

PROTECTING OUR CHILDREN AND YOUTH

How social service delivery can prevent crime

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The Departments of Education, Health and Social Development bear the main responsibility for taking care of South Africa's children through the fulfilment of their core functions, as well as various interdepartmental programmes. These services and programmes provide many important opportunities for crime prevention. This article assesses the potential of these three departments to help prevent crime among children and youth up to the age of 18.

The Constitution and various pieces of legislation place substantial responsibilities on the state for service delivery to children and youth. The provision of these services presents important opportunities for crime prevention – opportunities which ought to be met as part of government's role as the ultimate guardian of our children's overall health and well-being.

For Pease, crime prevention "involves the disruption of mechanisms which cause crime events."¹ It is this broad definition of crime prevention that will act as a guide throughout this article. More specifically, the nature of services under review can be understood as 'social crime prevention' – an approach described in more detail in Crawford's typology in Table 1 below, which provides a framework for describing various crime prevention approaches.

The two central questions dealt with in this article are what activities within the core functions of the Departments of Education (DOE), Health (DOH) and Social Development (DSD) may contribute to crime prevention in South Africa, and to what

extent these may serve crime prevention efforts in the country.

A brief overview and assessment of national policy and its potential is provided, and some aspects of delivery are discussed. The article therefore refers to the national departments where policy is intended to be made and evaluated, as opposed to the provincial departments where policy is expected to be implemented.

Children as targets for crime prevention

Much of the crime prevention literature emphasises children and young people as specific targets for proactive efforts to prevent or reduce crime.² Childhood and adolescence are recognised as phases of development during which vulnerability to the factors that may result in offending and victimisation is most palpable.³ The World Health Organisation also notes:

Violence prevention programmes targeted at children or those who influence them during early development show greater promise than those targeted at adults.⁴

Table 1: A typology of crime prevention

	Primary	Secondary	Tertiary
Social	Education and socialisation, public awareness and advertising campaigns, and neighbourhood watch.	Work with those at risk offending: youths, and the unemployed as well as community regeneration.	Rehabilitation, confronting offending behaviour, aftercare, diversion, and reparation.
Situational	Target hardening, surveillance, opportunity reduction/removal, environmental design, and general deterrence.	Target hardening and design measures for 'at risk' groups, risk prediction and assessment, and deterrence.	Individual deterrence, incapacitation, assessment of 'dangerousness' and 'risk'.

Source: Crawford, in E Pelsler, *Crime Prevention Partnerships: Lessons from Practice*, Institute for Security Studies, 2002, p 4.

Risk factors identified in international studies relating to both children and young people include:

- family disruption;
- violence;
- poor parenting;
- poverty;
- inadequate housing and health conditions;
- poor schooling;
- truancy;
- school drop-out or exclusion;
- peer group activities and pressures;
- discrimination; and
- lack of training and work opportunities.⁵

Noteworthy is the fact that many of these factors are also associated with poverty and inequality. Especially in relation to children and youth, it is difficult to distinguish between those strategies – often related to the fulfilment of basic rights – that promote overall well-being and health on the one hand, and prevent crime on the other. Much of the crime prevention literature notes the importance of broader measures to ensure that:

- children are provided with opportunities for fulfilling their basic needs such as food, shelter and clothing;
- children are afforded safe and protective homes and neighbourhoods to grow up in;
- they are offered opportunities through education, support and nurturing, in order that they may fulfil their potential.

Policies and programmes aimed at children and youth

Of the three departments under review, the Department of Education is most centrally focused on children and youth through its General Education and Training (GET) programmes. In terms of the Child Care Act, and other legislation, the Departments of Health and Social Development also cover a broad range of needs relating to these groups.

The key question for those concerned with crime prevention is to what extent these Departments' programmes can reduce the chances that children and young people will either become offenders or victims. The next section briefly reviews the services and programmes each department has committed itself to providing, that can impact on crime.

Department of Education

The DOE provides a range of educational services to children, which includes public schooling, early childhood development services (which are specifically focused on the delivery of Grade R), and catering for those children considered to have 'special educational needs'.

More directly in relation to crime prevention, the national Department of Education houses a school safety sub-directorate, which is mirrored in the

provinces, but with varying degrees of capacity. The DOE also has a national policy on HIV/Aids for learners and educators in public schools and students in further education and training, and runs the primary school nutrition programme, which supplements nutrition to poor children.

Apart from general schooling, further education and training and higher education, other services directed at youth include Adult Basic Education and Training (ABET), and the Expanded Public Works Programme (through early childhood development). The Department's website also states that it runs youth development programmes.

Department of Health

The Department has a national policy on maternal, child and women's health, which includes a programme to provide free health care to children under the age of six. The Department manages an integrated nutrition programme, as well as a programme for the prevention of mother to child transmission of HIV.

The primary health care (PHC) programme includes adolescent and youth health services, in which adolescents are defined as aged between 10 and 19 and youths are aged between 15 and 24. Within the context of its PHC work, the DOH has also published School Health Policy and Implementation Guidelines⁶ as well as the Child Health Policy, and the Child Abuse Policy Framework and Guidelines for Health Workers.

Department of Social Development

In the White Paper on Social Welfare, the Department commits itself to:

...giving the highest priority to the promotion of family life, and the survival, protection and development of all South African children.⁷

The primary contribution of this Department is through its social assistance programme which governs the provision of social grants. The child support grant, the care dependency grant, and the foster care grant are direct measures in support of children. In addition, this Department is also

responsible for child protection and child justice, the overall management of the child and youth care system, and the provision of ECD services to children aged 0 to 4.

The contribution and responsibilities of the Department of Social Development in relation to children is explored in detail by Streak and Poggenpoel.⁸ This Department aims to provide youth development services and has reportedly developed two youth centres providing skills training for young people.⁹

Opportunities and constraints for preventing crime

Budgets and the funding of services

A key problem is that a range of the services under review are in direct competition with one another for provincial funding, especially due to the extension of social security provisions such as the child support grant.¹⁰

While there is no question that poverty alleviation (through the provision of the child support grant) can make an important contribution towards the health and well-being of children and young people, this cannot be at the expense of other more targeted services and programmes. More specifically, other social development services compete for funds within this budget, with social security taking up an average of 92% of social development budgets in 2003/04.¹¹

The funding of service provision is also a challenge. Non-governmental organisations provide the bulk of many of these services, yet they receive only limited funding from government, even in cases where they provide statutory child protection services. Although no comprehensive studies have been undertaken, there are also indications that provinces approach the funding of these service providers differently, which undermines the goal of equitable and accessible services for the country as a whole.

The funding crisis in the non-governmental service delivery sector has been exacerbated by recent decisions to reduce funding to NGOs, as has been the case in Gauteng.¹²

Primary prevention

Primary prevention activities in relation to children and youth may involve general education and information programmes aimed not only at these groups, but more importantly, at their parents and caregivers too. The departments under review provide very few services of this kind, with activities confined to specific annual calendar events in which attention is given to particular issues, such as Child Protection Week.

Whether or not behaviour can be changed through mass media-driven public education messages has been widely debated. Nevertheless, some basic messages, as well as information about basic issues such as rights, how to access services, etc. may help to prevent crime. Messages that emphasise and reinforce current behaviour, or that promote minor behaviour change serve a potentially important role, for example, how to access social security, and promoting the enrolment of young children in early childhood programmes, free schooling, free health care, etc.

The nature of communication is also important. The choice of medium (i.e. radio, television, or print), the language used, and the methods used to communicate are all critical. Many lessons have been learned both locally and internationally regarding the most effective strategies.

Prevention services at this level may also be targeted and specially intended to strengthen the resilience, and increase the life skills, of specific individuals and groups. Examples of this are parenting programmes for young, single mothers, and life and social skills development for adolescents. These programmes – while targeted at specific groups – need to be provided on a mass scale. This raises the question of the role of schools in enhancing skills for resilience.

Early childhood and ECD programmes

International experience shows that early childhood offers seemingly limitless opportunities for preventing crime, as well as a range of other health and social problems. Greenwood notes that multiple positive outcomes are possible from basic, directed investments in early childhood.¹³ More specifically, he points to the potential for achieving increased

emotional or cognitive development for the child, improved parent–child relationships, and improved educational processes and outcomes for the child, among others.

Exploiting the great potential offered by early childhood development (ECD) presents its own set of significant challenges. The first is the vast numbers of children that this service should reach. For example, in 2001, fewer than one-sixth of the estimated 6.4 million children in the 0–7 age range were enrolled in some kind of ECD provisioning, with a little less than half of the 5–6 age group being accommodated (413,000 out of an estimated 960,000 children of this age group).¹⁴ These services – 75% of which are funded through fees – were also largely provided by civil society organisations, meaning that delivery is largely unsupported by government.

The greatest concern, from a crime perspective, is not just the reach of services to children in need, but the nature and quality of services that are delivered. In other words, the services must actually achieve their intended outcomes. At their simplest, outcomes may be defined as serving the “emotional, mental, spiritual, moral, physical and social development of children”.¹⁵

Several questions may be raised about the quality of ECD delivery in South Africa. For the 0–4 age group, there are very limited minimum norms and standards for the content of ECD programmes (although service guidelines do exist). The qualifications of ECD practitioners is also questionable: only 10% of ECD educators were deemed to be appropriately qualified, with a further 15% considered to be “underqualified”.¹⁶

For the 5–6 age group intended to be serviced by the DOE, through Grade R services, the vast numbers of children who should have access remains a challenge. Enormous disparities have also been found between education investments in ECD as opposed to normal schooling. Average per capita spending on ECD is R390.00 with per capita spending in school education averaging R4,243.00.¹⁷ Vast provincial disparities have also been noted in ECD expenditure.¹⁸

These kinds of weaknesses significantly limit the potential of these services to serve their intended purposes, and to prevent crime. Delivery in relation to Grade R alone in the coming years will present a considerable challenge for the DOE.

Given the constraints on education resourcing, the question of how the critical opportunities offered by ECD for building the health, well-being and resilience of children can be taken advantage of remains an open one, with the greatest burden for the 0–5 age group continuing to be one carried by families and civil society organisations. The missed opportunity will be that such services will not be standardised, co-ordinated, equitably funded or quality-controlled. Wildeman and Nomdo summarise the situation eloquently:

...for all its *derived (and therefore secondary) status*, the challenges of ECD are nothing other than the fight for the future of the next few generations of South Africans.¹⁹

Early intervention in relation to children and youth
The term 'early intervention' has been used in South Africa to refer to those services to children and families that should be provided immediately when problems become apparent. Early intervention is a type of 'secondary crime prevention' and it is at this level that opportunities to reduce crime exist. These opportunities hinge on two critical factors:

- the need for vigilance among all those who deliver services to children as to the signs, symptoms and risk factors for offending and victimisation;
- the availability of high quality services to intervene when problems are discovered and thus reduce the risks of further offending or victimisation.

The government services under review include interventions of this nature. For example, the DOH's Primary Health Care (PHC) package of services includes services to children who have been victimised. Similarly, the DSD promotes diversion – a mechanism for directing young offenders away from the criminal justice system into programmes intended to respond to the offending behaviour.

The early detection and diagnosis of behavioural problems in children would in theory enable us to offer services appropriate to their particular needs. The questions, however, are whether professionals working with children are skilled enough to identify and respond to problems, and whether appropriate early intervention programmes are available.

Indications are that existing services are dominated by those relating to child protection, and that few resources are available for the equally important early intervention services. Currently, both government and non-governmental service-providers are forced to choose between these services.

Schools and crime prevention

Critical to the overall protection and development of children and young people is the role of the schooling system. For successful crime prevention, the school system must not only be a successful educator, it should also fulfil a range of other functions:

- ensuring that no harm comes to the children in its care;
- seeking opportunities to intervene when abuse, neglect and other problems are apparent;
- promoting opportunities for children to excel in all aspects of their development and not only in relation to educational achievement.

Activities and programmes that result in children staying engaged in education (as well as the other extra-mural aspects of formal education), are an important vehicle for crime prevention. If this fails, a range of effects may be felt by society. There is evidence that the nature of formal schooling may be unsuited and irrelevant to many children and families that live under particular pressures (e.g. poverty) and that many children may seek alternatives that are more appropriate to their circumstances. One such alternative is disengagement from school and making a living off the street.²⁰

Centrally, it is the responsibility of the DOE to encourage children to stay in school, and when there are signs of disengagement (such as truancy

or drop-outs), it is the responsibility of this Department to take appropriate action.

Programmes that provide for children who have opted out of the formal education system can also help to prevent crime. Children who live on and off the streets, young men who have left school to seek work, and young women who have left school and have become parents, are all important target groups for services. However, whether the three departments under review, as well as those that provide skills and labour, can offer the specialised services required, remains to be seen.

Programmes aimed at offenders

In relation to offending, Loeber et al note that "generations of studies in criminology show that the best predictor of future behaviour is past behaviour."²¹ International studies have also shown that a small number of offenders are responsible for the vast majority of offences.²²

These trends point to the potentially dramatic effects of focusing on those who have already committed crimes. Diversion and probation services are primary examples of such interventions. They are also important examples of how government services can make a direct impact through early intervention, and a means through which the DSD in particular can play a role in preventing crime.

When children come into contact with the criminal justice system after being arrested, they (and their families) are brought to the attention of service-providers, who then have an opportunity to assess their behaviour. This is advantageous because it allows service-providers to intervene and provide services that may reduce the risk of re-offending.

This is undoubtedly an unusual and important opportunity for service-providers in both social development and correctional (prisons) settings. Yet it seems that few services of this nature are being offered, and government funding for the non-governmental organisations involved is very limited. The financial burden for the provision of diversion services is, for the most part, carried by non-governmental service-providers such as Nicro and Khulisa.

While the DSD has made some progress in developing probation services, the numbers of available personnel are still limited, and services to children may possibly be undertaken at the expense of such services to adult offenders. Under these conditions, it seems unlikely that the considerable opportunities for crime prevention will be realised.

Moreover, as with many aspects of service provision already discussed, it is not only the availability of services, but their nature and quality that will determine crime prevention outcomes.

Conclusion

International research is clear that investing in the health, safety and overall well-being of children renders significant returns for society as well as for the prevention of crime. Investments in the well-being of children are also likely to result in multiple positive outcomes, which may include preventing crime.

But in order to reap the benefits of such investments, services must not only be accessible, but also of a sufficient quality. While many opportunities are available to the three departments under review, these are likely to be reduced by the limited reach of services, the poor quality of services, and some institutional arrangements that weaken service provision such as budgets and the nature of funding.

Acknowledgement

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