, during the follow-up interviews with social work managers and some social workers, the workers expressed that they did not have the time, resources and the power to affect the changes needed. This view, not necessarily a pessimistic view, could be misinterpreted by managers as the low "morale" of the workers and by some social workers describe as their "*powerlessness and disempowering working environments*". The need for the facilitation and management of a transformation or change strategy may strongly be indicated here. A role that is both recommended and possible for intervention researchers to fulfil.

It is evident that the will and insight for change exists among the primary CPS service providers. What seems necessary is the development of alliances between practitioners and researchers to engage in collaborative change efforts. This study is an example of the possibilities in this regard. It is also equally important to



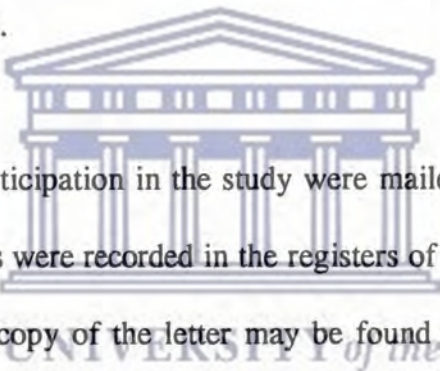
develop participatory methods and meaningful linkages with the beneficiaries of services to ensure that such change efforts are in the best interest of those whose needs are served. The next section presents the findings on the experiences of child victims and their families with child protective services.



## **9.4: THE EXPERIENCES OF CHILD VICTIMS AND THEIR FAMILIES WITH CPS**

### **9.4.1 INTRODUCTION AND METHOD**

This chapter presents the experiences of child victims and their families during their involvement in the CPS system. This component of the Knowledge Development (KD) of the study incorporates clients' retrospective evaluations of the services that they received. To this end, interviews were conducted with a sample of the children and their parents or caregivers (see Appendix G for the interview schedule).



Letters inviting participation in the study were mailed to 205 individuals whose names and addresses were recorded in the registers of the VSSCs based at the two special courts. A copy of the letter may be found in Appendix D. The letter explained the researcher's interest in recipients' experiences with CPS, including the court procedures. Recipients were requested to respond by mail using the enclosed postage paid envelopes or by telephone. Of the 205 letters sent, there was no response on 123 letters; 28 letters were returned unopened and marked "address unknown"; 54 replies were received by telephone or mail, of which eight declined to participate. Telephone contact or personal visits were made to set up appointments with the remaining 46. Those interested to participate were given a choice of venues for the interviews. Those who decided to be interviewed in the researcher's office, were compensated for their transport expenses. For the sake of the respondent=s convenience, five interviews were conducted at social welfare

agencies that were closer to their homes. Thirteen respondents did not keep their interview appointments or could not be traced after the initial contact. Thus in total, 33 interviews were finally conducted. With two exceptions, (a boyfriend and an aunt), child respondents were accompanied by their mothers. Because of the sensitive nature of the subject and in acknowledgement of the client's right to privacy no follow-up calls were made to encourage further participation. Although the response rate is low, this sample was considered adequate for the purpose of the study.

**(i) The interviews**

The semi-structured interviews addressed typical aspects of the post-disclosure experiences associated with child abuse. The interviews with the children and their parents were conducted jointly, except where the child preferred to be interviewed alone. The interviews were semi-structured, designed to cover the experiences of the respondents in the CPS system from disclosure through to case closure. The researcher conducted all the interviews with the respondents personally.

Sixteen interviews were tape-recorded; the remainder of the respondents preferred not to be taped so written notes were made during their interviews. The written notes, transcribed tapes, and the researchers post-interview reflection on the client evaluations constituted the data for analysis.

All the interview data were transcribed verbatim, creating individual interview transcripts for each interview. The first data categories were created according to

the questions posed and the respondent's experience of the intervention process (service steps). Both case analysis and cross-case analysis were conducted. An elimination process gradually took place, thus excluding all irrelevant, repetitive or overlapping data, until conceptual and structural synthesis were reached.

Another key task was to select verbatim statements of the respondents. The goal was to represent the respondents in their own words in order to permit the reader to make his or her own interpretations. The understandability of the statements was therefore an important consideration.

The following discussion reflects the experiences and recommendations of the child victims and their caregivers within the child protective system. Where verbatim quotations are provided in Afrikaans, an English translation follows in brackets.



#### **9.4.2 DISCLOSURE AND REPORTING OF ABUSE**

In all of the cases except for one, the offenders were known to the child. The disclosure was made by the children to a non-offending parent, caregiver or teacher. In two of the instances, another adult "discovered" the abuse. In both of these cases a family member living in the same household witnessed what happened and informed the child's parent/s. In most of the instances the abuse occurred in or around the child's own home. Cases where the abuse happened outside the child's home occurred in the same neighbourhood or at a neighbour's house. Children were usually alone when the abuse occurred. Some perpetrators used coercion and physical force to separate children from their friends. Sexual

abuse usually occurred in a car or in a secluded site. In three cases involving younger children, TV or video games were used as lures. One child was raped by her uncle who lived on the same premises as her family. When she went to him to ask him for bread, he locked the door and assaulted her.

Reports also included accounts of abuse taking place in the bedrooms or toilets of children's homes; and in outdoor locations not far from the home, for example in an open field. Three young girls who were friends of around the same age, living on the same street, were all sexually abused at different times by the same neighbour in his home.

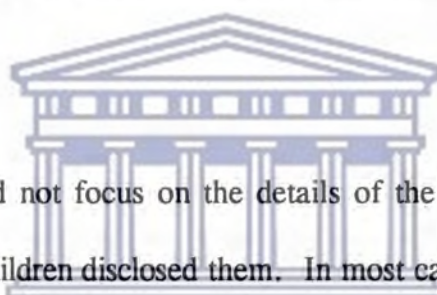


The boldness of the offenders to victimize multiple children in their own homes or nearby, was a particularly alarming characteristic of the cases. Elements of exploitation were also evident, as in the case of the hungry child whose search for bread led to her rape or the children who were lured by toys and video games. Other aspects of abuse, such as physical abuse, violence and coercion were also reported. Violence such as hitting, kicking, pushing and force was present in all of the cases involving older girls. The account of a 15 year old mentally disabled child illustrates the violent nature of the cases:

*“Die aand was ons buite onder die boom. Hy het my in die gesig geklap en in my maag geskop toe trek hy my klere af, en toe verkrag hy my. Ek het geskreeu; toe kom sy pa uit, toe sien hy wat gebeur het, sê niks nie, net X moet inkom. Toe hardloop ek huis toe”...the child's mother added “toe sy daar kom, het ek reeds vir haar gesoek. Toe slaan ek haar sommer, toe*

*sien ek haar klere is nat en vuil. Toe bel my dogter die polisie. Toe kom hulle. Toe vat hulle ons polisiestasioe, en toe hospitaal toe”*

(That night, we were outside under a tree. He slapped my face and kicked me in my stomach; then he pulled off my clothes and raped me. I shouted; then his father came out; he saw what has happened, said nothing and said X should come inside. Then I ran home. The child’s mother added: when she came there, I already had looked for her, then I just started to hit her; then I saw that her clothes were wet and dirty. then my daughter called the police. Then they came and took us to the police-station and then to the hospital).



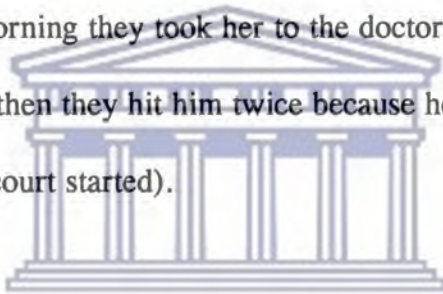
The interviews did not focus on the details of the incidents, but rather on the manner in which children disclosed them. In most cases where children disclosed the abuse to their parents, they did so soon after the incident. The following accounts describe how these interactions took place.

A mother’s story: The victim is a 16 year old girl.

*“Dit het al donker begin word, ek het haar gaan soek. Toe sy daar aankom, toe vra ek haar waar sy vandaan kom. Toe huil sy. Ek vra haar hoekom huil sy, sy sê toe ‘want X het my verkrag” Ons het die polise gebel. Toe het hulle haar gevra weet sy waar die man bly, sy sê ja. Hulle se toe vir my ek moet nie bekommerd wees nie, hulle sal haar nou weer bring. Hulle vat haar toe om eerste die man te gaan soek. Toe vat hulle haar na die polisiekantoor om ‘n saak te gaan lê; Die next oggend het hulle haar*

*na die dokter gevat. Hulle het hom eers die volgende aand gevang en toe slaan hulle hom twee keer omdat hy ombeskof met hulle was. So het die hofsaak ontstaan”*

(It was getting dark, I started to look for her. When she came home, I asked her where she came from. Then she cried. I asked her why she was crying, she said, because X had raped her. We called the police. They asked her if she knew where the man lived, she said yes. They said I should not worry, they will bring her back again. They first took her to look for the man and then took her to the police-station to lay a charge. The next morning they took her to the doctor. They caught him only the next night, then they hit him twice because he was rude with them. This is how the court started).



This incident also happened at night. A neighbour was the offender, and the child disclosed the rape without hesitation. The mother of the child called the police immediately and received help soon after the call. Several points regarding the police response are noteworthy. Although they responded promptly, they risked subjecting the child to further trauma by taking the child with them as they searched for the perpetrator. They also delayed taking the child for a medical examination until the following day, by which time valuable evidence might have been lost or contaminated.

The issue of believing the child at first disclosure, when a family member or friend was involved was particularly difficult for the parent/s and caregivers. One mother

said:

*"I did not want to believe it, because I was afraid of what can happen if it was true. I knew my daughter is at that age where she can make up things, and we were good neighbours. You wont believe it too if you saw this man. I had a bath, then she did, I saw her underwear had blood on; so somebody did it. I took her to a doctor. He said yes. I still take medication. My nerves is finish. She was there that whole afternoon playing video games with him. Even his wife says she is lying. How can she know, she was at work. We will have to move from that place"*

Even after one child's father was found guilty of abuse, the mother still was not convinced that the abuse really happened, she said:

*"...maar daai man staan nog altyd by my en hy het nog nooit, hoe kan ek se, my oudste dogter, wat nie eens syne is nie, is hy nie soos n stiefpa nie. Ek kan nie se of hy reg of verkeerd was nie, maar ek weet net, noudat hy nie daar is nie kry ek baie swaar... elke tien minute moet ek nou by haar (a sister where she now lives) hoor van kos wat ons nie het nie"*

(But that man still always stands by me, he never, how can I say, my eldest daughter, who is not even his, he is not like a step father. I can't tell whether it is right or wrong, but I just know that now that he is no longer there, I am struggling very much...every ten minutes I must now hear from her (her sister), about food that we don't have).

This mother's ambivalence may reflect her dependence on her husband's income.



During the interview, she described the frustration and hardship of having to ask her sister to provide for her and her children.

**(i) Summary of disclosure and reporting experiences**

A synthesis of the various themes around the disclosure of child abuse yielded the following key observations:

- (a) In all of the cases when asked about what had happened, the children disclosed the abuse voluntarily. Reports were usually made to the police by a non-offending immediate family member.
- (b) Younger children were confused and shy about the incidents, but very clear about what happened.
- (c) No social workers were contacted at the time of disclosure or when the report was made at police stations.
- (d) The children and care givers needed support during disclosure and were often unsure of whether they acted correctly. When close relatives and family members were implicated, the non-offending caregiver often had ambivalent feelings about the abuse.
- (e) The police responded immediately in only five out of thirty three instances when they were called, and one family reported that they never received a visit from the police. In most of the instances the people went to the police stations themselves.
- (f) Violence and physical abuse were involved in many cases not only on the part of the abuser but also the parents, and in some cases, the police.
- (g) Only in one of the case was the offender unknown to the child.

- (h) Financial dependence on the offender's income, often makes it difficult for caregivers to support and protect the victim adequately, and leaves mothers, particularly, torn between protecting their abused children and providing for the needs of their family, which usually includes other children besides the victim.

#### **9.4.3 REVIEW OF THE PROCESS OF SERVICES DELIVERED**

Families and victims typically received professional services from the police, social workers and court-based services. The following discussion presents some of the experiences of children and parent/s during their involvement with the CPS.

##### **(i) The police services**

In all instances, following disclosure, reports were made to the police. The reports were recorded by police officers, who then conducted their own investigations without involving social work. Depending on whether the report was first made to the police or to a social worker, both professionals decided, without consulting the other, whether or not to institute legal proceedings in the criminal or children's court. This pattern of isolated decision-making indicates the need for in-depth discussion on how and by whom decisions are made to refer cases to court.

A few respondents were of the opinion that cultural beliefs and practices influenced the decisions of the police officers in their area. In these instances the police advised civil intervention rather than criminal court involvement. These statements were supported by the data collected from the intermediaries who are

also practising social workers. In these cases it was suggested that the police are often warned or threatened by perpetrators or their friends or families not to refer the case to the courts. According to the records of the one special court, many cases do not proceed to the court, even after reports are filed with the police. Two respondents never appeared in court and had no idea of what happened to their cases. Indeed, they were under the impression that the interview would provide them with some information relative to this matter. One respondent disclosed that she had to send her child far away to school because her life was threatened after she went to the police, although she and many others knew the perpetrator's identity. Two mothers were convinced that the abuser of their children had abused others but they were scared because the person "*is too powerful*" and "*He will kill anybody - one child already died strangely*". Clearly re-victimization arising from cultural or other practices are serious concerns of many families and affect utilization of CPS.

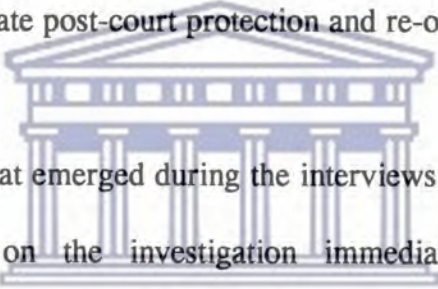
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However, in most cases, the respondents were not negative about their experiences with the police. One respondent was appreciative of their help with transport to and from the court. One police officer also gave money to a family who needed food and transport money. One respondent said:

*"As ek die polisie sien, of hulle kry my langs die pad, en hulle vra vir my pla hy vir jou, en ek sê vir hulle hy steur hom nie aan die straf nie, so dit was nie die moeite werd om die saak te maak nie, dan sê hulle, hulle kan niks maak aan die saak nie".* (When I see the police or they get me on the road, they ask whether he bothers me. Then I tell them that he does not

pay attention to his punishment, so it was not worth the trouble to make a charge. Then they say, they can do nothing about the matter).

The above statement indicates the police's concern and interaction with the victim. Nevertheless, the same respondent reported negative experiences with the police after the court proceedings were completed. Her account is echoed by other victims who reported feeling unprotected against further abuse from perpetrators and, in some cases, their families. The police also seemed to be unwilling or unable to intervene after court cases. This failure has implications for the provision of adequate post-court protection and re-offending rates.



Another concern that emerged during the interviews related to officers' tendency to focus solely on the investigation immediately following the abuse. Understandably, apprehending the offender is a priority. However, having victims accompany them as they search for the perpetrators increases the likelihood of secondary trauma and in some cases delays the medical examination, thereby losing important evidence. In the critical period after disclosure and reporting, victims and families need emotional support and counselling by social workers or other professionals. Police officers are often the only support system of families at the time of disclosure. Thus, their actions leave lasting impressions on the children and families. Appropriate training is therefore imperative, and it is important to ensure that police officers understand the emotional needs of children during the investigation of child abuse cases. The key findings are listed below:

- Police officers are often the first and only support system for child victims

and their families.

- Most of the respondents had positive experiences with the police, with the exception of cases where the police failed to respond when called.
- Respondents appreciated the caring attention that they received from some of the police officers and appreciated support such as assistance with transportation.
- There were two reports of police assaulting offenders.
- Not all police officers are child friendly or sensitive to the needs of child victims. There is a need for police officers to receive training in addressing children's developmental needs and in the investigation and management of child abuse cases.
- Cultural practices and beliefs could jeopardize the safety of the child. Some victims felt strongly that some police offices are influenced or coerced not to take child abuse cases to criminal courts. Although cultural issues are sensitive, it is accepted that it should receive attention in the relevant South African law reviews and reform.
- Child victims and their families often suffer abuse by the offender after the court proceedings. There is a need for the police to clarify their role with respect to providing families and victims with protection after the court proceedings.

#### **(ii) Medical doctors**

Although all of the children who were interviewed received a medical exam at either a hospital or district surgery, most parents do not recall granting permission

for the examinations to be conducted. Police officers arranged for the examinations, and apparently, neither the children nor their caregivers knew what to expect from the procedure. Also, there appeared to be virtually no communication between the doctor and the children or their parents. The children's recollection of the examinations were vague at best, and gave the impression that they had not felt in control of the situation. When asked about the examination, most said "It was okay", but declined to elaborate. Their reticence can be understood, given the personal nature of such examinations and the fact that many did not completely understand why the examinations were performed and what to expect. In this connection, some responses were as follows:

follows:

*"Die dokter was baie geduldig"*

*"Dit was nie lekker nie"*

*"It was just something that had to be done, we did not ask any questions.*

*On is still in shock then"*

One mother said: *"Die dokter het niks vir my gesê nie. Ek het ook niks gesien nie, so weet ek nie of ek haar weer dokter toe moet vat nie"*

Another said, *"wat as hy nou aids kry?"*

(The doctor told me nothing. I also saw nothing, so, I don't know whether I should take her to the doctor again. Another parent asked: what if he now gets aids?).

This statement reflects the lack of communication and the need of the victim and the family to understand why the medical examination is necessary. In addition

there are serious concerns needing clarification and medical follow-up services.

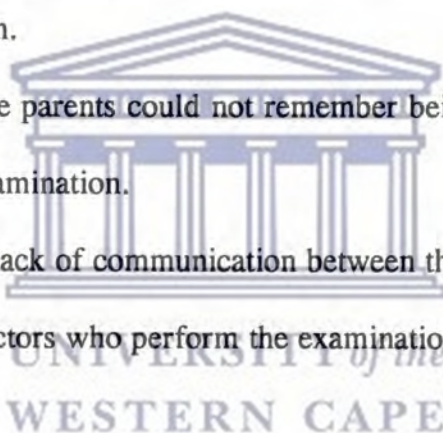
The HIV/AIDS concerns are important issues for victims and families.

The purpose for the examination was not specified in most of the cases, but appeared to be connected with the search for evidence as part of standard practice.

One doctor gave the following reasons for the examination: to assess whether there is a need for treatment; to reassure the child and the family and to collect forensic evidence. The

key findings were as follows:

- Parents and children are unclear about the purpose of the medical examination.
- Some of the parents could not remember being asked permission for the medical examination.
- There is a lack of communication between the parents/caregivers and the medical doctors who perform the examination.



### **(iii) Social work services**

Some respondents received social work services from social workers based in the courts, hospitals and/or social welfare offices. Others received no social work services which is deplorable given the important contribution that social workers can make in the management of child abuse cases. Caregivers reported that they appreciated the court based social services, because during court proceedings the families are often still very shocked and traumatised. For many this was their first experience with the court system, and they valued the kindness shown them by social workers. Two such respondents said:

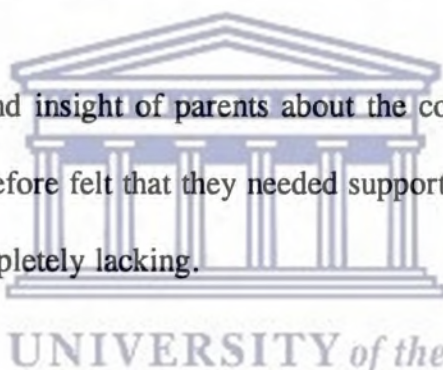
*“Sy het vir my alles gesê en vir my gewys hoe lyk die hof van binne en toe gesê as ek nie voel om in die hof te sit nie, moet ek vir hulle so sê. Toe sit ek in die klein kamertjie”*

(She told us everything and showed me how the court looks inside and said if I don't feel like sitting in the court, I must just say so". The I sat in the small room).

*“Baie goed. Sy het vir ons tee gegee. Daai dag was dit my verjaarsdag”*

(Very good. She gave us tea. It was my birthday on that day).

The knowledge and insight of parents about the court procedures seemed very limited. They therefore felt that they needed support and preparation, which was inadequate or completely lacking.



*“Hulle sien haar net een oggend vinnig en dink hulle weet genoeg van haar en die saak”*

(They only saw her one morning quickly and think they know enough about her and the case).

A significant comment was:

*“Ek verstaan nie wat aangaan nie. Wie is aan onse kant?. Die social worker by die hof is nice, maar, sy praat nie in die hof nie”*

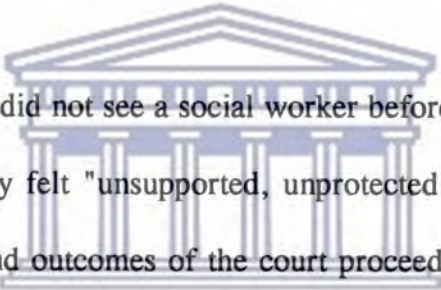
(I dont understand what is going on. Who is on our side. The social worker at the court is nice, but she does not talk in court).



The above statement was made by a mother whose child could not “stand-up” to the pressures of the court the case was, therefore, dismissed. She felt that the prosecutor let them down, and that no one was really concerned about the child’s interests. Another victim complained:

*“Hoekom weet die man se lawyer meer van hom as wat die ondermagistraat (referring to the prosecutor) van my weet?”*

(Why does this man’s lawyer know more about him, than what the prosecutor know about me ?)



Most of the victims did not see a social worker before the court proceedings, and consequently, many felt “unsupported, unprotected and uninformed” about the process, content and outcomes of the court proceedings. Although referrals to social work agencies were made after the court proceedings, almost all of the victims and families said that contact was never made with them subsequently.

The key findings are listed below:

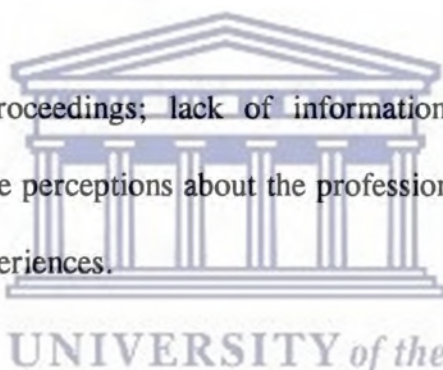
- Social workers are involved in child abuse cases in different ways. Some serve as intermediaries in the court system. Most also work at agencies or are key members of hospital-based teams, where medical examinations are conducted.
- The experiences of respondents with social workers were positive. They found their support, particularly that of court-based social workers, to be very helpful.
- Some of the respondents’ expectations of social workers were revealing:

They expected at least that the social workers, if no one else, would be on their “side” and be able to promote the child’s well-being, particularly with respect to safety issues.

**(iv) The justice system**

For all children the criminal proceedings were the most salient aspect of CPS, and their experiences in this area, ranged from very good to very bad. When their cases did not end in a conviction, respondents uniformly considered that their experience had been “very bad”.

Lengthy court proceedings; lack of information about court hearings and procedures and the perceptions about the professionals also shaded respondents’ views of their experiences.



Some respondents were confused by the proceedings and the different roles of the professional staff. Although she did not appear worried by it, one mother’s remarks indicated that she did not understand the prosecutor:

*“Ek het self gepraat. Die onder-magistraat het daar gestaan en woorde lees”* This respondent referred to the input of the prosecutor as “words”.

When asked the reason for this statement, she responded: *“ek weet nie, hulle praat baie woorde”*

(I talked. The prosecutor just stood there and read words; I dont know, they talked lots of words).

The long court proceedings were also another commonly expressed complaint. One respondent felt that the remanding was sometimes due to professional negligence because:

*'Ons was eers X- hof toe. Die saak is hier drie keer uitgestel. Toe streekhof toe waar hy vier keer voorgekom het. Toe is hy mos uit op borg. Maar die dag wat hy weer moes gaan, toe lê hy in die hospitaal, want hulle het hom gebrand en gesteek. Toe sê die polisie hulle sal weer vir ons n datum gee, maar hulle het nie. Hulle het ook nie vir hom in die hospitaal gaan besoek en gaan sê nie. Toe trek hulle sy borg terug, toe sê ek hulle het nie vir ons 'n ander datum gegee nie. Ek het bewys geneem van die hospitaal. Toe kom ons weer voor: altesame ses keer uitgestel, en so het dit gegaan vir die hele jaar"*

(We first went to the X-Court. The case was remanded thrice here. Then to the regional court, where he appeared four times. Then he got bail. But the day he was to appear, he was in hospital, because he was burnt and stabbed. Then the police said they will give another date, but they did not. They also did not visit him in hospital to tell him. Then they withdrew his bail, I told them they did not give us another date. I took the proof of the hospital. Then we appeared again, about six times, and so it went on for a whole year).

Some respondents were also dissatisfied with the number of hearings, feeling that a single case should be handled through to completion by just one court.

Many also expressed concern about the manner in which professionals communicated with them. The following statements reflect some of the feelings that respondents had with regard to these matters:

*“Ek is tevrede. Die saak is nou gebêre, maar nou is dit net agterna dat die familie lol. Hy sit in die tronk. Sy mense vloek en skel nog steeds”*

(I am satisfied. The case is over. It is now afterwards that the family bothers me. He is in jail. His people still swears and yells).

*‘Hy het vier keer in G-hof voorgekom voordat die saak Kaap toe gegaan het”*

(He appeared thrice in G-Court before the case went to Cape Town Court).

*“Sy het nie saam met hom voorgekom nie; maar as hy elke keer voorkom, dan het die sersant gekom om te se; dan se hy ek hoef nie te worrie nie”*

(She did not appear with him, but the police officer told us whenever he appeared, then he told us not to worry).

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*“Ek is nie tevrede met die straf nie. Hulle moes hom laat sit het”*

(I am not satisfied with the sentence, they should have given him jail).

*“The sentence was fine, but it does not make things better. I am still very sad, and so is my child”*

*‘I reported it in July last year, and went to court only January this year”*

*“The mother is not satisfied with the sentence. The child was too scared to speak, so nothing came of it. The child’s father cannot get over it”*

*“Not satisfied. They did not see the case as serious enough. Only after my employer called things improved”*

*“I am satisfied, but she is not (child), she feels he should have gone to jail, and not still hang around, now they think she lied”*

*“I am not satisfied, he just got a beating, and some suspended months”*

The key findings indicated the following:

- All the respondents perceived the court hearing as being very important.
- Children viewed the outcome as the proof that they were believed and that justice had prevailed.
- Respondents were dissatisfied with the long court processes and the duration of cases.
- Many of the respondents were dissatisfied with the outcome of the court, with jail terms being the preferred outcome.
- Respondents felt that they needed more information and clarity about court proceedings and terminology and were reluctant to speak with prosecutors.
- The way in which professionals relate and communicate to children and their families are crucial. All children and families must be respected.
- The respondents indicated problems which were not necessarily with specific individuals, but mostly due to the lack of communication, information, unclear procedures and the specification of roles and responsibilities. Referring to this confusion, one respondent stated: *“If things were better planned, I should not have been sent all over the place”*.

#### 9.4.4 PERCEPTIONS OF PARENTS ABOUT THE EFFECTS OF THE ABUSE ON THE CHILDREN

The following responses are the expressions of caregivers about the way in which the abuse affected their children and, in some cases, themselves and other members of their families:

*“Yes, behaviour problems. He gets agitated easily; has nightmares and dreams; restless and talks in his sleep. He always appears nervous...not enough follow-up services”*

*“She does not want to be alone, does not speak much... withdrawn, scared to talk and fearful”*

*“He gets so quiet; if he’s with his friends, he seems ok”*

*“Is very destructive, rude. She seems so angry. She takes it out on everybody who are so good to her”*

*“He is so quiet, does not speak about what is bothering him”*

*“He bunks school, and is not doing well at all”*

*“School work is deteriorating, there is no improvement”*

*“He is rude to his teachers”*

*“Sy mense is “gangsters”, hulle baklei nou al maande met ons. Ons*

*het hulle gaan aangee, maar dit help nie, ons sal ander plek moet soek*"

(His people is gangsters, they are fighting for months with us. We already laid a charge against them, but it does not help. We will have to look for another place to live).

*"I cannot work effectively anymore, this thing is on my mind all the time"*

*"My husband is still very angry"*

*"The neighbours are looking at us, and is rude to him"*

*"I expected some help with the many emotional problems, she still has problems"*



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*"I'm not sure how she now feels about her father, but she goes with to visit him in jail"*

A mother of one of the older girls said:

*"She's had a personality change, first we could talk, now there's just nothing"*

All the families felt that they needed support from the point of disclosure onwards. Some required follow-up care after the hearings, and others required intensive, long-term services.

- Only a very small number of children actually received follow-up therapeutic services. Most parents felt that their children and families needed more services.
- The abuse resulted in great stress to both the families and the child victims. In many cases a combinations of emotional, physical, socio-economic as well as coping with secondary abuse of offenders were experienced.
- The children who were abused displayed a wide range of emotional, behavioural, social and school related problems.

#### 9.4.5 CONDITIONS SURROUNDING ABUSE

Although the interviews did not specifically address the circumstances that may have contributed to the abusive environment, some important observations emerged relative to these issues. The lack of appropriate child care and supervision was noted in most of the cases. Children were often left unsupervised or under inappropriate care by their working parents. At least three children were raped while their parents were at home but unaware of where their children were when the assault occurred. After-school activities and other children's programmes were not available in any of the cases under study.

Factors associated with poverty were observed in many cases. Poor and overcrowded housing led to a lack of privacy in many of the households involved. In one case sixteen persons shared a three-roomed structure. In another four adults and four children shared a hostel room. Many respondents lived in neighbourhoods where poverty and violence were rife. The latter seemed to be a common factor. Examples of violent incidences not necessarily related to the



interviews were mentioned in passing by some of the respondents. Some of these related to the on-going fights and murders among gangsters. The use of physical assault by the police in one incident was also casually accepted. In three of the cases, drugs were mentioned as an associated factor of the abuse, while alcohol and drunkenness were mentioned in eight of the cases. In seven of the cases none of the adults within the household were employed. Three of the offenders were unemployed family members who were either directly or indirectly responsible for childcare. Financial hardship; lack of food and money; dependence on state grants and the lack of an income of the offender was common in many of the cases. One child was raped when she asked bread at a family member's house. One mother was torn between her loyalty to her daughter and financial dependence on her abusing husband. Two respondents recounted that the police gave them money for food and transportation. In fifteen of the cases the researcher distributed food parcels and/ or money to alleviate the immediate needs some families had.

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#### **9.4.6 SUMMARY OF FINDINGS**

The intent of this KD study was to develop an understanding of the current situation of child abuse case management as perceived by key stakeholders. The examination of the findings generally confirmed the notion raised earlier in the study, that the Child Protection System is in disarray. A broad range of indicators in this regard indicates that the situation is compounded by weaknesses in other parts of the child welfare system; the demands of chronically dysfunctional families, inadequate community support systems, and a lack of resources. The experiences of the providers and clients in the CPS system, as revealed above, may be summarized as follows:

- (i) Current legislation and policies do not provide adequate protection to children. There exists an apparent absence of uniform infrastructure, service and intervention procedures, and code of ethics among service providers.
- (ii) Professional staff are not always trained to manage cases of child abuse. While, specialized CPU services appear to be the most effective police intervention, the CPU staff capacity is largely inadequate to deal with the current demands. Also, problems are reported with untrained police officers at local police stations.
- (iii) Many disclosures are not followed up, and many cases reported to police, never reach the courts.
- (iv) Social work services are often not provided during the court process.
- (v) The procedures at the sexual offences courts do not always serve children's best interests. Parents/guardians and the child victims are often not adequately informed or prepared for court proceedings.
- (vi) Many children are never followed-up after court procedures have ended and thus may be at risk for further abuse.
- (vii) The working environment of CPS workers is generally poor. In addition, the value of social work services is underestimated by both the courts and the social welfare authorities. Social workers generally work under extremely difficult circumstances, worsened by unreasonably high caseloads, and poor support, supervision and salaries.
- (viii) There exists keen interest and commitment among service providers to change the situation positively and constructively.

#### 9.4.7 RECOMMENDATIONS

In light of the fragmentation that exists in CPS and the resulting poor response to victims of child abuse that exists in CPS, urgent attention should be paid to the following and huge gaps that exist in the child protection system. It is recommended that urgent attention is given to the following proposals:

- (i) Involve and commit the highest provincial leadership, followed by leadership on all levels and platforms of civil society to address child abuse.
- (ii) Establish a provincial inter-ministerial task team to draft a cabinet memorandum requesting urgent and priority attention to be paid to this problem by the political and administrative leadership.
- (iii) In the context of the Convention on the Rights of the Child (1989), new legislation should be developed through a consultative process to address among other policy priorities child protective services.
- (vi) The researcher based at Institute for Child and family Development at the University of the Western Cape could play a leading role in the development of CPS policy and practice.
- (v) The existing Forum for Child abuse and Neglect should be formalized in a permanent provincial structure to co-ordinate provincial CPS activities.
- (vi) The relevant government departments should take the responsibility to:
  - Implement mandatory training for all service providers;
  - establish effective linkages and mechanisms among departments to ensure comprehensive service coverage;
  - Ensure by means of legislation that case management protocols are standardized, implemented and evaluated throughout the system;

- Invest in community based prevention programmes;
- Address with urgency the current financial crisis facing social work agencies;
- Evaluate each sector of the system and appropriate the resources to effect the needed changes;
- Bolster the CPU with respect to staff shortages, training and case management.

#### **9.4.8 PROPOSED PLAN OF ACTION**

The research findings were presented to the WCCAF (including representatives from government and non-government organisations). The above recommendations were also shared and were generally very well received. The meeting acknowledged that without concrete proposals policy-makers will not take the necessary action. Therefore, the WCCAF decided to engage in a participatory process to identify solutions with the assistance of IFCD. Given that case management, service co-ordination, lack of resources and inter-disciplinary collaboration were recurring themes in the findings, the WCCAF suggested that a primary solution to some of the immediate problems would be the development and implementation of a multi-disciplinary protocol for the management of child abuse. As used here, a "Protocol" means: A record of mutual agreement among service providers to ensure that children who are abused receive appropriate and timely services. To achieve this primary aim, the following goals and objectives were formulated by the researcher in collaboration with the WCCAF.

#### 9.4.9 GOALS AND OBJECTIVES

Working with the WCCAF, the researcher agreed to develop a protocol for the case management of child abuse. The rationale and motivation for this was based on the assumption that a protocol could accomplish the following:

- Provide clear guidelines to all professionals about the procedures that must be followed when a child or an adult discloses child abuse and neglect;
- Reduce overlap and the number of children who currently fall through the system;
- Facilitate co-ordination and co-operation among service providers;
- Develop increased sensitivity and awareness about the rights and needs of children;
- Provide a sense of security and confidence to CPS workers and to the children and families who are served;
- Serve as an ongoing monitoring and evaluation tool for service accountability.

The above KD research findings and on-going consultation with the WCCAF provided the mandate to the researcher and the protocol development team to develop the protocol. This process is discussed next in Chapter 10 (Phase 3).

## CHAPTER 10: DESIGN OF THE PROTOCOL FOR THE MANAGEMENT OF CHILD ABUSE (PHASE 3)

### 10. 1. INTRODUCTION

Design is the third phase in Intervention Research: Design and Development (D&D). In this study, the design of the protocol was preceded by the problem analysis, information gathering and synthesis phases. The findings and outcomes of the Knowledge Development (KD study), as presented in the previous section, provided the contextual basis for the design and development of the protocol.

Intervention design is often singled out as the least developed aspect of intervention research. In this regard Mullen (1994) stated that:

*“... although social scientists generally expect that their research findings will be beneficial and used, they do not expect that their findings will be converted systematically into practice application”* (p. 164).

From the above, it may be implied that social scientists consider the dissemination of research findings synonymous with the utilization of the research. Implicit in this view is that subsequent programme or policy decisions may not be influenced by their findings and/or their recommendations for change. Mullen (1994), asserts that research findings have usually not had a significant impact on social work program design and development. To social scientists utilization of research findings, geared towards knowledge development, usually means the structuring of a research process. They are usually unaccustomed to incorporating a process

of planned change as part of research design. This further means that they are most likely not trained for such tasks. It is, therefore, not surprising that change in social work practice tends to occur through mechanisms such as the confluence of forces, event dominated change, accidental innovation and external intervention. In contrast, Intervention Research is a purposive, planned change process, based on the assumption that research findings can be systematically converted into a social intervention, which constitutes the means or instrument to effect the desired change (Rothman & Thomas, 1994).

The primary purpose of this research was to engage stakeholders in a planned process that would yield practical solutions to the problems they identified in the practice of CPS. The assumption was made that a protocol for multi-disciplinary management of child abuse would contribute to the change needed in the CPS field. This section describes the process followed to design and develop the protocol.

## **10.2. THE PROTOCOL DEVELOPMENT TEAM (PDT) AND THE DESIGN OBJECTIVES**

On 13 February 1995 the protocol development team (PDT) received the first mandate from the Western Cape Child Abuse and Neglect Forum (WCCAF) to develop, through a participatory process, a protocol for the management of child abuse in the Western Cape. The WCCAF is an umbrella forum with representation from governmental and non-governmental organization and institutions that provide some form of services in the area of child abuse and

neglect. The PDT was tasked to create a document that would serve as a joint, multi-disciplinary management protocol agreed upon by all stakeholders and address the roles, responsibilities, procedures, standards of care, and codes of behaviour during the intervention process in instances or suspected instances of child abuse. The members of the PDT were all senior representatives of organizations and state departments with extensive experience in the area of child abuse and neglect. The member organizations included:

- The Institute for Child and Family Development (researcher);
- Private welfare organisations;
- The State Departments of Health, Social Services, Education, Justice and Police.



The nature and scope of the problem required the participation of both governmental and non-governmental organizations. However, there was not a history of intra-agency and organisational collaboration partly due to the policies of the apartheid government and partly due to the deliberate choices made by some agencies. Relations between the previous government and non-governmental agencies (especially agencies serving black populations), were particularly strained. Attempting a collaborative and interdependent process was therefore a challenge. In retrospect, both sectors gained from the process. One of the many advantages of having had government participation was that it provided access to in-kind resources such as transportation and the duplication of printing materials during the decentralized workshop process. Probably the most impressive outcome of working together was the joint ownership of the end product. The evidence of this



was demonstrated by the sustained commitment of all the stakeholders to see the process through and by the concrete suggestions given regarding the implementation of the protocol.

The process was co-ordinated by the researcher who was responsible for the collation of sub-group reports and the compilation of the final protocol. At the initial stages of the study, the researcher was the chairperson of the Provincial Child and Family Sector of the “new” government's Strategic Planning Team for Welfare, the chair of WCCAF and NCCAN, and on the faculty of an academic institution. All of her connections and the perception that as an academic, she could be a neutral, but active partner in the PDT, may have facilitated the process. In addition, the fact that the process was spearheaded by an academic institution may also have promoted an openness to a process of collective learning. Moreover, the general goodwill that existed toward nation-building at the time of the process, created a positive political and social environment to start and to sustain the process. It was, therefore, possible to engage senior staff from both governmental and non-governmental (NGO) agencies during the process.

### **10.3. DESIGN METHODS**

After the February WCCAF mandate, the PDT began a series of tasks that would stretch over several months. A problem-solving method was selected to provide a broad sense of direction and to guide the design and development process. Most design methods are usually based on a model of planned change. The problem-solving model has become a popular choice to affect change in social work and

other disciplines. The problem-solving stages used by the PDT included the following activities:

- Problem analysis (derived from the KD findings);
- Setting the objectives for protocol development;
- Considering optimal approaches and materials;
- Drafting and designing;
- Consulting, editing, assessing and taking corrective actions.

The design task evolved as a basic curriculum development process, based on a problem-solving approach. Carl (1995) observed that a problem-solving curriculum development process requires time and effort. The design problem must be solved by means of a connected, meaningful and acceptable proposal. There must be maximal utilization of the knowledge and skills of all those involved. Finally, there must be a balance between originality and creativity on the one hand and the utilization of existing practices on the other.

Although the process was time consuming, the mandate, participation and commitment from the broad WCCAF served as a source of direction and inspiration. The collective experience and skill of the PDT brought together dynamic forces of knowledge and creativity. To conduct its work the PDT used workshop methods, including:

- Problem formulation;
- Brainstorming and think-tanks;
- Creation of prototypes and discussing it, inviting comments;

- Choosing and refining materials and the design.

However, even though the process was carefully planned the design of the intervention evolved from a complex mixture of elements that were not necessarily factors that could have been anticipated, but rather elements that may have affected the quality of the process profoundly. These include: political considerations and or influences, the personal influence of key stakeholders, economic constraints, and the availability of the necessary program staff and technology. Although some of these surfaced during the process, it did not derail the process or cause insurmountable problems.

#### **10.4. DESIGN DOMAIN**

During the first few working sessions the broad project objectives received from the WCCAF were narrowed down into focussed areas or design domains. These domains included child abuse case management procedures, key constructs and themes proposed by the WCCAF as the problem statement. Because of the complexity of the child protection field, it was apparent that some elements of CPS could not be changed by the protocol working group or the process of protocol development.

There existed consensus within the WCCAF that the broader child welfare system needed comprehensive transformation, including a review of old policies and formulation of new policies and legislation to address all aspects of child welfare of which the CPS are one component. It was, therefore, imperative to link the

proposed initiatives both provincially and nationally to ensure a systematic and holistic transformation process.

Another factor impacting the scope of the problem-solving process was the availability of human and financial resources. The study's participatory design required an on-going time commitment. The PDT was composed of full-time staff at other organizations and institutions, therefore the work of the PDT had to fit within their schedules. Also, the process evolved at a time when most organizations were facing financial crises. It was, therefore, not always possible for organizations to avail staff or finances when the process required it. Innovative solutions had to be found to facilitate continuity and progress.

Various methods have been suggested to frame areas for design activities. Mullen (1978) used a systems formulation and singled out the components of a client system for attention. Rothman (1980) used factors such as structural, administrative, interpersonal, and ethical factors to guide the design process, while Thomas (1981) identified a set of helping strategy components as design elements. These included assessment methods, monitoring methods, termination procedures and implementation methods.

The PDT decided to focus their design domain on two broad areas: the structural mechanisms for the implementation of an effective multi-disciplinary protocol for the management of child abuse and the procedures to be followed by the relevant role-players in cases of child abuse. The tasks were divided among the members

of the PDT who subsequently worked in small teams. For the purposes of comprehensive coverage, the design domain was broken down into intervention stages. Specific attention was given to the intervention tasks of the multi-disciplinary team. The basic problem areas and recommendations for change were retrieved from the literature study, the KD study and enriched by the field experience of the PDT. Subsequently, the small teams focussed on the following intervention themes: prevention and definitions; reporting and registration; risk assessment, investigation and validation; court proceedings and decision-making and further management and termination. The task of the small teams was to develop a discussion paper on each of the above areas. The focus of the discussion papers was on the intervention mechanisms and procedures to be followed during each phase. The discussion papers were then reviewed by the members of the PDT and then by WCCAF.



### **10.5. DESIGN REQUIREMENTS**

The requirements of the intervention were developed by the WCCAF at a workshop held at IFCD on 20 March 1995. At this workshop the first discussion paper was discussed and feedback was received. The feedback indicated that the protocol should:

- Ensure that safety of the child be the primary consideration for intervention;
- Be simple and appropriate for use by relatively new CPS workers;
- Be practical;
- Be easily adaptable for use in a wide range of geographical areas and with

diverse cultural groups;

- Not be costly to implement;
- Form the basis for policy recommendations and legislation reform;
- Be presented to the relevant ministries for consideration as a policy document.

It was considered important by all role-players that the design process should be inclusive, participatory, straightforward, and as decentralized as possible.

#### **10.6. DESIGN PROBLEMS**

The KD process generated volumes of information some of which was considered important for child welfare services generally, but less relevant to the protocol development process. During the design process the PDT identified several unresolved issues and problems that affect the Child Protective Service system, but could not be addressed by the PDT. These included the following:

- (i) Comprehensive review and drafting of legislation specifically addressing all forms of child abuse involving children;
- (ii) Review and restructuring of courts that handle children and families;
- (iii) The role and functions of the Child Welfare Commissioners (which was referred to the Department of Justice and also pursued through other channels);
- (iv) The development and implementation of sectoral protocols;
- (v) The fiscal analysis of the implementation of the protocol which was set aside, in the interest of allocating sufficient funding to the inquiry at hand, until the end of the process when it would be addressed by an expert in

cost benefit analysis;

- (vi) The development and maintenance of a provincial child abuse register;
- (vii) Implementation of the protocol which the government departments would have to undertake by implementing effective and efficient service provision and developing contractual partnerships with non-governmental service providers.

### **10.7. DESIGN QUESTIONS**

The following questions were developed to guide the design of the protocol:

- (i) What is a joint multi-disciplinary protocol and what is its purpose?
- (ii) What constitute the key CPS multi-disciplinary intervention steps?
- (iii) Who are the key players and what should be their roles?
- (iv) What time frames are realistic for completion of key tasks?
- (vii) What mechanisms and structures should be in place and what should be their functions?

### **10.8. INFORMATION RETRIEVAL**

The specification of the design domain, requirements, problems and questions guided the decisions about the type and sources of information to be retrieved.

The literature suggested various sources of information that could be used for this purpose. Some of these are empirical knowledge, the use of experts, literature reviews, basic and applied research, and legal policy and practise experience. Patti (1981) suggests that design should use whatever sources of information appear relevant to the goal or problem at hand (p. 40). The PDT used a range of

information sources during this phase, including information gathered during the KD process; a literature review; case studies of existing models; field expertise of the working group and the findings from focus group discussions. The researcher suggested to the team various written documents and examples of existing procedures used in other countries. These materials were in some instances presented by the researcher to the bigger group and sometimes when relevant only used by the small groups concerned. The discussions and retrieval process mainly focussed on the relevance and appropriateness of the source for the Western Cape situation.

The design process was also enhanced by the researcher's visits and consultative meetings with CPS colleagues in Jerusalem, New Zealand, South Carolina (USA) and Malaysia.



### **10.9. CONVERSION AND INTERVENTION DESIGN**

From February to October 1995 the PDT met at least once per month. A work plan was devised and agreed upon. After consensus was reached on the design objectives, domain, requirements, problems and questions, the team identified core information sources to guide the conversion and design process. In addition, case studies were reviewed and presentations made at the working group meetings. The presentations were usually followed by extensive discussions and debate. The literature review revealed that similar CPS models existed in other countries. Since, the research design had to fit the proposed intervention to a particular context (Rothman & Thomas, 1994), the discussion of these models also included



remarks about the relevance of the research to the Western Cape, the study's context.

The above tasks were completed at joint sittings of the PDT. The small groups focussed on the details of the different intervention phases. Each group had three weeks in which to produce a discussion document on the mechanisms and procedures to be followed during its assigned phase. The researcher collated the inputs from the small groups into one document. This basic working document was jointly reviewed and adapted during a one day workshop involving all the working group members.

According to Rothman (1990) interventions evolve through a process of knowledge conversion. In the present study the information retrieved by the small groups was converted into a form that yielded a first draft setting forth a framework for multi-disciplinary intervention in instances of child abuse. The information was condensed and converted into broad categories of child abuse intervention constructs, action steps and procedures. A diagrammatic flow chart of all the proposed intervention principles, steps and procedures were then developed. The structures and mechanisms that were proposed in the action steps or the guidelines were debated and further refined. The end result of this process was the creation of a conceptual plan and a basic protocol design which specified the rationale, procedures, flow diagram of the intervention process and the structural mechanisms proposed for intervention in child abuse cases.

Patti (1981) observes that conversion and design require creativity and imagination

and that in the final analysis, it is an attenuated, idiosyncratic task, dependent on the blend of personalities, perspectives, and biases of those involved, the time available and a host of other factors peculiar to each undertaking (p. 41). In the present study, the design process involved the commitment of persons who were all very senior practitioners with many other responsibilities. Although their limited availability constrained the process, the quality of their input and expertise offset their limited time. The team established spontaneous rapport and worked well together. This is significant, given the fact that the multi-disciplinary team included both government and non-government stakeholders. Members also participated voluntarily. The decentralized regional workshops which were facilitated by the team were the only paid activity.

In this chapter, the protocol design and methods were discussed. The early development of the protocol, further consultative processes and pilot testing will be discussed in the next chapter.

## **CHAPTER 11: EARLY DEVELOPMENT AND PILOT TESTING OF THE DRAFT PROTOCOL (PHASE 4)**

### **11.1 INTRODUCTION**

Early Development and Pilot-testing constitutes the fourth phase of Intervention Research (IR): Design and Development. During this phase, a preliminary design of the intervention or tool is developed and evaluated under field conditions. Pilot testing constitutes an important phase of IR, which distinguishes it from mere activism and programme evaluation (Rothman & Thomas, 1994). In IR it is standard practice to ask for feedback and assessment from the target group of practitioners. Pilot-tests help to determine the effectiveness of the intervention and identify which elements of the prototype may need revision. It is usually conducted in settings accessible to the researcher and similar to those in which the intervention will be used.

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In this study, pilot-testing involved engaging key stakeholders in a process of consultative workshops to develop and refine the protocol by assessing the protocol's viability and utility in practical settings.

### **11.2 OUTLINE OF THE DISCUSSION DOCUMENT**

The draft protocol document developed by the PDT included: A functional flow chart describing the proposed process of intervention (sequence of events); detailed description and motivation for each step; structural mechanisms and suggested time-lines for the completion of intervention tasks. The next step was to discuss

and to receive feedback from the broader consultative forum (WCCAF) on the draft.

In addition to the draft protocol document, the workshop was also designed to debate key elements that would impact multi-disciplinary practice. These included:

- Definitions: For example, the definitions of a protocol, child abuse and neglect, and child protective services;
- A legislative framework;
- Underlying principles of a CPS protocol;
- Roles and responsibilities of all role-players.

### 11.3 CONSULTATIVE WORKSHOPS: THE QUESTIONS

To ensure objectivity, an independent consultant was asked to collaborate with the researcher to develop the workshop questions. The three basic questions posed during the consultative process were:

- (i) Does the proposed protocol address expressed needs as articulated during the interviews and questionnaires?
- (ii) Does the proposed protocol reflect their vision of CPS case management?  
If not, then what changes should be made?
- (iii) Is it feasible to implement the protocol in different districts?

The methods, instruments, process and findings of the consultative process are discussed next.

## **11.4 CONSULTATIVE WORKSHOPS: METHODS AND INSTRUMENTS**

### **11.4.1 Methods**

Eighteen (18) consultative workshops were held with the main focus of designing and developing an effective protocol for the management of child abuse. The draft document developed by the PDT provided a point of departure for this purpose.

The workshops included:

- (i) Two national workshops (presented at the conference of the South African Society for the Prevention of Child Abuse and Neglect (SASPCAN), 1995);
- (ii) Three provincial workshops (presented to the Western Cape Child Abuse and Neglect Forum (March and September 1995, and June 1996); and
- (iii) Thirteen district (regional) workshops (October, November and December 1995) presented to multi-disciplinary CPS workers in urban and rural areas.

A paper on the development of the protocol was also presented at the conference of The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) held in Dublin, Ireland in September 1996. The workshops were facilitated by the PDT.

### **11.4.2 Instruments**

The same independent consultant who assisted in the development of the workshop questions, also assisted in the design of the instruments. Two instruments were designed to capture and analyze feedback from the workshop participants.

**(i) Instrument (1)**

The first instrument was a short structured-questionnaire that asked respondents to use a rating scale of 1 to 5 to indicate their opinion of the protocol. A rating of 1 indicated positive feelings whereas a rating of 5 indicated a negative view. The questionnaire included the following questions:

- (a) Does the protocol reflect a primary concern for the safety of the child?
- (b) Is it easy to understand?
- (c) Is it practical?
- (e) Is it adaptable to various contexts?
- (f) Is it culturally sensitive?
- (g) Can it be used by untrained Child Protective Service workers?

This questionnaire was completed by the participants at the 1995 SASPCAN conference and the provincial consultative workshops held in June 1996. The questionnaires along with comments and suggestions about the protocol were returned to the researcher by the workshop facilitators immediately after the workshops (See Appendix J).

**(ii) Instrument (2)**

This questionnaire assessed the attitude of respondents towards the protocol and their proposed changes in CPS along four dimensions: engagement, readiness, insight, and vision.

Respondents were asked to rate on a 1 to 5 scale their agreement with the following 12 statements:

- (a) I think that my district can play a meaningful role in the development of a provincial CPS protocol process.
- (b) A CPS protocol will require a much closer working relationship between role-players.
- (c) I have a clear understanding of what a CPS protocol is.
- (d) I think that services to abused and neglected children should be substantially improved.
- (e) I feel part of the process of developing a CPS protocol for the province.
- (f) The implementation of a CPS protocol will require a re-look at how resources are presently allocated.
- (g) I think that a CPS protocol is necessary.
- (h) I have a good understanding of how services to abused and neglected children can be improved.
- (i) It is important that I remain informed about further development of the provincial CPS protocol.
- (j) A CPS protocol will require development and improvement in human and other resources.
- (k) I think that a CPS protocol must be implemented, despite the demands it may place on role players.
- (l) I want to be part of the process of improving the standard of services to children who were abused and neglected.

The four dimensions were defined as follows. Engagement: The extent to which participants feel connected and committed to the development and implementation

of a CPS protocol. Statements 1, 5, and 9 measured this dimension.

**Readiness:** the degree to which participants display realistic insight into the implications for the implementation of a protocol. Statements 2, 6 and 10 measured readiness.

**Insight:** The extent to which participants understand the concept of a protocol and recognize its necessity for improving CPS. Statements 3, 7 and 11 measured insight.

**Vision:** The extent to which participants identify with the movements to improve the standards of CPS by means of developing and implementing a protocol for CPS case management. Statements 4, 8 and 12 measured vision.

The questionnaire was completed by the practitioners who attended one of the thirteen district workshops. The aim of the questionnaire was to receive feedback from practitioners about the relevance and implementability of the protocol. The process and outcome of the workshops are briefly discussed next (See Appendix K).

### **11.5 CONSULTATIVE WORKSHOPS: PROCESS AND OUTCOMES**

As stated earlier, this process included 18 workshops, held from February 1995 to December 1995. A discussion of the process and most important outcomes of each workshop follows.



### 11.5.1 The National Workshop: SASPCAN Conference held in July, 1995

#### (i) Process

At the end of June 1995 WCCAF was invited to present an early draft of the protocol at the SASPCAN national conference in July of the same year. The conference provided the opportunity to “test” the protocol at a national forum of CPS workers from most of the provinces. The document was presented by two PDT teams in two concurrent workshops that were identical in content and format. Each included a presentation by the PDT, a role-playing session, and presentation of a case study followed by discussions and an evaluation session. At the conclusion of the workshop, participants were asked to complete the questionnaire 1 and to provide verbal and written comments about the protocol.

#### (ii) Workshop outcomes

##### (a) General comments

In general, an overwhelmingly positive response was evident. The participants welcomed and supported the following characteristics of the protocol: The multi-disciplinary approach; The specified, multi-level tasks specification and the simplicity with which the document was written. Some respondents felt that the protocol was so practical that they could implement some aspects immediately.

Concerns were raised about the existing cultural beliefs that may violate children's rights to protection and safety. For example, the belief that sexual intercourse with children can cure persons with HIV/AIDS. Such beliefs they argued, could affect the effective implementation of a protocol and they strongly recommended

that the government should take a firm position on this matter.

The non-existence of even the most basic infrastructure in some rural areas was also identified as an obstacle to implementing the protocol. The participants also felt that the lack of social workers in these areas would make the implementation of even the best of protocols a difficult task. Another concern was the need to train persons in rural areas who are not professional social workers to conduct investigations and to provide support to children and families. The need for and importance of training was strongly emphasized. The point was made that the protocol must be supported by adequate training because most CPS workers have never received CPS training.

In addition to informing the development of the protocol, the comments and proposals were also subsequently developed into conference recommendations and resolution. These, with other conference outcomes, were submitted to the National Committee on Child Abuse and Neglect (NCCAN).

**(b) The analysis of questionnaire (1)**

Questionnaires were completed by 97 of the 105 participants who attended the two workshops.

The following responses to the questions of instrument 1 were recorded on a 1 to 5 rating scale, where 1 indicates a positive response, 3 a neutral response and 5 a negative response.

Table 11.1: National workshop: Response to protocol

Question	1	2	3	4	5	Total
Does the protocol reflect a primary concern for the safety of the child?	81 (84%)	9 (9%)	5 (6%)	2 (2%)	0 (0)	97
Is it easy to understand?	33 (34%)	35 (36%)	16 (17%)	9 (9%)	4 (4%)	97
Is it practical?	31 (32%)	35 (36%)	13 (13%)	17 (17%)	1 (1%)	97
Is it adaptable to various contexts?	29 (29%)	27 (28%)	30 (31%)	9 (9%)	2 (2%)	97
Is it culturally sensitive?	25 (26%)	24 (25%)	29 (30%)	16 (17%)	3 (3%)	97
Can it be used by untrained Child Protective Service Workers?	24 (25%)	23 (24%)	16 (17%)	10 (10%)	24 (25%)	97
<b>TOTAL RESPONSES (N=94)</b>	<b>223</b>	<b>153</b>	<b>109</b>	<b>63</b>	<b>34</b>	<b>582</b>

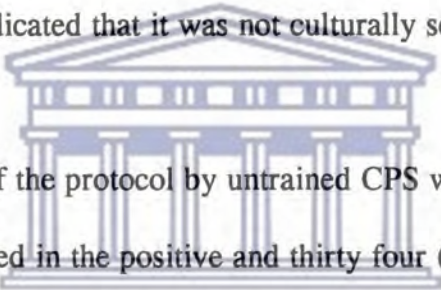
Column 1+2=positive; 3=neutral; 4+5=negative.

Ninety participants (93%) felt that the protocol reflected a primary concern for the safety of the child, five gave a neutral response and 2 responses were negative. If the first two categories on the question of whether the protocol is easy to understand are taken into consideration, then sixty eight (70%) of the participants indicated that the protocol is simple to use, while 13 (13.4%) gave a negative response and sixteen respondents gave a neutral response. Sixty six (68%) of the respondents felt that the protocol was practical; 18 (19%) felt that it was not practical and thirteen (13%) responses were neutral.

Fifty six respondents (57.7%), seemed confident that the protocol can be adapted

to various contexts while thirty (31%) responses were neutral responses and eleven indicated that it was not adaptable. This might also mean that they were not very sure or that they felt that given the diversity of the country, the protocol might only be useful in some areas.

The question concerning cultural sensitivity was a difficult question because the document does not refer directly to cultural issues but presents a broad uniform policy that addresses the safety of all children. The responses indicated that forty nine (51%) felt that it was culturally sensitive, a midway concentration of 29 (30%) and 20% indicated that it was not culturally sensitive.



Regarding the use of the protocol by untrained CPS workers, forty seven (48%) respondents answered in the positive and thirty four (35%) negative. During the workshop discussions the importance of training was strongly emphasized so these ratings might indicate that the protocol is not sufficiently clear to be used by untrained CPS workers. The question could also have been interpreted in two different ways. Respondents could have suggested that the protocol is simple enough to understand and to be used by any CPS worker, but that untrained workers should not be practicing CPS.

### **11.5.2 The WCCAF consultative workshop**

#### **(i) Process**

The first WCCAF one-day workshop in February 1995 was described in the design phase. The focus of this workshop was on the design requirements, objectives,

and the mandate of the PDT and it involved a wide range of multi-disciplinary stakeholders at provincial level including representatives from the core state departments mentioned earlier, and non-government agencies.

During the introductory session a broad framework was presented and feedback was sought in an opening plenary session. Ten concurrent small discussion groups were facilitated to encourage maximum participation. At the closing plenary session, the ten small groups presented their reports.

## (ii) Outcomes

The feedback from all the small groups was generally positive and supportive of the proposed protocol document, but also introduced important concerns and debates. The following key observations were made:

- (a) The need for a national and provincial register for child abuse data. The participants felt that such a register should contain details of both victims and offenders. Concerns regarding the mobility and the high re-offending rate of offenders further informed this debate. Participants preferred that reporting be done on a district level and registration at the provincial level. The meeting resolved that the provincial protocol must make provision for the reporting and registration of child abuse cases at a central place. The WCCAF agreed to establish a provincial register that would include data on children who enter the system as well as offenders. The forum also agreed that the selection of categories for collecting data in the provincial data base should be debated further.

- (b) Currently the NGOs and private welfare organizations also provide CPS services with limited support from the state. The participants discussed the relationship between government and non-government organizations at length and identified an urgent need to clarify the roles and responsibilities between the state and private welfare agencies. Such clarification has implications for funding mechanisms and the criteria used by the government to purchase services from private welfare agencies.
- (c) The high caseloads of CPS professionals were identified as one of the primary reasons for the failure of the system to respond to the needs of children. Social workers, police, and prosecutors in particular, are overextended and unable to deliver the quality of services that clients need.
- (d) There is a critical need to train all CPS workers to ensure the effective implementation of the multi-disciplinary protocol.



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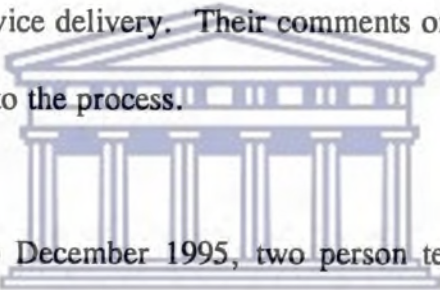
At the end of the workshop, the participants mandated the PDT to take the process further. They also recommended that the outcomes of the workshops should be considered as much as possible during the further refinement of the document, and that further decentralized consultative workshops should be held in urban and rural areas to ensure maximum participation.

During the workshop information and recommendations were recorded on flip charts and hand-written notes. The researcher incorporated the outcomes of the workshop and other work of the PDT into the second draft protocol and discussion document. These were presented at the district workshops.

### 11.5.3 The decentralized (districts/regional) workshops

#### (i) The process

The refined document was mailed to stakeholders informing them about the workshops scheduled for their districts/regions. The workshop invitations briefly described the purpose of the workshops and indicated the names and numbers of the district co-ordinators and the dates and venues of the workshops. The logistical arrangements for the workshops were co-ordinated by the Department of Social Services. The workshops were held in thirteen different locations in order to reach the broadest possible representation of stakeholders, particularly those at the cutting edge of service delivery. Their comments on the proposed protocol was considered central to the process.



During October to December 1995, two person teams of the PDT presented thirteen decentralized workshops including three in rural areas. The workshop-facilitators received a pre-packed presentation package including a copy of the draft protocol; a facilitators briefing document; a case study; worksheets; a set of transparencies which summarized the protocol procedures; a functional-flow chart and commentary; a workshop programme which specified the activities and times and workshop evaluation forms to be completed by each participant

(See Appendix I).

The programme of the workshops included: An introduction by the facilitator; a case-study; small group discussions on each aspect of the intervention procedure; a role-play session and an evaluation session. At the end of the workshop each

participant completed questionnaire 2 (consisting of twelve questions). The intent of the questions was to capture the subjective evaluations of the participants regarding the relevance and viability of the protocol.

To facilitate the data analysis, the responses to the questions were grouped into four clusters each intended to measure one of the four dimensions, engagement, readiness, insight, and vision, discussed earlier in this chapter.

#### **(ii) Workshop outcomes**

Questionnaires were completed by 696 participants at workshops held across 13 districts and 619 completed questionnaires were returned to the researcher. The facilitators explained that the remainder of the questionnaires were incomplete. The focus of the analysis was mainly on the four dimensions and involved a comparison of the dimensions within and across districts. The statistical package NCSS (Number Crunching Statistical System) was used for the analysis. A correlation matrix, using Spearman Test, was obtained to assess the responses in relation to each dimension.

Frequency tables and normal descriptive statistics provided an overview of the distribution of the data within the various categories (see Appendix O). The following patterns emerged from the data which were collected for the entire sample of 619 participants.



**(i) Mean scores on dimensions****Engagement**

Mean score for the ENGAGEMENT DIMENSION is 13.4 i.e. 89.3% (the maximum score attainable is 15) with a standard deviation of 1.55.

**Readiness**

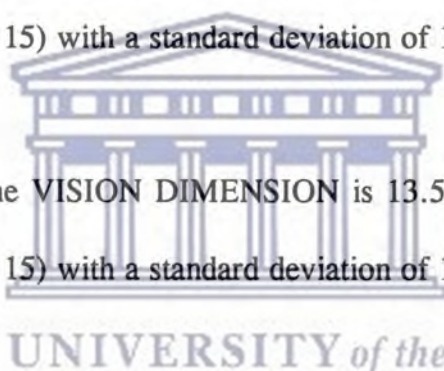
Mean score for the READINESS DIMENSION is 13.69 i.e. 91.3% (the maximum score attainable is 15) with a standard deviation of 1.56.

**Insight**

Mean score for the INSIGHT DIMENSION is 13.19 i.e. 87.9% (the maximum score attainable is 15) with a standard deviation of 1.78.

**Vision**

Mean score for the VISION DIMENSION is 13.57 i.e. 90.5% (the maximum score attainable is 15) with a standard deviation of 1.27.

**(ii) Correlation analyzes of the dimensions by district**

For reference purposes the meaning of each dimension is repeated here. Followed by an expression of the strengths of dimensions (correlations) in each district.

**Athlone**

Insight and readiness have the highest correlation, i.e. 0.516.

Vision and engagement have the lowest correlation, i.e. 0.434.

**Wynberg**

Engagement and vision have the highest correlation, i.e. 0.529.

Vision and readiness have the lowest correlation, i.e. 0.040.

**George**

Insight and engagement have the highest correlation, i.e. 0.599.

Vision and readiness have the lowest correlation, i.e. 0.432.

**Beaufort West**

Insight and readiness have the highest correlation, i.e. 0.601.

Vision and readiness have the lowest correlation, i.e. 0.265.

**Bellville**

Vision and engagement have the highest correlation, i.e. 0.567.

Insight and engagement have the lowest correlation, i.e. 0.195.

**Oudtshoorn**

Vision and engagement have the highest correlation i.e. 0.699.

Readiness and engagement have the lowest correlation i.e. 0.282.

**Vredendal**

Readiness and engagement have the highest correlation, i.e. 0.627.

Vision and readiness have the lowest correlation, i.e. 0.401.

**Mitchells Plain**

Insight and readiness have the highest correlation, i.e. 0.777.

Readiness and engagement have the lowest correlation, i.e. -0.022.

**Worcester**

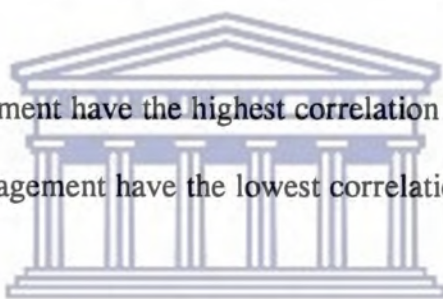
Readiness and engagement have the highest correlation, i.e. 0.716.

Vision and readiness have the lowest correlation, i.e. 0.466.

**Atlantis**

Vision and engagement have the highest correlation, i.e. 0.700.

Insight and readiness have the lowest correlation, i.e. 0.124.



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**Paarl**

Vision and engagement have the highest correlation, i.e. 0.607.

Insight and readiness have the lowest correlation, i.e. 0.331.

**Piketberg**

Vision and insight have the highest correlation, i.e. 0.780.

Insight and readiness have the lowest correlation, i.e. 0.432.

**Cape Town**

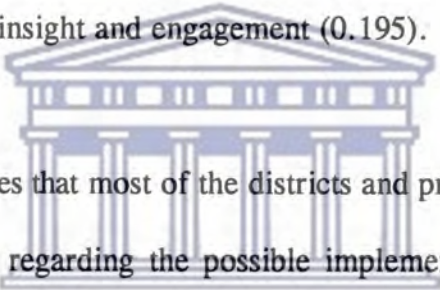
Vision and insight have the highest correlation, i.e. 0.5676.

Readiness and engagement have the lowest correlation, i.e. 0.3017.

**(iii) Presentation of graphs : (See Appendix O)****(iv) Discussion of findings and comments**

The mean score, 13.69, for the readiness dimension is the highest across the four dimensions. Fifteen is the highest possible score on each dimension. This means that most of the respondents are ready to implement the protocol in that they display realistic insight into the implications of implementing a protocol. Ninety one percent of the participants had the vision to identify themselves with the initiative to improve the standards of CPS by means of the CPS case management protocol. The mean score on the vision dimension was 13.6. In the case of engagement, 89 percent of the participants felt connected with and committed to the development of the protocol. The mean score on this dimension was 13.4. Most of the participants (87.9 percent) also had the insight related to the concept of the protocol and recognized its necessity for improving CPS.

Across the districts, the highest correlation between the dimensions was found in Piketberg, where there was a correlation of 0.780 between vision and insight. In Mitchells Plain, readiness correlated highly with insight (0.777). In Worcester, readiness correlated with engagement (0.716). Other high correlations were found in Atlantis, between vision and engagement, 0.700; in Oudtshoorn, between vision and engagement, 0.699; and in Vredendal, between readiness and engagement, 0.627. The lowest correlations were found in Wynberg, between vision and readiness (0.040); in Atlantis between insight and readiness (0.124) and in Bellville, between insight and engagement (0.195).



The analysis indicates that most of the districts and practitioners reflect readiness, insight and vision regarding the possible implementation of the protocol as a practice tool. The districts that had the highest scores on readiness were Mitchells Plain, an urban location, and Worcester, a rural location.

#### **11.5.4 Third provincial workshop: consolidation**

##### **(i) Process**

A final workshop was conducted with provincial stakeholders including district co-ordinators. At this workshop the report on the district workshops was presented as well as the refined protocol document. The participants also had a final opportunity to discuss and refine the document in small groups and to make additional comments and changes. The purpose of this second workshop was to reassemble all of the stakeholders who originally mandated the process to provide

feedback on progress made, to evaluate the draft protocol, to streamline operations, and to make recommendations for future activities. The participants represented all sectors involved with CPS, both private and state departments. At the end of the workshop the questionnaire 1 that had been used at the SASPCAN workshops, was also completed by participants at this workshop. The workshop outcomes are presented next.

## **(ii) Workshop outcomes**

### **(a) General comments**

In general the workshop participants were remarkably positive about the protocol.

Their key recommendations were as follows:

- The final document should be translated into Afrikaans and Xhosa;
- Private medical doctors should be informed about the protocol;
- The marketing strategy of the document should receive focused attention and incorporate effective use of the media;
- The linkages between the protocol and training should be emphasized, and all CPS workers should undergo mandatory training;
- The special needs of vulnerable children, such as children with disabilities should be addressed;
- The protocol should state the need for legislation that specifically addresses the prevention of child abuse and intervention strategies. The protocol should also specify how such proposed legislation can be linked to existing legislation addressing children;
- Adolescent boys who are abusers and girls who are victims should be noted

as being at increased risk for involvement with child abuse;

- Further research should be conducted into cultural issues and the definitions of child abuse, since currently, there is not sufficient information on these topics to inform decision-making;
- The protocol should be implemented for at least two years before an outcome evaluation is conducted;
- The Attorney-General should make the final decision regarding the scope of prosecutorial powers within a multi-disciplinary setting and the need for prosecutors to consult with other members of the multi-disciplinary CPS team.
- The role of hospital-based social workers needs to be clarified further;
- In cases where the alleged abuse cannot be substantiated, instead of writing letters of apology as proposed in the draft protocol, participants preferred instead to write letters which indicated that at “this time no further reason to suspect abuse”;
- Analyzes of the cost of implementing the protocol should be conducted.
- Training magistrates on how to handle cases involving children, should be accorded top priority.

These recommendations were discussed by the PDT, and those that were considered relevant to the protocol were included in the final revision. The remaining recommendations were handled in separate processes.

**(b) Findings: Questionnaire I**

Eighty one (81) out of 89 participants completed the questionnaire. The following table presents the responses to questionnaire 1. Column 1+2= positive; 3=neutral; 4+5=negative.

Table 11.2: Decentralized workshops: Response to protocol

Question	1	2	3	4	5	Total
Does the protocol reflect a primary concern for the safety of the child?	40 (41%)	27 (28%)	22 (23%)	7 (7%)	1 (1%)	97
Is it easy to understand?	41 (42%)	38 (39%)	11 (11%)	3 (3%)	4 (4%)	97
Is it practical?	45 (46%)	39 (40%)	10 (10%)	2 (2%)	1 (1%)	97
Is it adaptable to various contexts?	40 (41%)	27 (28%)	17 (18%)	8 (8%)	5 (5%)	97
Is it culturally sensitive?	39 (49%)	9 (9%)	28 (29%)	16 (17%)	5 (5%)	97
Can it be used by untrained Child Protective Service Workers?	31 (32%)	19 (19%)	16 (17%)	14 (14%)	17 (18%)	97
TOTAL RESPONSES (N=94)	236	159	104	50	33	582

Sixty seven (69%), felt that protocol reflected a primary concern for the safety of children. Most respondents, 79 (81%), also felt that the protocol was easy to understand. Eleven (11), gave neutral responses and seven or 9% thought that it was moderately difficult or difficult to understand.

Most of the participants 84 (86%) found the protocol practical and sixty seven,

(69%) indicated that the protocol was adaptable to different contexts. Seventeen (18%) gave neutral responses, while 13% felt that it would be difficult to adapt.

The protocol was considered culturally sensitive by forty eight (49%) of the respondents. However, 28 gave neutral responses and 21% thought that the protocol was not culturally sensitive (see response to this question by national participants).

On the question whether the protocol could be used by untrained Child Protective Service workers, some of the respondents 50 (52%), indicated that the protocol could be used by untrained CPS workers, while 31 (32%) disagreed. This finding may also indicate that the protocol is easy to understand, but that training is essential for effective implementation.



## **11.6 LINKAGES WITH NATIONAL AND INTERNATIONAL PROCESSES**

The researcher and some of the other members of WCCAF are also members of the National Committee on Child Abuse and Neglect. This inter-sectoral committee functions under the auspices of the National Department of Welfare. The protocol development process in the Western Cape has been shared at the NCCAN. It was supported and perceived as an innovative process. The process was also presented as a paper at such an ISPCAN conference in Ireland. The ISPCAN audience received the protocol positively. After the conference international networks and partnerships were developed with many colleagues.



In addition, two international experts, from the School of Social Work at the University of Missouri and the Institute for Families in Society, University of South Carolina, provided valuable feedback on the document. Some of their specific recommendations are as follows:

- Risk assessment should be a key focus of training programmes;
- The term “not confirmed” should be avoided. A more acceptable phrase is “reason to suspect”;
- Assessment of the child and his or her situation should be conducted when the report is made;
- The time allowed for the investigation is not always predictable, and more flexibility should be allowed to ensure that social workers have enough time to investigate;
- In person visits should be conducted, and the child must be seen;
- Reports that inform decision-making should be produced in a more timely manner;
- Families need support before, during and after investigations and litigation;
- More intensive work is needed with families before children are placed outside of their homes.

The above recommendations were noted, discussed and worked into the document where appropriate.

During the process of developing the protocol, the researcher also conducted a number of study visits abroad. Visits to the East (Malaysia, Singapore, Thailand,

Hong Kong and China); Jerusalem, New Zealand and South Carolina (USA) provided valuable insight and information to the process.

### **11.7 REFINING AND COSTING OF THE PROTOCOL**

At the conclusion of the consultative workshop process, the protocol was refined by the researcher to reflect the feedback received from workshop participants and other sources. The document was finalized in consultation with the PDT and printed by the University of Western Cape's printing department.

The cost implications of implementing the protocol were addressed throughout the design and development phases and by external consultants when the process was completed. IDASA Budget Information Service was contracted to assist with this task. Three IDASA economists studied the protocol and consulted with CPS providers and the PDT. Their report was included with the protocol in a package presented to policy makers. The inclusion of the financial analysis along with the protocol was seen as a unique feature that served the purpose of informed decision-making. This encourage policy-makers to support the implementation of the protocol. According to one policy-maker, " this was so unusual, proposals for change seldom come in this comprehensive form. Particularly not with a full report on the cost implications" (See Appendix L).

### **11.8 SUMMARY OF FINDINGS**

In general, the response to the proposed protocol was overwhelmingly positive. The participants highlighted many of the problems and deficiencies in the systems

which the protocol is intended to address. Stakeholders articulated a high degree of confidence that the protocol may address some of the problems currently experienced in the field. Respondents generally felt that the protocol reflected a primary concern for the safety of the child; is easy to understand; practical and adaptable to a diversity of contexts. Although most of the respondents felt that the protocol is culturally sensitive, a number of them gave a neutral response. The impact of cultural practices on children in South Africa and the guidelines of the UN Convention on the Rights of the Child (1989) should therefore be further examined. Regarding the necessity of training workers to use the protocol, the views of the respondents were mixed. Some thought the protocol could be used by untrained workers while others disagreed. However, in general training of CPS workers was emphasised as an important aspect of CPS planning and practice.

The findings also indicate that potential users of the protocol feel connected and committed to its development and implementation (engagement), and display realistic insight into the implications of implementing the protocol (readiness). They also understand the concept of a protocol and recognize its necessity for improving CPS (insight); and identify with the initiative to improve CPS through the implementation of a protocol (vision). Therefore, overall, respondents generally were confident that the protocol may be a useful tool to address CPS practice problems.

Some of the key process outcomes that had relevance to the further refinement of the protocol included the following: the need to draft the protocol in simple, clear

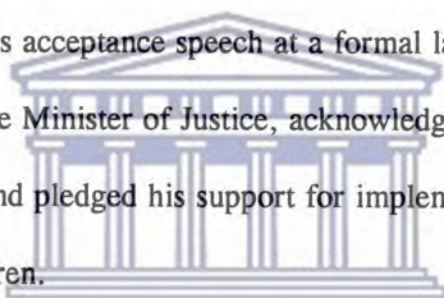
language; the need to make the document adaptable for use in seriously under-resourced regions while not compromising the central goals of the directive; and the need to build a monitoring and complaints mechanism into the protocol. The workshop outcomes also gave the PDT a clear mandate to finalize the protocol, and this mission was later confirmed at the WCCAF at its consolidation meeting.

The findings of the consultative process reflect a high degree of convergence between the expectation of the practitioners and the proposed protocol. It is posited this convergence of objectives and outcomes is a result of the IR methodology that was used in the study. Thus, a participatory research methodology such as IR Design and Development enhances the probability of a successful outcome that is relevant to the operational context and increases feelings of ownership among all involved, thereby improving the implementation of the final result. The finished product is presented in Appendix P.

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**CHAPTER 12: THE FINISHED PRODUCT:*****“PROTECTING OUR CHILDREN: A PROTOCOL FOR  
THE MULTI-DISCIPLINARY MANAGEMENT OF  
CHILD ABUSE AND NEGLECT”*****12.1 THE PRESENTATION OF THE PROTOCOL**

The final product printed in a glossy-red booklet is entitled: Protecting our Children: A Protocol for Multi-Disciplinary Management of Child Abuse and Neglect. The Preface was contributed by the Provincial Minister of Health and Welfare during his acceptance speech at a formal launch ceremony. During his keynote address the Minister of Justice, acknowledged all the contributions made toward this end and pledged his support for implementation. The publication is dedicated to children.



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**12.2 THE CONTENTS OF THE PROTOCOL**

The text of the protocol comprise three main sections. Section 1, provides a general overview of the protocol. It explains the purpose of the protocol and who is party to it. It defines the definitions, the goals, the legislation that guide intervention and establishes a set of principles aimed at an uniform point of departure for all CPS workers.

Section 2, deals with the organization of services, including: The organizational structure of provincial and district child protective services; a description of the components of child protective services; staffing and operations. The tasks to be

completed on provincial, district and local levels are specifically defined. This section deals also with the roles and responsibilities of the state and private welfare organizations.

Section 3, deals with the protocol procedures. These include: A detailed intervention process, steps to be followed and a functional-flow chart. To create and enhance uniformity of intervention standards, each stage of intervention is preceded by a set of guiding principles.

The document concludes with an appendix, references, a listing of resources and the names of the Protocol Task Team (Protocol Development Team).

With this research project the child protective service providers in the Western Cape have demonstrated their willingness to take action to protect children. Clearly, the development of a protocol for the management of child abuse and neglect is one important method to decrease the likelihood that children will suffer further abuse in the system designed to protect them.

The finished product: *“Protecting our children: a protocol for multi-disciplinary management of child abuse and neglect”* is presented in Appendix P.

**CHAPTER 13: EVALUATION AND ADVANCED****DEVELOPMENT OF THE PROTOCOL (PHASE 5)****13.1 THE RATIONALE FOR NOT CONDUCTING AN OUTCOME  
EVALUATION AT THIS STAGE**

Programme evaluation involves the application of evaluation research methodology to examine how and why a change programme operates. It is an empirical inquiry directed toward determining the effects of the intervention, including its effectiveness (Rothman & Thomas, 1994). The outcomes of the implementation of the protocol will be evaluated and monitored throughout the process of implementation. The empowerment and participating approaches referred to earlier and applied in this study, would probably work well in that process. Although evaluation is an on-going element throughout the intervention research process, it also constitutes a separate and important phase of the process and should be thoroughly planned for.

Human service programs are not stagnant, but are dynamic and emergent and provide opportunities for on-going evaluation. Repeated applications of an intervention may identify limitations that were not detected in earlier applications. Advanced development testing may also enhance the probability of fitting the intervention to the needs of the users or the context. In this way more skilful and refined interventions are developed.

Programme evaluations can be conducted at various stages of intervention

programmes and for a diversity of reasons. A decision was made not to conduct a systematic outcome evaluation of the Protocol at this juncture in the process.

There are several reasons for this decision. These are as follows:

- (i) The design and development of the protocol is based on an extensive evaluation of the current CPS system which included the Knowledge Development study.
- (ii) The protocol was developed in collaboration with representatives from a wide range of potential users.
- (iii) The feedback from the extensive consultative process, indicated general consensus and a mandate for implementation.
- (iv) Delaying the release of the study by a year or two in order to conduct an outcomes evaluation, could run the risk of ageing the KD data gathered in the study.
- (v) The protocol will be gradually phased in to use, starting with two or three districts. This approach will permit for the use of experimental designs in the proposed outcome evaluation.
- (vi) Given that the protocol is still in its infancy, an outcome evaluation is more appropriate when the intervention has been sufficiently implemented to justify the time and expense required to conduct an appropriate evaluation (Rothman & Thomas, 1994). Also, conducting a premature outcome evaluation, runs the risk of attributing start-up problems as limitations of the programme itself.
- (vii) Therefore, it was recommended that an outcomes evaluation be conducted

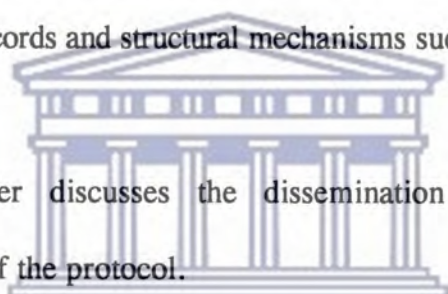


two years after implementation of the protocol.

- (viii) It is more desirable for an external evaluator ( a person who was not an active contributor to the development of the protocol) to conduct such an evaluation. This may enhance the objectivity of the inquiry.

Although the formal evaluation of the implementation of the protocol is advised to be done after two years, this does not imply that there will not be an on-going process of assessment and modification during the pilot phase. The protocol by design allows for data collection in its operation. For example, via the registration forms and case records and structural mechanisms such as the various committees.

The next chapter discusses the dissemination and implications for the implementation of the protocol.



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## **CHAPTER 14: DISSEMINATION AND THE IMPLICATIONS FOR IMPLEMENTATION (PHASE 6)**

### **14.1 INTRODUCTION**

According to Rothman and Thomas (1994) the process of dissemination could involve the following actions:

- Preparing the invention, (the protocol), for dissemination;
- Creating a demand and support for the protocol;
- Encouraging adaptation of the protocol to suit the intended contexts;
- Providing technical support to users.

This section reports on some of these activities, how possible barriers to implementation were addressed and some factors that may serve to facilitate the implementation of the protocol.



### **14.2 THE PREPARATION OF THE PROTOCOL FOR DISSEMINATION**

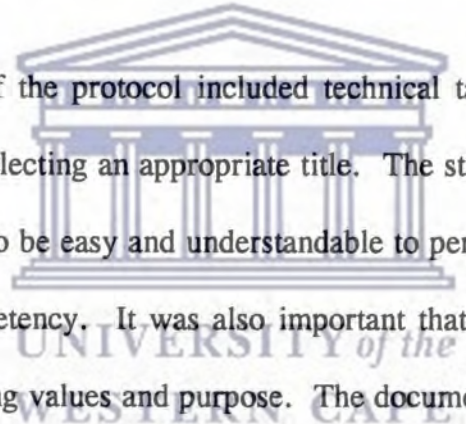
After the consultative process, the protocol was refined, edited and completed by the researcher. It was reviewed by the PDT, after which a dissemination plan was devised by the researcher and the PDT. This plan included:

- Completing the costing exercise;
- Conducting final briefing meetings with policy-makers;
- Printing the document in preparation for wider dissemination;
- Preparing for the launch of the protocol.

The costing exercise involved meetings with key stakeholders from the core

government departments. In-principle support for the protocol was received from the relevant departments. Upon receiving the cost analysis report (Appendix L), they also considered the costs associated with implementing the protocol to be reasonable.

Meetings were conducted with managers of the districts where the responses to the evaluation forms (completed at the workshops) indicated high readiness to implement the protocol. The purpose of the meetings was to tentatively raise the possibility of selected pilot-sites for implementation.



The preparation of the protocol included technical tasks such as selecting user friendly text and selecting an appropriate title. The structure and language of the document needed to be easy and understandable to persons at the lowest levels of professional competency. It was also important that the name of the protocol reflect its underlying values and purpose. The document was entitled “Protecting Our Children: A Protocol for the Multi-disciplinary Management of Child Abuse and Neglect.”

The marketing of the protocol at this stage did not require major effort, because most of the potential users were part of the development process and already keenly anticipated the end product. The Institute for Child and Family Development (ICFD) produced and distributed free of charge the first copies at the protocol launch. The Department of Social Services reproduced the document for the public (government sector). Provinces other than Western Cape have been identified as potential users. The study, including the final product (the protocol), were

presented to the National Committee on Child Abuse and Neglect. In consultation with the National Ministry and Department of Welfare and Population Development, the NCCAN decided to initiate a national process to develop protocols for the management of child abuse in all the other provinces.

The launch of the protocol was hosted by IFCD and the Human Sciences Research Council (HSRC) who also contributed financially to the study. The national minister of Justice and the provincial minister of Health and Welfare delivered the Keynote address and accepted the protocol on behalf of the province. Extensive media coverage was received. These reported on the purpose and advantages of the protocol. As a follow-up of the initial media campaign, discussions on the protocol and related topics are held on local radio stations on an on-going basis.

A planned strategy for providing on-going technical support has been developed to assist users at all levels of implementation. This task was integrated with the existing training and consultative services that IFCD currently provides to CPS workers. The minister of Health and Welfare committed additional funding for the implementation of the protocol in three districts and the Chief Director of Social Services has indicated that the implementation of the protocol will be encouraged and supported in all the other districts.

### 14.3 BARRIERS THAT MAY INFLUENCE THE IMPLEMENTATION OF THE PROTOCOL

Corrigan, Kwartarini and Pramana (1992) identified and categorized three main obstacles to implementation. These are: Barriers related to the intervention itself; institutional constraints, and worker-related limitations. It is suggested that recognition of these barriers could lead to strategies that may facilitate the implementation of new and improved interventions. The discussion that follows addresses the implementation barriers that are anticipated with respect to the protocol.

#### (i) **The fit between the protocol and the location (context) of application**

Although the protocol was developed through an extensive participatory design and developmental process, its applicability to a specific community will only be truly assessed once it is in full operation. Some researchers observe that rigorous methods and inferences that guide critical research do not always readily yield meaningful clinical products (in this case, successful practical application) and that statistical significance may have little correspondence with clinical guidance (or in this case successful practical application) (Barlow, 1981). It is also acknowledged that innovative models may fall prey to the "Hawthorne" effect. Bachrach (1994), observed that those involved "bask in the research limelight" (p.320). Thus, even when more practice relevant methods are used, it cannot be assumed that innovative models have the same impact in a "real world" context. Research efforts aimed at improving practice (in the real world context) should therefore be selected with academic rigor and practical appropriateness.

**(ii) Important components of the protocol are not in place yet**

The official forms to be used during the proposed procedures are being developed by the Department of Social Services.

**(iii) The limited availability of resources in the “real world” context**

The differences in the resources available in the districts where the protocol will be implemented can also impede implementation. In this regard, Paul and Lentz (1977) noted that the transfer of innovative technologies to typical settings with budgetary constraints require strategies that can be implemented by existing professional and para-professional staff. Currently, Child Protective Services in the Western Cape lacks minimum intervention standards, implementing the protocol will require an additional financial investment for the protocol. However, according to the cost analysis, the size of such an investment is surpassed by the cost of not implementing the protocol, measured by the number of children and adults who would need extensive clinical and therapeutic services if they do not receive appropriately services at the time of disclosure and intervention.

The protocol is developed at a time when the entire child welfare system, particularly CPS, is in need of an overhaul. It is therefore important to understand the need to transform all the other parts of the system in order to sustain the present effort. The development of services to children in general are currently under threat due to the declining budget allocations to the government departments that serve the needs of children, i.e. Social Services, Health, Education, Safety and Security and Justice.

**(iv) Demands on organisations to adapt in order to use the protocol**

It is anticipated that individuals as well as organizations will have to adapt to working more extensively within a multi-disciplinary team. Some of the changes may require the re-prioritising of caseloads. The protocol may require additional skills beyond those that are currently available in the agency. Training of staff will become a priority, this means motivated staff, time and finances.

**(v) The protocol must be flexible to suit a variety of environments**

The protocol should be flexible to facilitate adaptation to a diversity of organisational and geographical contexts. Rural communities which have historically been marginalised with respect to resources, must receive the necessary financial and technical support to ensure that children in these areas are safe and can access the services they need. It has been emphasised throughout the consultation processes of this study that the cost implications of implementing the protocol at the local levels should in no way compromise the safety and protection of children.

**(vi) The need for administrative and collegial support to reinforce and reward CPS staff**

Successful implementation of the protocol, is partly dependent on skilled workers with small case-loads. The protocol will require that job descriptions of CPS workers be reviewed. This should take the full extent of the protocol into account. The protocol and review of job descriptions also provide the opportunity for the development of effective support mechanisms and creative incentives for staff and supervisors.

#### 14.4 OVERCOMING THE BARRIERS TO THE IMPLEMENTATION OF THE PROTOCOL

The consultative workshops revealed important possible barriers to implementation. Some of these include: Some cultural practices, training, finances and sustainability of the protocol.

- (i) The concern of practitioners about the possible harmful impact of cultural practices on children should receive urgent attention. The need to deal sensitively with cultural issues have been noted. There exist some options for CPS workers in this regard. Some cultural practices in the context of the protocol can be presented in ways that avoid cultural specificity. For example, a range of behaviours from which individuals can select culturally meaningful skills and behaviours can be presented. Such flexibility allows for the adjustment of skills to specific situations, rather than jeopardizing a possible positive outcome for the child during the initial stages of an investigation.
- (ii) Training for the effective implementation of protocols should not require university degrees or long, intensive specialisation. Most staff should be able to adapt after one or two weeks of skills training. Agencies should also not need to hire better educated staff to use the protocol. The training for CPS workers at the ICFD will continue to adapt to address training needs as it applies in a diversity of communities, regions and districts.
- (iii) Financial support and leadership is a critical element of new inventions. It will be imperative that the Department of Social Services, who is accepted as the lead department of the process, demonstrate its commitment to the project in visible and concrete ways. One possibility of doing this, is the



establishment of a full-time position with the exclusive responsibility to monitor and evaluate the implementation of the protocol in the province and to provide support and consultation to practitioners for at least the first two years.

In general, it is accepted that one factor that should overcome most of the barriers to the implementation of the protocol is the fact that the protocol was developed through participatory methods in collaboration with primary users. This has already increased its face value and improves the likelihood that front-line staff will accept and implement it. They also understand the aim of the protocol as being a means to solve their problems and to help them to accomplish their goals.



#### **14.5 POSSIBLE FACILITATORS OF THE IMPLEMENTATION OF THE PROTOCOL**

The following factors could facilitate the implementation of the protocol:

- (i) Engaging and sustaining political leadership and societal commitment to challenging and changing current ways of thinking about the needs and rights of children by using the UN Convention on the Rights of the Child as a mobilising instrument and advocacy tool;
- (ii) Including a children's rights and civil responsibility curriculum at all educational and training institutions;
- (iii) Establishing legislation, policy and administrative leadership, e.g. within government departments with adequate resources to develop a comprehensive continuum of services for children and their families;
- (iv) The development of effective CPS, with capacity to implement the protocol

- and to develop effective neighbourhood responses to protect children;
- (v) Engaging respected individuals to serve as champions of the protocol and to encourage professionals and communities to use it;
  - (vi) Maintaining on-going media focus and dissemination of information to the public.

The facilitative factors above are intentionally broad to capture the important linkages between the Child Protective Service system and the other critical parts of children's needs, rights, their experiences and services.

#### 14.6 CONCLUSION

During the dissemination phase the unfinished aspects of the study were completed. The final briefing sessions with policy-makers and senior administrators provided the opportunity to share the vision of the protocol with people who are in positions to appropriate resources for implementation. The presence of the Minister of Justice, as keynote speaker, the Provincial Minister of Health and Welfare and an international guest speaker at the launch, placed CPS services high on the political agenda. This event and the subsequent media coverage on the protocol raised public awareness, which in the past had focussed primarily on the incidents and scope of child abuse. The protocol has also challenged policy-makers and society to take up the responsibility of protecting children in active, concrete and visible ways.

See Appendix Q for a summary on the main procedures and findings of the DD process.

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## **PART IV: CONCLUDING REMARKS**

### **CHAPTER 15: DISCUSSION, RECOMMENDATIONS AND CONCLUSION**

#### **15.1 INTRODUCTION**

This study utilized Intervention Research (Design and Development) to develop a Protocol for the Management of Child Abuse and Neglect in the Western Cape. By utilizing a mixed methods research design, the process involved numerous stakeholders representing multi-sectoral, policy and practice levels. Given the South African history of fragmentation and “working in isolation”, it was a challenge to assemble such a diverse multi-disciplinary group of professionals, and a ground-breaking experience for all the participants to work collaboratively on one project for an extended period of time.

The progress of the study was also accelerated by the general commitment of service providers to participate in the transformation processes spearheaded by the “new post-apartheid government”. This government has expressed its commitment to children in a number of important ways. These include, the ratification of the United Nation’s Convention on the Rights of the Child (1989) (the Convention) on 16 June 1995 and the adoption of a National Programme of Action for South Africa’s children on 16 June 1996. However, both instruments are merely expressions of good intentions and value-laden commitments. The challenge facing the South African nation presently is the development of new, relevant and

effective legislation, policies and programmes geared toward the fulfilment of commitments made in the Constitution and other instruments such as the above. Within the general context of, and guided by the ethical, theoretical and practice dimensions discussed in the first six chapters, this study is a contribution toward this end.

Transformation of the child protective service system must be viewed in the context of the transformation of the entire South African society. Due to the social and economic differentiation and inequities that generally characterize our society, access to services, including social welfare and justice, has largely been skewed in favour of a minority of the population. Marginalization and the indifference of the previous government to their rights and needs are probably the most commonly shared experience among child welfare service providers and beneficiaries.

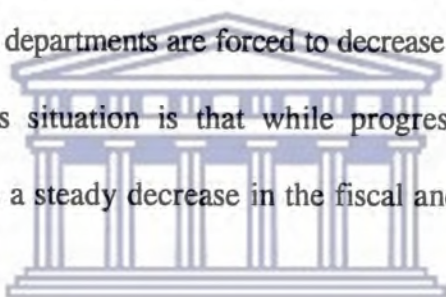


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Confronted with the legacy of apartheid the reality of the slow machinery of transformation and reconstruction within the broader context, and the problems within the social welfare field, child welfare in particular, it was difficult but important for all the stakeholders to accept that the problems they face are far greater than just those related to the child protective service system. Thus, it was not possible to address all the problems facing the entire child and family welfare system through a single problem-solving strategy, and it became imperative to prioritize and focus to ensure active linkages with related transformation endeavours.

As anticipated, the Knowledge Development (KD) component of the study, (Phase Two: Information Gathering and Synthesis) confirmed that the problems facing the child protective service system are compounded by the fact that the entire social welfare system, including the child and family welfare sector, is seriously in need of an overhaul. Respondents reported that even traditionally well established services are falling apart. In cases where services were already under-developed or non-existent, practitioners involved in the study believed that the situation is deteriorating and constitutes a "crisis". Due to financial constraints, non-governmental and private welfare organizations are forced to down scale services while state welfare departments are forced to decrease the number of civil servants. The irony of this situation is that while progressive action plans are being developed, there is a steady decrease in the fiscal and human resources needed to implement them.



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The KD study found the Child Protective System in disarray. The findings indicate that there is an absence of a coherent mission and infrastructure for child protective services. The respondents (service providers) noted that the services are fragmented, leaving many children and their families unserved. Also, there are no policies or protocols to regulate, co-ordinate or standardize CPS intervention, and working conditions of all CPS workers are poor. The reality is that most children and families who enter the system, do not have access to adequate legal, support or treatment services.

This situation provided the impetus to develop the protocol. The fact that the

research respondents (service providers and beneficiaries) were also subsequently involved in the design and development process, contributed significantly to the collective ownership and utility value of the protocol. Having been accepted and launched with fiscal support by prominent political leaders and state officials, the protocol has the potential of achieving the outcome goals stated at the beginning of the study. Achievement of the goals can be further facilitated by the development and implementation of clearly defined CPS policy and legislation. The following discussion provides broad guidelines and recommendations in this regard.

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## **15.2 POLICY GUIDELINES AND RECOMMENDATIONS**

This discussion includes: The protective rights of children and their access to justice; the state and child protective services; Child Protective Services within a comprehensive system.

### **15.2.1 The protective rights of children and their access to justice**

In this study, the literature review highlights some of the perceptions of society regarding the status of children in society. It reflects a global increase in the awareness that children are persons with dignity, needs and rights separate from their parents' identity (Bottoms & Goodman, 1996). The literature also hold that the child's own parents remain the most desirable caregivers, but that in some cases parents cannot or will not provide the most adequate or appropriate care for their children (Melton & Barry, 1994). In these cases the government, as the representative of society, assumes the responsibility to intervene and if necessary

to provide alternative forms of guardianship.

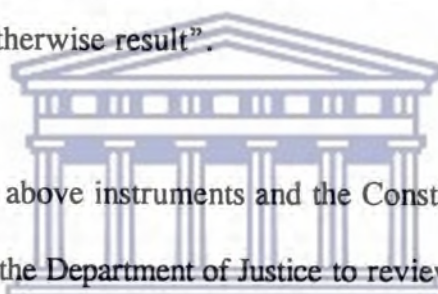
There is broad recognition that child abuse is wrong, and most societies are willing to take some responsibility for providing the necessary protection and care when the primary caregivers fail to do so. However, the traditions for dealing with the problems vary considerably from one country to another. Differences in socio-economic and political superstructures and consequently, legal systems constrain solutions to many of the problems confronting abused children. The Convention provides a framework for the development of child protection policy (see Appendix A: Articles relevant to child protection). The convention demands substantial reform of the child protection systems in most of the countries, including South Africa, which have ratified it. It is therefore recommended that the principles of the Convention be used to guide the transformation of South African child protection policy and practice.

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The National Steering Committee on the National Programme of Action (NPA) for children in South Africa, under the leadership of the National Minister of Health, is responsible for the first government report to be submitted by government to the UN Committee on the Rights of the Child. This first government report is a reflection on the country's progress in formulating and implementing the UN Convention on the Rights of the Child. In addition, a non-government report will also be submitted. This report, co-ordinated by the National Children's Rights Committee (NCRC), provides the non-government organisation's opinion on how well government is doing regarding its commitment to children.



The South African government has secured specific rights for children in its Constitution (1996). Section 28 of the Constitution now serves as the benchmark against which all legislation and administrative conduct dealing with children have to comply. This Constitution now constitutionalises the concept of the “best interest of the child” and provides constitutional protection for children against all forms of maltreatment, neglect, abuse and exploitative labour practices. An important provision in the Constitution, that is mostly disregarded in practice, is Section 28: 1(h) which reads: “to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceeding affecting the child, if substantial injustice would otherwise result”.



In the light of the above instruments and the Constitution, comprehensive efforts were launched by the Department of Justice to review all existing legislation on or about children. Toward this end, a number of special project commissions have been appointed by the Minister of Justice for this purpose. These commissions conduct their work under the auspices of the South African Law Commission. The Commissions on Juvenile Justice and Sexual Offences Against Children have completed the first consultative processes with stakeholders. A commission on the Child Care Act, 74 of 1983, have also commenced. Although these initiatives are remarkable, the efforts of all the commissions should be linked to form a comprehensive, uniform legislative framework with uniform underlying principles. Also, the scope of some of the projects are too narrow and leave huge gaps understudied or excluded. This situation should be redressed if the goal of comprehensive, composite legislation and practice are to be achieved.

The scope of the special project on Sexual Offences Against Children, for example, should be broadened to include all aspects of child abuse. Such legislation on child abuse should at minimum:


- (i) Outlaw child abuse in all its forms including sexual exploitation, prostitution and pornography;
- (ii) Establish mechanisms and structures by law to implement national child protective policy and appropriate intervention programmes;
- (iii) Allocate appropriate resources to ensure adequate service delivery to victims and their families. Services should be available and accessible from disclosure throughout the court process and beyond, in the recovery stages. This implies that case management protocols should be the norm and not the exception in all provinces;
- (iv) Allocate appropriate resources for research and demonstration projects across the country and provide further incentives to provinces who demonstrate compliance with the child protection principles of the UN Convention on the Rights of the Child and national policy.

It is accepted that legislation on its own cannot protect children. The political will and administrative commitment with adequate resources are equally important to contribute to effective child protective practice. The guidelines proposed in the National Strategy on Child Abuse and Neglect which was developed by the National Committee on Child Abuse and Neglect (1996), holds extensive implications for the role and responsibility of all relevant parties in the implementation of the Convention, in this case the implementation of child protective policy and practice. The following discussion reflects on the role of the

state in South Africa and provides recommendations to redress the situation.

### **15.2.2 The state and child protective services**

Not only does the Convention ascribe primary responsibility for child protective services to the state, but most people regardless of their political ideology, acknowledge that government has a responsibility to ensure the safety of dependant persons, especially children. It is also widely accepted that failure on the part of responsible parties to provide the necessary resources for children is unacceptable (Melton, 1994).



Currently CPS in South Africa are provided through a partnership between the state and private welfare organizations for child protection work, traditionally referred to as “statutory services”. These are cases in which the legal system decides the legal status of children during children’s court inquiries. As discussed in an earlier section, child abuse cases are not necessarily all dealt with by the legal system because CPS workers have a range of intervention options and discretionary powers.

The study revealed CPS practice is characterised by confusion over which agencies should undertake protective work and how the work should be conducted. Study participants felt strongly that the state has the primary responsibility for child protective services. They were concerned about the current ambiguity and tensions between the state and private welfare organizations. Their recommendations included the need for the state to accept and articulate its primary responsibility for

child protective services. Willingness on the part of the government to enter into discussions about contracting for the services of private welfare organisations, the default CPS provider, would be viewed as an attempt to assume accountability. However, currently the private organisations receive limited financial support from the state and fear that with the states' new emphasis on developmental social services they will even receive less support for "statutory" work. Hence they are reducing their involvement in child abuse cases, as indicated by, for example, the lack of follow-up services for victims of child abuse and their families. Presently service providers believe that according to the basic welfare principles stipulated in the new welfare policy (Department of Social welfare and Population Development's white paper), the government should now assume exclusive responsibility for child protective services, although it lacks the appropriate agencies to do so. Thus, both the government and private welfare organizations continue to move away from child protective work.

Some social workers complain that they are uncomfortable with the coercive nature of CPS authority. Costin et al. (1996) argues that such feelings arise from a lack of clarity about the nature of authority and its potential for constructive help, fosters a weak endorsement of protective work and plays a large part in the dormancy of child protective services. In the light of these factors and the increasing numbers of children coming into the system, critical decisions must be made to ensure that the needs of abused children and their families are met.

In light of the imperative need for the restructuring of CPS, the national

government should take primary responsibility for child protective services. Governmental action involves collaborative nationwide efforts on the part of government departments and constitutional structures to ensure that children enjoy at minimum protection of their physical, sexual, and psychological security. Underlying such efforts must be part of a coherent national child protection policy that regulates the actions of government and civil society.

A main goal of this study was to stimulate debate on various levels of society, including national policy development. As discussed in the introduction of this study, the National Committee on Child Abuse and Neglect, of which the researcher is the chairperson, engaged in a process toward the development of a National Strategy on Child abuse and Neglect, under the auspices of the National Department of Welfare and Population Development. The researcher and a colleague drafted the document on behalf of the Committee. The process involved document reviews, discussions, workshops and submissions from various interest groups. The following constitutes a summary of some of the key recommendations outlined in the document:

**(i) Policy and legislation**

- (a) A national policy on child protection must be developed on an inter-sectoral basis by relevant government departments, in partnership with civil society.
- (b) A comprehensive process of evaluation and reform of all legislation relevant to child rights and specifically to child protection, must

commence without delay. The assistance of the SA Law Commission should be enlisted for this purpose. The necessary links should be established with all relevant existing or envisaged legal reform projects with overlapping objectives.

- (c) South Africa must actively engage in international child protection initiatives such as those intended to combat inter-country crimes such as trafficking in, abduction of, and commercial sexual exploitation of children.
- (d) Child protection policy and legislation must be considered in the budget of every relevant government department on national, provincial and local levels, including the departments of Welfare, Health, Safety and Security, Correctional Services, Justice and Education. An appropriate research body should be commissioned to analyse the short-and long-term costs involved in both the implementation and the non-implementation of recommended measures.

**(ii) Prevention**

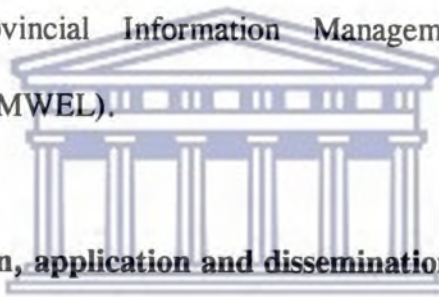
- (a) Government departments at all levels, in partnership with the broader public, must plan and implement inter-sectoral preventive strategies designed to strengthen family and community life and to promote safe and healthy environments for children. Primary responsibility for this undertaking falls upon the educational and health systems; NGOs; community-based organisations, religious and cultural groups; other traditional authority structures; employers and the media.

- (b) Local governments must play a central role in inter-sectoral planning for the development of safe neighbourhoods for children, and in the provision of accessible one-stop services, including, where possible, 24-hour interdisciplinary rape and child abuse crisis services.
- (c) Children at risk for abuse and known or potential perpetrators of abuse should be targeted for specifically designed preventive strategies, particularly those in neighbourhoods which have a high incidence of violence, abuse and neglect.

**(iii) Child protective service management**

- (a) The government must ensure that all public structures responsible for formal intervention in cases of child abuse and neglect, and non-government bodies which are mandated to perform this task, deliver services which are prompt, sensitive, effective, dependable, fully co-ordinated and integrated, and carefully designed to avoid secondary trauma. For this purpose the government must:
- Strengthen all components of the child protective system;
  - Set up the necessary linkages between sectors and disciplines responsible for service provision;
  - Initiate processes of interdisciplinary standard-setting and protocol development;
  - Develop effective workload norms in all sectors;
  - Ensure the development of accredited training programmes for practitioners in all sectors;

- Initiate a full investigation of the practical and ethical issues involved in the reporting of child abuse, and the merits of different policy and legislative options relating to reporting;
- Establish and operate a national co-ordinated data-base linked with a single, effectively maintained Child Protection Register. This data-base should be integrated with the National Information System for Welfare (NISWEL) and information systems of all relevant government departments, and should be fully linked with provincial information and reporting systems including the Provincial Information Management Systems for Welfare (PIMWEL).



**(iv) Generation, application and dissemination of knowledge**

- (a) To assist with immediate planning and budgeting, a comprehensive situation analysis must be undertaken immediately to develop estimates of the incidence and prevalence of, and predominant patterns in, child abuse and neglect in South Africa.
- (b) An appropriate institution should be charged with the task of establishing and maintaining a national clearing house for ongoing research on all aspects of child abuse and neglect, including the evaluation of intervention programmes as well as policy development.

**(v) Structural provisions**

- (i) The Cabinet should create a National Child Protection mechanism



comprising senior representatives of the Departments of Welfare, Health, Safety and Security, Correctional Services, Justice, Education and Finance and representation from a range of non-governmental structures. This Mechanism should also include a full time secretariat to steer all aspects of the national Child Protection Strategy and establish specialised task groups where appropriate.

- (ii) Appropriate parallel mechanisms must be brought into being by provincial and local governments to implement the Strategy at those levels, using guidelines developed with technical assistance from the National Child Protection mechanism.
- (iii) The co-ordinating structures at each level must be linked with other relevant structures and processes.
- (iv) The relevant leaders of national, provincial and local government should formally announce and endorse the National Child Protection Strategy at their respective levels of authority.

The challenge is therefore to establish national, provincial, and local systems that are comprehensive, child and family centred, but flexible enough to address contextual factors. Some thoughts on how this may be achieved are presented next.

### **15.2.3 Child protective services within a comprehensive child protection system**

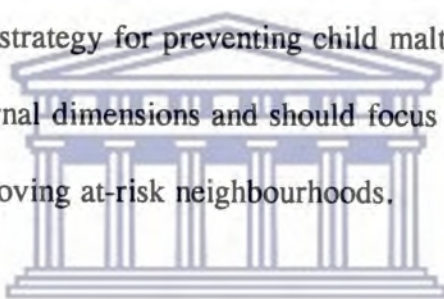
A comprehensive child protection system must be supported not only by legislation but also by the community. The community approach to problem-solving is

becoming increasingly important as multi-disciplinary and collaborative solutions are sought to social problems. Working together on child protective services in neighbourhoods and communities could provide a catalyst to achieve greater collaboration leading to the development of a comprehensive integrated service system.

Researchers and practitioners have written about the importance of the neighbourhood and community to family life and child development; their potential to either prevent or to provoke child abuse and neglect and the importance of relating human service intervention to the neighbourhood level (Cochran, Lerner, Riley, Gunnarson & Henderson, 1990). Garbarino and Kostelny (1992) compared neighbourhood characteristics, attitudes, and child abuse reporting rates in several Chicago neighbourhoods. They concluded that "child maltreatment is a symptom of not just individual or family trouble, but, neighbourhood and community trouble as well". Thus, in preventing child abuse and neglect, one cannot ignore environments that by their nature, predispose families to abuse or neglect their children.

Melton (1994), asserts that while a system emphasizing an individual approach might be adequate in a healthy community it does not work as well when the environment in which families live is itself so dysfunctional that even strong families must exert strenuous efforts just to survive. According to Melton (1994), there are, therefore, four basic principles to consider in child abuse intervention. These are as follows: Child abuse and neglect result in part from stress and social

isolation determined by internal (psychological) and external (environmental) factors. The quality of neighbourhoods can either encourage or impede parenting and social integration of the families who live in them. Because neighbourhoods constitute the family environment, some child abuse and neglect can be prevented by improving neighbourhoods to reduce stress and facilitate social integration. The quality of life in neighbourhoods is influenced by both external such as economic conditions, political relationships, and availability of services and other resources and internal forces; internal factors such as the nature and the abilities of the people who live in them. Only some internal and external conditions can be easily influenced. Any strategy for preventing child maltreatment should address both internal and external dimensions and should focus on both strengthening at-risk families and improving at-risk neighbourhoods.



In South Africa, a constellation of hostile external factors joined together to create large neighbourhoods and communities in poverty, a situation which Garbarino and Kostelny (1992) describe as “an ecological conspiracy against children”. This study has indicated that State social welfare services have been unsuccessful in meeting the needs of individuals living in these neighbourhoods. Private welfare organizations have attempted, but failed to fill the gaps in services not provided by the State, including the need for direct services. South Africa’s present emphasis and focus on reconstruction and development provides an opportunity to develop a comprehensive range of effective responses to the needs of historically marginalised populations opportunities to design and implement a fresh approach to child abuse intervention. The following recommendations are intended to

contribute to this process:

- (i) The primary goal of government involvement in Child Protective Services should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children. This implies the strengthening of neighbourhoods through local government structures. A neighbourhood-based approach would require local governments to monitor neighbourhoods and identify those most in need of improvement. Planning and allocation of resources should be based on risk assessment to ensure that the neediest neighbourhoods receive attention. Assessments could be based on social indicators such as rates of unemployment, high school dropouts, teen pregnancies, infant mortality, low birth weight, adequacy of prenatal care, child abuse reports, and drug and alcohol usage. A neighbourhood development plan should then be developed and implemented. National and provincial government should revise current procedures to ease access to funds for comprehensive systems and program development.
- (ii) Responding to multi-problem families as identified in the CPS caseloads in this study, requires a comprehensive approach to intervention. Intervention should address physical, social and psychological problems (Melton & Barry, 1994). Physical aspects involve housing, facilities for recreation, day care, jobs including economic development strategies, such as small business development. Social and psychological aspects include improving safety and strengthening various organizations

(churches, clubs, political organizations) that provide a setting in which people can interact positively. Unless neighbourhood environments are improved, child abuse will remain a serious social problem.

- (iii) The target population of CPS must be accurately identified. This study revealed that such an identification is needed. Children in need of protective intervention are not a homogenous group. However, in the current CPS system they receive generic rather than individualized services that do not take their needs into consideration. Several categories of children were identified in CPS caseloads. These are:

- (a) Children and families without adequate resources to cover their basic needs. Children who live in these households are often classified as neglect or "at risk" cases and comprise most of the caseload of social workers. The "abuse" mostly involves non-intentional injuries and physical neglect by parents who do not appear to deliberately endanger their children. Voluntary, meaning intervention with the co-operation of the primary caregivers; family preservation and support services are appropriate for this category of children. It must be noted that family preservation services are only effective when the families can rely on ongoing accessible services and resources. However, these options are seldom available under the current system. The high caseloads of social workers do not allow for specialized intervention. Services are further restricted by limited transport budgets which make home-based service provision such as family preservation services impossible. The lack of

accessible services severely impacts upon rural families and children.

- (b) Child abuse cases involving immediate family members and acquaintances. These cases are usually, but not exclusively reported at social work agencies. Based on the social worker's discretion, they may be referred to children's and/or criminal courts. These cases therefore require social workers to be skilled in identifying child abuse. Yet, the study found that many are not skilled in the investigation of child abuse cases. In addition, because these cases may involve criminal court procedures, social workers should be part of a multi-disciplinary investigative team, but this rarely happens.
- (c) Child abuse cases involving strangers or acquaintances. These cases are usually reported directly to the police. However, this study found that many of these cases disappear before they reach the court; that no social workers were involved; that the children and families do not receive follow-up services.
- (iv) Provincial governments should establish a child protective agency with exclusive responsibility for CPS. Such agency should operate in accordance with the recommendations for the state and child protective services as discussed earlier.

- (v) The quality of CPS staff and their working conditions should be improved. A protocol is only as useful as the staff who are available to implement it. Currently, the system has too few resources to help families and to support the workers so that they could maintain professional standards.
  
- (vi) Research must be utilized to further define child abuse and to evaluate existing programmes and responses to child abuse.

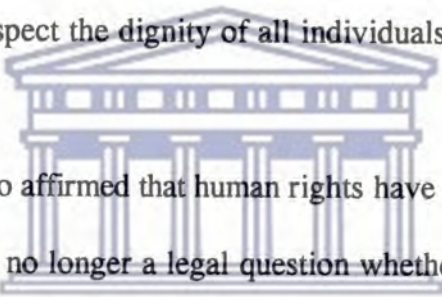
Specific recommendations for government and its role in facilitating the development of new knowledge and dissemination of information have been included under an earlier discussion. Research, as demonstrated in this study has an important contribution to make. It provides an effective vehicle to gain a better understanding of abused children and how to intervene on their behalf.

### 15.3 CONCLUSION

Based on the following assumptions, the aim of the study was to develop standard guidelines and intervention procedures (a protocol) for the management of child abuse. The study was also aimed at finding an appropriate conceptual and theoretical research framework and methodology to facilitate the process towards achieving a solution to the problems identified by the primary stakeholders. The first assumption was that such a framework could inform logical, efficient and effective intervention methods for practitioners and at the same time enhance research practice and theory.

A second assumption was that a participatory process with collaborative partnerships among a diversity of stakeholders would not only benefit the field in significant ways, but could also serve as a unique example of how practice and theory can and should interface in social science research. As the study evolved, both assumptions became entrenched and provided the focus and finally delivered the product which it intended to.

The study affirmed the position that, any child protective system should contribute to the protection of children as persons in their own right, preserve the integrity of families and respect the dignity of all individuals involved.



Furthermore, it also affirmed that human rights have formally been recognised for children. There is no longer a legal question whether the rights and fundamental freedoms in the UN Declaration of Human Rights also apply to children. In addition to these generally recognised rights, children require “special care and assistance” on the grounds of their special needs as stated in the Declaration, that is, the right to care, to nurture, to protection, to education and to games and recreation. This study has therefore emphasized the need for a holistic approach to child protection. It asserts that instances of child abuse cannot be studied separate from its socio-economic and political context. To facilitate an holistic approach to child protection, the UNICEF child well-being framework was introduced as an appropriate framework for child protective services because of its capacity for inter-agency and multi-disciplinary collaboration and co-operation. It provides, in the context of the Convention, a practical and visual framework to



approach child abuse. Developing protocols for the multi-disciplinary management of child abuse, demands a mutual understanding of the contribution that all role players make towards child well-being in general, but in particular to the successful prevention and case-management of child abuse.

Within this context, the on-going challenge seems to be how to provide children with both the care and protection required by childhood and the broadest range of freedoms and rights compatible with the physical, intellectual, socio-economic and political conditions of childhood. In the field of child protection some of these "layers of influence" are controversial and at best complicated. In reality it presents a range of possible relationships and power dimensions between children and their most significant others: families, the State and society. The impact of these relationships and the power dimensions entrenched within them cannot easily be predicted. Children are therefore often unprotected. Protocols, representing formal records of agreements among child protective services providers are one way of ensuring that children receive the kind of attitudes, behaviour and services which demonstrates respect and dignity for children as persons with rights. A rights perspective demands that people, in this case children, are taken seriously. Doing so requires systematic attention to societal structures and systems that predisposes children to abuse. In the absence of protective mechanisms such as protocols, children will continue to be subjected to secondary abuse within helping systems.

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## APPENDICES

- A. The UN Convention on the Rights of the Child: Articles relevant to child protection.
- B. Letter to the Department of Social Welfare.
- C. Letter to the Attorney-General.
- D. Letters to intermediaries.
- E. Letter to the parents or caregivers of victims of child abuse.
- F. Response form.
- G. Interview Guide: Consumers of services.
- H. Questionnaire completed by social workers.
- I. Consultative workshops: Facilitators workshop package.
- J. Consultative workshop: Questionnaire 1.
- K. Consultative workshop: Questionnaire 2.
- L. Report: A Costing framework for the Protocol on Child Abuse and Neglect.
- M. Programme of the launch of the protocol.
- N. Media release.
- O. Consultative Workshop Outcomes: Graphic presentation of findings
- P. The Finished product: The Protocol for the Multi-disciplinary Management of Child Abuse and Neglect.
- Q. Summary of findings (Table).

## APPENDIX A

### THE UN CONVENTION ON THE RIGHTS OF THE CHILD: ARTICLES RELEVANT TO CHILD PROTECTION

The UN Convention on the Rights of the Child (1989), was ratified by South Africa on 16 June 1995 and may now be used as the point of reference in any consideration of the rights of children who must be represented and protected in court proceedings. The Convention provides as follows:

#### Article 3

(1) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

#### Article 9

(1) States parties shall ensure that a child shall not be separated from his/her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interest of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

(2) In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

#### Article 12

(1) States parties shall ensure that the child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with age and maturity of the child.

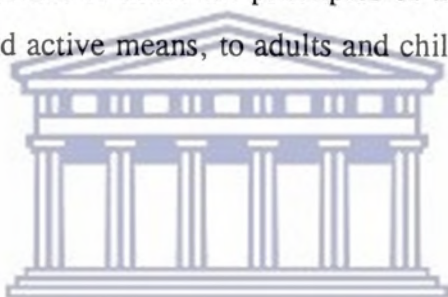
(2) For this purpose the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

**Article 41**

Nothing in the present Convention shall affect any provisions which are more conducive to the realisation of the child and which may be contained in the law of a State Party.

**Article 42**

State Parties undertake to make the principles of the Convention widely known, by appropriate and active means, to adults and children alike.



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**APPENDICES: B-E**

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Dir. line/lyn .....

Ref./Verwys. ....

Dept. ....

23 February 1994

The Director  
Department of Social Welfare Services  
Minneli House  
Cape Town  
8000.

Dear Mrs Kruger/Ms Edwards,

Research: The Case Management of Child Abuse in the Western Cape

This serves to engage your support and cooperation in a research study on child protective services (CPS) in the Western Cape. The active participation of the key stakeholders is a critical element of the study. Your department is generally regarded as the lead department in CPS practice. I would therefore appreciate an opportunity to meet with you to share the objectives and methodology of the study.

In brief, the study will be conducted in three stages. During the first stage the research domain and focus questions will be developed with senior CPS practitioners; the second stage will involve a formative the evaluation of existing CPS services. Based on the outcome of the data collected and analysed during the first two stages of the study, all the relevant stakeholders will be encouraged to participate in a problem-solving process.

In light of the escalating reports of child abuse and the apparent difficulties experienced by responding human service workers, this study aims to contribute toward the process of finding some answers to these challenges.

Yours Sincerely,

*Rose September*  
Rose September.  
Researcher.



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Dir. line/lyn .....

Ref./Verwys. ....

Dept. ....

7 February 1994

The Attorney General.  
 Cape Town Supreme Court.  
 P.O. Box 9003.  
 CAPE TOWN.  
 8000

Dear Mr Khan,

**RE: RESEARCH PROJECT: CHILD ABUSE MANAGEMENT IN THE  
 WESTERN CAPE**



My telephonic conversation with you on 23 January refers.

The management of children in the special sexual offenses courts constitute a core aspect of the project. Your role in establishing the two special courts in Wynberg and Cape Town is acknowledged and much appreciated. This is an exceptionally welcomed development.

Research in this area is crucial to ensure that we continue to do our very best in the interest of children. We herewith request access to all relevant court documents.

Your cooperation in this regard is appreciated.

Yours sincerely,

*Rose September*  
 ROSE SEPTEMBER  
 Researcher



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Dir. line/lyn .....

Rei./Verwys. ....

Dept. ....

4 July 1994

Dear Colleague,

Research: The case management of child abuse in the Western Cape

I am conducting a formative evaluation of the special courts for sexual offences in Wynberg and Cape Town. The role of intermediaries is a brand new development in these courts. Your name was provided to me by the social worker attached to the court where your services as an intermediary was used.

I am eager to meet with all the intermediaries to discuss your experiences and to record your recommendations. This study aims to contribute to the establishment of effective CPS services in the Western Cape.

As a key component of the study a workshop for intermediaries is scheduled for 28 July 1994 at 9h00 to 11h00 at the Institute for Child and Family Development. Your participation at the workshop will be appreciated. Kindly let me know if this date and time is convenient, and whether you will be attending the workshop.

Yours sincerely,

*Rose September*  
 Rose September

Researcher.



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Dir. line/lyn .....

Dept. ....

Ref./Verwys. ....

Dear Parent or guardian of.....

I am a researcher looking at ways to improve the services to children and their families following instances of child abuse. I would very much appreciate your help.

Parents and caregivers are not very often asked about their experiences, yet we know that they often have strong opinions. I know that you have recently gone through a court process and would like to hear what your experiences was so that we can make sure that the changes that you would like to see are heard.

I know that your experience was distressing and will not be asking about the abuse, but will focus on the services that you have received. The information that you will provide will not be shared with anybody, it will only be used for the research report. Your name or the name of your child will also not be recorded in any way. Confidentiality will be strictly observed.

I will only contact you again if you call to make an appointment to meet with me. If you do decide to help, I will come to your home or if you prefer you may come to my office at the University of Western Cape, which is on Modderdam Road in Bellville. I will pay your transport costs.

Should you have any questions or would like to help, I can be contacted at 959 2602/5/6; you may also complete the enclosed form and return it in the stamped envelope.

Yours sincerely,

*Rose September*  
 Rose September  
 Researcher

## APPENDIX F: RESPONSE FORM TO PARENTS OR CAREGIVERS OF VICTIMS OF CHILD ABUSE

**RESPONSE FORM**

**CIRCLE THE APPROPRIATE WORD**

We would like to know more about the research      yes/no

We would like to take part in the research      yes/no

We would not like to take part in the research      yes/no



Name:-----

Address:-----

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Telephone number:-----

Any other message:-----

**APPENDIX G: INTERVIEW GUIDE: CONSUMERS OF SERVICES**

1. Introductions and formalities.
2. Verification of demographic details as per social worker's records.
3. Where would you like to start?
4. Detail: Contacts made from discovery, process and services received.
5. Where are you now?
6. Were there any services that you expected to receive but did not get?
7. How satisfied were you with the services that you received?
8. How satisfied are you with how you were treated by each contact?



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## APPENDIX H: QUESTIONNAIRE COMPLETED BY SOCIAL WORKERS

Dear Colleague,

As child protective service workers we have all been confronted with the escalating number of child abuse reports, the horrific stories on the front pages of newspapers and the extent of the brutality of these violations against the most vulnerable members of society, our children. It seems only natural that we are asking whether our agencies are responding adequately to the needs of children and families in instances of child abuse. During the past two years of CPS training at our institute trainees have often expressed their concerns about the response of intervening agencies in instances of child abuse.

By completing this questionnaire you will be assisting in the evaluation of key aspects of the child protective service system. The aim of the questionnaire is to gain information on the experiences of on-line workers in the Child Protective system. This information will be used to inform and influence the transformation of CPS practice and policy.

The researcher endeavours to involve the key stakeholders as active partners throughout the research process to ensure that the outcome of the study contributes to CPS practice and policy in concrete and practical ways. Toward this end the findings of the evaluation will be compiled in a report and presented at a workshop to which you will be invited. We will then have the opportunity to jointly discuss the findings and to make suggestions to improve CPS practice and policy.

Thank you very much. Your time and commitment to this process is valued.

Where appropriate, please mark your response with a cross (X).

**QUESTIONS**

1. Are you actively involved in Child Protective Services (CPS)

Yes	No
-----	----

2. If yes what is your role? (e.g. Social Worker, intake/investigations of all CPS aspects)

Social Worker

Teacher

Community Worker

Nurse


Other: Specify

---

3. How long have you been doing Child Protective Work? Specify number of years.

Less than 1 year	1	2	3	4	5	6	7	More than 7 years
------------------	---	---	---	---	---	---	---	-------------------

4. Did you receive any prior training in CPS Work?

Yes	No
-----	----

5. If yes, specify.

During Tertiary Training

In-service Training

Specialized Trainin

Other non-service training


Other: Specify

---

6. What are the definition of CPS that your agency works with. What do you think it is/should be

---

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7. In your experience with CPS what important service principle's should be adhered to?

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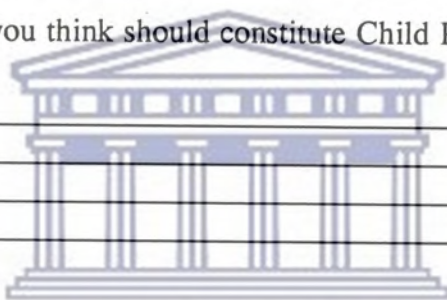
8. What core services do you think should constitute Child Protective work?

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---



9. What should the role of government be in the Child Protective System?

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10. If you could change your CPS - work, what changes would you bring about?

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11. Are you "satisfied" with your working conditions as a CPS worker? Please specify if satisfied and also if not satisfied.

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---

12. What are the first two things that you would change in the Child Protective System if you had the resources?

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---

13. Any other comments?

---



---



---

14. Do you work at:

A State department	
A private welfare organization	
Non-government organisation	
Hospital	

Other, Specify:.....

For further information, please contact me at: Tel. 9592605 or Fax 9592606.  
Thank you, your assistance is valued.

*Rose September*  
**Rose September**  
**Researcher**

## APPENDIX I: FACILITATORS WORKSHOP PACKAGE

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(I) Presenter's programme	382 - 384
(ii) Presenter's notes	385 - 389
(iii) Registration forms	390
(iv) Set of six (6) overhead transparencies	391 - 396
(v) Questionnaires (see Appendices J and K)	
(vi) Protocol workshop reporting sheet	397

\* (vii) 15 sheets flip chart paper

\* (viii) 4 black or green koki's

\* (viii) 3 Black ball-point pens

\* (ix) Prestik



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**Arrangements must be made with workshop convenor for overhead projector and suitable screening surface.**



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**WORKSHOP FOR ASSESSING AND PROMOTING THE  
IMPLEMENTATION OF THE DRAFT CHILD ABUSE AND NEGLECT  
MANAGEMENT INTERVENTION PROTOCOL, BY DISTRICTS**

---

**PRESENTER'S PROGRAMME**

**WORKSHOP OBJECTIVES:**

1. By means of active involvement of all the relevant professional and lay groupings, to **engage districts in the protocol development and implementation process.**
2. By means of structured interaction between the participants and presenters, to make a simple assessment of the **district's capacity to implement the draft protocol.**
3. By means of structured interaction between the participants and presenters, to **establish in the minds of the participants a clear understanding of the concept of a protocol, its purpose, consequences and advantages for effective intervention.**
4. To imbue participants with a **sense of vision and purpose** for improving the standards of abuse intervention in their district and to create a **sense of ownership** of the protocol development process.

TIME	ACTIVITY	RESOURCE
15 MIN.	<p><b><u>A. INTRODUCTION</u></b></p> <p>(Objective: By means of clear simple, and enthusiastic communication, to engage the participants in the workshop process in terms of the objectives.)</p>	
A1	1. <u>Very brief</u> overview of the extent of the problem of child abuse and neglect, including some statistical input.	OVERHEAD # 1 PRESENTER'S NOTE # 7
A2	2. Origins of the movement towards improving intervention management. ('Underlying Issues')	OVERHEAD # 2 PRESENTER'S NOTE # 8
A3	3. Development process to date.	OVERHEAD # 3 PRESENTER'S NOTE # 9
A4	4. Goals of this workshop; clarification of expectations; contracting with the group to engage in workshop process and content.	OVERHEAD # 4 PRESENTER'S NOTE # 10

<p>D1 20 MIN.</p> <p>D2 25 MIN.</p>	<p><u>D. DISTRICT ANALYSIS OF THE IMPLICATIONS FOR THE IMPLEMENTATION OF THE PROTOCOL</u></p> <p>(Objective: See workshop objective # 2)</p> <p>1. Multi-disciplinary groups of 8-10 persons consider the implications of the protocol for their district by means of a "SWOT" worksheet.</p> <p>2. Groups feedback in plenary session.</p>	<p>PRESENTERS' NOTE # 18 WORKSHEET # 2</p> <p>Pre-prepared flip-chart paper and Koki PRESENTERS' NOTE # 19</p>
<p>E1 10 MIN.</p> <p>E2 5 MIN.</p> <p>E3 5 MIN.</p>	<p><u>E. SUMMARY AND THE WAY FORWARD</u></p> <p>(Objective: See workshop objective # 4)</p> <p>1. <u>Summary by means of Conclusions:</u> Based on workshop process and content, draw specific conclusions regarding the adoption and implementation of a protocol for the district.</p> <p>2. <u>Input:</u> The further planned protocol development process.</p> <p>3. <u>Input:</u> The start of a 'district child abuse and neglect forum'</p>	<p>PRESENTERS' NOTE # 20 Presenters' own notes and skills</p> <p>OVERHEAD # 7 PRESENTERS' NOTE # 21</p> <p>PRESENTERS' NOTE # 22</p>
<p>F1 10 MIN.</p>	<p><u>F. WORKSHOP EVALUATION</u></p>	<p>PRESENTERS' NOTE # 23 EVALUATION FORM</p>
<p>G1 5 MIN.</p>	<p><u>G. CLOSING ACTIVITY</u></p>	<p>PRESENTERS' NOTE # 24 BOOKMARKS</p>

TOTAL TIME: 195 MIN.

**B. ASSESSMENT OF DISTRICTS' CURRENT FUNCTIONING.**

(**Objective:** By means of a case study and "what is likely to happen here" analysis, to establish the basic **state** of intervention management in the district).

**B1**  
30 MIN.

1. Multi-disciplinary groups of 8-10 persons analyse the case study by means of a worksheet.

**B2**  
30 MIN.

2. Groups feedback in plenary session.

PRESENTERS' NOTE # 11 & 12  
WORKSHEET # 1  
Pre-prepared flip-chart paper and Koki  
PRESENTERS' NOTE # 13

**C. PROTOCOL: DEVELOPING THE CONCEPT**

(**Objective:** See workshop objective # 3)

**C1**  
15 MIN.

1. Plenary session: "What are the features/elements of an effective/successful abuse intervention?"

Facilitation skills and pre-prepared flip-chart paper  
PRESENTERS' NOTE # 14

**C2**  
5 MIN.

2. Input: Definition and purpose of a joint intervention management protocol (to be linked to the responses in #1 above)

OVERHEAD # 5  
PRESENTERS' NOTE # 15

**C3**  
20 MIN.

3. Presentation: Overview of the draft protocol.

OVERHEAD # 6  
PRESENTERS' NOTE # 16

**C4**  
10 min.

4. Brainstorm: Indicators for measuring improvement.

PRESENTERS' NOTE # 17

20 MIN.

TEA BREAK

## WORKSHOP FOR ASSESSING AND PROMOTING THE IMPLEMENTATION OF THE DRAFT CHILD ABUSE AND NEGLECT MANAGEMENT INTERVENTION PROTOCOL, BY DISTRICTS

### PRESENTER'S NOTES

1. All workshops will have two co-presenters. Presenting must be shared as far as possible to prevent participants becoming bored with one face/voice. Individual strengths and weaknesses should also however, be taken into account.
  2. You should arrive at the venue at least 30 minutes before the advertised time to make the necessary preparations.
  3. It is very important that the workshop starts on time as the whole, planned process must be completed. Although the advertised duration is 240 minutes and the programmed time is 195 minutes (excluding registration), careful time control will still be very important.
  4. It is very important that you follow the workshop format and guidelines as closely as possible. This is so that the data obtained from the various workshops is standardised as far as possible to allow for meaningful collation and analysis.
  5. You must arrange with your Workshop Convenor for the registration of participants on arrival using the PROTOCOL WORKSHOP REGISTRATION form. Those persons assisting with this process must complete the "GROUPING" section of the form, using the codes provided at the bottom of the form.
  6. As soon as possible after registration is complete (or as complete as possible, because there will always be late arrivals!) a tally of the groupings must be made so that the presenters have a good idea of who they are talking to and to allow for planning of balanced groups for the group activities.
- A1** 7. The aim of this activity is to set the tone and establish a context for the workshop, by simply working through the OVERHEAD.
- A2** 8. This follows directly from **A1** and focuses on some of the symptoms of the problems as outlined in **A1**. You should check with the participants, to see whether or not they can identify with these issues, as part of the engaging process.

- A3** 9. This activity should also flow directly from the previous one. The following may assist you in working progressively through the OVERHEAD in chronological order:
- 1994 Was a watershed year for the development of a sense of common purpose, 'de-politicising' and re-aligning of organisations involved with the welfare of children. It should be mentioned that because the **UWC** ICFD was busy with a research project around improving CPS, there was agreement that this body would drive and direct the project in collaboration with the major role players. It was for this reason that they became the convenor for the steering and working groups, with strong administrative back-up being provided by the Dept. of Social Services. When going through the flow chart, it should also be mentioned that the working group was multi-disciplinary in nature and acted in on-going consultation with various groupings and organisations.
- A4** 10. The goals of the workshop are presented on the overhead. The group is then asked if this is more-or-less what they had expected. Make sure that you engage the group and get feedback. If 'irrelevant' expectations exist, make sure that you deal with these appropriately. When this activity is over, explain that this is going to be a workshop, which necessitates their commitment and participation. Gain their explicit agreement to pursue the now agreed upon goals and to participate fully in planned process. Include the adherence to allocated times and co-operation in not wasting time.
- B1** 11. Your perusal of the REGISTRATION FORM will have given you an idea of the total group composition, you will also know how many people are present. The venue and group total will determine the group sizes. When you have decided how many groups you are going to have, number the participants accordingly by groupings, so that each grouping is evenly represented among the individual groups. Each group is handed the required number of WORKSHEET # 1
- B1** 12. Each group discusses the questions posed by the WORKSHEET and then collates the group's responses on one WORKSHEET. Presenters must ensure that groups do not get bogged down on one issue so that they do not complete the whole task in the allocated time.
- B2** 13. The whole group then reassembles and the group spokespersons present their group's findings. One co-presenter facilitates the feedback and the other writes down the responses of each group to each of the questions posed. It is suggested that all the groups respond to the first issue then all to the second, and so on. One sheet of flip-chart paper

should be used for each of the issues covered. These must be retained by the co-presenters for reporting purposes. At the end of this process everyone should have a sense of the state of affairs for that region.

- C1** 14. The purpose of this exercise is to lead the group into an awareness of the relevance of a joint protocol by recognising the necessity of set-down procedures and clearly stated roles and responsibilities of the involved role players. A question like: "When a child is abused, how should things happen so that the whole intervention is as effective as possible?" can be asked. The whole process through to decision regarding further management, should be covered. Obviously only the key issues can be covered in the allocated time and the responses should be written down on the flip-chart paper in protocol-type language as a precursor to the input which follows.
- C2** 15. The input is given with as much reference to the responses in the preceding exercise as possible.
- C3.** 16. To do this presentation properly, you will have to go through the draft protocol document and make sure that you are familiar with as much of the detail as possible. The idea is to present the protocol to first-timers as simply and clearly as possible by revealing the OVERHEAD progressively from top to bottom, using the text to cue you to the most relevant further detail. The OVERHEAD has been designed to allow you to deal with one major phase at a time. Each participant is given a copy of the OVERHEAD when you have finished your presentation. Make sure that you allow sufficient time for questions and comment thereafter.
- C4** 17. It is regarded as imperative, in order to measure whether or not the implementation of the protocol results in improvement to the system, that indicators for measuring improvement be identified or created. This item in the programme is aimed at harnessing the collective brain power present to generate ideas around measuring success or improvement. The question to be asked is: "How will we be able to establish whether or not the implementation of such a protocol has brought about improvements in services (including the experience of the consumer - the child and family), and to what extent?". The group must be informed that as yet we do not know how this will be done. Their contributions are therefore going to be greatly valued. Be careful to stick to the time allocation and be satisfied when there have been at least 2 or 3 useful contributions.
- D1** 18. The same groups as in **B1** are used. The groups are given their brief to consider what has been said about the draft protocol and to analyse the implementation of such for their district in terms of present/current

**Strengths, Weaknesses, Opportunities and Threats.** Each participant receives a **WORKSHEET # 2** and the group must produce a group worksheet containing all the contributions of the group as a whole. Again don't allow the group to get bogged-down on one issue. It is important that they complete the whole task.

- D2 19.** The guidelines are the same as for **B2**.
- E1 20.** The aim here is to draw global conclusions to summarise the central responses of the district to the proposed protocol. It is important that you gain the participation of the group and not do the thinking for them. You may want to elicit as many responses as possible to the question: what is your reaction as a district to the proposed protocol?" and then group these in terms of 4-5 conclusions, written on flip-chart paper. This must be retained by the co-presenters for reporting purposes.
- E2 21.** The aim of this is to simply give the participants an idea of what is planned further and how they will be involved, by using the **OVERHEAD**. Point out that the policy makers will be the Depts. of Welfare, Health, Justice, Police, Education and The RDP. A very important aspect of the launch will be the Donors Dinner to ensure financial support for implementation.
- E3 22.** Attention should be drawn to the fact that those present represent the role-players from the affected groupings for that district. Also that a name and address list of participants has already been compiled. Further, that the formation of a 'District Forum for Child Abuse and Neglect' is central to the implementation and maintenance of a joint management protocol. They should realise by this time, that they are already in the process of establishing a District CPS Forum! Congratulate them!
- F1 23.** The completion of the workshop evaluation questionnaire must be 'sold' as an integral part of the workshop process as this will give us a clear idea of how each individual thinks and feels about what has taken place. You should emphasise that the evaluation is anonymous and stress that it will have little value unless the responses are completely honest. Point out that the questionnaire has been designed to be as 'user friendly' as possible. Make sure that you collect all the completed questionnaires.
- G1 24.** The purpose of this activity is to consolidate any sense of common purpose and solidarity which has been generated during the workshop. It is suggested that the group is informed that the bookmarks have been specially produced for these workshops (by RAPCAN) to give the participants a tangible reminder of their partnership in the project and

their commitment to improving the system. Participants could be asked to stand and the container with the bookmarks passed around to all those present. They should then be thanked for their attendance and contributions in an appropriate manner. Be sensitive to the group and don't over-sentimentalise. However, don't shy away from any emotion which may prevail. Its OK to feel strongly about improving the system for the sake of abused and neglected children!

**25.** The presenters will be required to submit a full report on each workshop they run. However, this has been made as easy as possible for you and actually requires very little extra work. The report will consist of the following components:

1. A summary and analysis of the WORKSHOP REGISTER.
2. An evaluation of the workshop process.
3. Current state of the region (summary and analysis of the groups' WORKSHEET # 1).
4. Capacity of region to implement protocol (summary and analysis of the groups' WORKSHEET # 2 and E1 conclusions).
5. Summation and analysis of workshop evaluation questionnaires.
6. General presenter comments and recommendations.

**Presenters will be required to do the following:**

1. Hand to Marilyn Engel at the ICFD: The workshop register, flip-chart sheets from exercises B2, D2 and E1 as well as the completed workshop evaluation questionnaires. (the flip-chart sheets **must** each be dated and the district clearly indicated).
2. An evaluation of the workshop process (on the report sheet provided).
3. General comments and recommendations (on the report sheet provided).

**The only extra work is items 2 and 3, which should only take you about 10 minutes! The easiest report you have ever written!  
Thanks for your commitment to this project. Go well!**



**DISTRICT:** .....

**DATE:** .....

**PRESENTERS:** .....

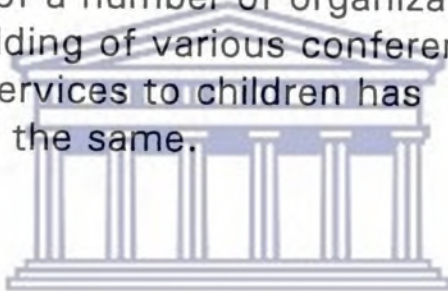
NO	NAME	ORGANIZATION	POSTAL ADDRESS	WORK TEL. NO.	GROUP (*)



\* Social Worker - PWO's ( SW)    Social Worker - State (SSW)    Nurses (N)    Teachers (T)    Police Officers (SAPS)  
 Prosecutors (PP)    Pre-school/Educare/Creche (K)    Parents (P)    Child Care Workers (CCW)    Doctors (df)    Other (O)

## THE PROBLEM

- Substantial increase in reported cases of child abuse
- During 1994, 22 911 child abuse cases reported nationally - 11 423 Western Cape
- Despite existence of a number of organizations and bodies and holding of various conferences - the standard of services to children has generally remained the same.



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## EXISTING SERVICES

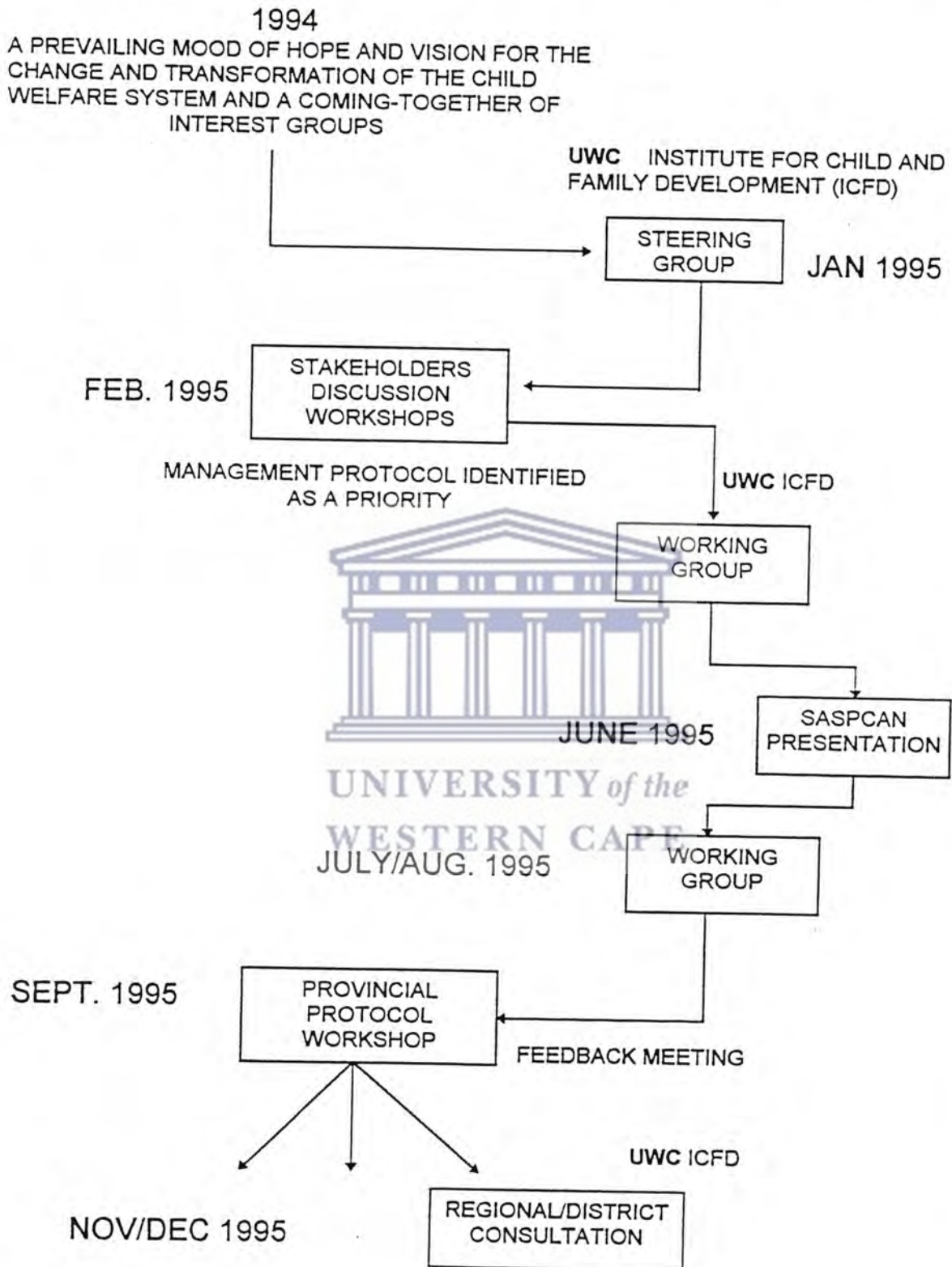
- Fragmented, under-resourced and inconsistent
- Shortage of suitably qualified and trained staff
- Funding problems
- Lack of policy guidelines
- Absence of management protocol and procedures
- No coordinated and comprehensive prevention strategies
- No standardised reporting procedures

## SOME UNDERLYING ISSUES FOR THOSE INVOLVED IN DEALING WITH THE PROBLEM

- The existence of unhealthy conflict between role players during intervention.
- A sense of hopelessness, frustration when victims traumatized by the court system and perpetrators acquitted.
- A lack of direction about what should be done when.
- The enormous energy required to follow-through with intervention due to the lack of teamwork and set procedures.
- A sense of being able to do better.....

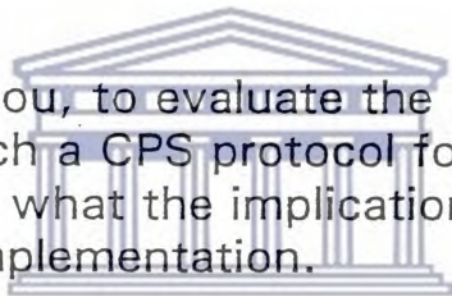


THE PROCESS OF PROTOCOL DEVELOPMENT TO DATE



## GOALS OF THIS WORKSHOP

1. To inform you all about the draft CPS protocol and what such a CPS protocol can achieve
2. Together with you, to evaluate the relevance of such a CPS protocol for your region and what the implications will be for its implementation.
3. To engage you as a partner in taking further the process of establishing a CPS Protocol for the Province.



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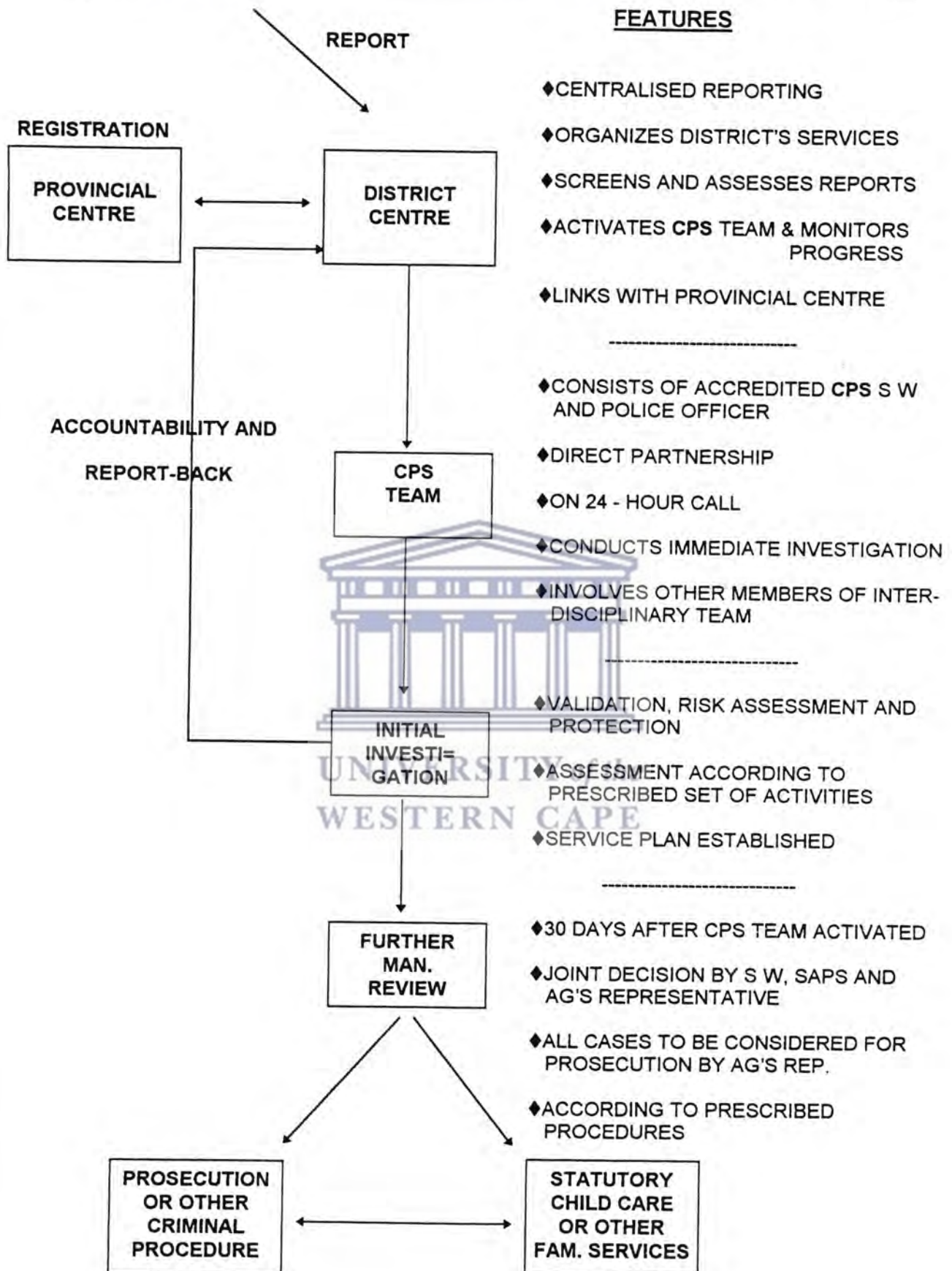
## WHAT EXACTLY DO WE MEAN BY A JOINT INTERVENTION MANAGEMENT PROTOCOL?

A record of agreement between all the involved role-players regarding roles, responsibilities, procedures to be followed and codes of behaviour during the intervention process in instances or suspected instances of child abuse.

### What is the purpose of such a Protocol?

1. To ensure that children are protected and receive the best available services
2. To provide a clear understanding between role-players regarding their respective roles, responsibilities and functions
3. To provide a uniform set of procedures to enable predictability and control
4. To ensure that all interventions are conducted in a systematic and comprehensive manner
5. To ensure that all key tasks are performed in the best possible way at the optimum time
6. To ensure that the necessary collaboration and coordination in service rendering takes place
7. To provide for joint decision-making when this is in the interests of the client system
8. To provide a system of mutual accountability between role-players
9. To promote confidence in the intervention system
10. To ensure standardization of procedures.

AN OVERVIEW OF THE DRAFT CPS MANAGEMENT PROTOCOL



**PROTOCOL WORKSHOP REPORTING SHEET**

---

**Presenters:****District:****Date:****GENERAL COMMENTS AND RECOMMENDATIONS**

(anything that you think may be significant to the evaluation of the workshop and anything that you feel is relevant or may be helpful to other presenters)



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**APPENDIX J: CONSULTATIVE WORKSHOP**

**QUESTIONNAIRE 1**



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FEASIBILITY OF THE WESTERN CAPE PROTOCOL FOR THE MANAGEMENT OF CHILD ABUSE.

1. Is it easy to understand?

Simple

1	2	3	4	5
---	---	---	---	---

Complex

2. Is it practical?

Practical

1	2	3	4	5
---	---	---	---	---

Impractical

3. Is it adaptable to various contexts?

Adaptable

1	2	3	4	5
---	---	---	---	---

Not Adaptable

4. Is it culturally sensitive?

Culturally Sensitive

1	2	3	4	5
---	---	---	---	---

Culturally Insensitive

5. Can it be used by untrained Child Protective Service Workers?

Yes

1	2	3	4	5
---	---	---	---	---

No

**APPENDIX K: CONSULTATIVE WORKSHOP  
QUESTIONNAIRE 2**



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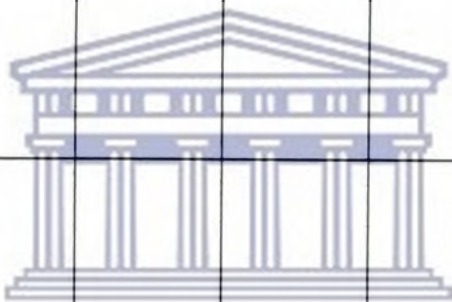
CHILD PROTECTIVE SERVICES (CPS)  
CPS PROTOCOL WORKSHOP EVALUATION

TODAY'S DATE:.....

DISTRICT: .....

NO.	STATEMENT	DISAGREE STRONGLY	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	AGREE STRONGLY
1	I think that my district can play a meaningful role in the development of a Provincial CPS management protocol.					
2	A CPS management protocol will require a much closer working relationship between role players.					
3	I have a clear understanding of what a CPS management protocol.					
4	I think that services to abused and neglected children must be substantially improved.					
5	I feel part of the process of developing a CPS management protocol for the Province.					
6	The implementation of a CPS management protocol will require a re-look at how resources are presently allocated.					

7	I think that a CPS management protocol is necessary.					
8	I have a good understanding of how services to abused and neglected children can be improved.					
9	It is important that I remain informed about further developments of the Provincial CPS management protocol.					
10	A CPS management protocol will require development and improvement in human and other resources.					
11	I think that a CPS management protocol must be implemented, despite the demands that it may place on role-players.					
12	I want to be part of the process of improving the standard of services to abused and neglected children.					



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**APPENDIX L: A COSTING FRAMEWORK FOR THE  
PROTOCOL ON CHILD ABUSE AND  
NEGLECT**



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**IDASA : BUDGET INFORMATION SERVICE**13<sup>th</sup> Floor, 2 Long Street, Cape Town

Phone : + 27 21 418 3464

Fax : + 27 21 251 042

E-mail : wkraf@pic.iaccess.com

## Report: A Costing Framework for the Protocol on Child Abuse and Neglect

Report Commissioned by : Mrs R. September  
Institute for Child and Family Development

Report compiled by : Laura Walker and Shirley Robinson  
December 1996



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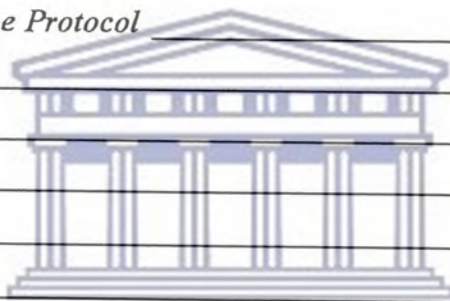


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## 1. Executive Summary

IDASA : Budget Information Service was commissioned by the Institute for Child and Family Development to provide a costing framework for implementation of the Protocol on Child Abuse and Neglect.

The costs derived from this framework at this stage of the process are based on broad, generalised assumptions, to provide a first estimate of implementation costs for an ideal system as described by the Protocol. Altering the assumptions will inevitably alter the costs. Each district in which the Protocol is to be implemented will need to repeat the costing exercise, utilising their specifics, to ascertain what is affordable. They will need to consider which elements of the Protocol are critical success factors, and trim other expenditures to meet their budget.

This phase of the costing has been based on implementation in two districts initially, with two districts being added in each of the next two years. Personnel costs have assumed 16 local teams operating per district. Three scenarios have been considered ( a low, medium and high), and across all three the total costs were the system to be established from scratch (as may be the case in provinces with no infrastructure) and the additional costs to P.A.W.C Social Services. Scenario 3, the high cost alternative, shows that the Protocol as envisaged, can be implemented at a cost to P.A.W.C Social Services of no more than R2,5 million per annum. This is considerably less than the cost, for example, of Corvettes to the Navy, Pilatus trainers to the SAAF or the cost of refurbishing a bathroom in the Palace of King Goodwill Zwelithini.



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## 2. Introduction

Idasa: Budget Information Service (BIS) was approached by The Institute for Child and Family Development and the Western Cape Welfare Department to develop costing procedures and scenarios for the Protocol on Child Abuse and Neglect.

The Protocol seeks to establish inter-disciplinary roles and responsibilities, procedures of operation, and standards of service with respect to child abuse in the Western Cape. BIS's role is to cost the various stages as defined by the Protocol. The protocol will be implemented incrementally, but the initial costing is for the pilot project in the Western Cape over a three year period.

The governments macroeconomic strategy, currently under the spotlight, emphasises the need for reprioritisation within votes. The need to reduce, or re-focus expenditure underscores the need to cost new programmes carefully, to establish their feasibility within hard budget constraints. Monitoring and evaluating Government expenditure on children has become important given the commitment to the First Call for Children under the UN Convention for the Rights of the Child. The Children's Budget project, facilitated by IDASA: Budget Information Service aims to review current government expenditure on children and to consider the cost implications of policy proposals for children, such as the National Plan of Action. Costing of the Protocol on Child Abuse and Neglect dovetails with this process.

## 3. Method

The costing is intended to provide a global guideline for implementing the Protocol. Thus costs are not calculated per specific district, such as Bellville, Malmesbury, Oudtshoorn etc., but averaged to gauge a representative cost per district. Given available information, such specific costs will only be possible to calculate/allocate once the Protocol has been implemented. Further, costs at the local level depend on which districts are selected for implementation of the pilot project.

### 3.1 Unit cost

Each province will differ in the number of districts and local areas, the number of teams per area, the number of staff per office and so on. Thus to cost the protocol effectively, without having to draw up a separate costing for each circumstance, it is necessary to reduce each line item to its unit cost. From here, the model can be built up and tailored to different circumstances.

#### 3.1.1 Explanatory Notes

- The costs are calculated per unit, for each item, at each of the three levels of implementation in the process - namely provincial, district and local levels. This method allows for differentials between districts in terms of personnel, distance travelled and so on.

##### 1. Provincial

- The provincial unit is assumed to be utilising office space within an existing welfare department, so rent, water and electricity are merely shadow costed<sup>1</sup>.
- Salaries for personnel are costed at the median for each grade as defined by the Department of Welfare salary scales. It was not considered necessary to provide for a separate receptionist, as the junior administrator can fulfil this function.
- Computer hardware is costed at replacement cost, but it is probable that this will be supplied by the Department of Public Works. Software will be a component of the NISWELL system, and thus supplied by the National Department. However, there may be costs incurred in modifying the existing system to meet provincial or district specific requirements. The province will be responsible for these costs. The Department of Public Works will insure the computers for one year, but a maintenance contract needs to

<sup>1</sup> Shadow costing takes into account the cost of resources used in an activity, but which may not require actual expenditure.

be signed with a contractor. It has been assumed that a fax machine will be purchased only in the first year.

- Research on key issues or concerns regarding child abuse will be contracted out. Training of personnel at the district and local level will be provided by the Institute for Child and Family Development, at the University of the Western Cape. In this regard, the provincial office is responsible for the salaries of the trainer and training administrator at the Institute.
- Administration costs are calculated at 10% of operational costs per annum.
- Insurance on capital equipment is paid by the Department of Public Works, and vehicles by the Government Garage.

## 2. District

Assumptions at the district level are the same as for provincial with the following exceptions. Districts already established are operating from existing offices of the Department.

- It is envisaged that, to provide a 24 hour service, one social worker will be on duty and a second on call via cell phone or beeper. The cell phone will be kept by the social worker on standby.
- Two vehicles have been provided for, with one intended to serve as a back-up vehicle for the local units. Travel is costed at 90 cents per kilometre, to cover petrol and maintenance cost.
- A monthly workshop is provided for each district for the Area Child Protection Committees. Although these Committees operate at the local level, they are provided by the district.
- The new 24 hour service will need to be advertised in the communities to be serviced. It is envisaged that this will be done through community radio stations ( a 30 second slot at a time suitable for children) and local knock-and-drop newspapers.

## 3. Local

- Police, health and justice personnel are costed for completeness, but these salaries are met by the respective Departments. They have been costed at the relevant median departmental grades. As this is a unit costing, the costs of only one team have been specified here, the dynamic model allows for the input of the number of teams in each local area.
- Given that each case needs to be attended by a social worker and a police officer (the local team), and they are often travelling long distances, a cell phone is provided for each member of the team.
- Provision is made for a car for the local social worker, as it is assumed that transport for the police officer will be supplied by the police.  
The case conference has been costed only under process as there are no specific fixed costs associated with this function.

### 3.2 Dynamic model

The purpose of the dynamic model is to provide a generic template, which can be adjusted as required to allow for differences between provinces, districts and local areas. The model utilises the unit cost derived for each line item, and the inputs defined by each level of implementation, to provide an estimated overall cost per district and local team. The purpose of the Summary spreadsheet is to take cognisance of the number of local teams per district, and the number of districts operating.

#### 3.2.1 Explanatory Notes

This model is based on the unit costs described above, but allows the user to specify the number of units required under each heading. These choice variables are indicated by blue on the spreadsheet.

As wage increases are dependent on factors other than inflation, separate provision has been made to specify increases granted in years two and three. While it is acknowledged that wage increases may not be uniform across all grades, the costing is intended to provide a guideline rather than an accurate budget. Therefore, an average increase across the board should be used. In the costing template inflation increases have been estimated at 9% in year 1 and 8% in year 2. To retain the same real wage, the same increases have been assumed in wages. Administrative costs have been set at 10%, but can be adjusted as deemed appropriate.

These key variables, wage increases, inflation and administration costs apply across all three levels of implementation.

Shadow, as opposed to explicit costs, have been shown separately in the summary costing.

### 1. Provincial

- At the provincial level, office space has been costed at 12m<sup>2</sup> for an office for the Senior Social Worker, and a shared office of the same size for the administrators. A third office of that size has been included for a meeting room or for housing equipment. The rental cost is then calculated on a per metre squared basis for the year. Only average telephone costs have been included under utilities, since electricity and water are paid by the Department of Public Works, and it was not possible to obtain an estimate from them.
- The costing template has assumed that one senior social worker and two administrators will be required, and will remain for the three year period. However, with the anticipated increase in cases handled once the protocol has been implemented, flexibility to add personnel in any year has been incorporated in the model. This flexibility holds for all three levels in terms of personnel.
- The provincial office maintains the main database, which incorporates the register. Thus a fairly powerful computer has been allowed for. The senior administrator will be responsible for the database, and the junior administrator for normal office duties. It is assumed that all capital equipment will be purchased in year one. Given that the equipment is new, maintenance was only deemed necessary from year two, although there may be negligible costs for installation of the software<sup>2</sup> or setting up of the network. Again, the model allows additional equipment to be purchased in subsequent years although this original costing has not done so.
- In addition to the normal training offered for social workers, in the first stage of implementation a substantial amount of training will be required on the new computer systems. For reasons of data integrity it is advised that only trained administrators make inputs into the database, and that each administrator will require a 2 week intensive training course. As other members will need to access the data, but not maintain it, their training courses may be shorter.

### 2. District

- At the District level, an office of 16m<sup>2</sup> is provided for the chief social worker, and offices of 12m<sup>2</sup> each for the social worker and administrator. Although the administrator retains responsibility for the switchboard, given that there is a single administrator and the workload in terms of processing forms is anticipated to be greater than at provincial level, a general assistant has been provided for. Each district will have two computers, one for use by the administrator and another for use by social workers in accessing information. The cell phone cost includes both purchase of the phone and the contract in year 1, and just the cost of the contract in subsequent years. The cost of calls forms part of general telephone and fax expenditure under the utilities category.
- The cost for vehicles in year one includes the cost of purchase, and was based on average prices of a one-year old, second hand grade A car. In order to estimate a global mileage figure at the district level, information supplied by districts has been averaged. It should be borne in mind that distances travelled in rural districts will be much larger. An estimate for insurance has been included as a shadow cost.
- For the purposes of this initial costing, marketing has been assumed to take the form of one newspaper advertisement (a 15 cm, black and white advert) per district per month, and two radio advertisement (30 second slot, early evening).

### 3. Local

- At the local level, the template has assumed only one team since the number of teams varies considerable from area to area. Not all areas have access to a social worker and a police person concurrently. Local areas can input the number of social workers and police officers available to them. Health and justice personnel have been costed as they play a role in the case conference, in assessment and if the case is to be prosecuted. Their respective roles are detailed in the process costing.

<sup>2</sup> This was not considered important enough to be costed in the first year, since the NISWELL system is written in Microsoft Access, a standard package which does not require a computer specialist for installation.

- At the local level, each member of the team will need a cell phone. Since all data processing is to be done at district and provincial level, with the local areas primarily responsible for interventions, capital equipment needs at this level are minimal.
- The bulk of travelling will occur in the local areas, since this is where intervention occurs. The roles of the social worker and the police officer differ, so the travelling costs of the team have been split. It is assumed that social workers will travel more, owing to the need to give ongoing support to the victim and family.

### 3.3 Process cost

Attempts to provide a cost per case or investigation. In other words, each child will need to have this amount spent, on average, to provide them with an acceptable level of service. Each stage of the process, from reporting to prosecution to further management, is documented and an approximate cost attached.

#### 3.3.1 Explanatory Notes

Costing of the process is based on the number of hours taken to complete each component. In assigning personnel costs, it is assumed for simplicity that each person works a 40 hour week, and four weeks per month. This equates to 160 hours per month. Estimates of the number of hours per function were supplied by the Department of Welfare. A unit cost is associated with each component, which can be multiplied by the time spent on each component to determine the component, or factor, cost. Not all cases investigated will require legal intervention, or significant after trial follow up. Therefore, three levels of total cost have been identified : the maximum cost, if a case goes to trial, and the child needs extended further care; a minimum cost for any case; and the costs actually borne by the Department of Welfare: Social Services.

It is possible, for comparative purposes, to estimate the cost to the State of providing legal aid to an alleged perpetrator. In doing so, it has been assumed that the suspect spends only 60 days in detention at a cost of R100 per day. It is further assumed that the suspect appears 10 times in each of the three courts, which is true of an average case, according to the Department of Justice. Provision is made for the suspect to receive medical treatment once, at an outside facility. Although medical attention may not be necessary in all instances, it forms such a small percentage of the total cost it is unlikely to materially influence the conclusion.

### 3.4 Summary Costing

Attempts to consolidate and summarise the previous costings, and provide an overview of the direct costs of implementing the protocol. It shows both the direct costs to be met by the Department of Welfare, and the total resource cost involved in the protocol.

#### 3.4.1 Explanatory Notes

For completeness, (and in line with government budgeting practice) the costings begin with a zero budget i.e. consider how much the proposed programme would cost to implement if nothing currently existed. From there, it is possible to eliminate the costs picked up by other government departments in order to ascertain the actual total cost to Welfare. Since the districts are already operational, current structures and personnel can be discounted to arrive at the additional expenditure required to implement the protocol.

The summary costing goes on to considers three different scenarios. For all three scenarios, the starting point is one provincial office, and two district offices in year 1. Two new districts are added each year, with each district having 16 local 'teams'. It is unlikely, in reality, that each district will have such a large staff complement, so the costs are overstated. For each scenario, it is interesting to note the cost per child of the level of service offered under the protocol.

Caseload figures were calculated from police statistics because although only approximately 20% of cases are reported to the police, their statistics are the most reliable. It is assumed that at present resources, particularly social workers are working at capacity, and therefore, that any increase in case load as a result of the protocol will require additional resources. This may not be true for all districts. To enable a more accurate costing of the effects of increased case loads, costs at each level were divided into fixed ( incurred

irrespective of the number of cases) and variable costs (directly influenced by caseload). Variable costs were predominantly personnel, travel and equipment. Costs at the provincial level were least likely to be effected by case load, and could be considered fixed. Given that the bulk of intervention occurs at local level, these costs were all considered to be affected by workload.

Scenario 1 traces the costs over three years if the protocol does not result in any improvements in reporting of cases. From police statistics it is reasonable to assume that the number of cases will increase by 10% per annum, without the protocol.

Social workers in the districts were asked to estimate the increase in reported cases if the protocol were to be implemented. On average they estimated 30%, so this figure was used for Scenario 2, in addition to the 10% standard increase.

Scenario 3 assumes a 50% increase in reported cases from the protocol. Such an increase can be considered the upper limit for the initial three year period, given South Africa's political context, and the inherent distrust by many communities of government institutions. It also takes time for new norms and procedures to be accepted.

## 4. Key Results

### 4.1 Process

Detailed spreadsheets of the process cost for the child and the alleged perpetrator are included in Appendix B. Note that the process cost for the child contained in the Appendix does not specify court appearances. It is unlikely the child will need to appear more than three times per court, but the prosecutor needs to appear as many times as the accused. If the case needs limited further intervention, the cost in the first year is R15 102 per child. This cost increases to R17 678 by year three. The bulk of these costs, however, are legal fees, so the costs to Welfare are R 2 500 and R2 700 respectively.

If the child is sufficiently traumatised to need considerable post-trial intervention, or placing in foster care, costs can rise to R 15 688 per child in year 1 and R 18 474 by year 3, with the increase being borne by Welfare.

In comparison, assuming that legal assistance is provided for the accused by legal aid, and the accused spends 60 days in custody ( which is conservative) the State incurs a cost of R33 489 per suspect in the first year. This will increase to R34 845 by year 3. The most significant aspect is that the State spends approximately twice as much defending the alleged perpetrator, than defending the child.

### 4.2 Summaries

It is instructive, before considering the three scenarios, to estimate the cost drivers of the protocol in order to identify areas for potential cost-cutting. Looking first at the levels of implementation :

Table 1 : Additional Costs - Percentage of cost by Level

Level	Year 1	Year 2	Year 3
Provincial	9.82	25.16	24.46
District	23.95	27.97	29.97
Local	66.23	46.87	45.57

Incorporated in the above table is the non-protocol related case increase of 10%, and 16 local teams in a district. Clearly, the local teams are the most resource intensive, although costs decline with case load as the overhead costs are spread. The provincial level contributes very little to costs in the first year, because it already exists and requires very little extra in the way of equipment. The District and Local levels, however, have significant set up costs in the first year. In subsequent years, running costs are similar at provincial and district level, but the local level needs extra staff.

Another useful way to look at cost drivers is to consider type of expenditure, regardless of the level at which it is spent :

Table 2 : Additional Expenditure by Type  
(percentage)

<i>Type</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<b>Infrastructure</b>	0	0	0
<b>Equipment</b>	5.81	1.58	1.56
<b>Salaries</b>	24.3	66.49	65.94
<b>Travel</b>	39.36	23.2	23.01
<b>Training</b>	20.69	2.85	3.66
<b>Other</b>	9.85	5.88	5.83

Again, the table demonstrates that the main cost driver is remuneration of employees, as this is the highest proportion of running costs. This suggests that it may be necessary to foster closer working relationships, or form partnerships, with other organisations in order to reduce personnel costs.

A complete set of spreadsheets summarising total cost, actual cost to Welfare and additional cost to Welfare, for each Scenario are included in Appendix C. The critical results, the additional cost to Welfare of implementing the protocol under each scenario, are presented below:

Table 3 : Scenario 1 - Costs in R 000's

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<b>Provincial</b>	96	101	109
<b>District</b>	235	113	134
<b>Local</b>	1300	378	410
<b>Total</b>	<b>1631</b>	<b>592</b>	<b>653</b>
<b>Per child</b>	<b>0.58</b>	<b>0.19</b>	<b>0.19</b>

Table 4: Scenario 2

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<b>Provincial</b>	96	101	109
<b>District</b>	299	280	503
<b>Local</b>	1690	984	1590
<b>Total</b>	<b>2085</b>	<b>1365</b>	<b>2202</b>
<b>Per child</b>	<b>0.57</b>	<b>0.34</b>	<b>0.5</b>

Table 5: Scenario 3

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<b>Provincial</b>	96	101	109
<b>District</b>	342	317	570
<b>Local</b>	1950	1136	1842
<b>Total</b>	<b>2388</b>	<b>1554</b>	<b>2521</b>
<b>Per child</b>	<b>0.57</b>	<b>0.34</b>	<b>0.5</b>

Each of the above tables takes into account two districts in year 1, and adding two district per year. With each district having 16 local teams, this makes for 96 teams operating by year 3. Even so, the costs per child are remarkably small, with a maximum of R580. Costs have two opposing forces working on them. Fixed costs fall from year 1 to 3 as they are spread over more cases, plus initial start up costs occur in year one. On the other hand, variable costs rise with case load but tend to rise less than proportionately.



At the most optimistic level, if the protocol succeeds in increasing the number of reported cases by 50%, the additional expenditure required does not rise above R2,5 million.

## 5. Implications of implementing the Protocol

### 5.1 Welfare

- Given the prohibitive cost of radio advertising, it is worth investigating the possibility of organising interviews on particular programmes. In addition to print advertising in knock and drops, large newspapers or corporations could be approached to sponsor a monthly insert in a supplement such as the Jellybean Journal. Other initiatives to raise awareness of the Protocol could include segments on Carte Blanche, 6 on 1, or discussion of children's rights during KTV or prime children's programmes on other channels.
- The increase in number of reported cases will necessitate the hiring of more social workers. An aggressive recruitment campaign for volunteers should be launched, particularly in rural areas, to assist social workers. Representatives from local Churches or welfare organisations will need to be trained in receiving and passing on abuse reports.

### 5.2 Police

- There is currently one CPU in the Western Cape, and only 32 country-wide. These units are only able to service urban areas, although 65 'specialised individuals' are available in rural areas. This implies that many cases in rural areas are being investigated by police not specially trained for this purpose. Ideally there needs to be at least one CPU trained officer in each local area.
- There is already a shortage of trained CPU officers, with each officer currently working on approximately 148 cases. Given the anticipated increase in reported cases consequent to implementation, more officers will be needed.
- A problem with the reporting of child abuse is that the child needs to trust the person to whom they make the report. Thus the gender and racial composition of CPU teams within districts needs to reflect the demographics of the community. There is a potential role for Community Police Forums in addressing this issue.

### 5.3 Justice

- The system is currently overloaded, and a large number of cases are never prosecuted as a result. To avoid bottlenecks which negate the efficiency gains achieved by the protocol at earlier stages, and to absorb the anticipated increase in number of cases staff numbers need to be increased.
- Ideally, there should be a specialised court in every regional district, with specialised facilities to improve the conviction rate, and reduce trauma for the child. This implies extra magistrates and prosecutors.
- If the special courts are successful in convicting more offenders, there are implications for Correctional Services in accommodating them in prisons (as they need to be separated from other prisoners for their own safety), or providing rehabilitation.

## 6. Conclusions

The protocol is driven by local teams, consisting of one social worker and one CPU officer per team. Wages and salaries are thus the main cost element in implementation. Given that most districts do not have 16 fieldworkers, these costs are inflated. However, given the vital role played by the local teams, it is advisable to seek cost saving elsewhere.

The cost figures calculated for this report are based on very broad assumptions, the aim being to provide a costing framework for an ideal system. Within this framework, district specific investigations need to be done. There are several areas where savings may be made, without jeopardising the service principles embodied in the protocol. For example, district costs could be reduced initially by utilising an outside provider, such as Lifeline, to handle after hours calls instead of having a social worker on call 24 hours.

Advertising costs could be reduced by running a poster competition for schools, and having talks in schools instead of radio or newspaper advertising.

Once the protocol has been implemented, more accurate data per district should be available, which will allow a district-specific costing to be done. A review of actual costs incurred should be carried out at the end of a suitable trial period, such as one year. This review should inform further policy decisions regarding the Protocol.

At present, the Child Protection Unit does not have a separate budget. Allocating funds to CPU falls within the ambit of responsibility of Provincial Police Commissioners. Within these provincial budgets, CPUs must compete with other focal units, such as the Murder and Robbery Squad, for financial resources. Often the CPUs are overlooked since children lack an organised voice to lobby on their behalf. Establishing a separate line item within the budget for CPUs needs to be given urgent consideration, given the importance of protecting children.

The next phase of the process will include costing the implications of the protocol for justice. The report on justice is included as an addendum to this report.



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# Addendum to the Report: A Costing Framework for the Protocol on Child Abuse and Neglect

## A Costing of the Special Children's Sexual Offences Court



Report Commissioned by : Mrs R. September

UNIVERSITY of the  
Institute for Child and Family Development  
WESTERN CAPE

Report compiled by : Laura Walker and Shirley Robinson  
December 1996

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## Costing of the Special Children's Sexual Offences Court

### 1. Introduction

Implementation of the Protocol on Child Abuse and Neglect in the Western Cape holds specific implications for the Justice Department, particularly as regards the provision of specialised services at Special Children's Sexual Offences Courts. The limited provision of specialised judicial services for children in South Africa set against the drastic increase in child abuse and neglect in the country requires urgent attention and further budgetary and service reprioritisation by the Department of Justice.

At present, the two courts in operation in the Western Cape, namely Wynberg Court G and Cape Town Court 32, are already significantly overloaded. A rise in reported cases once the Protocol has been implemented, as documented within this report, has severe implications for the efficiency of judicial services for abused and traumatised children.

This report costs the set up and running costs of a single specialised court for child abuse over a three year period in the Western Cape<sup>3</sup>. Costs were obtained from Wynberg Court G and Cape Town Court 32. As these particular courts utilised existing personnel and services, additional set up costs were minimal and for the most part limited to the provision of court and office space. However, the report costs all set up and operating costs (specifically personnel expenditure), required to run a specialised child abuse court. Existing services or services provided by other departments, such as Welfare, may then be subtracted, indicating any additional costs to Justice in setting up and operating a specialised children's abuse court.

### 2. Explanatory notes

#### 2.1 Distinguishing Features

- The distinguishing feature of a special court for child abuse is the separation of the traumatised child from general court proceedings. Children awaiting court proceedings are accommodated in a separate waiting room in a 'child-friendly' environment. The child witness is taken into a separate 'child-friendly' witness room. Proceedings directed at the child are recorded by a video camera, assisted by an intermediary (usually a social worker or teacher). The audio-visuals of the responses and interactions of the child witness are relayed to the court, allowing 'real time' interaction. In this way, the traumatised child is protected from any further trauma due to court interactions.

#### 2.2 Office Space

- Personnel are assumed to be utilising office and court space within an existing magisterial court, so rent is merely shadow costed. Court space has been costed at 20m<sup>2</sup>, and the child's witness room and waiting room at 8m<sup>2</sup> (a smaller room is less intimidating for the child) and 12m<sup>2</sup>, respectively. Office space has been costed at 16m<sup>2</sup> for the regional magistrate, and 12m<sup>2</sup> each for the regional prosecutors and the social worker. Note that the facilities for the special court should be partitioned away from general court activities.
- If the special court cannot be accommodated at the premises of the magisterial court, location requirements include:
  - proximity to magisterial court facilities, e.g. holding cells, and clerk services
  - proximity to public transport

#### 2.3 Personnel

- Salaries for personnel are costed at the relevant grade defined by the Department of Justice and Department of Welfare salary scales. The salary of the chief social worker is included in the costing, but it is noted that Welfare is responsible for this cost.
- The Regional Court Magistrate is costed at R172 000 per annum, and the Regional Court Prosecutors each at R100 000 (including overtime) per annum. The interpreter is costed at R35 000 per annum, and the stenographer at R12 500 per annum - R11,25 per hour at a 4 1/2 hour day, and 20 court days per month. The

<sup>3</sup> An addendum to Idasa: Budget Information Service, Report: A Costing Framework for the Protocol on Child Abuse and Neglect, this costing exercise uses the same unit cost and dynamic modelling method. Refer to report for further explanation.

intermediary (social worker or teacher) is costed at R21 500 per annum - +- R70 per day plus travelling fees, and 20 court days per month. Witness fees are costed at R29 000 per annum - an average of eight witnesses per day at R15 each, for 20 court days per month.

#### 2.4 Capital Equipment

- The audio-visual monitoring equipment includes a video camera, sound box, earphones and television monitor. The equipment plus installation is costed at R18 000 in the first year.
- A computer and printer have been included in the costing. It is noted that Justice have not supplied either Wynberg or Cape Town special courts with computers to maintain record keeping. However, the dramatic rise of child abuse, particularly in the Western Cape, calls for accurate record tracking and statistical analysis. Wynberg Court G has been donated a single computer for this purpose.
- Similarly, a fax machine for effective and timely communication has been included in the costing.

#### 2.5 Office Equipment

- Desks and chairs for four office personnel, and a filing cabinet for record maintenance have been included in the costing. These may be excluded if obtained from Justice departmental supplies.
- Child abuse court prosecution requires the assistance of a set of anatomically correct dolls which are used when the child is giving evidence.
- Both the child witness rooms and the children's waiting room need to be furnished in a 'child - friendly manner. Wynberg Court G and Cape Town Court 32 received donations of toys and the efforts of volunteers contributed to bright decorations. As the pilot project, Wynberg G court has been able to attract greater donor and volunteer assistance. This assistance has proved invaluable in creating a 'child-friendly' environment in the court.
- A toy cupboard, children's plastic chairs and a waiting couch have been included in the costing spreadsheet, but no cost has been assigned. Whilst these items are not essential to the operation of specialised court facilities for children, they are an integral part of creating a 'child-friendly' environment, and should be ear-marked for donor contribution.

#### 3. Results

- The costing spreadsheet indicates that personnel salaries make up 99.3% of the entire cost of setting up and running a specialised child abuse court.
- If a specialised child abuse court is set up in established magistrates court, existing personnel will be directed towards the running of the court. The only additional personnel required is a second regional prosecutor. The magistrate's court then merely needs to redirect personnel, and ensure appropriate court and camera facilities.

Table 1 indicates existing and additional expenditure for Justice if a specialised court is operationalised.

Table 1

	Year 1	Year 2	Year 3	Total
Existing expenditure	489452	527787	570009	1587248
Welfare expenditure	67509	73585	79472	220566
Additional expenditure	128500	109000	117720	355220
	<b>685461</b>	<b>710372</b>	<b>767201</b>	<b>2163034</b>
Additional cost per child				
(caseload = 400 p.a.)	<b>321.25</b>	<b>272.5</b>	<b>294.3</b>	
(caseload = 300 p.a.)	<b>428.33</b>	<b>363.33</b>	<b>392.4</b>	

#### 4. Analysis of Court Statistics

##### 4.1 Wynberg Court G

- On 26 November 1996 there were 264 unfinalised cases on the court roll
- An optimal case load is +/- 80 unfinalised cases per month, and 2 scheduled cases for hearing per court day
- The court finalises 450 - 500 cases per year, 69% of which are u18 years.
- 40% of the caseload is referred from Mitchell Plain area.
- The court is 300% overloaded.
- Despite its overload, the court has a conviction rate of between 70 - 90%, in comparison to that of between 50 - 60% of regional courts. However, overloaded facilities are becoming less productive and inefficient, leading to high staff turnover.

##### 4.2 Cape Town Court 32

- At the end November there were 187 unfinalised cases on the court roll
- During the period December 1995 to November 1996 the court finalised 275 cases.
- The court conviction rate is estimated at approximately 65% (excluding cases that have been withdrawn).
- An optimal case load is 80 unfinalised cases per month (maximum), and two (preferably one) case hearings per court day.
- It is estimated that the court is overloaded in excess of 100%.

### 5. Recommendations

- Ideally, there should be at least one specialised court for child abuse in each region (there are five magisterial regional courts in the Western Cape)
- Regional activities should be co-ordinated by a Senior Regional Prosecutor, costed at R130 000 per annum
- Each court should be staffed by an additional social worker, preferably Xhosa-speaking, and an additional regional prosecutor. If the case load is to exceed 80 unfinalised cases per month, each specialised court should be staffed by three prosecutors. This will enable court facilities to be more efficiently utilised as prosecutors will be able to alternate between court prosecution at the specialised court and part-heard trials at other court premises, and consultation duties.
- Each court should be allocated at least one computer to maintaining an adequate database/ register, and be able to produce reliable and timely court statistics.
- Regional prosecutors require additional support (such as a group discussion session once a month) to relieve the emotional stress of child abuse prosecution.
- Finally, efforts at ensuring a 'child-friendly environment need to include air conditioning and heating facilities to reduce physical discomfort of children during long court days. In addition, the success of the court depends critically on the testimony of the child. A thirsty and hungry child is less attentive whilst giving evidence, reducing the effectiveness of proceedings. Special courts should preferably provide adequate refreshments for children awaiting court proceedings.



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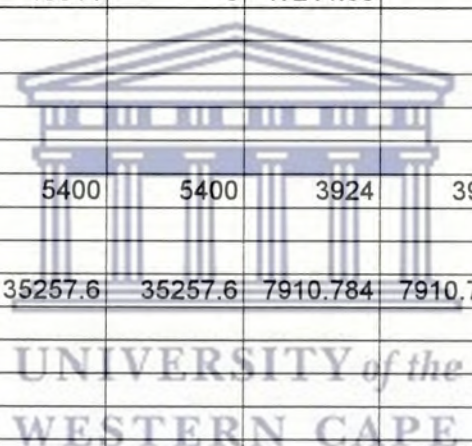


DYNAMIC BUDGET FOR THE PROTOCOL ON CHILD ABUSE AND NEGLECT IN THE W CAPE								
Percentage wage increase in year 2				9%				
Percentage wage increase in year 3				8%				
Inflation rate in year 2				9%				
Inflation rate in year 3				8%				
Admin costs as % of total cost (excl wages)				10%				
		NUMBER	Year 1	TOTAL	NUMBER	Year 2	TOTAL	NUMBER
		for year 1		for Year 1	for year 2		for Year 2	for year 3
<b>PROVINCIAL</b>		0.3		331223			332188	
<b>Office space</b>				24384			27494.16	
	Rent (bas	36	24	864	36	26.16	941.76	36
	Utilities		24360	24360	24360	26552.4	26552.4	
<b>Personnel</b>				129402			141048.2	
	Snr Social	1	67509	67509	1	73584.81	73584.81	1
	Jnr Admini	1	28905	28905	1	31506.45	31506.45	1
	Snr Admin	1	32988	32988	1	35956.92	35956.92	1
<b>Capital Equipment</b>				19700			1962	
	Main com	1	6500	6500	0	6500	0	0
	computer	1	4000	4000	0	4000	0	0
	Printer	1	1800	1800	0	1800	0	0
	Software	2	2700	5400	0	2943	0	0
	Fax machi	1	2000	2000	0	2180	0	0
	Maintenan	0	1800	0	1	1962	1962	1
<b>Office equipment</b>				4298			0	
	Desks & c	1	3114	3114	0	3394.26	0	0
	Filing cabi	1	592	592	0	645.28	0	0
	File storag	1	592	592	0	645.28	0	0
<b>Research &amp; Training</b>				135092			144307.3	
	Research consultancy		50000	50000		54500	54500	
	Trainer		53487	53487		58300.83	58300.83	
	Training administrator		28905	28905		31506.45	31506.45	
	Computer	6	450	2700	0	490.5	0	0
<b>Admin costs</b>				18347.4			17376.34	
<b>Insurance</b>				0				
<b>DISTRICT</b>				387771			347113	
<b>Office space</b>				60024			65426.16	
	Rent	40	24	960	40	26.16	1046.4	40
	Utilities		60000	60000		65400	65400	
<b>Personnel</b>				206628			225224.5	
	Chief Soci	1	67509	67509	1	73584.81	73584.81	1
	Social Wo	2	43344	86688	2	47244.96	94489.92	2
	Jnr Admini	1	28905	28905	1	31506.45	31506.45	1
	Cleaner/ T	1	23526	23526	1	25643.34	25643.34	1
<b>Capital Equipment</b>				22600			3924	
	Computer	2	4000	8000	0	4000	0	0
	Printer	1	1800	1800	0	1800	0	0
	Software	2	2700	5400	0	2943	0	0
	Fax machi	1	2000	2000	0	2180	0	0
	Cell phone	1	5400	5400	1	1962	1962	1

	Maintenan	0	1800	0	1	1962	1962	1
<b>Office equipment</b>				<b>4298</b>			<b>0</b>	
	Desks & c	1	3114	3114	0	3394.26	0	0
	Filing cabi	1	592	592	0	645.28	0	0
	File storag	1	592	592	0	645.28	0	0
<b>Travel</b>				<b>65000</b>			<b>9810</b>	
	Cars	2	28000	56000	0	61040	0	0
	Petrol & M	10000	0.9	9000	10000	0.981	9810	10000
	Insurance	0	4800	0	0	5232	0	0
<b>Workshops</b>				<b>1800</b>			<b>1962</b>	
	Monthly workshop		1800			1962		
<b>Marketing</b>				<b>17253</b>			<b>30577.77</b>	
	Radio	2	5400	10800	2	11772	23544	2
	Newspape	1	6453	6453	1	7033.77	7033.77	1
<b>Admin</b>				<b>10167.7</b>			<b>10188.99</b>	
<b>LOCAL</b>				<b>224017</b>			<b>208003</b>	
<b>Personnel</b>				<b>174344</b>			<b>190035</b>	
	Social wor	1	43344	43344	1	47244.96	47244.96	1
	Police per	1	45000	45000	1	49050	49050	1
	Health per	1		0	1	0	0	1
	Justice pe	1	86000	86000	1	93740	93740	1
<b>Capital Equipment</b>				<b>5400</b>			<b>3924</b>	
	Cell Phon	2	2700	5400	2	1962	3924	2
<b>Travel</b>				<b>39757.6</b>			<b>12410.78</b>	
<b>Social Workers</b>								
	Cars	1	28000	28000	0	30520	0	0
	Petrol & M	8064	0.9	7257.6	8064	0.981	7910.784	8064
	Insurance	0	4800	0	0	5232	0	0
<b>Police Persons</b>								
	Petrol & M	5000	0.9	4500	5000	0.9	4500	5000
	Insurance							
<b>Admin</b>				<b>4515.76</b>			<b>1633.478</b>	

			Year 1	Year 2	Year 3			
			Total	Total	Total	Total	Total	Total
Year 3	TOTAL	GRAND	Actual Ex	Additional	Actual Ex	Additional	Actual Ex	Additional
	for year 3	TOTAL						
	<b>358763</b>	<b>1022174</b>	<b>313523.4</b>	<b>96456.8</b>	<b>332188</b>	<b>101660.8</b>	<b>358763</b>	<b>109793.7</b>
	<b>29693.69</b>	<b>81571.85</b>	24384	0	27494.16	0	29693.69	0
28.2528	1017.101							
28676.59	28676.59							
	<b>152332</b>	<b>422782.2</b>	129402	32988	141048.2	35956.92	152332	38833.47
79471.59	79471.59							
34026.97	34026.97							
38833.47	38833.47							
	<b>2118.96</b>	<b>23780.96</b>	2000	2000	1962	1962	2118.96	2118.96
6500	0							
4000	0							
1800	0							
3178.44	0							
2354.4	0							
2118.96	2118.96							
	<b>0</b>	<b>4298</b>	4298	0	0	0	0	0
3665.801	0							
696.9024	0							
696.9024	0							
	<b>155851.9</b>	<b>435251.1</b>	135092	52700	144307.3	54500	155851.9	58860
58860	58860							
62964.9	62964.9							
34026.97	34026.97							
529.74	0							
	<b>18766.45</b>	<b>54490.2</b>	18347.4	8768.8	17376.34	9241.892	18766.45	9981.243
	<b>380533</b>	<b>1115417</b>	<b>361770.7</b>	<b>117623.3</b>	<b>323569.4</b>	<b>56509.2</b>	<b>355105.6</b>	<b>67245.55</b>
	<b>70660.25</b>	<b>196110.4</b>	60024	0	65426.16	0	70660.25	0
28.2528	1130.112							
70632	70632	<b>196032</b>						
	<b>243242.5</b>	<b>675095</b>	206628	28905	225224.5	31506.45	243242.5	34026.97
79471.59	79471.59							
51024.56	102049.1							
34026.97	34026.97							
27694.81	27694.81							
	<b>4237.92</b>	<b>30761.92</b>	7400	7400	3924	3924	4237.92	4237.92
4000	0							
1800	0							
3178.44	0							
2354.4	0							
2118.96	2118.96							

2118.96	2118.96								
	0	4298	4298	0	0	0	0	0	0
3665.801	0								
696.9024	0								
696.9024	0								
	<b>16245.36</b>	<b>91055.36</b>	65000	65000	9810	9810	16245.36	16245.36	
65923.2	0								
1.05948	10594.8								
5650.56	5650.56								
	<b>2118.96</b>	<b>5880.96</b>	1800	1800	1962	1962	2118.96	2118.96	
2118.96									
	<b>33023.99</b>	<b>80854.76</b>	6453	6453	7033.77	7033.77	7596.472	7596.472	
12713.76	25427.52								
7596.472	7596.472								
	<b>11004.11</b>		10167.7	8065.3	10188.99	2272.977	11004.11	3019.871	
	<b>224247</b>	<b>656268</b>	<b>88517.36</b>	<b>40657.6</b>	<b>60713.22</b>	<b>11834.78</b>	<b>65534.28</b>	<b>12781.57</b>	
	<b>205237.8</b>	<b>569616.7</b>	43344	0	47244.96	0	51024.56	0	
51024.56	51024.56								
52974	52974								
0	0								
101239.2	101239.2								
	<b>4237.92</b>	<b>13561.92</b>	5400	5400	3924	3924	4237.92	4237.92	
2118.96	4237.92								
	<b>13043.65</b>	<b>65212.03</b>	35257.6	35257.6	7910.784	7910.784	8543.647	8543.647	
32961.6	0								
1.05948	8543.647								
5650.56	0								
0.9	4500								
	<b>1728.157</b>	<b>7877.395</b>	4515.76		1633.478		1728.157		
			#####	#####	#####	#####	#####	#####	#####



DYNAMIC BUDGET FOR THE PROTOCOL ON CHILD ABUSE AND NEGLECT IN THE W CAPE -								
Percentage wage increase in year 2				9%				
Percentage wage increase in year 3				8%				
Inflation rate in year 2				9%				
Inflation rate in year 3				8%				
		<b>NUMBER</b>	<b>Year 1</b>	<b>TOTAL</b>	<b>NUMBER</b>	<b>Year 2</b>	<b>TOTAL</b>	<b>NUMBER</b>
		<b>for year 1</b>		<b>for Year 1</b>	<b>for year 2</b>		<b>for Year 2</b>	<b>for year 3</b>
				<b>685461</b>			<b>710371.5</b>	
<b>Office space</b>				<b>2208</b>			<b>2406.72</b>	
Rent (based on m <sup>2</sup> )								
Court		20	24	480	20	26.16	523.2	20
Offices		52	24	1248	52	26.16	1360.32	52
Child Witn		8	24	192	8	26.16	209.28	8
Waiting R		12	24	288	12	26.16	313.92	12
<b>Personnel</b>				<b>649509</b>			<b>707964.8</b>	
Chief Soci		1	67509	67509	1	73584.81	73584.81	1
Regional		2	100000	200000	2	109000	218000	2
Regional		1	172000	172000	1	187480	187480	1
Stenograp		1	12500	12500	1	13625	13625	1
Interpreter		1	35000	35000	1	38150	38150	1
Court Ord		2	56000	112000	2	61040	122080	2
Intermedia		1	21500	21500	1	23435	23435	1
Witness F		1	29000	29000	1	31610	31610	1
<b>Capital Equipment</b>				<b>28500</b>			<b>0</b>	
TV monito		1	18000	18000	0	18000	0	0
Computer		1	4000	4000	0	4000	0	0
Printer		1	1800	1800	0	1800	0	0
Software		2	2700	2700	0	2943	0	0
Fax machi		1	2000	2000	0	2180	0	0
<b>Office equipment</b>				<b>5244</b>			<b>0</b>	
Desks & c		1	4152	4152	0	4525.68	0	0
Filing cabi		1	592	592	0	645.28	0	0
Court 'Doll		1	500	500	0	500	0	0
Toy Cupb		1			0			0
Plastic Ch		4			0			0
Waiting co		1			0			0



**APPENDIX M & N**

**M: PROGRAMME OF THE LAUNCH OF THE PROTOCOL**

**N: MEDIA RELEASE**



UNIVERSITY *of the*  
WESTERN CAPE

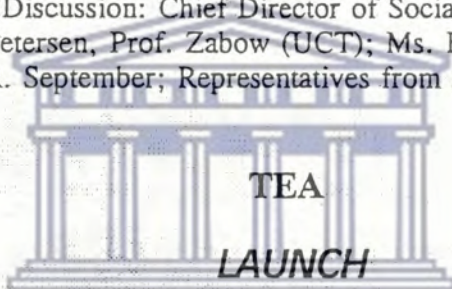
## PROGRAMME

### SEMINAR

with Prof James Garbarino on

### CHILDREN AND VIOLENCE

- Welcome : Prof Fanie Sonn
- Brief Opening Address : Dr Rolf Stumpf,  
President of the HSRC
- Presentation by Prof. James Garbarino
- Panel Discussion: Chief Director of Social Services:  
Ms. Petersen, Prof. Zabow (UCT); Ms. E. Schurinck;  
Ms. R. September; Representatives from Justice and SAPS



- Welcome: Prof. C. Abrahams: Rector of the University of the Western Cape
- Keynote Address: The Hon. Min. of Justice: Dr. D. Omar
- Presentation of Research Findings on the Patterns of Child Abuse in S.A.: with Special Reference to the Western Cape: Ms E Schurinck (HSRC)
- The response to the problems in the Western Cape: Ms R September (Institute for Child & Family Development)
- Presentation of the Protocol to the Minister of Health and Welfare: (Western Cape Child Abuse and Neglect Forum)
- Acceptance Speech by Minister Rasool: MEC for Health and Welfare, Western Cape.
- CLOSURE

**COCKTAILS & PRESS CONFERENCE**





**University of the Western Cape**

**Universiteit van Wes-Kaapland**

Institute for Child and Family Development  
 Instituut vir Kinder- en Gesinsontwikkeling

Privaatsak X17  
 Bellville, 7535  
 Suid-Afrika  
 Telefoon: (021) 959-2602/3  
 Faks: (021) 959-2606

## Media Release

3 December 1996

Attention : All News Editors / Education Reporters

Ref. No. .... Verwysingsnr.

From : Rose September (021) 959 2605

### **The launch of "Protecting our Children" A Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect**

The Institute for Child and Family Development in conjunction with the Western Cape Child Abuse and Neglect Forum have developed a protocol for the multi-disciplinary management of child abuse and neglect. The protocol was established as a record of agreement between all involved role players regarding:

Roles and responsibilities

Procedures to be followed

Standards of Service

Codes of behaviour

during the intervention process in instances or suspected instances of child abuse and neglect. Role players would include: child and family welfare agencies, educators, health care providers, law enforcement (police) officers, legal and judicial system professionals and support service providers.

The launching of the protocol will be preceded by a seminar, the focal point of which being an address by Dr James Garbarino, a distinguished Professor of Child Development at the Institute of Human Development and Family Studies, Cornell University, Ithaca, New York. Dr Garbarino was the past President of the Society for Research on Child Development and the former president of the Erikson Institute for Advanced Study in Chicago, Illinois.

He is the author of numerous scholarly publications, over 15 books and is the recipient of numerous international awards. He is an internationally renowned expert on child abuse, prevention and social policy issues and is currently focusing on the impact of violence and poverty on children around the world.

Mr Dullah Omar, the National Minister of Justice, is a guest speaker for the event. Other guests will include Mr Ebrahim Rasool, MEC for Health and Social Services in the Western Cape, the Mayor of Cape Town, Ms Theresa Solomon and various heads of government and non-government organisations. UWC's Rector, Prof Cecil Abrahams, will preside.

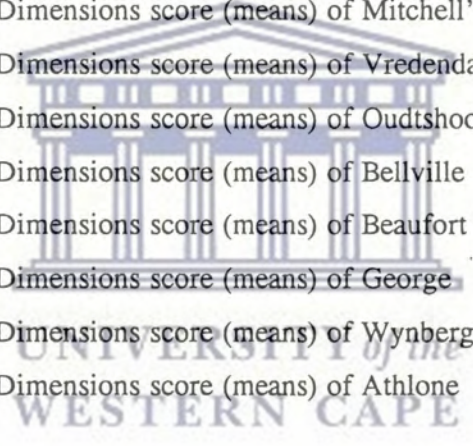
**The launch will be held on Friday 6 December at 15:30 at the ICFD offices, Senate Building, followed by a press conference and cocktails.**

For further information contact Ms Rose September at the ICFD on 959 2605/2 959 3115/2655 or e-mail [cmcintos@adfin.uwc.ac.za](mailto:cmcintos@adfin.uwc.ac.za)

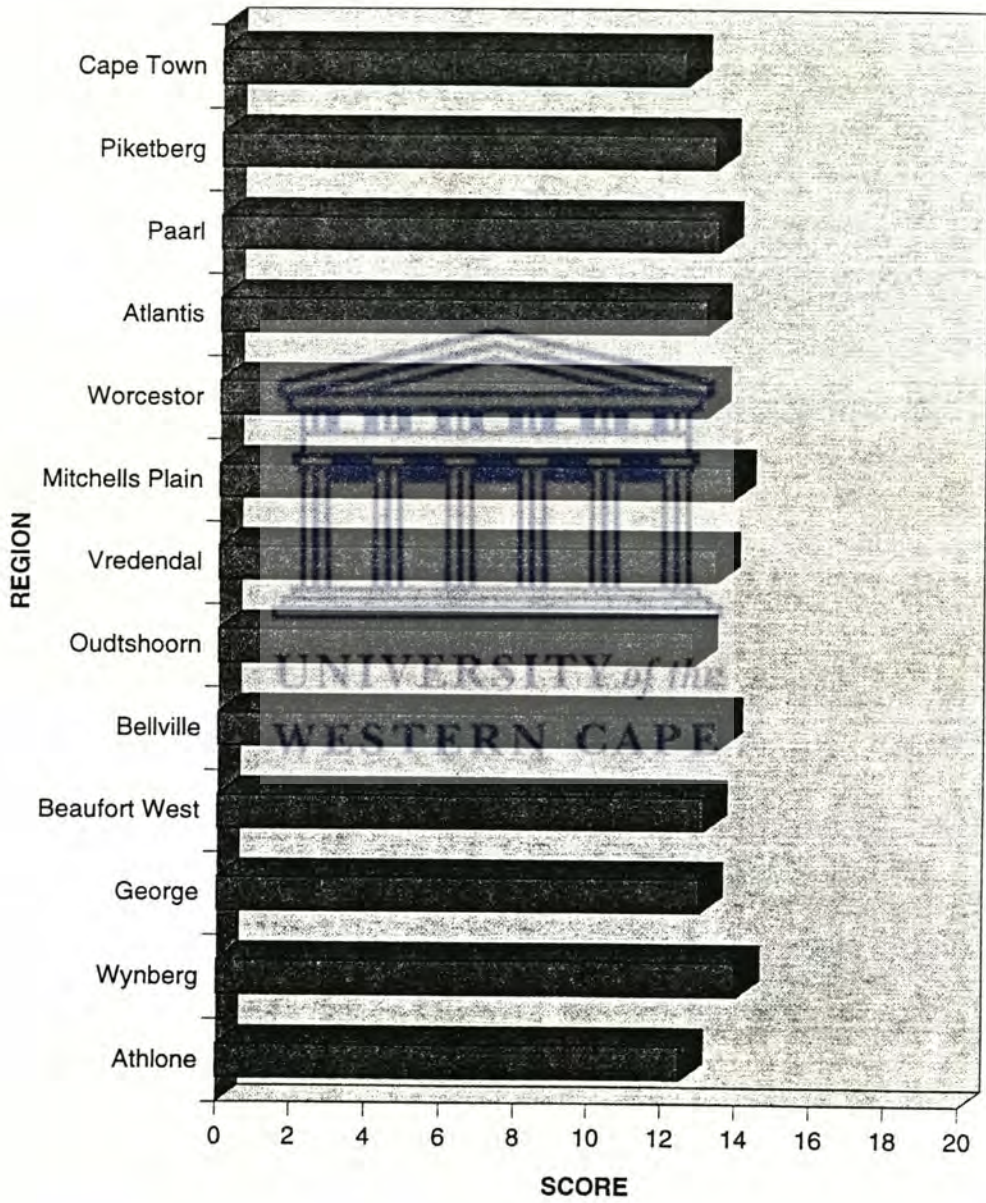
DIRECTOR/DIREKTEUR: PROF F.C.T. SONN

**APPENDIX O: CONSULTATIVE WORKSHOP OUTCOMES:  
GRAPHICPRESENTATION OF FINDINGS**

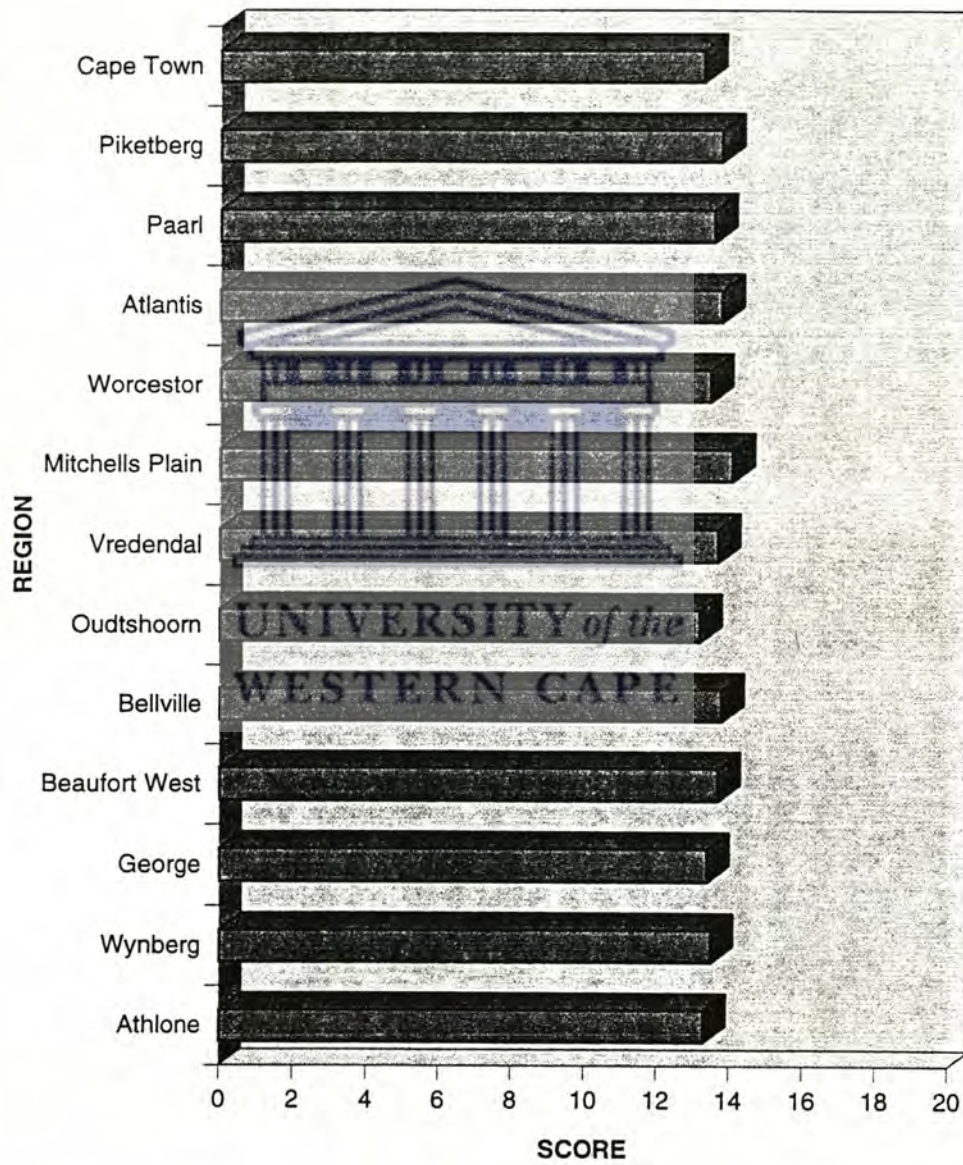
Insight score per region  
Vision score per region  
Readiness score per region  
Engagement score per region  
Dimensions score (means) of Cape Town  
Dimensions score (means) of Piketberg  
Dimensions score (means) of Paarl  
Dimensions score (means) of Atlantis  
Dimensions score (means) of Worcester  
Dimensions score (means) of Mitchell's Plain  
Dimensions score (means) of Vredendal  
Dimensions score (means) of Oudtshoorn  
Dimensions score (means) of Bellville  
Dimensions score (means) of Beaufort West  
Dimensions score (means) of George  
Dimensions score (means) of Wynberg  
Dimensions score (means) of Athlone



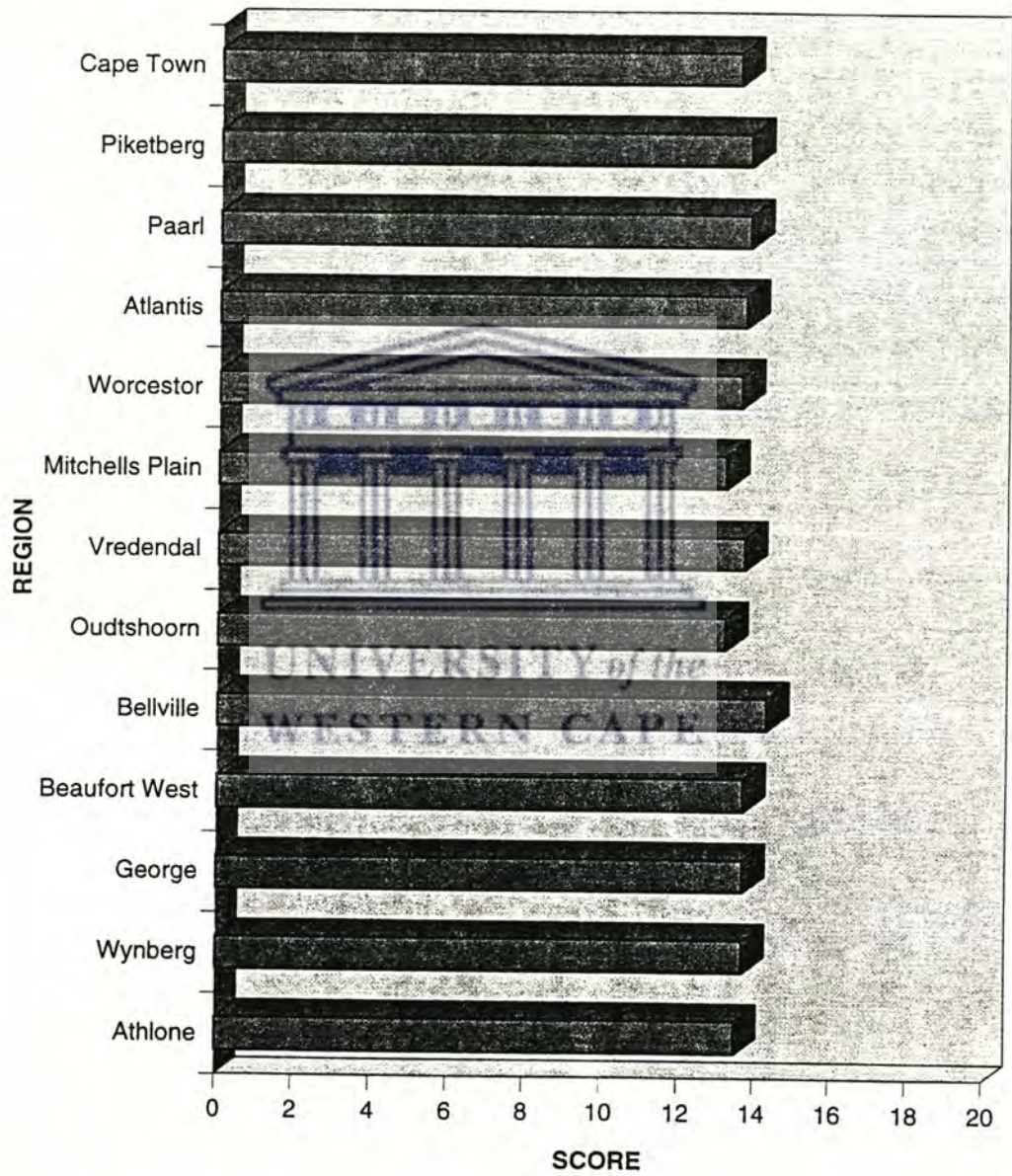
**INSIGHT SCORE PER REGION**



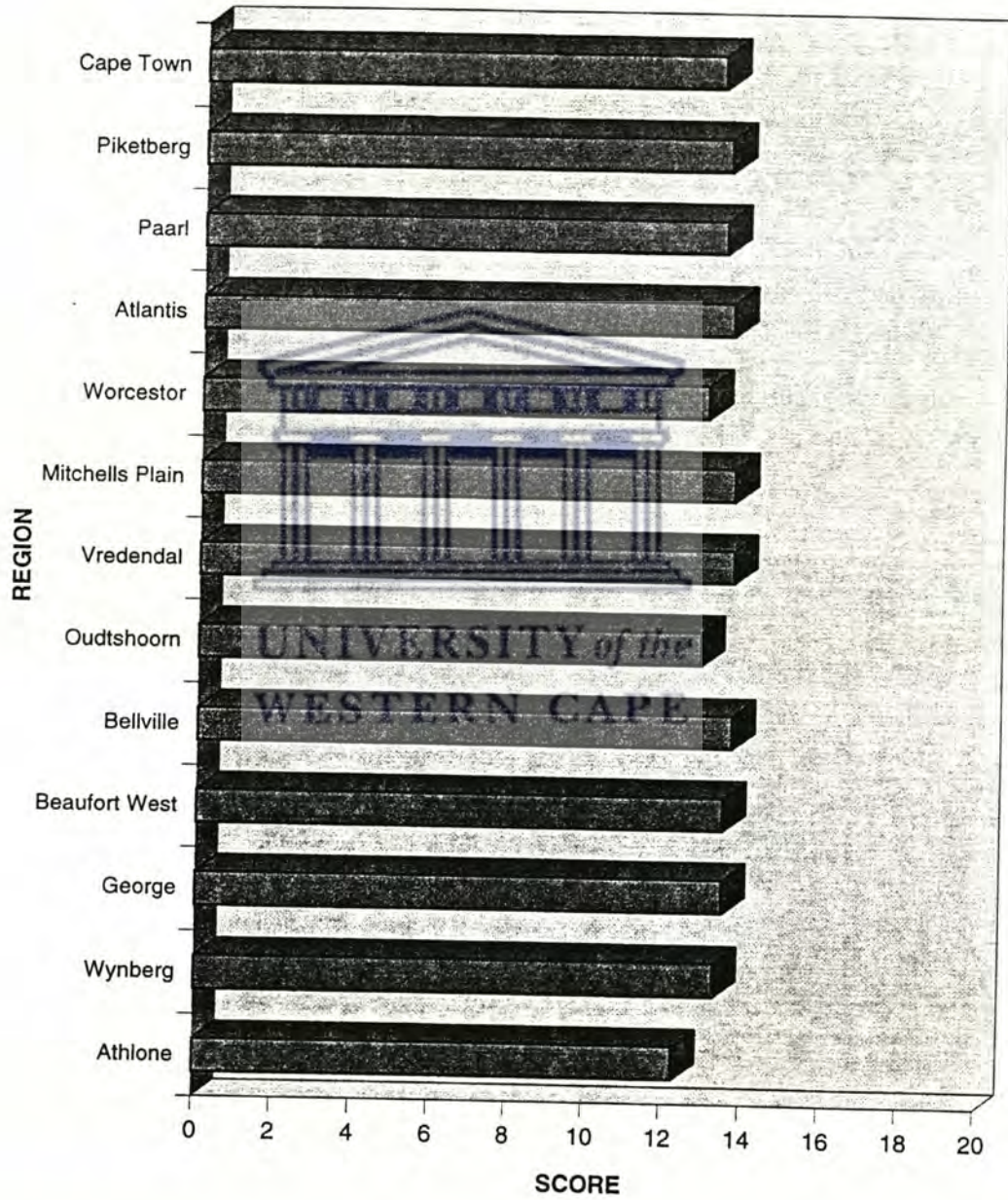
### VISION SCORE PER REGION



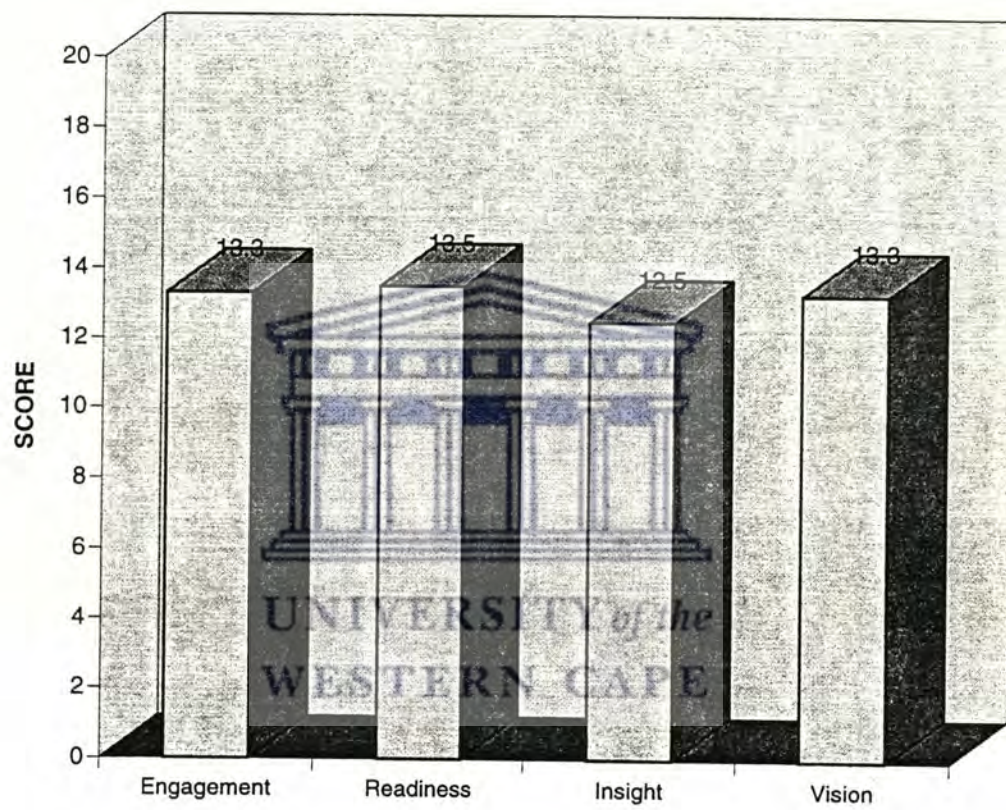
### READINESS SCORE PER REGION



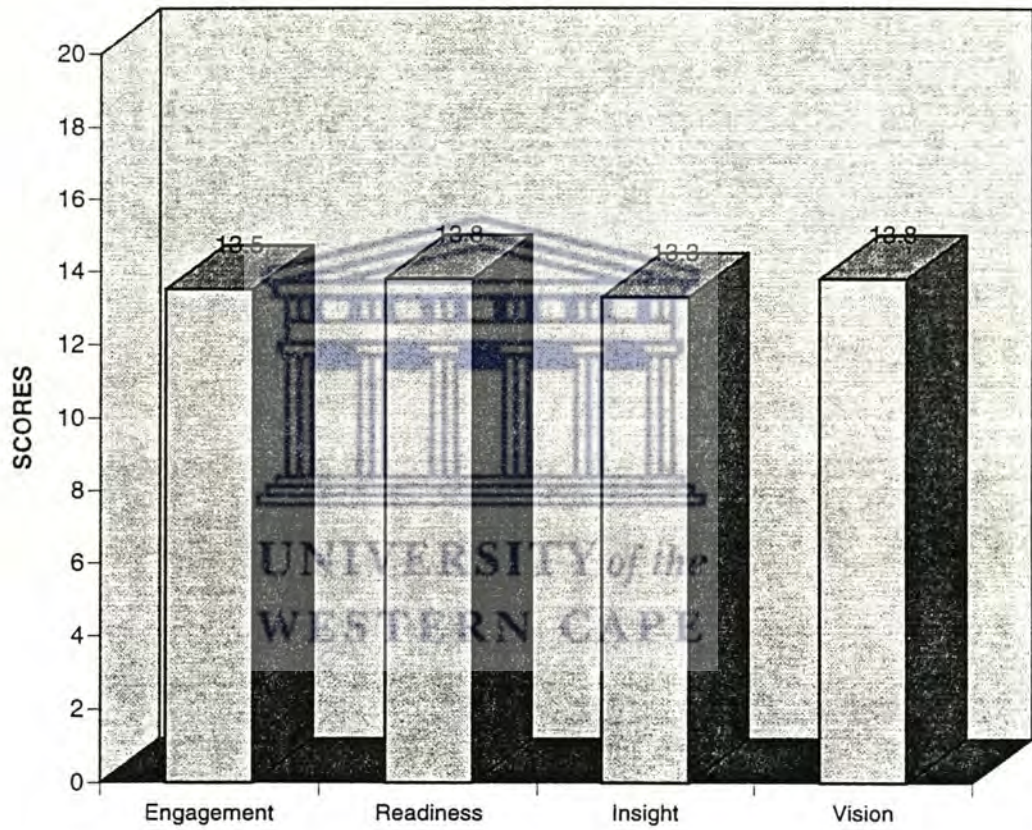
### ENGAGEMENT SCORE PER REGION



## DIMENSIONS SCORES (MEANS) OF CAPE TOWN

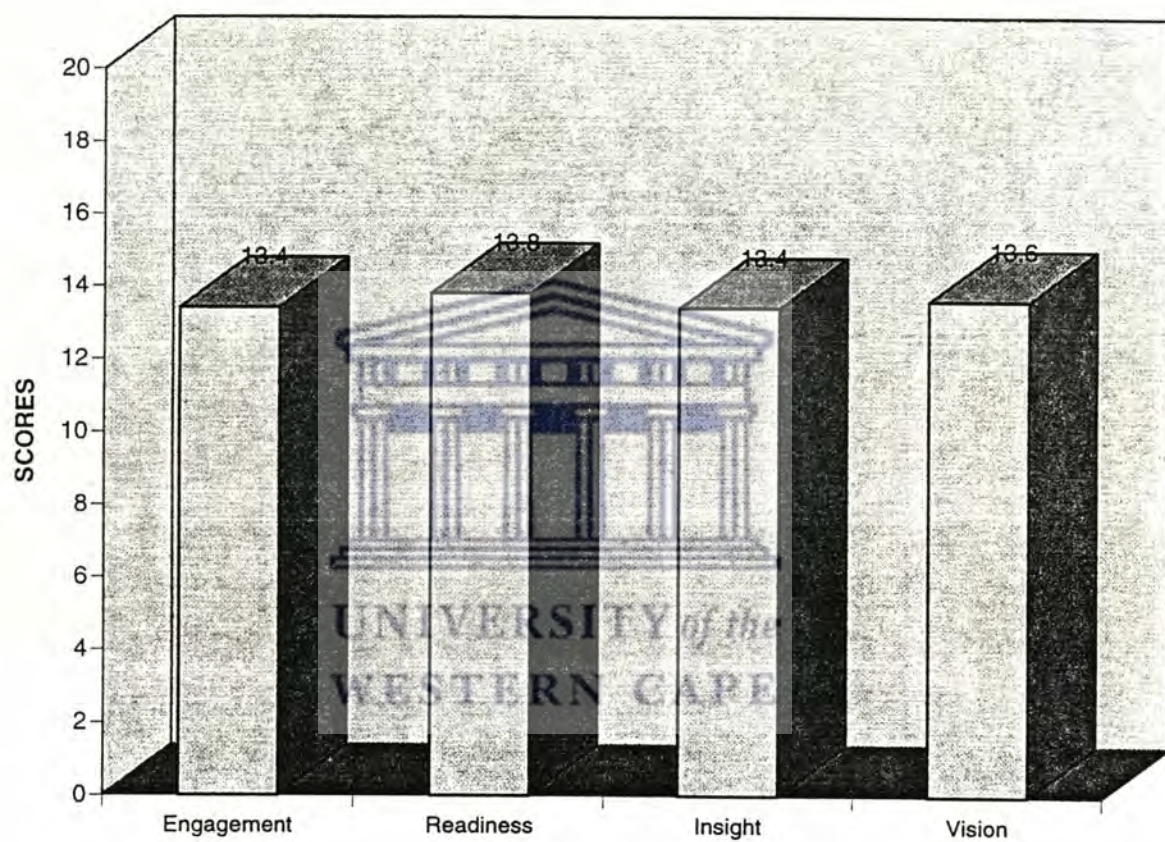


**DIMENSIONS SCORES (MEANS) OF PIKETBERG**

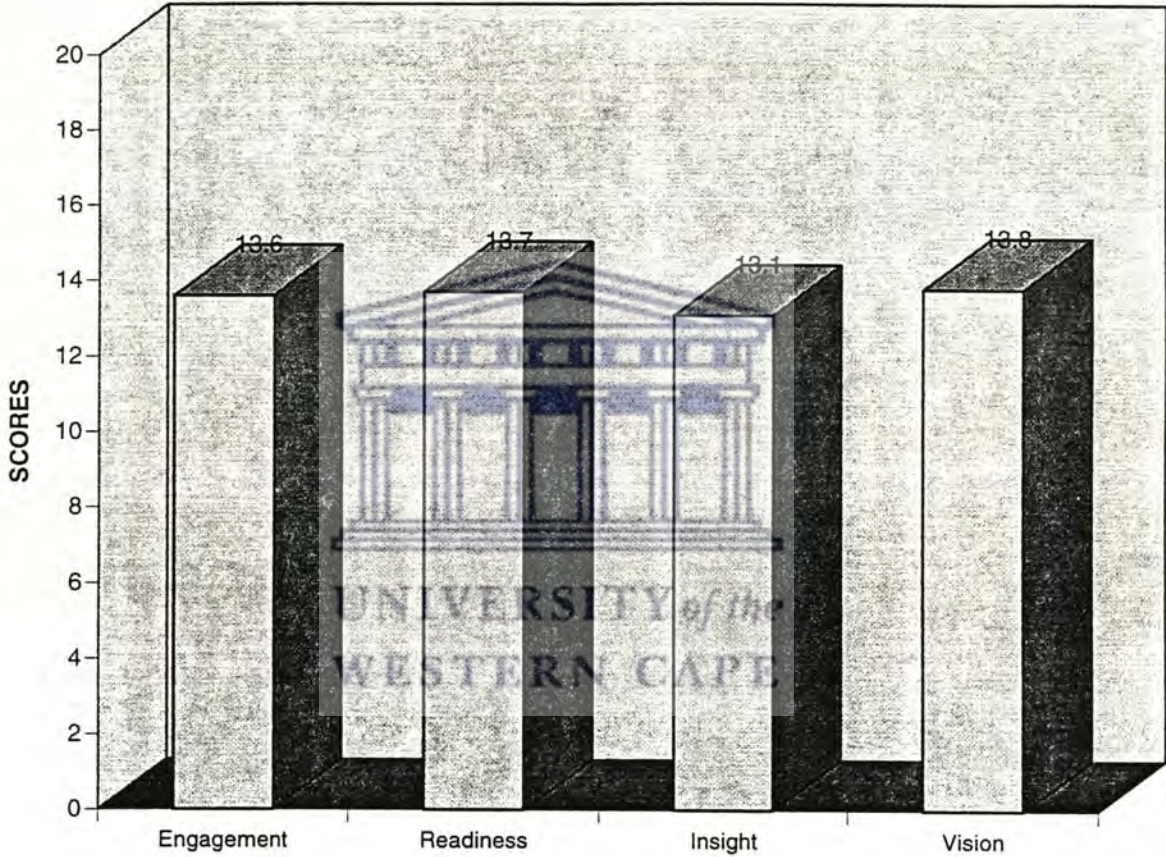




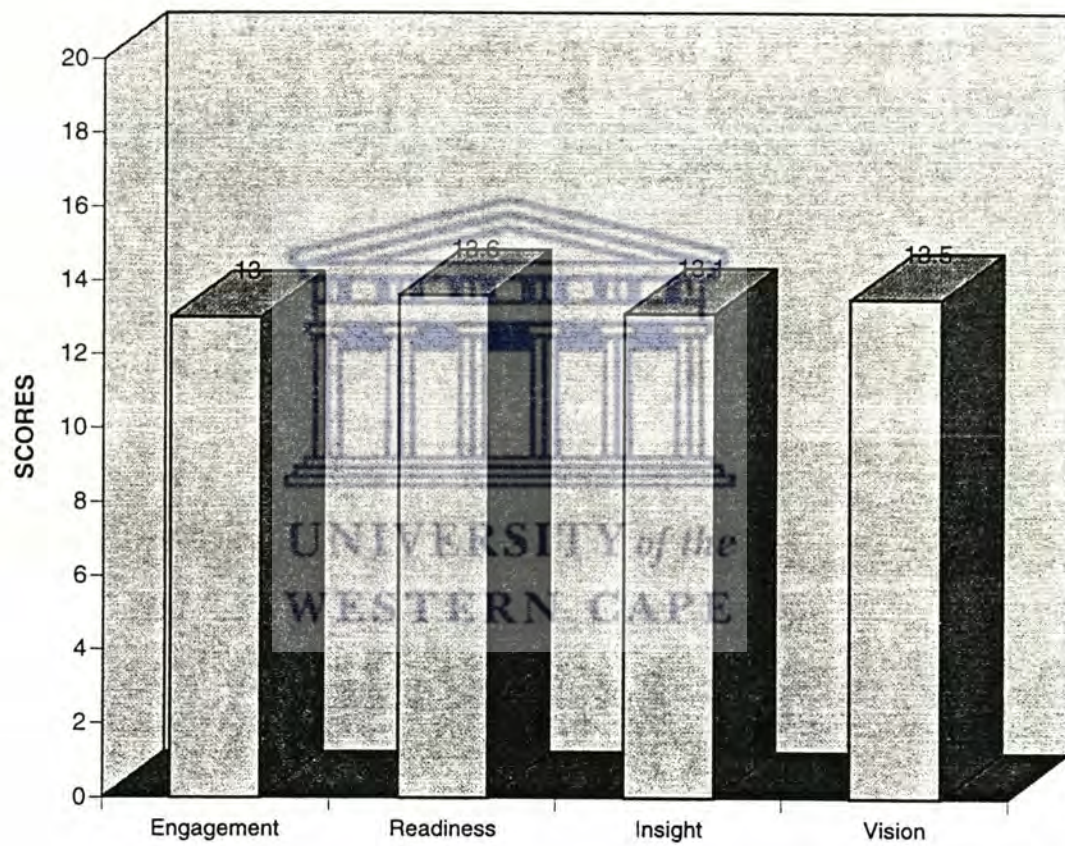
DIMENSIONS SCORES (MEANS) OF PAARL



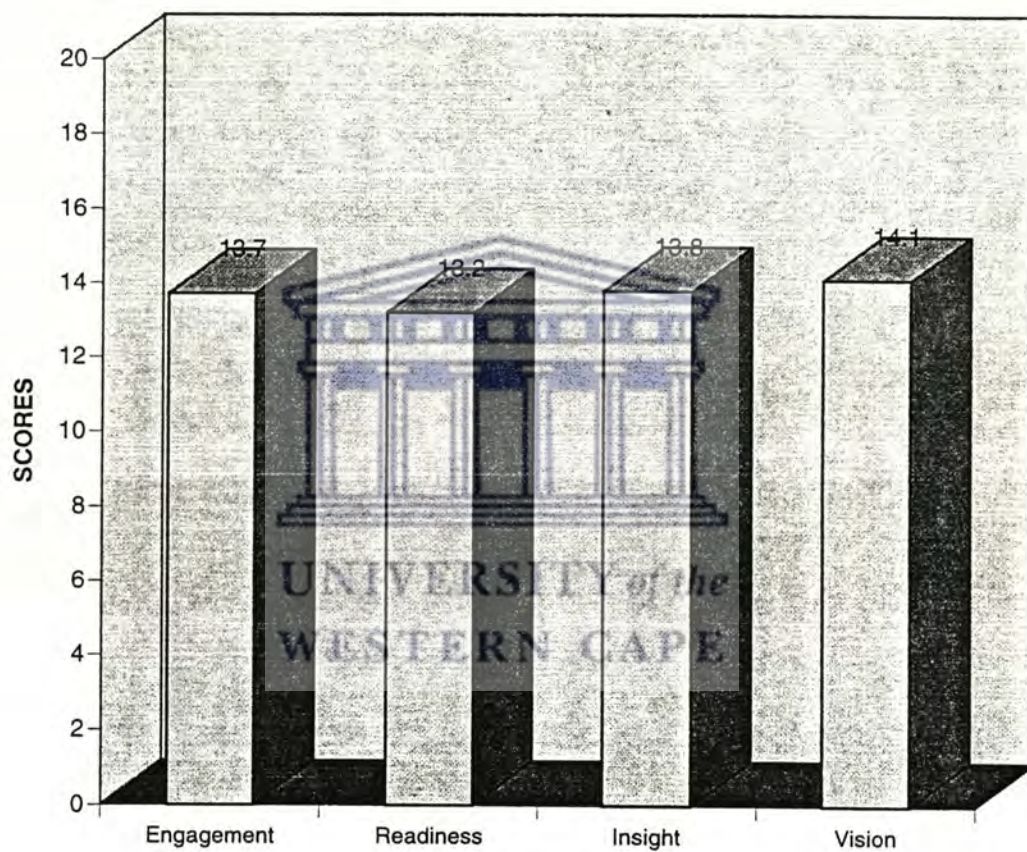
DIMENSIONS SCORES (MEANS) OF ATLANTIS



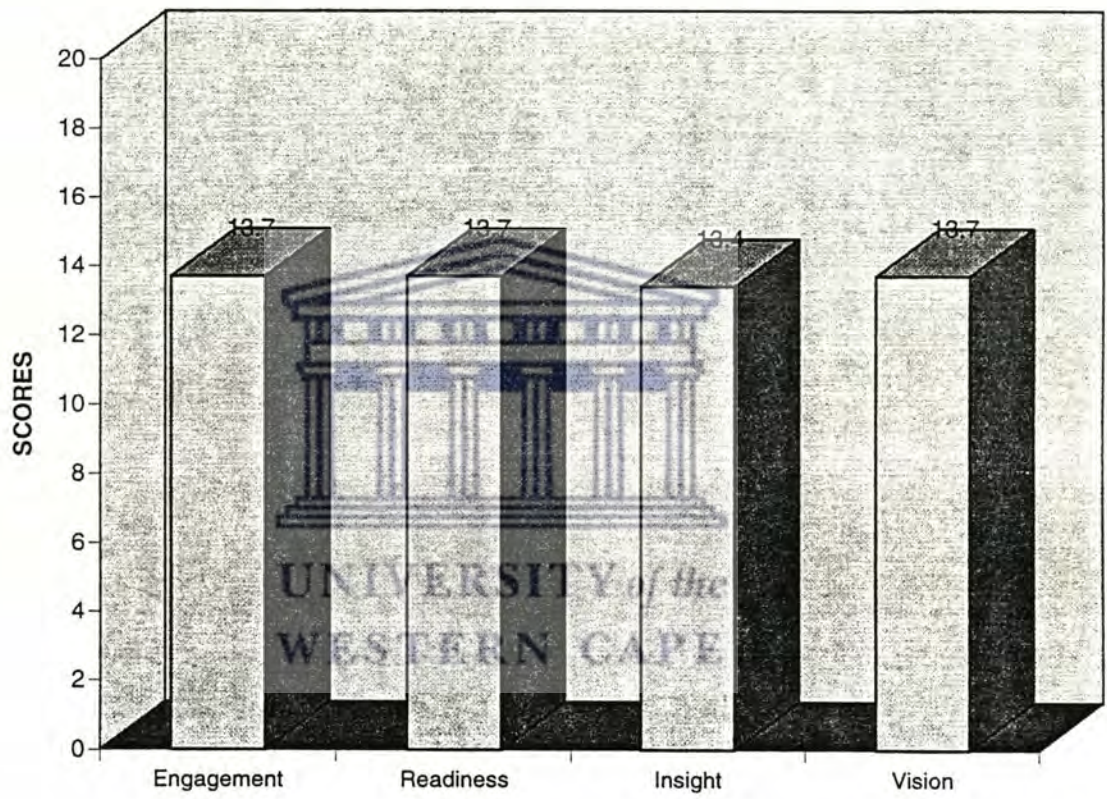
DIMENSIONS SCORES (MEANS) OF WORCESTOR



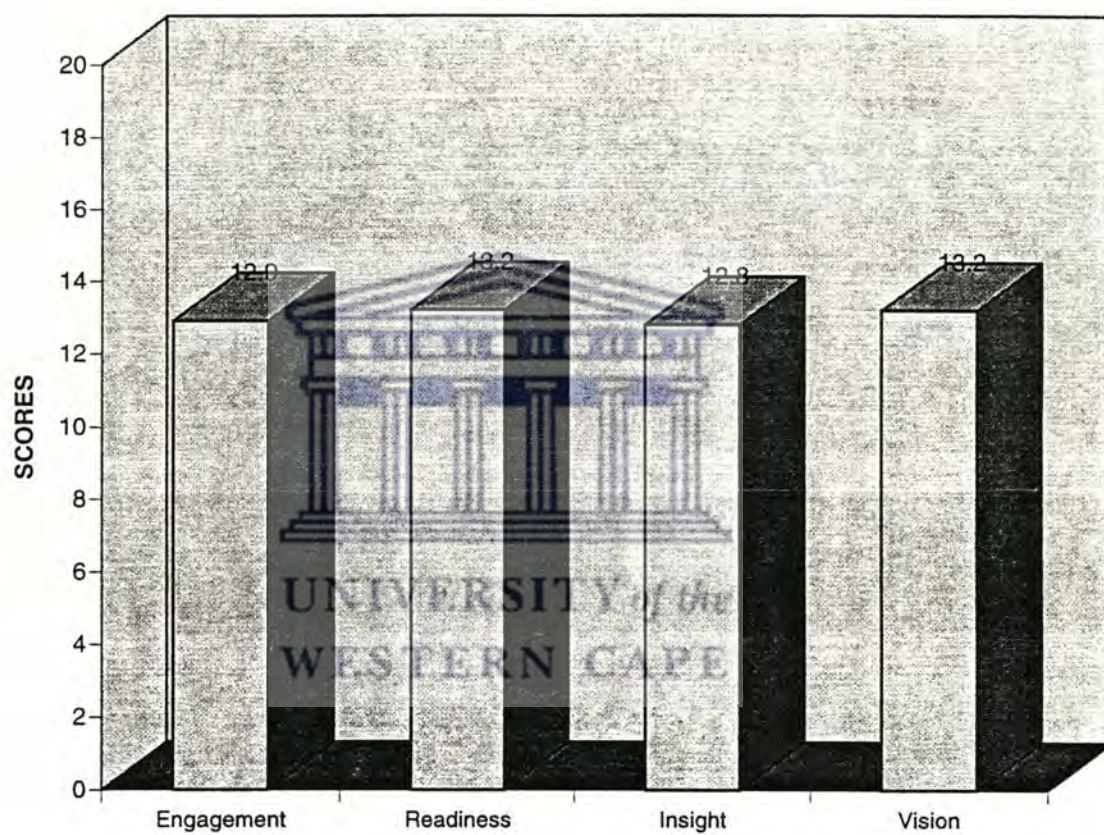
## DIMENSIONS SCORES (MEANS) OF MITCHELLS PLAIN



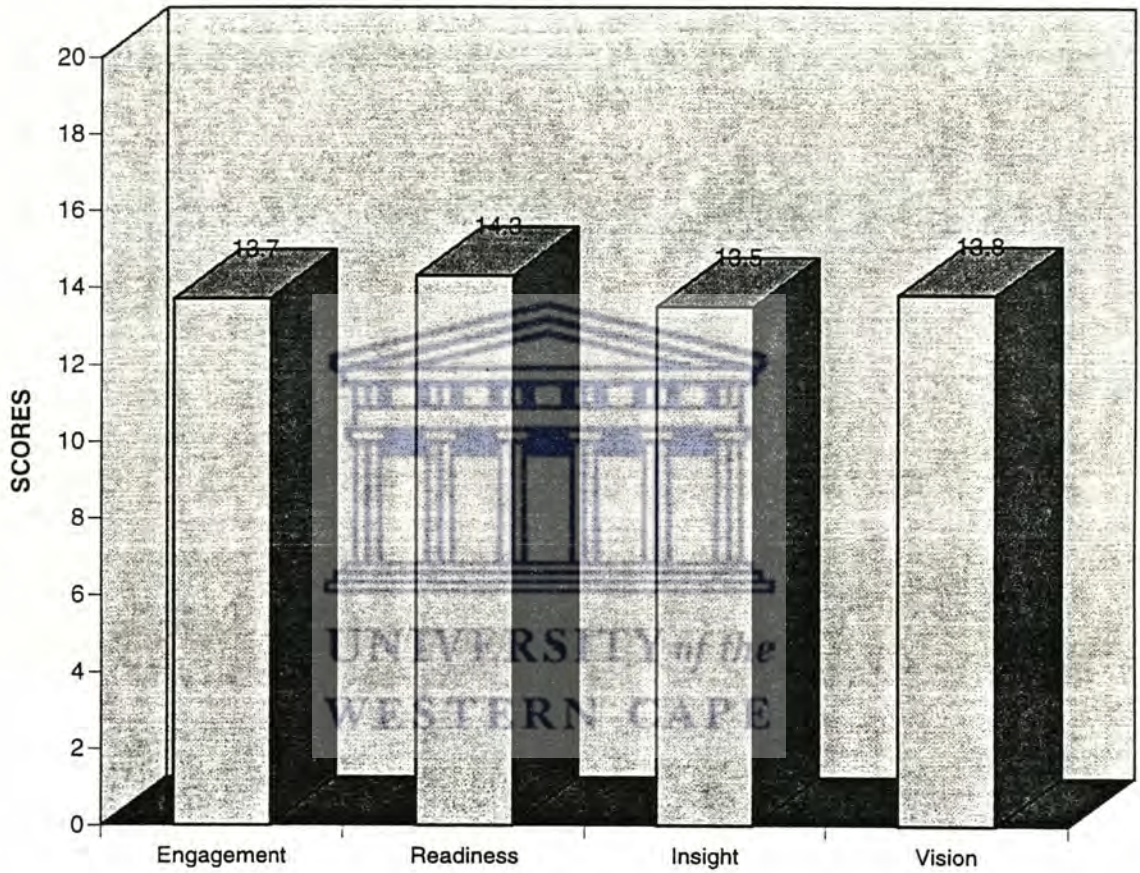
## DIMENSIONS SCORES (MEANS) OF VREDENDAL



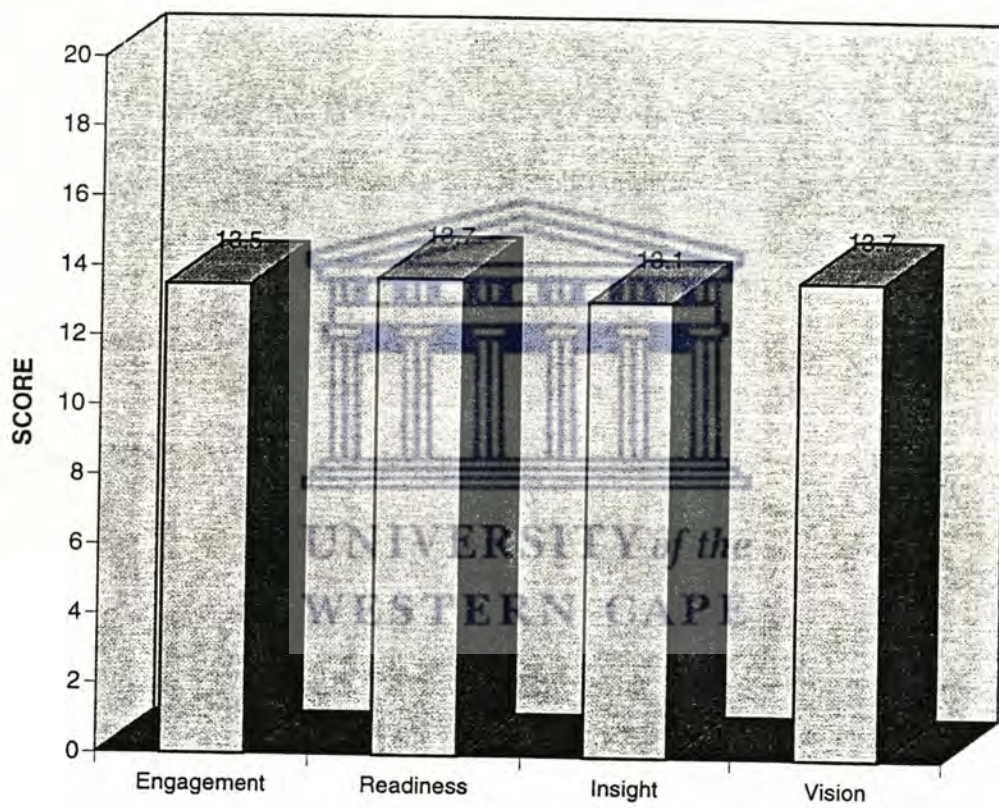
## DIMENSIONS SCORES (MEANS) OF OUDTSHOORN



**DIMENSIONS SCORES (MEANS) OF BELLVILLE**

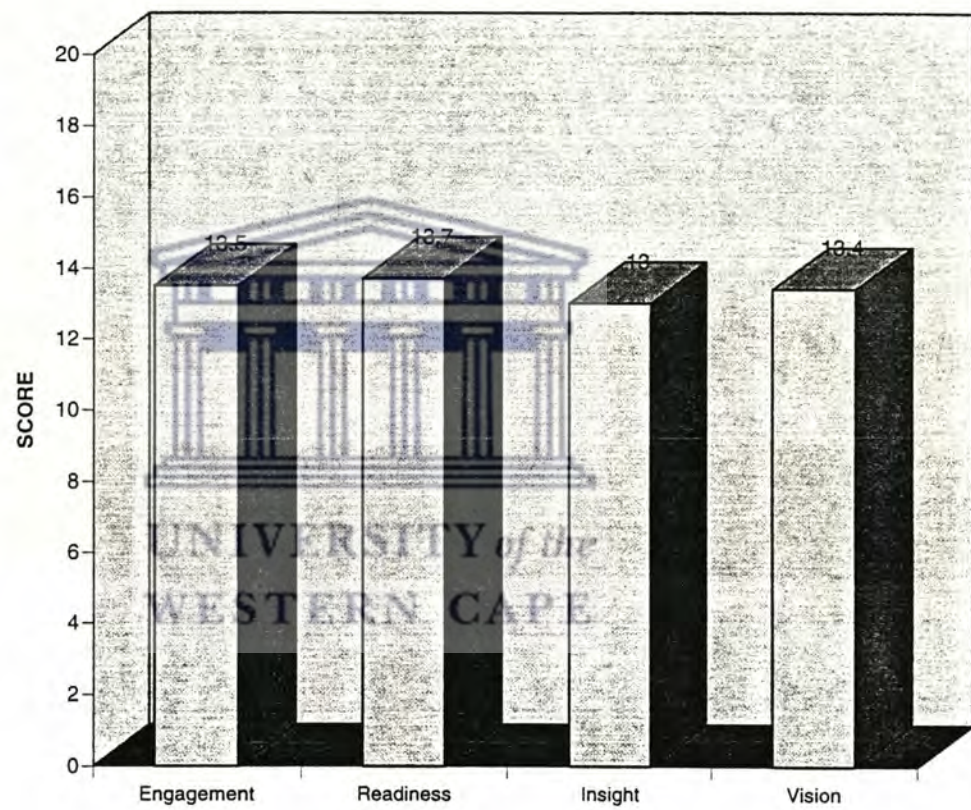


DIMENSIONS SCORES (MEANS) OF  
BEAUFORT WEST

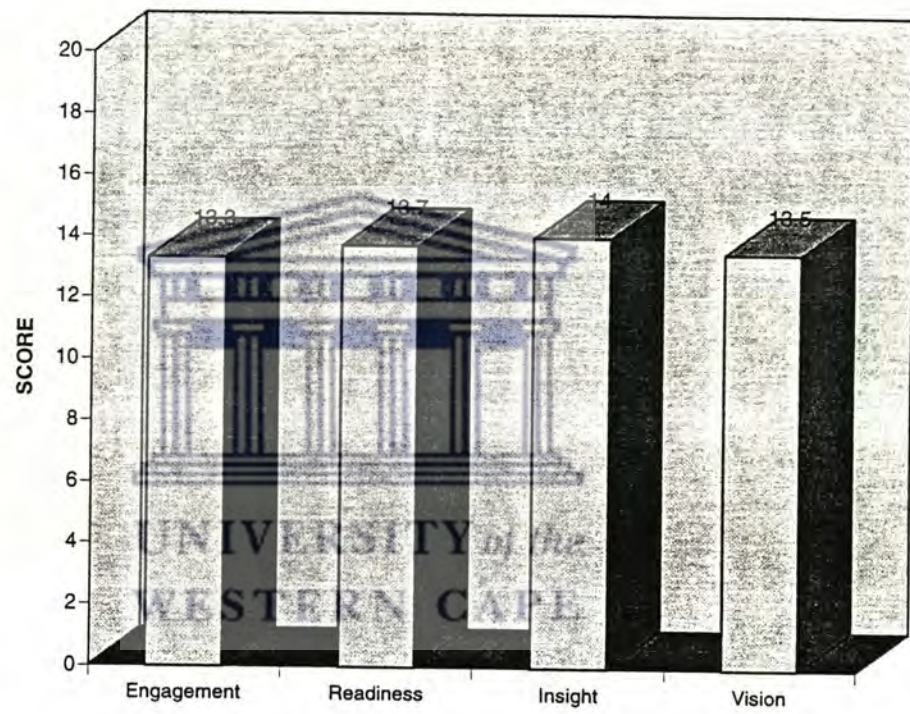




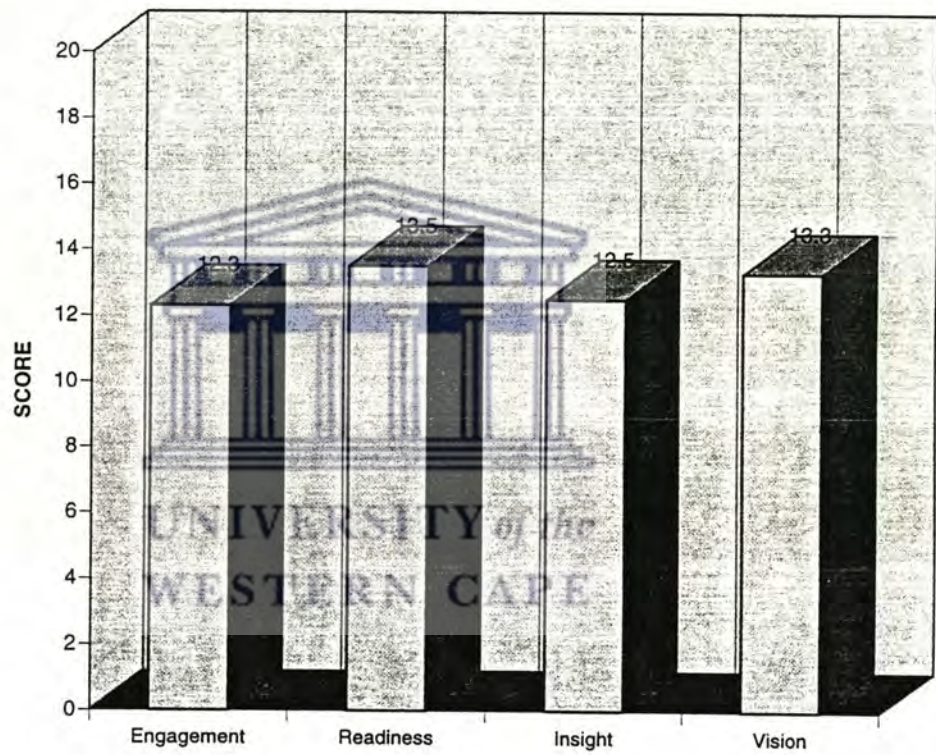
## DIMENSIONS SCORES (MEANS) OF GEORGE



DIMENSIONS SCORES (MEANS) OF WYNBERG



DIMENSIONS SCORES (MEANS) OF ATHLONE



**APPENDIX P: A PROTOCOL FOR MULTI-DISCIPLINARY  
MANAGEMENT FOR CHILD ABUSE AND  
NEGLECT**




UNIVERSITY *of the*  
WESTERN CAPE

# PROTOCOL

## FOR THE MULTI-DISCIPLINARY MANAGEMENT OF CHILD ABUSE AND NEGLECT

WESTERN CAPE PROVINCE



*Institute for Child and Family Development (ICFD), University of Western Cape  
in conjunction with  
The Western Cape Child Abuse and Neglect Forum:  
Departments of Social Services, Justice, Police, Health and Education  
Non-Government Organisations and Community based Organisations*

UNIVERSITY of the  
WESTERN CAPE

PRINCIPAL RESEARCHER

Rosaline September: Researcher/Lecturer. ICFD, UWC. (MSc: Program Administration, Planning and Evaluation. Cornell University, NY, USA)

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1.3 Who is party to this Protocol .....	3
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## PREFACE

Reasonable people may disagree about the range of services that government must provide, but on one point there can be no disagreement. Government must ensure that its most vulnerable and dependent citizens are protected from harm. Respect for the dignity of children as persons implies that government, indeed, the community as a whole, should ensure the preservation of their physical, mental, and social integrity.

The duty is a matter not only of human rights but also of national survival. Tolerance of the exploitation and abuse of children threatens the character of a nation that shares a sense of community, that regards individuals as worthy of respect, that reveres family life, and that ultimately is dependent on the healthy socialisation of children as the workers and voters of tomorrow.

The global community has recognised the fundamental importance of protection of children from abuse and neglect. As a party to the Convention on the Rights of the Child, South Africa has joined most countries of the world in pledging to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse". To that end, we, like other nations, have pledged to undertake "effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment, and follow-up instances of child maltreatment.. and as appropriate, for judicial involvement". Further, we have committed to take "all appropriate measures to promote physical and psychological recovery and social re-integration of a child victim of any form of neglect, exploitation, or abuse" and to do so "in an environment which fosters the health, self-respect and dignity of the child".

Clearly, achievement of such a broad agenda for protection of children cannot be accomplished by any one sector of society by itself. The Western Cape's new provincial Protocol for the Multi-Disciplinary Management of Child Abuse and Neglect represents an important first step toward the development of a system that ensures prompt and sensitive responses to the needs of children who have been abused or neglected. The Protocol offers a framework for cooperation by social service, health, and legal professionals, among others. Perhaps most important, it provides a focus on action at the community level.

If we are to show due respect for children - if indeed we are to put children first - as we consider the responsibilities of our new society, then we must make child protection a part of everyday life. I congratulate the drafters of the Protocol for their fine work in charting a process for action by the various local and provincial agencies to protect children in their homes and communities. Ultimately, however, child protection is the moral duty of every adult citizen. We all must commit ourselves to safeguard the children among us - to know, watch, and care for them.



**EBRAHAM RASOOL**  
**MEC: HEALTH AND SOCIAL SERVICES**  
**PROVINCE OF THE WESTERN CAPE**

## ACKNOWLEDGEMENTS

This protocol is the outcome of a comprehensive process of collaboration and consultation between all the significant stake-holders and role-players in the field of Child Protective Services (CPS), throughout the Province of the Western Cape.

Stake-holders and role-players include all the major professional groupings in the Public and Private Sectors, together with their departments and organisations, as well as Community-based and Non-governmental Organisations (CBO's and NGO's). Children, their families and communities are stake-holders in that this protocol endeavours to enhance their access to effective service delivery when they require it.

The process was guided by the Intervention Research paradigm espoused by Rothman and Thomas (1994). The research methods included: evaluation research focusing on existing services; a literature review; and a process of problem-solving which formed the basis of this protocol. Interviews, questionnaires and workshops were the main instruments used during the process.

In addition to provincial workshops, the consultation processes also included decentralized workshops held in the following main centres, which included the stake-holders of the surrounding areas. Workshops were held in:

Athlone, Atlantis, Bellville, Beaufort West, Cape Town, George, Mitchells Plain, Oudtshoorn, Paarl, Piketberg; Vredendal, Worcester and Wynberg.

A very special thanks is extended to all the Partners who participated in the above process.

The process was **financially supported** by The Human Sciences Research Council (HSRC). In light of the new vision of the HSRC to enhance social development through research, we believe that this process is a concrete example of how visions become reality. In this case, toward the improvement of quality of life for a very vulnerable group: children who have been abused.

The role and contribution of the **Government Partners (Key Departments in the Western Cape)** is acknowledged with great anticipation of enhanced future relationships between Government and Non-government role-players. The following contributions, in particular, are acknowledged:

**The key role played by the Department of Social Services.** The commitment of the Chief Director, Ms Virginia Petersen and the efficient and sustained contribution of Ms Debbie van Stade.

**The Attorney-General, Adv. Frank Khan (Sc), and Adv. Ronel Berg** have been engaged and committed throughout the process. Their commitment will ensure that justice will be closer to those who need it most.

**The Child Protection Unit of the South African Police Service** has made a valuable contribution to the process. As key members of the Child Protective System this commitment will make a profound difference to the quality of services that our children receive.

The **Departments of Health and Education** have demonstrated keen and sustained interest throughout the process. This partnership has re-enforced our belief that taking hands and working together can make a profound difference to the quality of services that we provide.



The **partnership of the Community-based, Non-governmental and Private Welfare Organisations**, as is always demonstrated in our province, is an indispensable force. This contribution is acknowledged with appreciation, particularly at a time when we are all aware of the financial difficulties that are faced.

**The members of the Protocol Development Team**, Rosaline September, Debbie van Stade, Ronel Berg, Gerhardt Riedemann, Anne Marx, Lorraine Doran, Elsabe Durr-Fitchen, Andy Argent, Nicola Huskisson, Trish Lever, Giel van Schalkwyk, Sylvia Abrahams, Leon Isaacson, Shifra Jacobson and John Pledger, integrated the existing literature, thoughts, concerns and recommendations of all the stakeholders, and along with their own experience and knowledge of the subject, wove all of this into an impressive first draft of the product. This contribution was invaluable.

The staff of the ICFD provided **logistical, technical and administrative support**, through a long and challenging process. The contribution of the UWC Printing Department is also acknowledged.

We acknowledge with great appreciation the contribution and support of **Professor Gary Melton at the Institute For Families in Society (South Carolina, USA)**.

We thank you all for supporting our Province in fulfilling its obligation.

As the Protocol is a dynamic and live document, the above-mentioned and the many other partners will continue to play a central role in the further development and implementation of the protocol.

We believe that child abuse and neglect are complex community problems. No one agency or profession alone can prevent or treat the problem. The community has a legal, moral and ethical responsibility to assume an active role in responding to child abuse and neglect.

We also believe like Andrew Billingsley (1993) that:

*"Children and families cannot be understood or enhanced apart from the communities that nurture them, or the societies that sustain them" (p.393).*

Director, Institute for Child and Family Development: *Prof. F.C.T. Sonn* and Principal Researcher: *Ms R.L. September*.

**PRINCIPAL RESEARCHER: R.L. SEPTEMBER**

Ms September is a lecturer/researcher at the ICFD. Ms September works and consults nationally and provincially in activities related to children and families, writing and editing publications and curricula, providing professional training, conducting research and evaluation of child and family welfare services, and developing practice and administrative-related instruments and planning documents.



**DR. A.M. OMAR, MP  
MINISTER OF JUSTICE**

*This document is  
dedicated to our children*



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# 1 INTRODUCTION

This multi-disciplinary Protocol for the Management of Child Abuse is based on the principle that the safety and welfare of the child is paramount and must override all other considerations.

## 1.1 A JOINT, MULTI-DISCIPLINARY MANAGEMENT PROTOCOL FOR CHILD ABUSE AND NEGLECT

For the purpose of this document, a joint, multi-disciplinary management protocol is a *record of agreement* between all the involved role-players regarding:

- roles and responsibilities,
- procedures to be followed,
- standards of service, and
- codes of behaviour

during the intervention process in instances or suspected instances of child abuse and neglect.

This Protocol does not deal with the practices, techniques, methods and models which are relevant or applicable to individual professions.

It is a *core* Protocol which only seeks to deal with the areas of commonality between the involved professionals.

As such, it seeks to avoid discussion on *how* particular actions are to be carried out. This is only dealt with when particular actions are central to the aims of the Protocol.

## **1.2 THE PURPOSE OF THIS CPS PROTOCOL**

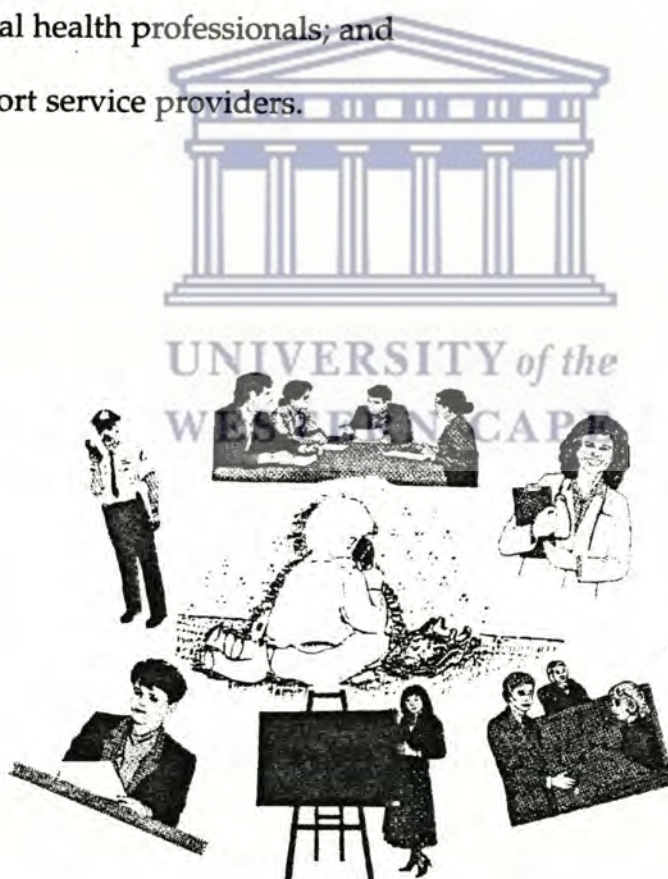
The *purpose* of this Protocol can be summarised as follows:

- To ensure that children are protected and receive the most effective services for reducing the trauma of abuse and neglect.
- To provide a clear understanding between role-players regarding their respective roles, responsibilities and functions.
- To provide a uniform set of procedures to enable predictability and control.
- To ensure that all interventions are conducted in a systematic and comprehensive manner.
- To ensure that all key tasks are performed in the best possible way at the right time.
- To ensure that the necessary collaboration and co-ordination between role-players take place during the intervention process.
- To provide for joint decision-making to facilitate decisions in the best interests of the child.
- To ensure standardisation of procedures to enable predictability and control of services.
- To provide a system of mutual accountability between role-players.
- To promote the confidence of service users and service providers in the intervention system.

### 1.3 WHO IS PARTY TO THIS PROTOCOL?

The following government and non-government departments, agencies, organisations and institutions by virtue of their role and commitment to children are bound by the Protocol:

- child and family welfare agencies and departments;
- educators;
- health care providers;
- law enforcement (police) officers;
- legal and judicial system professionals;
- mental health professionals; and
- support service providers.



## **1.4 WORKING DEFINITIONS:**

For the sake of clarity, the following definitions are provided to indicate the kind of problems which are to be dealt with in terms of this Protocol.

### **Child protective services**

Child Protective Services are a discrete set of **specialized services** designed for the protection of children in instances or alleged instances of abuse and neglect.

All forms of child maltreatment are included, that is physical abuse, sexual abuse, emotional abuse, physical neglect not primarily related to poverty.

CPS includes both intra-familial and extra-familial instances of abuse. All referrals and intervention should receive the same attention.

CPS are not appropriate for all child and family related problems. For example, child care issues such as neglect resulting primarily from poverty, teenage pregnancy, poverty-related educational neglect, and parent and child conflict do not fall under the authority of CPS.

Two explicit criteria are important in identifying abuse:

- \* identifiable harm or injury to the child and
- \* evidence of intent to inflict harm or injury.

### **Child abuse and neglect**

Child abuse and neglect is the physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment:

- of a child under the age of 18, except in the case of sexual abuse, when the age is specified in the criminal and/or child protection legislation;
- by any adult person (including any parent, caregiver or person who has control over the child);
- under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

Operational definitions of abuse and neglect are as follows:

### **Physical abuse**

Physical abuse is any act or acts which result in inflicted injury or death to a child or young person. Associated signs may 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.

### **Sexual abuse**

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

- Non-contact abuse*: exhibitionism (flashing), voyeurism (peeping), suggestive behaviours 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, penile 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.

### **Psychological abuse or neglect**

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

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

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Neglect is any act or failures to act by a parent or caregiver which result in impaired physical functioning or development of or injury to a child or young person, such as persistent hunger, thirst or malnutrition, inadequate clothing or inadequate hygiene or living conditions, failing to ensure education, when resources exist. It may include but is not restricted to:

- Physical neglect*: failure to provide the necessities required to sustain the life of the child or young person.
- Neglectful supervision*: failure to provide appropriate adult supervision of the child or young person, leading to an increased risk of harm.
- Medical neglect*: failure to seek, obtain or follow through with medical care for the child or young person, resulting in their impaired functioning or development.



- Abandonment*: leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning.
- Refusal to assume parental responsibility*: such as unwillingness or inability to provide appropriate care or control for a child.
- Educational neglect*: failure to provide for the child's educational needs, such as schooling, support and stimulation.

## **1.5 GOALS OF THE CHILD PROTECTION SYSTEM**

The generally accepted goals of a Child Protective System (implicit in this Protocol) are as follows:

- To protect children who have suffered serious harm or who are at risk of suffering serious harm.
- To ensure that all reasonable efforts are made to safely maintain children in their own homes once abuse/neglect has been substantiated.
- To provide permanency for children who are removed from their families.

## **1.6 LEGISLATION RELEVANT TO THE PROTOCOL**

The following *core legislation* is relevant to this Protocol:

- The Child Care Act (No. 74 of 1983).
- The Prevention of Family Violence Act (No. 133 of 1993).
- The Criminal Law Amendment Act (No. 135 of 1991).
- The Criminal Procedures Act (No. 51 of 1977).
- The Sexual Offences Act (No. 23 of 1957 as amended).

## **1.7 SERVICE PRINCIPLES EMBODIED IN THIS PROTOCOL**

### **1.7.1**

When parents, caregivers or the State are unable or unwilling to take minimal efforts to protect their children from serious abuse or neglect, society must intervene.

### **1.7.2**

All children, in every community, are equally deserving of the best possible services when their well-being suffers as a result of abuse and/or neglect.

### **1.7.3**

Improper or inadequate services are regarded as potentially harmful to abused and/or neglected children and are likely to result in their further or secondary traumatising.

### **1.7.4**

A multi-disciplinary, teamwork approach is regarded as a prerequisite for the proper management of cases of child abuse and neglect. No discipline is regarded as being more important than another.

### **1.7.5**

The provision of CPS should be organised according to clearly defined geographic areas.

### **1.7.6**

Child protection is a specialised and intensive service designed to protect children while preserving families and/or support networks. The duration of the service must be based on the needs of children and their families and/or support networks.

### 1.7.7

Assessment of the child's safety should be uniform, continuous and multi-disciplinary.

### 1.7.8

When a child cannot be reunited with his or her family, services should focus on providing the child with a stable living arrangement away from his or her family.

### 1.7.9

This Protocol recognises and embraces the principle of community ownership of and involvement in CPS.

### 1.7.10

Services must be provided in a culturally sensitive and appropriate manner.

### 1.7.11

This Protocol recognises the individual ethical and professional positions of the various disciplines involved in the management of CPS and expects that these will be understood, accepted and respected by all role-players.

### 1.7.12

The purpose of this Protocol is to place in position the basic and essential building blocks to enable the delivery of CPS at a *minimum standard level*. It is therefore regarded as neither fixed nor final and is subject to ongoing review for amendment, development and improvement by all those involved in CPS.

## **1.8 ISSUES NOT ADDRESSED BY THIS PROTOCOL**

### **1.8.1**

Although this Protocol assumes the necessity of the ongoing training and development of role-players, it does not deal specifically with these issues. It should be mentioned, however, that the Protocol is viewed as the cornerstone for all training of CPS practitioners.

### **1.8.2**

This Protocol seeks to address only the issues which relate to the delivery of a minimum standard of services and the joint actions of two or more role-players at a particular stage of intervention. It does not seek to regulate or direct the internal activities of groupings of role-players when they act on their own. These activities are regarded as being regulated by internal policies, professional codes of conduct and discipline-specific protocols.

### **1.8.3**

Although this Protocol regards the competence of role-players as being one of the cornerstones of service delivery, it does not deal specifically with the accreditation or licensing of CPS workers.

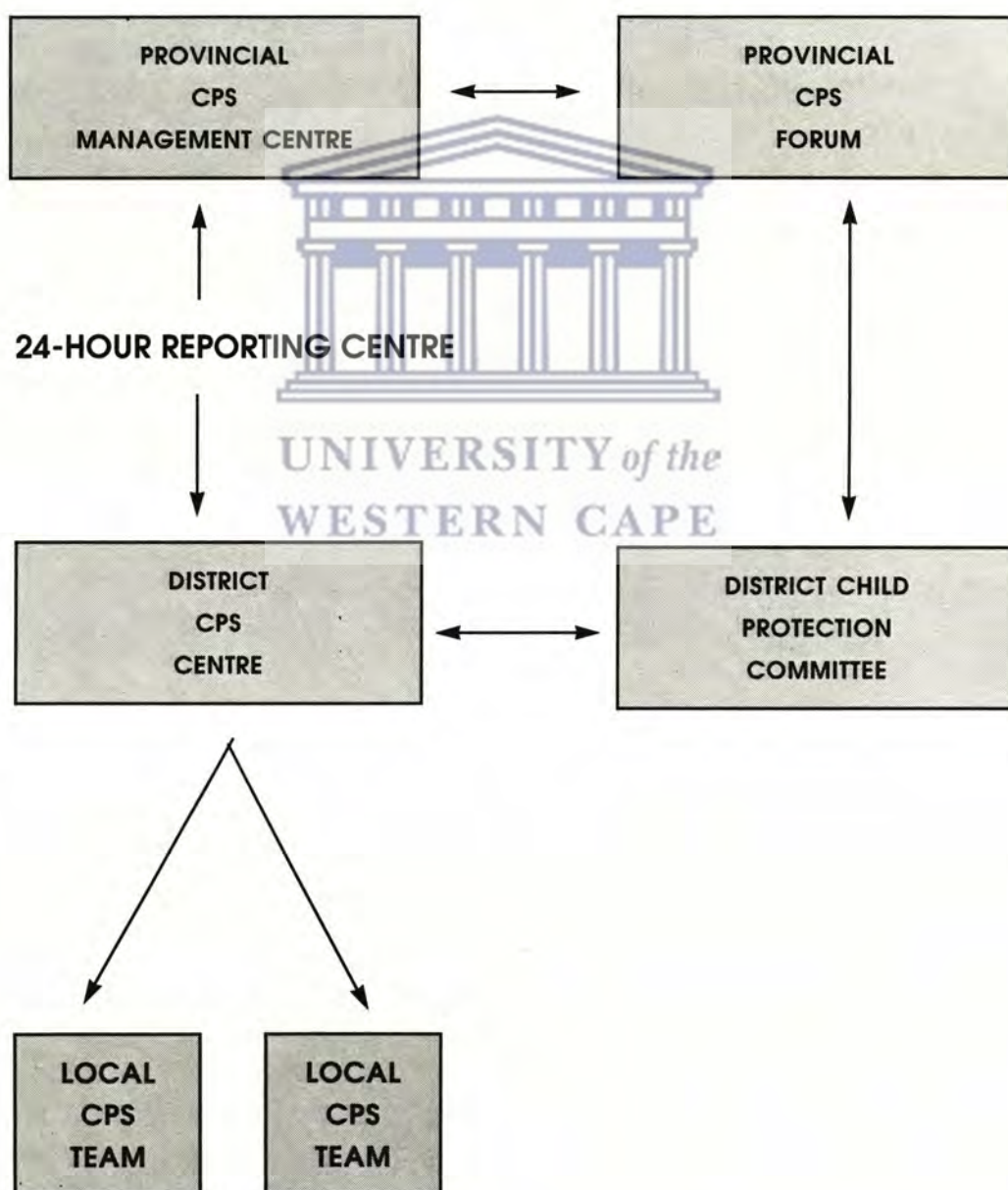
### **1.8.4**

This Protocol does not describe the handling and investigation of complaints about unethcial/inappropriate behaviour and violations from the public regarding district service provision.

## 2 ORGANISATION OF SERVICES

### 2.1 ORGANISATIONAL STRUCTURE OF PROVINCIAL CPS

In terms of this Protocol model, Child Protective Services (CPS) for the Province of the Western Cape are organised in three levels. The relationship between these levels is illustrated in the following organisational chart:



## **2.2 DESCRIPTION OF THE COMPONENTS OF THE CPS DELIVERY SYSTEM**

### **2.2.1 The Provincial CPS Centre**

The Provincial CPS Centre forms part of the Head Office of the Provincial Department of Social Services.

Staffed by a CPS Manager, together with the necessary professional and administrative personnel, the task of the Provincial CPS Centre can be summarised as follows:

- To formulate policy, manage the budget and administer CPS for the Province.
- To co-ordinate services and facilitate inter-departmental liaison at a Provincial level.
- To be responsible for CPS training, research and development.
- To handle and investigate unethical/inappropriate violations and complaints from the public regarding district service provision or those referred to it by the district officers.

A full description of the structure, functions and activities of the Provincial CPS Centre is contained in the *Appendix*.

### **2.2.2 The District CPS Centre**

In terms of this Protocol, the Province is divided into clearly defined CPS Districts which can be regarded as viable, separate entities for the purposes of CPS delivery.

The District CPS Centre forms part of the relevant Provincial Social Services office for that area.

Headed by a District CPS Co-ordinator, with the necessary professional and administrative support, the main functions of this 24-hour facility can be summarised as follows:

- To receive reports, activate the Local CPS Teams and monitor the intervention process.
- To organise and co-ordinate services and to establish a District Child Protection Committee.
- To administer CPS for the District.

A full description of the structure, functions and activities of the District CPS Centre is contained in the *Appendix*.

### **2.2.3 The Local CPS Team**

Consisting of a Police Officer and Social Worker on 24-hour call, this team is responsible for the follow-up and investigation of reports and the further activation of the multi-disciplinary team. Their tasks can be summarised as follows:

- The immediate investigation of cases and completion of key activities.
- To make the necessary referrals and to involve the other members of the multi-disciplinary team.
- To ensure that the prescribed review procedures are carried out.

A full description of the functions and activities of the Local CPS Team is contained in the *Appendix*.

### **2.2.4 The District Child Protection Committee**

The District Child Protection Committee, representing all stakeholders, serves as an inter-agency forum. It is a voluntary body whose secretariat is provided by the District CPS Centre. Its chief concerns are:

- To establish, maintain and review local inter-agency guidelines on procedures to be followed in individual cases.
- To review significant issues, reports and complaints arising from the handling of cases and related activities.
- To deal with matters related to the effective operation of the Protocol.
- To represent the District at the Provincial CPS Forum.

A full description of the goals, functions and activities of the District Child Protection Committee is contained in the *Appendix*.

### **2.2.5 The Provincial CPS Forum**

The Provincial CPS Forum, on which all the District Child Protection Committees are represented, serves as an inter-district forum. It is a voluntary body whose secretariat is provided by the Provincial CPS Centre. Its chief concerns are to assist and advise the Provincial CPS Centre with regard to its activities.



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## **2.3 STAFFING AND OPERATION**

### **2.3.1**

This Protocol is based on the assumption that the provision of CPS is the ultimate responsibility of the State.

### **2.3.2**

This may be done directly through the relevant Departments or indirectly through the purchase of services through suitably competent agencies. This clearly implies, in addition to funding, the provision of training support, accreditation and setting of minimum standards of service provision.

### **2.3.3**

This Protocol, however, recognises the unique character of individual communities and districts in terms of their existing resources and make-up of organisations and structures who render CPS.

### **2.3.4**

It is the task of the District CPS Centre, in collaboration with its District CPS Committee, to organise CPS for its area of operation in the most efficient and cost-effective manner.

### **2.3.5**

Included in this is the identification of organisations and structures who are able to provide social work services in CPS matters at a minimum standard level. These organisations and structures are then contracted by whatever means necessary, to share in providing a 24-hour service for the District.

### 2.3.6

The services and involvement of the other affected disciplines are also organised and facilitated by the District CPS Centre in accordance with the aims and requirements of the Protocol. This is done with full regard for existing services and competencies.

### 2.3.7

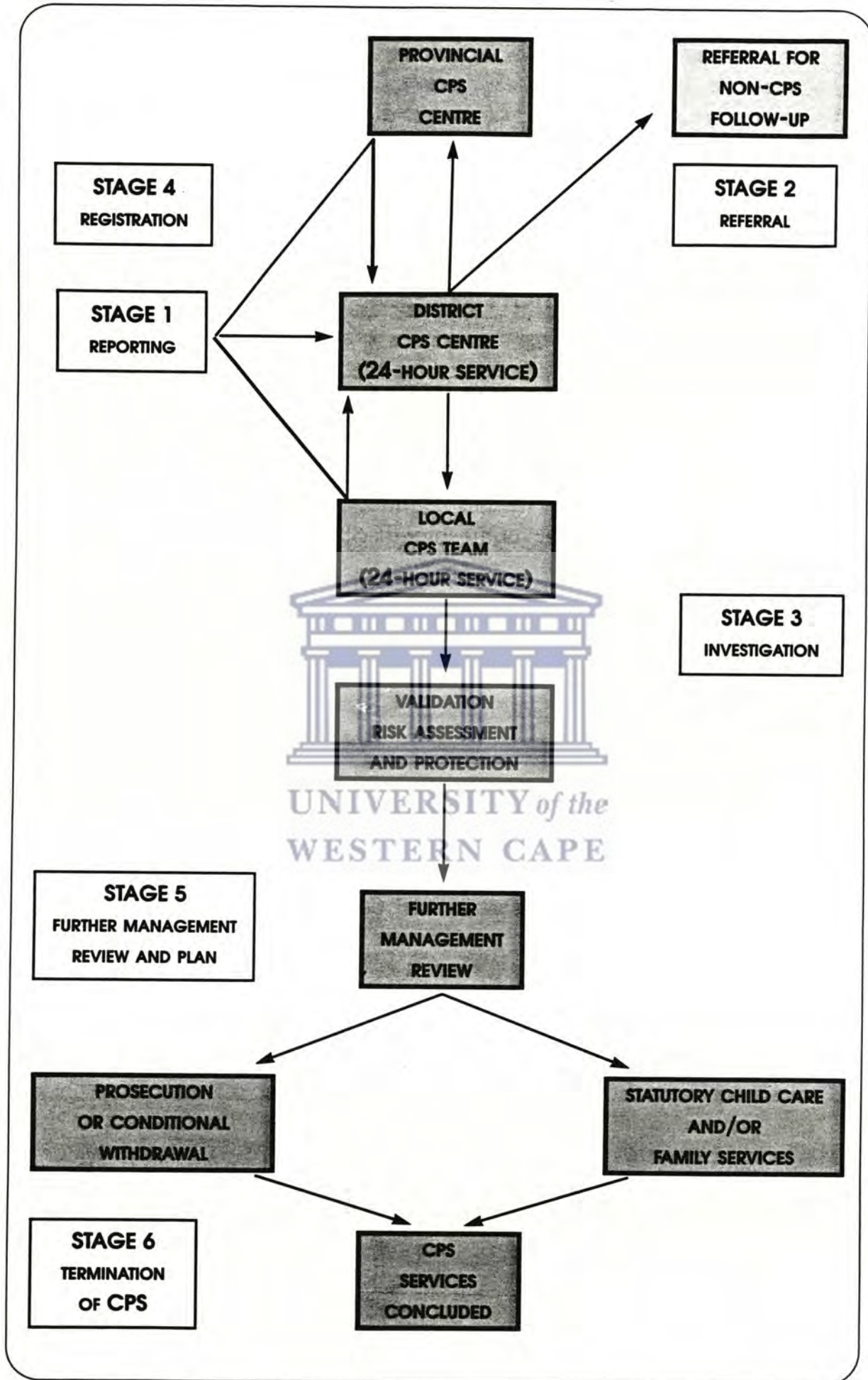
The provision of competent 24-hour police and medico-legal services is regarded as a prerequisite for a base level of CPS. The organisation of these services for each CPS District requires a strong commitment to the aims of this Protocol and its implementation



## **3 PROTOCOL PROCEDURES**

### **3.1 OVERVIEW OF CPS INTERVENTION IN TERMS OF PROTOCOL**

- The diagram on the next page indicates the three levels of CPS management in terms of the Protocol, i. e. the *Provincial CPS Centre, District CPS Centre and Local CPS Team*.
- The *Local CPS Team* renders the direct service in collaboration with the various members of the inter-disciplinary team, the *District CPS Centre* initiates and monitors services, and the *Provincial CPS Centre* develops policy, conducts ongoing evaluation, provides supportive services to the districts and maintains the CPS register.
- Reports of instances or suspected instances of abuse and/or neglect are (preferably) made either directly to the *District CPS Centre* or indirectly via the *Provincial CPS Centre or Local CPS Team*.
- Once the case is referred to the *Local CPS Team*, the processes of investigation and further management follow until CPS are formally concluded.
- It is the task of the *District CPS Centre* to register cases with the *Provincial CPS Centre*.



## **3.2 OVERVIEW OF THE STAGES IN THE INTERVENTION PROCESS**

### **Stage 1: Reporting**

This refers to the reporting of instances or suspected instances of abuse or neglect, by any person, to any of the three levels of CPS operation, i. e. to the Provincial or District CPS Centres or to a member of the Local CPS Team.

### **Stage 2: Referral**

Referral is the action taken by the District CPS Centre in activating a Local CPS Team to follow up a report of abuse or neglect.

### **Stage 3: Investigation**

This consists of the key activities undertaken by the Local CPS Team when a referral has been made.

### **Stage 4: Registration**

This refers to the supply of information by the District CPS Centre to the Provincial CPS Centre when abuse or neglect has been confirmed.

### **Stage 5: Further management review and plan**

This is the process which ensures that certain investigation activities are properly carried out, at the correct time, and which facilitates multi-disciplinary decision-making regarding the further management of cases.

### **Stage 6: Termination of CPS**

This is the stage at which it is decided that specialised CPS are no longer necessary.

**It is essential to note that most families require follow-up services when CPS intervention has been terminated. It is the responsibility of the social worker involved to provide some indication of the kind of services that the child and/or family may need in the final report and to ensure that the child and family are linked with the appropriate service or services.**

## STAGE 1: REPORTING

### ☛ GUIDING PRINCIPLES FOR REPORTING

- ☐ It is regarded as a minimum requirement that a single, known facility in every CPS District is available so that any person can report instances or suspected instances of child abuse and neglect and be confident that such a report will be immediately and properly followed up.
- ☐ It is the legal and moral duty of all adults to take action when the well-being of a child is seriously threatened. Failure to do so constitutes a crime.
- ☐ It is the function of the *District CPS Centre* to receive reports. This should be well advertised and well known in each CPS District.

### Step 1

Any member of society reports instances or suspected instances of child abuse and neglect to the District CPS Centre.

This can be done personally, by telephone, by facsimile transmission or in writing, but should be *as immediate as possible*.

### Step 2

Should a member of a *Local CPS Team* (or their agency) receive a report, this must be immediately passed on to the *District CPS Centre*.

If the situation requires immediate emergency action and delay in referral to the *District CPS Centre* will result in the safety of the child being compromised, then the report must be referred to the *District CPS Centre* as soon as possible after the emergency intervention has taken place.

### Step 3

Should the *Provincial CPS Centre* receive a report, this must be immediately passed on to the relevant *District CPS Centre*.

#### **Step 4**

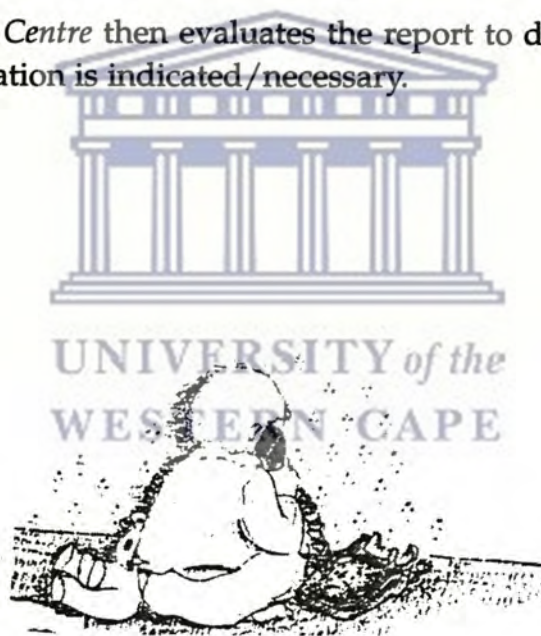
On receiving the report, the *District CPS Centre* records as much information as possible on the prescribed *Form 1*. (Official forms are obtainable from the Department of Social Services.)

#### **Step 5**

The *District CPS Centre* checks the database to ensure that the case is not already under investigation and to access any existing data with regard to the child or alleged perpetrator.

#### **Step 6**

The *District CPS Centre* then evaluates the report to decide whether or not CPS investigation is indicated/necessary.





## **STAGE 2: REFERRAL**

### **GUIDING PRINCIPLES FOR REFERRAL**

- The purpose of referral is to ensure that reports are immediately and properly followed up by appropriately trained and relevant professionals.
- Referrals must include the fullest possible information regarding the child and alleged perpetrator.
- Practical arrangements for the mobilisation and linking of the members of the *Local CPS Team* should be communicated with absolute clarity.

### **Step 1**

If the *District CPS Centre* evaluates a report as not requiring CPS investigation, then the case is referred to an appropriate agency or structure.

### **Step 2**

If the *District CPS Centre* evaluates a report as requiring CPS investigation, then a *Local CPS Team* is mobilised.

Mobilisation is in accordance with the 24-hour duty roster for that District and by means of the established emergency communication system for that District.

Mobilisation must include:

- Passing on of all the available information to a Team member.
- Linking of the Team members with one another, either telephonically or in person.
- A verbal request for the soonest possible telephonic confirmation of abuse or neglect (or the non-validation of such), together with any further outstanding identifying particulars (for the completion of *Form 1*, obtainable from the Department of Social Services.)

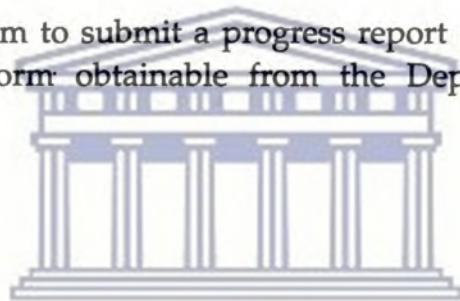
### Step 3

When a report is received directly from any *Local CPS Team* member or her/his agency after emergency action has already been taken, the normal referral procedures are followed with the exception that, if possible, any member who has already been involved should remain assigned to the case.

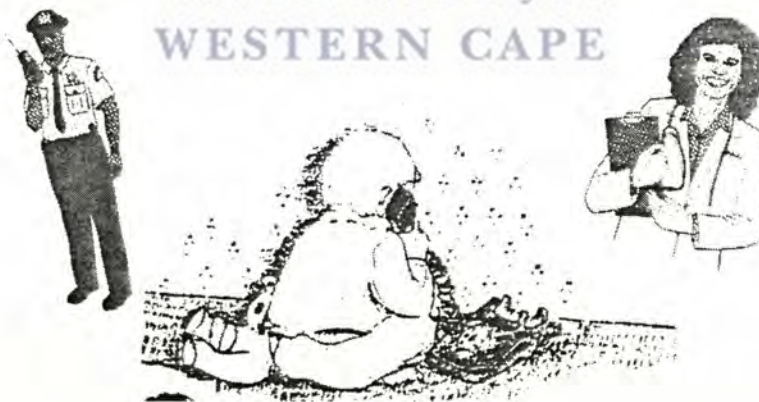
### Step 4

Referral is completed when the district CPS Centre:

- issued a written order to mobilize the Local CPS team;
- instructs the team to submit a progress report (Form 2) within 14 days (official form obtainable from the Department of Social Services).



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## STAGE 3: INVESTIGATION

### GUIDING PRINCIPLES FOR INVESTIGATION

- Investigation must commence immediately after referral and there must be contact with the child within 24 hours.
- A *partnership* relationship between the police officer and social worker is fundamental to proper investigation.
- Ongoing role-delineation, effective communication and sharing of information is essential.
- The safety and protection of the child must be the primary task in investigation.
- The social worker is the *case manager* whose responsibilities always include the activation of the other members of the multi-disciplinary team.

### Step 1

The *Team members* make contact with each other before any intervention takes place and ensure that both have all the available information.

### Step 2

The *Team members* plan the immediate intervention and agree on their respective roles.

### Step 3

The key activities of validation, medical assessment and treatment, risk assessment and protective action are carried out in accordance with the standardized guidelines. The following must be noted:

- These activities must be carried out jointly by the members of the Team.
- Police statements involving children must be taken in consultation with the social worker.

#### Step 4

The social worker makes arrangements for the medical assessment and attention at an appropriate facility, and, if indicated, psychological assessment.

#### Step 5

The social worker submits a copy of Form 2 (official form obtainable from the Department of Social Services) to the *District CPS Centre*.

#### Step 6

The social worker ensures that all the necessary supportive services to the client-system are in position.

#### Step 7

The social worker arranges a case conference in accordance with standardized guidelines.

#### Step 8

The social worker and the police officer each complete a copy of *Form 4* (official form obtainable from the Department of Social Services).

The police officer submits the docket, including the copies of *Form 4*, to the relevant representative of the Attorney General, within 30 days of referral, in accordance with the further management review and plan procedures.

## **STAGE 4: REGISTRATION**

### **☛ GUIDING PRINCIPLES FOR REGISTRATION**

- An accurate record of confirmed cases of abuse and neglect is essential for the proper co-ordination and delivery of services, research, planning of services and policy development.
- Cases of abuse and neglect must be registered as early as possible to avoid duplication of services and ensure proper co-ordination of services.
- Cases of abuse and neglect are registered only after completion of investigation.
- The names of offenders/perpetrators will remain on the Provincial Register when a conviction has been made and will only be removed by the written request from the Attorney General together with an appropriate motivation.



### **Step 1**

Immediately after a report of child abuse is received at the *District CPS Centre*, the District CPS Officer records all known information, and checks records and reports of registration for any existing data with regard to the child or alleged perpetrator.

### **Step 2**

Upon receipt of Forms 1 and 2 (official forms obtainable from the Department of Social Services), the District CPS Centre submits these to the *Provincial CPS Centre*, and recommends registration or motivates why registration is not recommended.

## **STAGE 5: FURTHER MANAGEMENT REVIEW AND PLAN**

### **☛ GUIDING PRINCIPLES FOR FURTHER MANAGEMENT REVIEW AND PLAN**

- All cases of abuse and neglect must be evaluated for prosecution by a delegated representative of the Attorney General.
- Further management decisions must be made by consensus between the assigned social worker and police officer and representative of the Attorney General.
- All court-related activities must be conducted with the well-being and interests of the child as a primary concern.

### **Step 1**

Within 3 working days of receiving the police docket, the Attorney General's representative evaluates the available documentation and formulates her/his own opinion. If consensus exists, the agreed further management option is followed.

When a further management decision has been made, the social worker completes Part II of Form 2 (progress report, obtainable from the Department of Social Services) and submits it to the *District CPS Centre*.

### **Step 2**

If consensus does not exist, consultation between the parties must take place until consensus is achieved. This process is facilitated by the Attorney General's representative via the investigating officer, and a maximum return date 30 days hence is set. The further management review procedures are then repeated.

### **Step 3**

If further investigation is required, then the Attorney General's representative issues the necessary instructions in writing to the police.

#### **Step 4**

All procedures involving the conditional suspension, withdrawal or withholding of prosecution, as well as the decision to prosecute, are conducted in terms of the Internal CPS Protocol of the Office of the Attorney General.

#### **Step 5**

In addition to standard criminal procedures, the following prescriptions must be adhered to:

- All decisions regarding child witnesses (including the use of intermediaries) shall involve the original social worker or her/his representative.
- The Department of Justice shall at all trials involving the abuse and/or neglect of children apply the following practices:
  - ◆ The use of experienced prosecutors.
  - ◆ Prior consultation with all witnesses.
  - ◆ The use of adequately trained intermediaries.
  - ◆ The isolation of the courtroom from other criminal courts.
  - ◆ The separation and protection of child victims and other witnesses from alleged perpetrators (e.g. child-friendly waiting rooms).
  - ◆ The particular vulnerability of children must be taken into account. The requirements are that they need an environment in which they will feel physically and emotionally comfortable and safe.

#### **Step 6**

It is the responsibility of the social worker to make all the necessary referrals when further case management and intervention is indicated. These include Children's Court proceedings, supportive and therapeutic services and family services.

### Step 7

When a further management option involves action in terms of the Child Care Act through the Children's Court, the following principles must be applied:

- The child's need for protection, security and permanence is regarded as paramount.
- No matter is to be delayed at the Children's Court in order to accommodate any other process, as a result of which the aforementioned needs of the child will in any way be compromised.
- No option available in terms of the Child Care Act which is in accordance with the aforementioned needs of the child shall be withheld to accommodate any other process.

### Step 8

When a decision has been made to combine two options and they cannot proceed concurrently, the question of the child's safety and well-being must dictate the order in which the options are followed.

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## STAGE 6: TERMINATION OF CPS

### ☛ **GUIDING PRINCIPLES FOR TERMINATION**

- When specialised CPS are no longer regarded as necessary, the involvement of CPS professionals must be formally ended.
- Termination of CPS is only final when formal referral for all the necessary services has been made.

### Step 1

When criminal court proceedings have been concluded and/or all referrals for any other services have been made by the social worker, termination of CPS must formally take place.

### Step 2

The child and/or family of the child must be formally informed of the termination of CPS.

### Step 3

The social worker must notify the *District CPS Centre* in writing of the final outcome of the case (in terms of CPS ) and the termination of CPS.

### Step 4

The social worker must ensure that the child and the family are linked with service providers and receive therapeutic and ongoing support services that they may need.

## 4 APPENDIX

A description of the structure and functions of the four levels of Child Protective Services (CPS) intervention and management is given below.

### 4.1 PROVINCIAL CPS CENTRE:

#### Structure

Headed by a CPS Manager, the team at the Provincial CPS Centre would be staffed by administrative and professional personnel who would be able to fulfil its functions.

#### Functions

- To manage the Provincial CPS budget.
- To maintain the Provincial CPS register.
- To establish and develop CPS policy
- To facilitate co-ordination and co-operation between the Districts.
- To be responsible (either directly or indirectly) for the training of CPS workers through accredited academic institutions.
- To be responsible for the accreditation of CPS workers and CPS agencies.
- To be responsible for CPS research and development.
- To facilitate inter-departmental liaison at Provincial level.
- To provide national linkage in CPS matters.
- To refer any reports of abuse/neglect to the relevant District CPS Centre.

## 4.2 THE DISTRICT CPS CENTRE

### Structure

The District CPS Centre would be headed by a District CPS Co-ordinator and staffed by administrative and professional personnel who would be able to fulfil its functions. Ideally, the Co-ordinator would have the rank of Chief Social Worker and would be strongly grounded in CPS work. The Co-ordinator would also have to possess community work skills, including those of public relations. Other social work staff would have to have undergone CPS training at a supervisor's level. Resources for CPS Centres would have to include the ability to serve all the major cultural groups for their areas. To enable effective 24-hour service, each Centre would have its own cellular telephone. Computerisation of all records with Directorate linkage is regarded as a necessity.

### Functions

- To provide a 24-hour screening and assessment service for the activation of Local CPS Teams and referral to other Districts for all reports of child abuse/neglect.
- To confirm all referrals to Local CPS Teams in writing and provide the progress report, with return date, to be completed by the responsible Local Team member (for submission to the District Centre).
- To maintain a district report listing and to monitor the progress of Local Teams.
- To organise a system of 24-hour Local CPS Teams for the District.
- To register cases with the Provincial Directorate.
- To deal with CPS-related complaints and inquiries for the District.
- To organise and co-ordinate key CPS resources for the District (i.e. police, medical and prosecutorial agencies and professionals, appropriate court environment, treatment and support services, educational and probation services, and services to perpetrators).
- To establish a District Child Protection Committee and to provide the secretariat for this.
- To promote and publicise the reporting system for the District.

### District Child Protection Committee

- ❑ A District Child Protection Committee would serve as an inter-agency forum for developing, monitoring and reviewing child protection policies that support inter-agency/sectoral co-operation at individual case level.
- ❑ This executive Committee, comprising senior officers from member agencies, would act and make decisions on behalf of their authorities, leadership and delegations. The Committee would meet every term
- ❑ Sub-committees of the District Child Protection Committee would be responsible for:
  - ◆ training,
  - ◆ procedures,
  - ◆ practice and operations, and
  - ◆ community consultation.
- ❑ Sub committees would have their own work programmes and would report to the District Child Protection Committee through their chairpersons.
- ❑ Sub-committees would present statistics and management information at each District Child Protection Committee executive meeting.
- ❑ The terms of reference of the District Child Protection Committee will be determined by the Department of Welfare. The main areas of work are:
  - ◆ To establish, maintain and review local inter-agency guidelines on procedures to be followed in individual cases
  - ◆ To review significant issues arising from the handling of cases and reports from inquiries.
  - ◆ To review work related to this Protocol.

### **4.3 LOCAL CPS TEAMS**

#### **Structure**

A Local CPS Team would consist of two members: a Social Worker and a Police Officer. The Social Worker would have received specialist training in CPS work (and thereby be accredited) and would be employed either by the Provincial Department of Social Services or by an accredited CPS organisation. The Police Officer would either be a trained member of the Child Protection Unit or would be any other officer who has undergone specialist training in CPS work.

The Social Worker and Police Officer would always work in direct partnership with each other unless delays in effecting this direct working relationship would result in a threat to the safety of the child or children in question, in which case this relationship would be established as soon as the safety of the child or children had been effected.

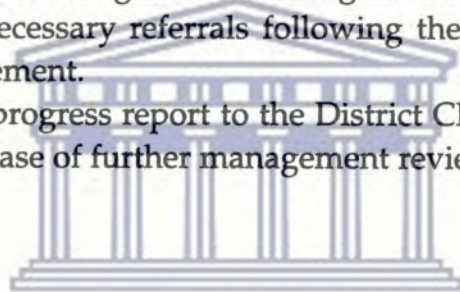
In terms of this Protocol, the Local CPS Team would be responsible for the involvement of the other members of the multi-disciplinary team at the appropriate stages.

In term of this Protocol, the Social Worker would assume the role of Case Manager and be responsible for making the necessary referrals, co-ordinating services and documenting Local CPS Team assessments.

Resources available to these Local CPS Teams on duty/standby would include cellular telephones and motor transport.

### Functions

- The immediate investigation of all cases referred by the District CPS Centre and other obvious cases of abuse/neglect reported by other means.
- To report within 24 hours to the District CPS Centre all cases which have been followed up but were not referred by the Centre.
- To perform the tasks of validation, risk assessment and protection in terms of this Protocol.
- To involve the other members of the multi-disciplinary team at the appropriate stages.
- To submit cases to the relevant representative of the Attorney General for the further management review in terms of this Protocol.
- To complete the investigation according to this Protocol.
- To make the necessary referrals following the decision regarding further management.
- To submit the progress report to the District CPS Centre following the Protocol phase of further management review (within 30 days).



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## **4.4 COMMUNITY-BASED STRUCTURE**

The protection of children is not only the responsibility of statutory and formal welfare organisations, but of the whole community and all individuals. Without the involvement and co-operation of everyone concerned with children, particularly parents, caregivers, relatives and friends, some children in need of protection will not be noticed.

The following community-based structure is proposed:

### **Structure**

It is strongly recommended that each Local Government authority promote the formation of:

- A local Child Protection committee/mechanism (LCPC) comprising senior officers from key agencies and community based organisations able to make decisions on behalf of their authorities.

### **Functions**

- The Terms of Reference of the LCPC is determined by the committees in partnership with the Department of Social Services. The main areas of work is to:
  - \* establish, maintain and review local inter-agency intervention guidelines;
  - \* review significant issues arising from the handling of cases and reports;
  - \* review child abuse and neglect statistics;
  - \* engage in joint media and advocacy work;
  - \* enhance and support community co-operation;
  - \* form sub-committees with their own work programme who report to the (LCPC).

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#### *Additional Resource Materials*

- Recommendations of the SASPCAN National Conference: "Developing a National Child Protection Plan", Johannesburg, 1995.
- "Proposals for a National Child Protection Plan within the NPA, to Address the Problems of Child Abuse, Neglect and Abandonment" - SASPCAN submission for second RDP White Paper, February 1995.
- Recommendations of the UDW Department of Criminology/ HSRC Conference: "Sexual Offences Against Children - the Legal System and the Management of the Offender and the Victim", Durban, 1994.
- Recommendations of the SASPCAN National Conference: "Children for Africa", Cape Town, 1993.
- Report to the NPA Steering Committee by the Justice Sectoral Working Group, September 1995.
- New Constitution of the Republic of South Africa. (1996). Constitutional Assembly, Parliament. Cape Town.

All of the above resource materials are available on request from the Department of Welfare (Pretoria).

## CPS RESOURCES

ORGANISATION	TELEPHONE AND FAX NUMBERS
Childline	tel. 461-1114
Safeline	tel. 638-1155, fax. 637-4211
Rape Crisis	tel. 47-9762, fax. 47-5458.
Lifeline	tel. 461-1111, fax. 461-6460
CPU (Child Protection Unit) (for children under 15)	tel. 592-2601, fax. 592-2649
St John's Hostel	tel. 23-1316, fax. 242-9094
RAPCAN	tel. 685-4103, fax. 685-5259
UWC (Institute for Child and Family Development)	tel. 959-2602, fax. 959-2606
Social Services (Head Office)	tel. 410-3400, fax. 461-0114
Diakonale Dienste	tel. 932-6721, fax. 933-1072
Association for the Physically Disabled	tel. 685-4153, fax. 685-3438
Child Welfare	tel. 761-7130, fax. 797-3390
Hospitals:	
Tygerberg	tel. 938-4911
Groote Schuur	tel. 404-9111, fax. 404-4248
Red Cross	tel. 658-5111, fax. 658-3891
(plus any day hospital, doctor or family planning unit)	
SA Police (for children over 15)	tel. 10111
The Homestead (for street children)	tel. 23-2993, fax. 419-2600

\* Please call to have your service added in future updates of this publication

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## APPENDIX Q: SUMMARY OF FINDINGS

PHASE	GOALS\METHODS	DATA\FINDINGS
<p><b>PHASE 1: Problem analysis &amp; project planning</b></p> <p>Nature and scope of services provided by sexual offenses courts; Characteristics of victims; SW perceptions of CPS; Experiences of child-victims (CV)</p>	<p><b>Identifying and engaging stakeholders</b> - Examining feedback from CPSTP; gaining access to courts (C), social workers (SW)</p> <p>service beneficiaries (B)</p>	<p><b>CPS fraught with problems</b> p.154 p.156 p.157 - Mailed questionnaire to 200 SW - n=94 p.157 - 205 letters out VSSC register - eventual sample n=33 (p.160)</p>
<p><b>PHASE 2: Assessment:</b></p> <p>Information gathering &amp; synthesis -involved examining current state of child abuse management (CAM)</p> <p>* Child Abuse management Protocol (CAMP)</p>	<p>Examine records of sexual offenses courts at CT &amp; Wynberg - Interviews with prosecutors (n=2)</p> <p>Workshop with 25 intermediaries (IM)</p> <p>Characteristics of CV - court study (n=371)</p> <p>Interviews with SW (n=94)</p> <p>Interviews with CV &amp; families (n=33)</p>	<p>p.165-175 Background p.176 - 181 Concerns of prosecutors - poor quality police dockets; incomplete medical forms (J88); poor SW services; conflict of interests; high caseloads; lack of follow-up p.181-185 Concerns of IM - lack of training; poor relationship between SW and legal pros; lack of protection for children p.188-206 Court proceedings took an av of 4-5 mths; av. Age of CV was 12 yrs, mainly girls between 10-17; high no trial rate - few convictions; abuser usually known to victim, often family; no record of follow-up services p.207-209 Procedure p.209-210 Method p.210-238 Flaws in CPS; lack of training &amp; support; no policy; pessimistic re: change p.239-240 Method p.241-266 Generalised findings</p>
<p><b>PHASE 3: Design - Development of protocol (CAMP) 1<sup>st</sup> draft</b></p>	<p>Bi-weekly meetings with PDT</p>	<p>p.267-279</p>
<p><b>PHASE 4: Early development &amp; pilot testing</b></p>	<p>Workshops (W) led by two trained facilitators &amp; presentations (P) - 696 participants; 619 completed questionnaires (Appendix J+K); n=97 in evaluation of protocol International linkages Costing</p>	<p>p.280-301 Responses to CAMP p.293 p.298-302 p.302-303 p.303-304</p>
<p><b>PHASE 5: Evaluation &amp; advanced development - video and audio record of workshops plus facilitators reports</b></p>	<p>Protocol</p>	<p>p.307-308 p.309-311 Discussion as to why protocol was not formally evaluated</p>
<p><b>PHASE 6: Action: Dissemination</b> Final product- protocol</p>	<p>Marketing; targeting potential users beyond the known; engage politicians and policy makers</p>	<p>p.312-314 Preparation for dissemination p.315-320 Barriers to implementation</p>