MISSED OPPORTUNITIES

THE ROLE OF EDUCATION, HEALTH AND SOCIAL DEVELOPMENT IN PREVENTING CRIME

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EXECUTIVE SUMMARY

This monograph assesses the policies, programmes and services provided by the Departments of Education, Health and Social Development, and explores the potential of these for impacting on social crime prevention in South Africa. This study is primarily a policy review that begins with a descriptive overview of crime prevention, and maps some of the central debates in crime prevention. This is followed by a description of intergovernmental relations and government financing of the services under review.

The policies, activities and programmes of the Departments of Education, Health and Social Development are then explored individually. In this regard, an overview of each department's key policies and priorities is provided, and this is followed by a discussion of that department's programmes that relate to the issue of crime prevention.

This discussion is followed by a chapter that deals with the issue of groups that could be specifically targeted for crime prevention, including those targeted by the departments under review, i.e. children, women, youth and older persons.

The monograph concludes with a discussion and set of recommendations based on the preceding assessment. In essence, the main findings are:

- There is a lack of clarity in government about crime prevention as it is discussed here. While it is clear that crime prevention is considered to be important and desirable, social crime prevention in particular seems to be misunderstood, or has multiple meanings and applications depending on which government department is involved. Linked to this has been the over-reliance on law enforcement strategies to prevent crime, with the focus being on the traditional criminal justice government departments. The contribution that may be made by the social service departments, through their core activities, has received far less attention.

- The two most important success factors for crime prevention are programme quality and reach (i.e. the number of people who have

access to services). In relation to many of the services under review, government departments are still grappling with the basics of service provision. Key examples include early childhood development and primary health care – both of which have enormous potential to prevent crime. Due to skills shortages however, the impact of both is currently limited. The challenges of having the necessary skill and capacity to deliver high quality programmes pervade much of the discussion in relation to social services. In relation to the issue of programme quality, key determining factors are: programme content, programme theory, clear outcomes, defining the target groups and how they might be impacted, guidelines providing norms and standards as well as action protocols, the monitoring and evaluation of services, good management of programmes, and effective oversight and complaints mechanisms.

- There are few signs that South Africa is taking advantage of 'leverage points' – or activities that can have many successful crime prevention outcomes. As a country with many priorities and limits on resources, this kind of approach is essential. For example, investing in children, from as young an age as possible, through programmes that ensure their overall health and well-being, is known to create multiple positive outcomes. Yet this philosophy does not seem to permeate the system of service provision. Other leverage points that are not being exploited even though we know they have great crime reduction impact are probation services, diversion, and offender reintegration services.

- Creating space in government budgets for the 'leverage points' discussed above is also a challenge. Many of the other services provided by the Departments of Health, Education and Social Development are being crowded out by provincial social security services. The pressure on these Departments to deliver on some very basic services also significantly reduces their ability to contribute to crime prevention. Mechanisms must be found to ring-fence budgets for specific programmes in order that they are not sacrificed to other needs. The provision of conditional grants to augment specific social crime prevention services is a strategy that should be considered.

- Overall, the information used by government for crime prevention planning is relatively weak. The official SAPS crime statistics are inadequate for crime prevention practitioners, as more and different information is required in order to implement crime prevention programmes. Information about the nature and patterns of victimisation, collected on a regular basis, is essential for programme planning.

Further disaggregated information relating to the different vulnerable groups served by the departments under review, e.g. children and the elderly, also needs to be collected.

- There is considerable experience and expertise in social crime prevention among civil society organisations, yet there are few avenues for these to benefit government programmes. Civil society organisations have made significant inroads into understanding what works in relation to social crime prevention, and the question is whether these new approaches can be integrated into general government service delivery, and if government can take these projects to a greater scale.

- The role for public education programmes in preventing crime prevention has received some attention internationally. This is, however, not the case in South Africa. Although there has been much debate regarding the extent to which behaviour can be changed through public education messages in the mass media, some basic messages about issues such as rights, how to access services, etc. may also serve a crime prevention agenda.

CHAPTER 1
INTRODUCTION

The sheer utopianism offered by the idea of crime prevention is what makes it so compelling. The prospect that one could change a potentially destructive course of events and avert great harm is indeed the stuff of fantasy. Yet, on closer examination, reality must set in. Preventing crime is an intimidating enterprise, requiring consideration of issues such as social context, inequality, gender, law enforcement, human rights and development, among others. It is therefore a project in constant development – raising many more questions than providing answers.

The confounding nature of crime prevention derives from the confounding nature of crime itself. The notion of crime may seem uncontested, but it applies to a range of different behaviours that vary according to place and time, and have different causes and consequences. It is therefore a moving target, on a complex and changing landscape.

In South Africa, our engagement with crime prevention thus far has been brief, but eventful. Since the formal introduction of the idea into the policy arena by the National Crime Prevention Strategy (NCPS) in 1996,[1] there has been much debate, some experimentation, and a great deal of learning about the idea and what it means in our context. This monograph aims to contribute to the process of building knowledge about crime prevention and its meaning in our environment.

The monograph will examine the policies, programmes and activities of the three primary government social service departments – Education, Health and Social Development – from a crime prevention perspective. These departments bear the primary responsibility for providing for the overall well-being of South Africans. Crucially, these departments find themselves at the frontline of responding to the continuing social legacies of past policies, and to the challenges created by current conditions.

While there has been some discussion about the role of the criminal justice government departments in relation to crime prevention, little in-depth attention has been given to the role of the social service departments. This

monograph seeks to map that terrain, identifying the potential for crime prevention activities and central leverage points within each sector. As such, this monograph is based on the assumptions that:

- interventions in the social arena covered by these departments have the potential to prevent or reduce crime;
- government is a critical actor in relation to crime prevention; and
- it is within many aspects of the core policies and programmes of these departments that potential for crime prevention may be found.

Central to this discussion is the examination of policy, and the potential for crime prevention to be achieved within the current policy framework. It is therefore focused on national government departments. However, given the intergovernmental relations characterising the three social services functions covered here, and the provinces' role in service delivery, one cannot avoid some discussion of these aspects.

It must, however, be noted that this is not an analysis of delivery by these departments, or the impact of their services. More accurately, this is an analysis of what potential may exist within the policies, programmes and budgets of the three departments concerned. In this regard it must be noted that with national policy as the object of analysis, it is difficult to reflect the considerable variations that may exist in the implementation of that policy at provincial level.

Why these departments?

Governments are subject to a myriad of demands and pressures. In South Africa, these demands are as vast as they are diverse, and include access to basic services, the equitable distribution of services, the fulfilment of human rights, etc. Responding to crime is but one of these many demands. Given this, the first question to consider is why the social services departments are of interest in relation to crime prevention. The prevention of crime is an activity that is usually associated with the criminal justice system. In that context, crime prevention refers to actions taken in response to crime such as visible policing, improving efficiency in the courts, and issuing harsher prison sentences. However, enforcing the law and promoting safety are not necessarily the same – instead they are merely associated concepts.

South Africa's political transition in 1994 challenged the criminal justice system's capacity to respond to crime. It was through the National Crime Prevention Strategy that policy officially embraced some fundamental shifts. The first shift was the recognition that policy in relation to crime did not have to be reactive, and that the potential existed for proactively averting criminal events. The second shift was the acknowledgement that crime is caused by a range of social, political, economic and other processes, as much as by opportunity and environment.

Therefore, avenues for action may be found in spheres other than the criminal justice process. Related to this was the idea that criminal justice agencies are limited in their ability to prevent crime, and that other government departments and non-state agencies may be better placed to effectively prevent crime.

It is both these shifts that render the activities of the Departments of Education, Health and Social Development of great interest from a crime prevention perspective. These trends are not specific to South Africa, and have been identified internationally.[2]

The three departments in question are also decisively positioned in relation to several key issues facing the South African government. Poverty, inequality, HIV/AIDS and crime represent some of the country's most pressing social concerns and these departments are at the forefront of government's response. It is also true that when government policies are miscalculated or fail, especially in the arena of broad economic policy, it is these departments that must deal with the fallout. Their activities represent the core of the country's development aspirations and a great deal is expected of them.

Most obviously, these departments are best placed to make a contribution to what is termed 'social crime prevention' and, as such, are important objects of inquiry. The idea of social crime prevention, and related crime prevention approaches such as law enforcement and environmental design, will be discussed in greater detail in the next chapter.

Also of interest is the fact that in the post-apartheid period, each of these departments has embarked upon fundamental shifts representing national aspirations for a transformed society. These new ideas, such as outcomes-based education (OBE) and primary health care (PHC), may offer important opportunities from a crime prevention perspective and will be examined in some detail later.

Structure of the monograph

Given the nature of this study, an attempt will be made to offer as broad an analysis as possible of the policies and activities of these departments as they relate to crime prevention. Central to this exercise is developing an understanding of crime prevention itself, and this will be dealt with first. There is an inherent difficulty in defining crime prevention. While the idea may seem simple, there are some descriptive and definitional issues that raise a range of contradictions and conflicts. These are presented in the next chapter.

It would be difficult to discuss the functions of the three departments under review without a broad understanding of inter-governmental relations, and the expectations of how these three types of services are to be provided. Therefore, Chapter 3 provides an overview of intergovernmental relations in relation to the delivery of education, health and social development services. This includes a discussion of the financing of these services.

Discussing the services of these departments as distinct from one another is difficult because more than one department may have responsibilities in relation to the same service (e.g. poverty, substance abuse), and may identify the same target group for intervention (e.g. women, children). The discussion relating to services is therefore structured as follows. One chapter is dedicated to each of the departments. Chapters 4, 5, and 6 deal with the Departments of Education, Health and Social Development respectively, with an individual analysis of each, and the policies and programmes that relate to crime prevention. When a service is provided by two or more of the departments under review, for instance addressing poverty, the discussion relating to crime is not repeated in each of these chapters but is confined to the chapter covering the department that provides the 'lead' service (in the case of poverty, for example, this would be the Department of Social Development).

Given that these departments identify target groups for services, and that this approach is also taken by crime prevention practitioners, Chapter 7 discusses the specific groups that social services are commonly targeted at, and how this relates to crime prevention. This chapter deals specifically with women, children, youth, the elderly and victims.

The following questions will be addressed in the four substantive chapters noted above:

- How do these departments define their role in relation to crime and crime prevention?

- Do these departments identify specific crimes that they seek to prevent or reduce?

- What assumptions do departments make in relation to the causes of crime?

- What policies, programmes and activities of these departments may contribute to a crime prevention agenda and how? How do they relate to international evidence of 'good practice'?

- What further opportunities are there for these departments in this regard?

- Who are services directed at?

- What indicators have these departments established to assess success?

Chapter 8 is the final chapter, and provides an overview and recommendations.

Methodology

This is primarily a desk-top study, and relies on a review of policy documents and other research relating to each department that can be found in the public domain. The range of documents reviewed include:

- the Constitution;
- national legislation;
- national policy documents;
- strategic plans;
- annual reports;
- budgets;
- minutes of parliamentary portfolio committee meetings;
- ministerial speeches;
- press releases;
- government reports; and
- research documents.

Attempts have been made to utilise the most recent official documents that are available. It should be noted that while older policy documents may exist, it is assumed that recent annual reports and strategic plans more accurately reflect the departments' current priorities. While the minutes of parliamentary portfolio committees are referred to in some

cases, this is done with caution, given that these are not an official record of these meetings.[3] When these are quoted, attempts are made to refer to official information such as the presentations made by government officials.

Limitations of this study

This study does not attempt to assess the impact of these departments' policies and programmes, but provides an analysis of their potential in relation to crime prevention. Clearly, delivery and impact can only be assessed through in-depth research into provincial delivery of programmes and their actual outcomes.

It is also not within the scope of this monograph to offer any comprehensive comment on civil society initiatives to prevent and reduce crime. Some such initiatives will be mentioned in the text as they may relate to the department and activity under discussion, but this will by no means offer any comprehensive review.

It should also be noted that this monograph is primarily about the core functions of these departments, rather than inter-departmental programmes and inter-sectoral cooperation. While some comment will be made about some inter-sectoral programmes, for example, as they relate to the government 'clusters', this is not a focus of the analysis.

Terminology

Intergovernmental relations in these three departments, with policy-making and monitoring taking place primarily at national level, and delivery at provincial level, makes discussing the two levels of government difficult. The terms 'Department of Health', 'Department of Education' and 'Department of Social Development' and their abbreviations DoE, DoH and DSD will be used to refer to all services, both national and provincial. Where reference is made specifically to national or provincial services, this will be stated.

It should be noted that when the term 'government programmes' is used, this does not refer to specific budget programmes in the different departments. Rather, this term is used more broadly to cover policies, programmes, projects and other activities undertaken by a specific department.

Notes

1 Department of Safety and Security, *National Crime Prevention Strategy*, Department of Safety and Security, Pretoria, 1996.

2 I Loader and R Sparks, *Contemporary Landscapes of Crime, Order and Control: Governance, Risk and Globalisation*, Oxford University Press, Oxford, 2002.

3 The minutes used are those published by the Parliamentary Monitoring Group, <www.pmg.org.za>. These documents have no official status as a record of proceedings.

CHAPTER 2

CRIME PREVENTION: DEFINITIONS AND DEBATES

As noted in the previous chapter, crime prevention has always been a difficult concept. Much of its opaque nature derives from the difficulties presented by the idea of crime itself, and the range of theoretical and conceptual disputes that permeate its study. This chapter intends to offer a set of tools for working with the idea of crime prevention, in order to contextualise the discussions that follow. The objective is not only to offer some organising frameworks, but also to briefly introduce some of the central questions and debates that influence the crime prevention enterprise.

What is crime prevention?

For Pease, crime prevention "involves the disruption of mechanisms which cause crime events".[1] The main body of crime prevention literature attempts to define what mechanisms may cause crime events and consider how

Box 1: United Nations Guidelines for the Prevention of Crime, that describe crime prevention

Crime prevention encompasses a wide range of approaches, including those which:

(a) promote the well-being of people and encourage pro-social behaviour through social, economic, health and educational measures, with a particular emphasis on children and youth, and focus on the risk and protective factors associated with crime and victimisation (prevention through social development or social crime prevention);

(b) change the conditions in neighbourhoods that influence offending, victimisation and the insecurity that results from crime by building on the initiatives, expertise, and commitment of community members (locally-based crime prevention);

(c) prevent the occurrence of crimes by reducing opportunities, increasing risks of being apprehended and minimising benefits, including through environmental design, and by providing assistance and information to potential and actual victims;

(d) prevent recidivism by assisting in the social reintegration of offenders and other preventive mechanisms (reintegration programmes).

Source: United Nations Commission on Crime Prevention and Criminal Justice, ECOSOC, Report on 11th Session, United Nations, Geneva, 2002.

Box 2: Crime prevention framework – Brantingham and Faust

Primary prevention

Strategies directed broadly at the general public that seek to educate and inform as a means of reducing the possibilities of offending or victimisation.

Secondary prevention

Strategies intended to intervene with those believed to be at risk of involvement in crime or victimisation, with a view to intervening early and reducing the possibilities of further offending or victimisation.

Tertiary prevention

Strategies that are directed at those already involved in crime, that seek to prevent further involvement in crime.

Source: P Brantingham and F Faust, A Conceptual Model of Crime Prevention, Crime and Delinquency 22, 1976, pp 130 – 146.

these may be disrupted. Various frameworks have been offered to aid our understanding of crime prevention. Three of these are explored here.

The first framework is reflected in the United Nations *Guidelines for the Prevention of Crime* developed through ECOSOC in 1997, which offers a description of crime prevention that is listed in Box 1.

It should be noted that while this description does refer to the reintegration of offenders, there is no specific discussion of the role of the criminal justice

Box 3: Crime prevention framework – Crawford

	Primary	Secondary	Tertiary
Social	Education and socialisation, public awareness and advertising campaigns, and neighbourhood watch.	Work with those at risk of offending: the youth 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, cited in E Pelser (ed), Crime Prevention Partnerships: Lessons from Practice*, Institute for Security Studies, Pretoria, 2002.*

system in relation to crime prevention. This monograph deliberately seeks to take as broad a view of crime prevention as possible and therefore examines any or all actions taken by the government departments under review that may result in the reduction of crime. The criminal justice process will be included in this assessment.

The second framework was developed in the public health sector and provided the basis for earlier thinking about crime prevention. It organises crime prevention interventions in terms of the typology provided in Box 2.

The third framework takes a broader view of crime prevention and builds on the model above, recognising that interventions could be of a social or situational nature (Box 3).

Key issues when considering crime prevention

Why prevent crime?

While the answer to this question may seem self-evident, it is important to note that a range of concerns may motivate the need to prevent or reduce crime. Safeguarding the lives and bodily integrity of individuals, protecting property, improving quality of life, increasing access to livelihoods, enabling people to access services, and enabling the exercise of basic rights, are all examples of these concerns. Given that the outcomes of initiatives may differ from the original intentions, making these motivations for crime prevention more apparent often enables one to explore the political nature of crime prevention.

Disaggregating 'crime'

As stated earlier, the difficulties related to defining crime complicate the discussion about crime prevention. Probably the only common characteristic shared by behaviours labelled as 'criminal' is their prohibition by law. Given that laws serve different purposes, and that they change over time and place, 'crime' is not a particularly useful concept to work with when it comes to developing interventions.

One approach is to dissect 'crime' into manageable pieces. One may focus on specific kinds of behaviour that are deemed to be problematic, e.g. particular kinds of violence, and then consider what needs to be done to

reduce their occurrence. Other ways to do this may be to focus on certain target groups known to be vulnerable to offending or victimisation, e.g. children. While this kind of disaggregation may produce new issues to resolve, it offers greater opportunities to understand the mechanisms that result in a criminal event, referred to earlier by Pease.

It should be noted at this stage that, internationally, little work is available relating to the prevention of some kinds of crimes. Problems such as corruption, fraud, and organised crime, for example, have received relatively little attention and this kind of disaggregation may also draw attention to this problem.[2]

Aims vs. outcomes

Probably one of the most exasperating aspects of the crime prevention enterprise is acknowledged by Sherman in his statement: "crime prevention is defined not by its intentions but by its consequences."[3] This refers to the fact that many different activities or interventions may result in the prevention or reduction of crime. The analogy used by Sherman is instructive:

> Flame is a result. Matches are only one tool for achieving that result. Other tools besides matches are well known to cause fuel to ignite into flame, from magnifying glasses to tinder boxes.[4]

This raises interesting questions. First, if we accept that many different actions or combinations of actions may result in the prevention of crime, how can we analyse policy and say with any level of confidence that some actions will prevent crime above others? Second, how do we avoid the problem at the other end of the spectrum, where just about anything may be considered to prevent crime, and what stops us from defining just about everything as crime prevention? These problems apply directly to the analysis of government service delivery. The answers lie in developing a broader vigilance of all kinds of social interventions, and focusing on intentions and methods as well as results.

It should be noted that defining crime prevention outcomes is also a difficult and value-laden process. Aiming for zero property crimes is obviously unrealistic, but how does one decide what are 'acceptable' levels of property crime in a neighbourhood? And when it comes to young offenders, would a programme that reduces the number of burglaries committed a month from ten to two be considered appropriate and successful?

Crime prevention and criminological theory

It should also be noted that one's perceptions of crime are shaped by the particular theoretical paradigms to which one subscribes.[5] Criminological theory offers views on a range of issues, including the causes of crime, how the state is understood, the role of civil society, and most importantly, how criminal behaviour may be resolved.

This is important because different theoretical views may offer radically different responses to the very same set of behaviours. Theft may be understood as the result of a rational choice made by the offender to benefit him/herself, while it may also be understood as a natural behavioural response in a society with high levels of income inequality. Depending on which theory is favoured, crime prevention interventions may be very different.

Theory also emerges as an important concern when designing crime prevention programmes. It has been noted that a weakness in South Africa has been the inability of practitioners to articulate the theoretical premises upon which their interventions are based. Practitioners are unable to say what assumptions they have made about the crime in question, and what characteristics of their particular intervention will lead to crime being prevented or reduced.[6]

Crime causation and crime prevention

As illustrated in the discussion above, crime prevention interventions are often defined and dictated by one's theory of what causes crime. Changing the often deep-seated causes of crime may, however, not be possible for many practitioners. Tackling the causes of crime is therefore, just one way to approach the task of prevention. Another possibility is to intervene in the situation or environment where a crime could occur, and attempt to make it more difficult for the crime to be committed. This is the primary difference between the social and situational interventions described in Crawford's model above.

Context and crime prevention

Context and crime prevention relate in profound ways. Firstly, context dictates the range of interventions that are available, and this is often a contested area. In South Africa, for example, deterrents to criminal behaviour

such as the death penalty and corporal punishment are excluded under the Constitution. Other strategies are not directly prohibited but may raise some debate if considered as a crime prevention measure e.g. chemical castration of sex offenders.

Secondly, context is a critical factor in dictating the outcomes of crime prevention interventions.[7] Much has been written about strategies that may work, but outcomes are context-bound and the result of various factors at play in a particular location. These factors could include everything from the individual personalities involved in implementing an intervention, to the characteristics of the beneficiaries, to the geography of the terrain involved. This implies not only that programmes may be difficult to replicate, but also that programme design and evaluation have to be fairly sophisticated in order to understand the effects and impact of interventions.

Thirdly, in relation to context, are the complexities that result from the fact that a criminal economy may exist wherever crime prevention interventions are implemented. The complex system of risk and reward that relates to the criminal economy is often the least understood aspect of community-based interventions to prevent crime, yet often represents the strongest set of factors that maintains crime levels.

'Actual' vs. perceived levels of crime

A great deal of criminological research indicates that while crime is a problem, public perceptions about crime is a phenomenon that must be considered independently from actual levels of crime.[8] The fear of crime is one aspect of this complex phenomenon. It has been noted that fear of crime is often far in excess of actual crime levels and is experienced by many people who may never become victims. Given that these perceptions about crime (and about government responses to crime) drive the behaviour of citizens, it is argued that crime prevention efforts should prioritise these perceptions as much as they do the actual levels of crime.[9]

Crime prevention and human rights

Situations in which the reduction of crime are urgent or a high priority for government are likely to threaten the human rights of those who have committed crimes or who are accused of committing crimes. This is due to a number of factors such as the need to respond quickly to public pressure,

the need to ensure punishments that are believed to sufficiently deter (harsh prison sentences, the death penalty), and the need to 'avenge' the crime (also through harsh penalties).

Research indicates that high crime environments are likely to result in the erosion of human rights as efforts are made to reduce criminality.[10] This is particularly the case when tough law enforcement approaches – which most readily respond to public and media sentiment to 'get tough' on crime – are used to the detriment of other prevention approaches.

Interventionism vs. 'doing nothing'

Like all work that takes place in the social sphere, crime prevention interventions may have a wide range of effects. They may reduce crime, they may create new problems, they may exacerbate current problems, they may displace problems, or they may have no effect at all. The tendency to become interventionist in relation to crime must be tempered by the recognition that all interventions have unintended consequences, some of which may be disastrous. This demands that all problem solving in relation to crime should consider all the options first, including the option of doing nothing, before leaping in to intervene. This requires that we draw on our ability to predict and project the range of outcomes of interventions; and that we actively apply this learning to future activities. This kind of knowledge comes only from careful monitoring and evaluation of all crime prevention interventions.

Crime prevention vs. crime reduction

Speaking about the 'prevention' of crime presents a significant problem in relation to measurement. In terms of evaluating impact, it requires that researchers count events that have *not* happened—an impossible task. The term 'crime reduction' comes to the rescue in this regard, as it enables one to count crime events before and after an intervention and to allocate any positive effects. For the purposes of this monograph, no serious difference will be attributed to these terms and they will be used interchangeably.

Using information in crime prevention

The discussion thus far has pointed to the contested and complex nature of crime prevention, raising the need for great care when working with

the idea. As a result, it is critical that information relating to crime prevention is generated and used in a systematic and sustained way. This has, however, emerged as a significant weakness in crime prevention interventions in South Africa thus far.[11] While this may be a general malaise, its importance cannot be overemphasised if we are to see returns on crime prevention investments.

Risk and resilience

One of the dominant international tools for working with crime prevention interventions is the idea of risk and resilience. This approach suggests that there are a number of individual, social, environmental, economic and political factors that, alone or in combination, result in individuals or groups being at higher risk of becoming offenders or victims. For example, risk factors for youth crime include family disruption, violence, poor parenting, poverty, inadequate housing and health conditions, and poor schooling.[12]

This approach holds that there may also be factors that promote resilience among individuals in high-risk situations. These are referred to as 'protective factors'. Using this approach, crime prevention may be thought of as the successful reduction of risk factors, and the strengthening of protective factors.

The chapter argues that, as social policy, crime prevention is a precarious endeavour, requiring that we hold many ideas in tension, and that we maintain open and inquiring minds. The intention is not to scare off potential crime prevention entrepreneurs, as creative action in this field is desperately needed.

Notes

1 K Pease, Crime Prevention, in M Maguire, R Morgan and R Reiner (eds), *The Oxford Handbook of Criminology,* 2nd Edition, Oxford University Press, New York, p 963.

2 U Zvekic, International Cooperation in Crime Prevention, The South African Crime Prevention Report – 2003, conference hosted by the Alliance for Crime Prevention, 2–3 December 2003.

3 L Sherman et al, *Preventing Crime: What works, What doesn't, What's promising*, National Institute of Justice, Washington, 1998.

4 Ibid, p 33.

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6 R Griggs, *Lessons from Local Crime Prevention*, Open Society Foundation for South Africa, Cape Town, 2003.

7 R Pawson and N Tilley, *Realistic Evaluation*, Sage Publishers, London, 1998.

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9 Ibid.

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11 C Frank, What Have We Learned? Social Crime Prevention in South Africa, *SA Crime Quarterly,* No 6, Institute for Security Studies, Pretoria, 2003.

12 M Shaw, *Investing in Youth: International Approaches to Preventing Crime and Victimisation*, International Centre for the Prevention of Crime, Quebec, 2001.

CHAPTER 3

INTERGOVERNMENTAL RELATIONS AND THE FINANCING OF SERVICES

The purpose of this chapter is to offer background information regarding the structure and financing of government service delivery as it relates to the three departments under review. The provision of social development, health and welfare services is a provincial competency and the three departments therefore function differently than the national functions of justice, police and corrections. The intention of this chapter is to provide a foundation for the discussions that follow in Chapters 4 to 7.

The chapter begins with a description of the relationship between national, provincial and local government, looking specifically at the delivery of social services. This is followed by a discussion on the structures and procedures for the financing of government services. The chapter concludes with an overview of spending on social services.

National, provincial and local government

Concurrent responsibilities

The three departments that are the subject of this analysis share the characteristic that their functions are identified by the Constitution as being 'concurrent' national and provincial responsibilities. This means that the legislative competence for education, health and social development services is divided between the national and provincial levels of government, with each performing very specific functions.

Schedule 4 of the Constitution sets out those activities that are within the realm of provincial government in Part A.[1] The largest concurrent functions shared by national and provincial government are identified as education (excluding tertiary education), health services, social security and welfare services, housing and agriculture.[2] This is expected to change as social security is set to become a centralised function with the recent establishment of a national agency for this purpose. The Constitution also provides for other matters that are national or provincial responsibilities to be delegated

to local government through legislation, which is the case for the delivery of some health services.

Within this framework, national government is largely responsible for: "Providing leadership, formulating policy, determining the regulatory framework, including setting minimum norms and standards, and monitoring overall implementation by provincial governments".[3]

Provinces are primarily responsible for implementation in accordance with the nationally determined framework. Given these different responsibilities, the provincial departments have large budgets for service delivery, while the national departments have a smaller allocation.

Exclusive responsibilities

Some services are deemed by the Constitution to be the exclusive responsibility of a specific level of government. The responsibilities of local and provincial government in this regard are listed in Schedule 5 of the Constitution. Examples of exclusive provincial functions are: abattoirs, ambulance services, libraries other than national libraries, and liquor licences.[4] Exclusive functions of local government include beaches and amusement facilities, cemeteries, funeral parlours and crematoria, cleansing, municipal roads and traffic bylaws.

The exclusive functions of national government include national defence, the criminal justice system, higher education, water and energy, and administrative functions such as home affairs and the collection of taxes.[5]

Principles underlying the governmental system

The National Treasury notes that while the Constitution entrenches the idea of cooperative governance, it does not specify how this is to be achieved.[6] Coordination of policy, budgeting, planning and implementation, and reporting between the tiers of government, as well as between technical, executive and legislative levels within a sphere, is critical. According to the National Treasury, the seven principles that underlie the inter-governmental system are accountability and autonomy, good governance, redistribution, a broadened access to services, revenue-sharing, vertical division, and responsibility over budgets.[7]

Financing of national, provincial and local government services

The Intergovernmental Fiscal Relations Act regulates the relationship between national, provincial and local government in relation to financing.[8] The system for financing is a revenue-sharing model in which funds allocated to provinces and local government are related both to their comparative ability to raise revenue and the nature of spending that is required in terms of constitutionally determined responsibilities.

Revenue generation

National government revenue is raised primarily through taxes, i.e. corporate and personal income taxes, VAT, fuel and excise levies.[9] It should be noted that both provincial and local governments have the potential to generate revenue. There is, however, more potential for this in relation to local government as more local functions lend themselves to cost recovery than do functions of provincial government (the latter being primarily responsible for the delivery of social services). Provinces raise about 4% of their revenue, while municipalities collect between 60-95% of their own revenue. Two thirds of their activities such as water, electricity and refuse removal are self-funded.[10]

The total consolidated national government expenditure, inclusive of debt service costs in 2004/5 was R368.9 billion (R327 billion raised in revenue, and R41.9 billion in borrowing). Of this amount R316 billion was available for spending after R50.4 billion was set aside to service debt, and a further R2.5 billion was allocated as a contingency reserve.[11]

Division of revenue

The division of revenue vertically between the three spheres of government is an important process, given the different responsibilities placed on the three tiers of government, and the relative capacity of each to generate revenue. The 'division of revenue' refers to the budget allocations that are made across different levels of government, and is a process that occurs on a yearly basis, confirmed in legislation by the Division of Revenue Act.

To illustrate, in 2004/5, 57% of the consolidated budget was allocated to the provinces, amounting to R181.1 billion. This financed 97% of provincial

expenditure (which in this period totalled R186.5 billion), with the remaining 3% being generated by provincial revenue. A further 5% of the national budget was allocated to local government, funding about 10% of the local government budget.[12]

The share going to each province and municipality is made up of two parts—that province or municipality's 'equitable share' allocation, and conditional grants that are provided by the national government. As indicated by the name, these grants are for delivery in relation to specific national government programmes. In 2005/6, R135 billion will be distributed between the provinces in terms of the equitable share formula, and R75 billion in terms of conditional grants.[13]

The provincial government 'equitable share'

The equitable share that provides the horizontal division of revenue across the provinces is determined by a formula that "considers indicators of relative need and past expenditure patterns".[14] The formula assigns a relative weighting to the three social services areas – education, health and welfare—as well as four other considerations, namely basic share, backlogs, economic output and institutional capacity. For example, in 2004, Limpopo was allocated 21% of the total provincial allocation (aside from conditional grants), while the Western Cape was allocated 9% and the Northern Cape 2%.[15]

In terms of spending, provinces have the discretion to allocate their equitable shares, and are intended to do so by taking into account nationally-agreed priorities. As national and provincial strategic plans become aligned, especially relating to social service delivery, it is anticipated that provincial delivery will become better aligned with national priorities.

The local government 'equitable share'

The local government equitable share is the transfer made to local government, among a system of transfers, by national government. Local government is also able to generate its own revenue, which is an additional revenue stream. The Division of Revenue Act governs the Local Government Equitable Share, and allocations are made by national government in terms of a complex range of considerations.

Accountability and reporting

The government's Medium Term Expenditure Framework (MTEF) contains the three-year spending plans of national and provincial departments, and includes transfers to provincial and local government. It has been noted that the value of this approach is that it encourages and strengthens the alignment between policy and budgets at all levels of government.

The Public Finance Management Act makes provision for government departments to develop strategic plans and set in place systems for strengthening financial management and accountability.[16] Part of this requirement is the presentation of annual reports detailing departmental activities for the year.

These form part of a series of reforms intended to improve planning, enhance transparency, and strengthen accountability in relation to public service delivery.[17] Further reforms in this regard relate to strengthening of the alignment between strategic plans, budgets and annual reports and the strengthening of these systems, particularly at local government level.

Spending on social service delivery

The National Treasury stated the following of the 2004 provincial budgets: "they reflect a strong alignment with national priorities and a commitment to sustainable service delivery".[18]

In 2003/4, total spending on social services (education, health and welfare services) in the provinces amounted to R139.7 billion, making up 82% of total provincial expenditure. This share is expected to rise over the MTEF, to reach 83% in 2006/7. While this aggregate figure shows an increase, it should be noted that there are differences between the provinces, with provinces such as Gauteng, the Northern Cape and the Western Cape showing a downward trend.

Specific programmes and spending relating to education, health and welfare services will be discussed in more detail in the relevant chapters that follow.

Notes

1 The Constitution of the Republic of South Africa, Act No. 108 of 1996.

2 National Treasury, *Intergovernmental Fiscal Review*, National Treasury Pretoria, 2003, p 5.

3 Ibid, p 5.

4 The Constitution of the Republic of South Africa, Schedule 5, op cit.

5 National Treasury, *Trends in Intergovernmental Finances 2000/1–2006/7*, National Treasury, Pretoria, 2004, p 2.

6 Ibid.

7 For more on these principles see National Treasury, *Trends in Intergovernmental Finances 2000/1–2006/7*, op cit.

8 Intergovernmental Fiscal Relations Act, Act 97 of 1997.

9 National Treasury, 2004, op cit, p 5.

10 National Treasury, 2003, op cit, p 4.

11 National Treasury, 2004, op cit, p 4.

12 Ibid.

13 T Manuel, Budget Speech 2005, Parliament, 23 February 2005.

14 E Coetzee and J Streak, *Monitoring Child Socio-Economic Rights in South Africa*, Idasa, Cape Town, 2004, p 242.

15 The Division of Revenue Act, Act No 5 of 2004.

16 The Public Finance Management Act, Act No 1 of 1999.

17 National Treasury, 2003, op cit, p 7.

18 National Treasury, 2004, op cit, p 11.

CHAPTER 4
EDUCATION[1]

The obligation to provide for the education and training of a nation is not only about being entrusted with its intellectual future, it is about the equally weighty responsibility of building the nation's economic potential and enabling its international competitiveness. Responding to the education needs of a society as large, complex and diverse as South Africa is by no means a modest undertaking, even without considering the challenges created by apartheid's particular use of the education system.

Since 1994, the Department of Education has faced the challenge of transforming this system to ensure that it provides education and training that harnesses the potential of all. This has entailed creating equality of access, while transforming the fundamental nature and quality of services, not only for the purposes of redress but in order to create the skills and capacities necessary to take South Africa into a fast changing, increasingly globalised world.

The national and provincial Departments of Education have vast responsibilities and their mandates extend from early childhood development, to school education, further education and training, and higher education. Education consumes the largest share of the national budget, and on a daily basis, boasts a great reach into the lives of South Africans. The national Department of Education noted in 2001 that 30 in every 100 people in South Africa were learners in the South African education and training system.[2]

From a crime prevention perspective, education services offer particular potential. The nature of the services provided, their reach, and those most often targeted (children and young people) offer important opportunities. Schools, in particular, represent that critical link between family and communities, and as such are vital access points for reaching children who may be at risk.[3]

There is another side to this coin, namely that this level of access to children, and citizens more broadly, makes recipients of services unusually vulnerable to victimisation and harm when system failures and deficiencies occur. The potential for the prevention of crime, and for these services to contribute to

the overall well-being of those who use them, relate to the nature, quality and reach of these services, all of which continue to be key challenges for the Department of Education.

The Department's range of services is too vast to consider in its entirety in relation to crime prevention. Selected issues are therefore discussed below, with a bias towards the 'general education and training' stream. This in no way suggests that there may not be great opportunities for crime prevention within other aspects of education provision.

Overview

The Department of Education's central tasks were set out in a series of policy documents and legislation in line with the aspirations for education articulated in the Constitution. The principles of equity, participatory governance, quality, efficiency and effectiveness formed the foundation for this new framework for education.[4] One of the most fundamental changes, to which many other changes were related, was the development of the National Qualifications Framework (NQF). The NQF is:

> …a set of principles and guidelines in which records of learner achievement are registered, to enable national recognition of acquired skills and knowledge, thereby ensuring an integrated system that encourages lifelong learning.[5]

Importantly, the NQF attempts to move the measurement of achievement in education and training away from inputs made through teaching, towards actual learning outcomes. This philosophy, known as outcomes-based education (OBE), provides the foundation for the new approach to education delivery.

Entering the third term of democratic government, the new Minister, Naledi Pandor, articulated the Department's priorities as follows:

> Over the next five years, the Department of Education will focus on consolidation. The education system has strong policies, from general education through to higher education. The hard work has been done and the challenges ahead mainly require the harnessing and consolidation of programmes that are already underway. Quality improvement throughout the system will remain high on the agenda over the next five years…Our vision means that we must place the learning enterprise at the heart of our national project of change.[6]

In terms of the challenges that remain for the Department of Education, the National Treasury noted that advancing equity in the allocation of public expenditure, enhancing the quality of teaching and learning, strengthening the teaching of science and mathematics, and reinforcing active participation in school education through school governing bodies are issues of central concern.[7] Given that equity, efficiency, quality, effectiveness and democracy were issues identified by the Department as its transformation agenda as far back as in 1994, it can be assumed that these issues will continue to be on the agenda for some time to come.[8]

Department of Education's legislation and policies

The Constitution makes provision for the right to basic education.[9] It should be noted that this right (and other basic services) are unqualified by resource constraints as well as by the idea of progressive realisation of rights.[10] 'Basic education' is defined by the *Education White Paper 1 on Education and Training* as from Grade R to 9, which would entail the completion of a General Education Certificate.[11]

Since 1994, the Department has progressively introduced a range of changes through legislation such as the South African Qualifications Authority Act (SAQA);[12] the Further Education and Training Act;[13] the Adult Basic Education and Training Act;[14] the Employment of Educators Act[15] and the South African Council for Educators Act.[16] In particular, the South African Schools Act, and several white papers on education that respond to issues such as early childhood development, higher education and special needs education, are relevant to crime prevention. The specific policies and laws relating to this discussion are outlined below.

Box 4: Vision and mission of the Department of Education

Vision

The vision is of a South Africa in which all our people will have access to lifelong learning education and training opportunities, which will in turn, contribute towards improving the quality of life and building a peaceful, prosperous and democratic South Africa.

Mission

Our mission is to provide leadership in the establishment of a South African education system for the 21st century.

Source: Strategic Plan for the Department of Education 2004–2006, *Department of Education, Pretoria, 2004.*

The South African Schools Act No 84, 1996

The intentions of this Act are to provide for access, quality and democratic governance in the schooling system. This includes making provision for school funding norms to build equity, compulsory schooling, and access to quality education without discrimination. In terms of governance, this Act devolves responsibility to school governing bodies consisting of parents, educators, non-education staff, and learners (in the case of secondary schools).

The National Education Policy Act No 27, 1996

This makes provision for the relationship and responsibilities between the national Department of Education and its provincial counterparts. The Act creates the structures for the coordination and communication of education services between these two levels, including the Council of Education Ministers (CEM) and the Head of Education Departments structure (HEDCOM).

The Employment of Educators Act No 76, 1998 and the South African Council for Educators Act No 31, 2000

These are important pieces of legislation in relation to the regulation of education professionals. They regulate the professional, moral and ethical responsibilities and competencies of educators; provide for ethical and professional standards of educators; and promote the professional development of teachers.

Since 1994, the DoE has developed a series of white papers relating to new policy for key areas of responsibility. These include white papers on education and training (1995), early childhood development (2000), special education needs (2001), and a range of others.

Also important to note for the purposes of this discussion are two key campaigns of the DoE. Under the first Minister of Education after 1994, Kader Asmal, the COLTS (Culture of Learning and Teaching) campaign sought to restore the culture of teaching and learning to school education. Offering a broader and more comprehensive agenda, Minister Asmal also established the 'Tirisano' campaign (meaning 'working together'). The nine priorities of this campaign included dealing with HIV/Aids, reducing illiteracy, and developing schools as centres for community life.

The broad priorities of the Department for the next five-year period are: dealing with poverty, a focus on skills development, improving the quality of services, integrating health issues with education services, and institutional development. Underpinning all these priorities is the principle of integrated service delivery.[17]

Overview of delivery

Education services are broadly classified into three bands:

- General Education and Training (GET) consists of Grades 1 to 9 of school education as well as Grade R, which is the 'reception' year of schooling. This band also includes the equivalent levels relating to Adult Basic Education and Training (ABET). Grade 9 signals the end of compulsory schooling and culminates in the General Education and Training Certificate, which is Level 1 on the NQF.

- Further Education and Training (FET) includes all services directed at NQF levels 2 to 4. This is the equivalent of grades 10 to 12 in schools. The FET band also includes the national technical certificates 1 to 3.

- Higher Education (HE) is the third band of education services. This includes degrees, diplomas and certificates.

Box 5 offers an overview of some of the demands on the education system and the corresponding delivery mechanisms.

Box 5: Demands on the schooling system and delivery mechanisms

Number of schools and other institutions[18]

In 2002, there were 27,647 schools: 26,489 public and 1,158 independent. Of the total, 17,197 were primary schools, 5,752 were secondary schools and 4,698 were combined (Grades 1–12), intermediate (Grades 7–9) and middle schools. A further 5,837 educational institutions were administered by the DoE. These consisted of 3,486 ECD centres, 1,895 ABET centres, 370 ELSEN centres, 50 FET institutions and 36 HE institutions. In terms of facilities, 27% of schools did not have potable water; 36% did not have telecommunications; 45% did not have electricity.[19]

Learners[20]

The schools above catered for 11,917,017 learners. Of these, 6,378,178 were in primary schools; 3,514,162 in secondary schools and the remaining 2,024,677 in combined, intermediate or middle schools. Of the total, 11,636,356 learners were in public schools while 278,661 were in independent schools.

Educators[21]

In total, 360,155 educators served these schools, with 179,222 in primary schools; 113,171 in secondary schools and 63,337 in combined, intermediate and middle schools.

Learner to educator ratio[22]

The average learner–educator ratio has remained unchanged since 1996, and was reported in 2002 to be 33:1. The national average for public schools was 34:1 and for independent schools, 17:1.

Enrolments[23]

Enrolment figures (represented by the Gross Enrolment Ratio) for the country were 103%, with a total GER for primary school being 117% and 86% for secondary school.[24] In terms of gender balances relating to enrolments, the Gender Parity Index (GPI) used by the Department of Education indicated that there were 5% fewer female learners than male learners in primary school, while there were 10% more female learners than male learners at secondary school level.

Learner-classroom ratio[25]

In 2000, less overcrowding in classrooms was reported than in 1996. Nationally, the ratio was reported in 2000 as 38:1.

Learners with special education needs (ELSEN)[26]

390 ELSEN schools were reported in 2000, 94.6% of which were public schools. These schools are not evenly distributed in the country with the Western Cape having the largest share (70). Enrolment in these schools amounts to 78,123 children, and 7,419 educators serve these schools. The average learner to educator ratio in 2000 was 11:1.

Early childhood development (ECD)

A national audit of ECD provisioning was conducted in 2000 and indicated the following: 23,482 sites, 1,030,473 learners, and 54,503 educators. Less than one sixth of the 6,4 million children in the 0–7 age group are in some form of ECD provisioning. A little less than half of the 5–6 age group was being accommodated (413,000 out of an estimated 960,000 children of this age group). Ten percent of ECD educators were deemed by the DoE to be adequately qualified.[27] The average per capita spending on ECD in 2003/4 was around R390.00, while the per capita spending on public schooling was R4,234.00. The difference is more extreme in KwaZulu-Natal and Limpopo.[28]

Inter-governmental relations

The role of the national Department is "to translate the education and training policies of government, and the provisions of the Constitution into a national education policy and legislative framework".[29] Its must ensure that

all levels of the system adhere to these policies and laws, that mechanisms are in place to monitor and enhance quality, and that the system is on par with international developments. The core activities of the Department are research and policy review, planning and policy development, supporting the provinces and HE institutions in the implementation of national norms and standards, and monitoring the implementation of policy, norms and standards.[30]

The provinces have substantial powers to deliver education services, subject to frameworks developed by the national Department. They are responsible for all aspects of school education, adult basic education and training (ABET), early childhood development (ECD) and further education and training (FET) at colleges. Universities and Universities of Technology (formerly known as Technikons) are subject to the national Department.

Provincial departments set their own priorities and implementation programmes within the context of national policy. The National Education Policy Act[31] formalised relations between the national Department of Education and its corresponding provincial departments, and established structures and systems for communication and coordination between these two levels of government.

Outcomes-based education (OBE)

Outcomes-based education represents the most important substantive shift embarked upon by the Department of Education since 1994. As the primary approach to the delivery of education and training, it embodies a shift from the 'chalk and talk' teaching-focused mode of the past to an interactive process between educators and learners in which:

> the focus is on what learners should know and be able to do (knowledge, skills, attitudes and values). It places strong emphasis on co-operative learning, especially group work involving common tasks. The goal is to produce active and lifelong learners with a thirst for knowledge and a love of learning.[32]

Overview of education financing

South Africa's investment in education is comparatively high,[33] and has increased significantly in the post-apartheid period from R31.8 billion in

1994 to R69.1 billion in 2003.[34] Education currently consumes around 6% of the gross domestic product.[35] In the 2003/4 financial year, R69.1 billion was allocated to education (both national and provincial), with around R60.3 billion being transferred to the provinces through the equitable share allocation. The primary locus for delivery of the vast range of services resides at provincial level, accounting for this large transfer to the provinces. Education expenditure makes up the largest portion of provincial spending, accounting for 34% of the R170 billion transferred to provinces in 2003/4.[36]

The provincial education budget of R60.3 billion in 2003/4 represents a real increase of 8% (R7 billion) from the previous year.[37] Provincial expenditure is expected to grow at about 2% in real terms over the MTEF period with budgets increasing from R64.8 billion in 2004/5 to R73.7 billion in 2006/7.[38]

As a percentage of total provincial expenditure, education's portion shows a slow downward trend, moving from 40% in 2000/1 to 35% in 2003/4.[39] The National Treasury notes that this is due to the fact that overall provincial spending, and spending in the social security arena is growing faster in real terms than education spending.[40]

Provincial expenditure on education delivery

Public ordinary school education takes up the largest part of the budget (driven by the costs of personnel), consisting of 84% (R50.3 billion) of the total R60.3 billion provincial education spending (Table 1). After being funded through conditional grants up to 2003/4, ECD will be phased into the equitable share allocation to provinces, and is expected to grow at more than 8% in real terms over the medium term (from spending of R376 million in 2003/4 to R558 million in 2006/7).[41] This growth is small, however, in relation to the overall requirements for ECD delivery, both in relation to providing for reception year (Grade R), as well for investing in any pre-reception year ECD service delivery. This is discussed in more detail later in this chapter. FET is also expected to show some growth over this period.

The greatest driver of cost within the provincial education budgets is personnel, which in 2003/4 was projected at R49.6 billion of the R60.3 billion provincial education budget. Provinces spent an average of 82% of their budgets on this in 2003/4.[42]

Expenditure per learner is reported to have increased substantially from R3,674 in 2000/1 to R5,011 in 2003/4. These increases, especially in poorer

Table 1: Provincial education expenditure per programme

Provincial programmes	2003/4	
	Amounts in R millions	Percentage
Public ordinary school education	50,371	83.5
Administration	4,304	7.1
Public special school education	1,566	2.6
Auxiliary and associated services	1,438	2.4
Further education and training	1,159	1.9
Adult basic education and training	536	0.9
Early childhood development	378	0.6
Other programmes	306	0.5
Independent school subsidies	269	0.4
Total	**60,326**	**100.0**

Source: Trends in Intergovernmental Finances 2000/1–2006/7, National Treasury, Pretoria, 2004.

provinces such as the Eastern Cape, the Free State and KwaZulu-Natal, are reported to have resulted in the narrowing of per capita differences between provinces. These differences are still quite large though, with the Northern Cape reported to be spending R6,455 per learner in 2003/4, Gauteng R5,871, with the Eastern Cape and Mpumalanga spending R4,870 and R4,951 respectively.

The National Treasury notes significant growth in spending of capital assets, of more than 50% per year since 2000/1, but acknowledges that this was from a very low base.[43] Spending relating to things like textbooks and learner support materials was reported at R8.3 billion in 2003/4, increasing to R11.3 billion over the MTEF period. This has grown at an average annual rate of 21% in real terms from 2000/1 to 2003/4 but slows down to about 5% per year over the MTEF. The Treasury notes that this kind of non-personnel recurrent expenditure remains low in provinces such as KwaZulu-Natal, Limpopo and North West.[44]

It should be noted that the question of funding education at school level, particularly in relation to targeting poverty and responding to issues of access, has been the subject of much attention by the DoE. The Department has recently reviewed its funding policy, and made proposals with regard to taking these findings forward.[45]

For a more detailed analysis of education budgets, refer to the work of IDASA's Budget Information Service.[46]

Education services and crime prevention

The issue of safety in schools is the most obvious connection between the work of the Department of Education and the problem of crime. However, there is a range of activities within the core functions of this Department that have the potential to prevent crime and promote the overall health and safety of children and young people. If the Department could capitalise on the potential crime prevention effects of these activities, as well as promote safety in schools, a considerable crime prevention impact would be possible.

This section focuses on those activities of the Department of Education that could make a significant contribution to a national effort to prevent crime. As was noted earlier, when considering crime prevention in relation to children, it is difficult to distinguish between those activities that have the potential to prevent certain kinds of crime, and those that promote the overall health and well-being of children. This section will offer some illustration of this. The discussion will consider the following issues:

- early childhood development (ECD);
- school education;
- education of learners with special education needs;
- further education and training (FET) and adult basic education and training (ABET).

Early childhood development (ECD)

The *Education White Paper 5 on Early Childhood Education* defines ECD as:

> A comprehensive approach to policies and programmes for children from birth to nine years of age with active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential.[47]

The White Paper states that approximately 40% of young children in South Africa grow up in conditions of abject poverty and neglect, and acknowledges that such children are most at risk of "infant death, low birth-weight, stunted growth, poor adjustment to school, increased repetition and school dropout".[48]

A national audit of ECD provisioning conducted in 2001 noted that this approach has the potential to promote and strengthen society in a range of areas such as democracy and equality, the protection of children's rights and the promotion of community development. This confirmed the many ways in which these activities could serve to promote well-being, safety, etc.[49] This is also acknowledged in the White Paper.[50]

The great attraction for development, health and crime prevention practitioners relating to ECD is obvious. The services are aimed at very young children and can intervene to ensure their overall health and well-being. ECD creates accessibility to children in an environment that aims to be nurturing and caring. This presents a range of important opportunities including:

- the opportunity to monitor overall well-being;
- to take immediate remedial action and intervene early when problems are discovered; and
- to engage parents/caregivers in planning for remedial action.

In addition, ECD service points are often located in or close to the communities where children live. This means the environment in which the children live and the constraints and pressures experiences by families and households can be taken into account.

There is a great deal of international evidence to support this confidence in ECD, and, more broadly, the strong connection between investments in early childhood and the prevention of crime. Reviewing several different programmes, Greenwood notes that multiple positive outcomes are possible from basic, directed investments in early childhood.[51] More specifically, he points to outcomes such as:

- increased emotional or cognitive development for the child;
- improved parent-child relationships;
- improved educational processes and outcomes for the child;

- enhanced economic self-sufficiency (initially for the parent, but later for the child);
- decreased reliance on welfare, and higher incomes;
- decreased criminal activity; and
- improved health related indicators relating to child abuse, maternal reproductive health and substance abuse.

Loeber et al note several reasons for the preschool period having important implications for understanding and preventing offending.[52] These include the predictive relationship between problem behaviours in preschool and later conduct disorders and child delinquency, and also that the early emergence of problem behaviours may help in the creation of earlier interventions for the prevention of child delinquency. They note:

> …behaviours that place a child at risk for an early career of disruptive behaviour and child delinquency may be present from as young as two years of age.[53]

Exploiting the great potential offered by ECD presents its own set of challenges. The first of these is the vast numbers of children that this service should be made accessible to. It has been noted that fewer than one-sixth of an estimated 6.4 million children in the 0–7 age range are enrolled in some kind of ECD provisioning, while a little less than half of the 5–6 age group was being accommodated in 2001 (413,000 out of an estimated 960,000 children of this age group).[54]

In addition, as has been noted earlier, these services are largely provided by civil society, and 75% of these services are funded through fees. This means that delivery is largely unsupported by government. The quality of service provision is also at issue, given that no curriculum exists for the 0–5 age group, and that only 10% of ECD educators have been deemed to be appropriately qualified.[55] While the drive by the Department of Education to create services at the Grade R level may result in an increase in access, the vast numbers of children who should have access remains a challenge.

In terms of spending on education it has been noted that there are enormous disparities between education investment in ECD as opposed to normal schooling. Average per capita spending on ECD is R390 with per capita spending in school education averaging R4,243.[56] Vast provincial

disparities are also noted in ECD expenditure, with North West province spending R1,400 per capita while KwaZulu-Natal and Limpopo spend less than R100.[57] Overall, average ECD spending as a percentage of provincial expenditure is miniscule, at 1% in 2003.[58] Given that the focus of the Department of Education is on Grade R, there is little attention to pre-Grade R age groups, with only two provinces (Limpopo and Free State) investing here (this is however a focus of the Department of Social Development).[59] Wildeman and Nomdo warn that the growth and development of ECD funding and ECD as a sector depend on what happens in other parts of the education system, and its existence relies on space created by 'savings' in other parts of the system.[60]

Delivery in relation to Grade R alone in the coming years will present a considerable challenge for the DoE. Given resource constraints, the question of how the opportunities offered by ECD for building the health, well-being and resilience of children can be realised remains open, with the greatest burden for the 0–5 age group continuing to be carried by families and civil society organisations. The missed opportunity will be that such services are not standardised, co-ordinated, equitably funded or quality controlled. Wildeman and Nomdo state:

> …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.[61]

School education

The role of schools as contexts for the prevention of crime has received a great deal of attention internationally in recent years. Their levels of contact with children and young people provide unique opportunities to offer services and skills that may reduce factors associated with both offending and victimisation. Gottfredson notes:

> [Schools] provide regular access throughout the developmental years and perhaps the only consistent access to large numbers of the most crime-prone young children in the early school years; they are staffed with individuals paid to help youth develop as healthy, happy, productive citizens and the community usually supports schools' efforts to socialize youth. Many of the precursors of delinquent behaviour are school-related and therefore likely to be amenable to change through school-based intervention.[62]

On the other hand, these institutions may also promote the vulnerability of children to offending and victimisation.

This section considers a range of issues relating to the school's role in crime prevention. It should be noted that while it is the DoE that holds primary responsibility for school education, the Department of Health is also assigned a support function in the form of the provision of school health services (discussed in further detail in Chapter 5).

The discussion that follows first outlines crime and safety issues in South African schools. This is followed by a brief discussion of the role that schools may play in crime prevention based on international experience. Four strategies and opportunities for crime prevention in South African schools are then explored: reducing risks internal to schools, the role of the curriculum, integrating marginalised groups, and responding to truancy and drop-outs.

Crime and security in South African schools

The 2000 Schools Register of Needs (SRN) provided the first official data from schools on incidents of crime and violence recorded in 1999.[63] For that year, 36% of schools reported criminal incidents, including burglaries, assaults, stabbings, rapes and other serious crimes. Interestingly, 71% of schools in the Free State reported no criminal incidents at all while Gauteng and the Western Cape (56% and 49% respectively) had the highest proportion of incidents. The most common form of crime was burglary, with 30% of schools reporting that they had suffered between one to five burglaries in that year. Incidents of violent crime including rape, stabbing and murder were reported by 3% of schools. The SRN also reported that 4,944 schools had security guards in 2000.

In contrast to the findings of the Schools Register of Needs, a study conducted in ten Durban schools found that gang-related violence was the main problem.[64] The report also concluded that security measures in these schools were "seriously inadequate", and that none of the historically disadvantaged schools in the sample offered any support to children who had suffered trauma of any kind.

Another study that reveals high levels of violence in schools was conducted in 20 institutions (eight primary schools and 12 secondary schools) in the Western Cape. The authors found that:

- all schools reported problems with theft;

- 18 (90%) schools reported incidents of vandalism;
- 18 (90%) schools reported drug abuse;
- 7 (30%) schools reported incidents of burglary;
- 12 (60%) schools reported incidents of assault;
- 5 (25%) schools reported incidents of rape; and
- all schools reported weapons on school premises.[65]

A study conducted by Human Rights Watch documented high rates of sexual abuse and harassment against girls, and depicted the nature of the problem as follows:

> South African girls continue to be raped, sexually abused, sexually harassed, and assaulted at school by male classmates and teachers. For many South African girls, violence and abuse are an inevitable part of the school environment…Girls who encountered sexual violence at school were raped in school toilets, in empty classrooms and hallways, and in hostels and dormitories. Girls were also fondled, subjected to aggressive sexual advances, and verbally degraded at school. We found that girls from all levels of society and among all ethnic groups are affected by sexual violence at school.[66]

The studies discussed above also indicate that schools are mostly ill-prepared to respond to crime related problems. Eliasov and Frank[67] and Griggs[68] indicate that very few schools have policies and procedures in place to deal with crises.

In response to these problems, the national Department of Education has established a programme to promote school safety that has been duplicated in the provinces, albeit with varying levels of intensity and investment. Interventions supported by the DoE through this national programme include a manual on crime prevention titled *Signposts for Safe Schools,*[69] the Crime Buster Project which relates to self-defence training, a National Safe Schools call centre, the School Firearm Free Zones Project, the implementation of drug policy guidelines for schools, and some support for schools to provide physical infrastructure to promote safety. It should be noted, however, that national programmes of this nature have often been aimed at small samples of schools; the broader problems faced by schools in general remain mainly the subjects of policy as opposed to direct programme interventions.

Another drawback is that the data relating to crime and violence in schools are extremely weak and are not routinely collected by the national Department of

Education. While some policy exists on information systems, it would appear that no procedures exist either at national or provincial level to regularly collect data about the nature of crime and violence experienced by schools. More specific information that could aid crime prevention within the Department, such as problems of discipline, truancy and dropout rates, is also unavailable.

Schools and crime prevention

International learning in relation to schools and crime prevention usefully identifies the central characteristics of a safe school (Box 6).

The National Resource Centre for Safe Schools has identified several components that are essential for creating safe schools.[70] When effectively implemented, these components provide a school with the foundation to ensure a safe learning environment. Box 7 presents the ten essential components of safe school planning.

Information such as that provided above, while often idealistic in nature, can provide valuable direction for both defining school safety outcomes, and

Box 6: Characteristics of a safe school

A safe school…

- focuses on academic achievement;
- involves families in meaningful ways;
- develops links to the community;
- emphasises positive relationships between staff and students;
- discusses safety issues openly;
- treats students with respect;
- creates ways for students to share their concerns;
- helps children feel safe expressing their feelings;
- has a system to refer children who have been abused or neglected;
- offers extended day programmes for children;
- promotes good citizenship and character;
- identifies problems and assesses progress towards resolving them;
- supports students in making the transition to adult life and work.

Source: I Pollack and C Sundermann, Creating Safe Schools: A Comprehensive Approach, Juvenile Justice *3(1), 1999.*

Box 7: Ten essential components of safe school planning

- Creating school-wide prevention and intervention strategies.
- Developing emergency response planning.
- Developing school policies and understanding legal considerations.
- Creating a positive school climate and culture.
- Implementing ongoing staff development.
- Ensuring quality facilities and technology.
- Fostering school/law enforcement partnerships.
- Instituting links with mental health/social services.
- Fostering family and community involvement.
- Acquiring and utilising resources.

Source: I Pollack and C Sundermann, Creating Safe Schools: A Comprehensive Approach, Juvenile Justice *3(1), 1999.*

identifying the best strategies to reach these outcomes. Much international experience indicates that the effectiveness of school safety strategies depends on good school management and the nature of the school culture. These factors actively facilitate or inhibit change efforts.

As can be seen, the changes required to make South African schools safer and to promote teaching and learning are enormous. Significant cultural and operational shifts are required and the primary question is how this can be effected in the over 27,000 schools in the country. Nevertheless, some leverage points exist within the current capacity of education departments. Four of these are explored below.

- Reducing risks internal to schools

  While there is often a thin line between threats that originate outside the school and those that originate inside, there is no question that the internal school environment may present a range of threats to the overall health, safety and well-being of children. As a first strategy, it is these threats that the education system must eliminate. The threats may be direct, such as the risk of physical injury from corporal punishment, bullying, sexual abuse, as well as health and safety hazards associated with the school environment. Indirect threats relate to: school cultures that allow abusive and disrespectful behaviour, that apply rules and standards inconsistently, and that encourage anti-social behaviour in different ways.

Evidence suggests that many of these risks exist in South African schools. Reports of sexual violence (discussed earlier) as well as the widespread use of corporal punishment are just two examples.[71] Notwithstanding the seriousness of these problems and their pervasiveness, they can and must be controlled if the DoE is to offer safety to its charges.

Other less direct threats relate to the ways in which school culture and climate actively create and maintain behavioural norms, and may perpetuate anti-social behaviour among learners and educators. While this is difficult to change, effective school managers, who seek to actively build positive school climates, can make an impact.

- The role of the school curriculum

The national curriculum for schools, branded by the Department as Curriculum 2005, applies to Grades R to 9 and consists of the following eight learning areas: languages, mathematics, natural sciences, social sciences, arts and culture, life orientation, economic and management sciences, and technology.[72] As described earlier in this chapter, each of the three phases of school education offers instruction relating to the learning areas, with some being phased in as children approach the appropriate age for the kind of instruction. The curriculum is delivered through outcomes-based methodologies. The broad outcomes envisaged by the DoE are listed in Box 8.

Given that teaching and learning are the central activities of the education system, the curriculum itself has to be viewed as a critical vehicle for reaching into children's lives to offer information and skills for the promotion of health, safety and well-being. In examining how the curriculum can serve this purpose, two interrelated issues need to be considered: the substance of education (the eight learning areas), and the ways in which this substance is delivered (outcomes-based approaches and other teaching methods).

When examining OBE as an approach to education as described in Box 8, it is clear that the methodology can encourage a great deal of the skills and behaviours that are consistent with promoting the overall well-being of children. The ability to think critically, to act based on careful decision-making, and to solve problems, are important social and life skills which in practice can contribute to crime prevention. Therefore, if OBE is used to its best effect, all the learning areas offer opportunities for the development of these skills.

Box 8: Learning outcomes as defined by the Department of Education

The critical outcomes envisage learners who are able to:

- identify and solve problems and make decisions using critical and creative thinking;
- work effectively with others as members of a team, group, organisation and community;
- organise and manage themselves and their activities responsibly and effectively;
- collect, analyse, organise, and critically evaluate information;
- communicate effectively using visual, symbolic and/or language skills in various modes;
- use science and technology effectively and critically, showing responsibility towards the environment and health of others; and
- demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.

The developmental outcomes envisage learners who are also able to:

- reflect on and explore a variety of strategies to learn more effectively;
- participate as responsible citizens in the life of local, national and global communities;
- be culturally and aesthetically sensitive across a range of social contexts;
- explore education and career opportunities; and
- develop entrepreneurial opportunities.

Source: Revised National Curriculum Statement Grades R to 9 (Schools) Life Orientation*, Department of Education, Pretoria, 2002.*

Within the curriculum, Life Orientation (LO) represents the most direct effort by the Department to serve this agenda. The Department states that LO "is concerned with the social, personal, intellectual, emotional and physical growth of learners and with the way in which these facets are interrelated. The focus is the development of self-in-society",[73] and that this aspect of the curriculum "guides and prepares learners for life and its possibilities".[74]

The Life Orientation Learning Area intends to develop skills, knowledge, values and attitudes that empower learners to make informed decisions and take appropriate actions. The areas covered by Life Orientation (LO) are: health promotion, social development, personal development, physical development and movement, and orientation to the world of work.[75] During each of the three phases of school education (i.e. foundation, intermediate and senior), the first four areas listed above are

applied in the LO delivery in ways that are appropriate to the age and ability of learners. The fifth area is addressed only in the senior phase.

The curriculum clearly offers great potential. It is however limited by several factors such as the ability of educators to offer quality teaching, both in terms of substance and method, as well as range of contextual variables.[76]

Another issue of concern that is directly related to schools' crime prevention potential is that of school culture. If schools succeed in communicating values through the curriculum, but are unable to live them in practice, the chances of these being learned and practiced by children are limited. For example, if classrooms and schools are managed undemocratically, it is unlikely that the value of democracy will be learned or taken seriously.

- Integrating marginalised groups at school

Learners with 'special education needs' have been the subject of national education policy through the *Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System*, released in 2001.[77] The White Paper outlines a 20-year plan for the development of an inclusive education and training system across all bands of education. The notion of 'special education needs' is defined quite broadly (Box 9).

Notwithstanding these objectives, it is evident from progress reports to parliament that implementation has focused on attempting to bring children with certain disabilities into the mainstream of schooling wherever possible.[78]

There is some evidence of proactive and creative action on the part of the Western Cape Education Department (WCED) in relation to children with special needs, especially those exhibiting behavioural problems. Several layers of services have been instituted, starting with those applicable to the ordinary schooling system, including life orientation programmes, guidance and emotional support to respond to behavioural problems in schools, support services from the WCED's Education Management and Development Centres, and a set of institutions from which services are also provided.[79]

Overall, this White Paper provides great opportunities for crime prevention. There are many groups in schools that are marginalised and excluded.

Box 9: The DoE's understanding of 'special education needs'

The Department's White Paper 6 states that the Ministry appreciates that a broad range of learning needs exist among the learner population at any point in time, and that when these are not met, learners may fail to learn effectively, or be excluded from the learning system. In this regard, different learning needs arise from a range of factors including physical, mental, sensory, neurological, and developmental impairments, psycho-social disturbances, differences in intellectual ability, particular life experiences, or socio-economic deprivation.

Different learning needs may also arise out of:

- negative attitudes to and stereotyping of difference;
- an inflexible curriculum;
- inappropriate languages or language of learning and teaching;
- inappropriate communication;
- inaccessible and unsafe built environments;
- inappropriate and inadequate support services;
- inadequate policies and legislation;
- the non-recognition and non-involvement of parents;
- inadequately and inappropriately trained education managers and educators.

Source: Education White Paper 6, Special Needs Education: Building an Inclusive Education and Training System*, Department of Education, 2001*.

These include not only those with 'special education needs', but also children who are rendered vulnerable by their socio-economic and personal circumstances, such as teenaged mothers, poor children, and children that have come into conflict with the law. The failure of schools to integrate these groups (rather than seeking ways to exclude them) reduces the ability of schools to serve as vehicles for crime prevention. In fact, they may aggravate risk factors relating to both offending and victimisation.

From a crime prevention perspective, children that have committed offences are an important group for ELSEN (education of learners with special education needs) to focus on. In particular, ensuring that such children are encouraged to remain within the schooling system, notwithstanding behavioural difficulties, can play an important role in reducing the risks for further offending.

A further target group is children at risk of dropping out of school (often indicated by truancy and absenteeism), and those that have already dropped out of school. Data relating to the extent of school drop-out

in South Africa, and its causes, are weak. Recent information released by the DoE indicates that only four out of every ten children who start school make it to the matriculation year.[80] This concerning trend has been explained in a number of ways, including the impact of HIV/AIDS and the rate of learners dropping out of school to take up employment.

From a crime prevention perspective, keeping children engaged in schooling for as long as possible can impact significantly on the incidence of youth crime, as well as the life opportunities of young people. The tragedy, however, is that the schooling system seems unable to attract and maintain the attention of those children who are at greatest risk of coming into conflict with the law. It has been stated that the current approach to education may indeed be unsuited to the social conditions faced by the vast majority of South Africans.[81] Anecdotal evidence indicates that the nature of schooling provided has actively led children living in difficult circumstances to opt out of schooling.[82]

- Further education and training (FET) and adult basic education and training (ABET)

FET includes all services directed at grades 10 to 12 in schools, as well as the national technical certificates 1 to 3. ABET focuses on basic adult literacy and numeracy, and targets adults and young people who are not in the schooling system. ABET services in particular are required by the Department of Education to serve a diverse range of learning constituencies, including organised labour, self-employed, under-employed and unemployed people, undereducated women, out-of-school youth, prisoners and ex-prisoners, and those whose disabilities prevented them from gaining a basic education.[83]

This offers important opportunities for young people and adults to obtain a basic education, as well as to undertake further studies to improve basic qualifications. The assumption, however, that a secondary school education will increase the chances of finding employment has been questioned. Absorption of school-leavers into the labour market is particularly difficult: research indicates that only 37% of school leavers enter the job market in a given year. African learners fare far worse, with fewer than one in three finding a job. With the economy increasingly oriented to high skill production, the DoE has noted that graduates with higher education are consistently more likely to find employment than those with less education, while individuals with little or no schooling fare poorly in the job market.

While it is debatable how many people are receiving FET and ABET services,[84] their value beyond their developmental benefits, and in relation to crime prevention, warrants some consideration. These services may not necessarily all create the immediate potential for absorption into the labour market, but their role in beginning the process of engagement with the economy is an important one. The development of basic literacy and numeracy is also key to navigating a world that is increasingly complex. For people without such skills, the development of literacy and numeracy promises the benefits of being better able to engage the services of government, and to gain far greater understanding and control over the many factors that affect their lives.

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CHAPTER 5
HEALTH

It is unavoidable that a health authority should concern itself with matters of crime and violence. There is no doubt that it is the public health services that witness and respond to the worst and most intractable side of our crime problem: violence. State service providers treat victims of gun violence with increasing frequency, they are often the first to hear from and treat abused women, and have the oppressive task of repairing some of the most extreme kinds of injuries resulting from violent crimes.

It is the Department of Health's mortuaries and forensic practitioners that must take care of the dead and unearth the circumstances of death, and cooperate with criminal justice authorities in order to bring perpetrators to justice. With public health services estimated to be serving the needs of 80% of the population, the demands facing the health departments are indeed daunting.[1]

The national Department of Health (DoH) presides over a large and diverse body of legislation and regulations that extends from tobacco control to food safety, and from sterilisation to the management of hazardous substances. With issues such as HIV and AIDS, malaria, tuberculosis, and maternal and child health within its ambit, this Department's obligations (and those of its provincial counterparts) require a significant degree of specialisation, an enormous reach and high levels of efficiency. Failure on any of these levels can literally mean the difference between life and death. At the heart of DoH's substantial mandate is the promotion and protection of the health and safety of South Africa's citizens.

This chapter begins with a brief overview of the Department of Health's work, its central functions and challenges. This is followed by an overview of health policy, programmes, priorities and budgets, and finally by a discussion of the Department's role in crime prevention. As with the other two sets of services under review, it is not possible to discuss all health services in relation to crime prevention. Emphasis will therefore be placed on those issues that, according to international research, relate to crime prevention.

Overview

The World Health Organisation (WHO) defines health as "a dynamic state of physical, mental and social well-being and not merely the absence of disease or infirmity".[2]

For some years now, international public health opinion has held that the physical safety and bodily integrity of citizens is indeed within the influence of health structures (especially those of governments), and that health professionals are required to be as concerned with these issues as they are with more traditional illness and disease. This notion of health as being about the overall well-being of individuals confirms the critical role for health authorities in relation to crime prevention.

The transformation of the Department of Health since 1994 has been underpinned by the *White Paper on the Transformation of the Health System (1997),*[3] the *Health Sector Strategic Framework 1999 to 2004*[4] and the *Strategic Priorities for the National Health System, 2004–2009*.[5] These documents set out the Department's central objectives not only in terms of health priorities, but also in terms of its philosophy and preferred means of delivery, which are examined in more detail later. Like many other departments after 1994, the equity imperative reverberated strongly through the health transformation agenda, as stated in these documents.

In the past decade, the central and defining new health philosophy has been primary health care (PHC). Internationally, this concept has emerged as a powerful idea within the context of development and poverty reduction, and has provided a valuable vehicle to take forward the health transformation agenda of the new government. However, primary health care does not come unencumbered: embedded in its progressive ideology are significant obligations and many dilemmas, especially for a resource-limited context.

One of many changes necessitated by the adoption of the primary health care philosophy has been the repositioning of service delivery at local level, and the introduction of a district health system (DHS). This has actively shifted responsibility for the co-ordination and delivery of services to the district level and created a network of service delivery points such as primary health centres, mobile clinics and hospitals. Other significant shifts relate to the nature and range of services required by PHC.

There is no question that these policy choices have presented the Department of Health with many dilemmas. When resources are limited, complementary

ideas such as prevention and treatment have come to be seen as competing concepts. These challenges – some of which have been brought into sharp relief by cases such as State vs. Soobramoney[6] – have raised important questions about delivery under a progressive policy agenda, and the impact on fundamental rights in the context of limited resources.

To fulfil the DoH's vast and diverse mandate, staff need to be highly trained and specialised. Human resource shortages continue to dominate and frustrate the Department's delivery agenda, and have required creative (though sometimes unpopular) responses such as community service for newly qualified health professionals. Overall, the nature and demands of delivery require a complex permutation of public, private and non-governmental relationships, which are both difficult to forge and in need of continuous maintenance.

There is no question that preventable and non-natural causes of injury and death place an enormous and unnecessary burden on the health system. The Minister of Health recently noted that "…non-natural causes of death from inter-personal violence, traffic accidents and suicides – many related to substance abuse – are increasing at an alarming rate."[7] It is here that crime prevention strategies may serve to reduce the pressures on the health system, enabling it to focus on the other responsibilities contained in its substantial mandate.

The Department of Health's legislation and policies

Box 10: Vision and mission of the Department of Health

Vision

A caring and humane society in which all South Africans have access to affordable, good quality health care.

Mission

To consolidate and build on the achievements of the past five years in improving access to health care for all and reducing inequity, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system, especially preventive and promotive health, and to improve the overall efficiency of the health care delivery system.

Source: Annual Report 2003/2004, *Department of Health, 2004.*

The key transformation goals were outlined in the 1997 *White Paper for the Transformation of the Health System in South Africa* (Box 11).

Box 11: The Department of Health's key goals and strategies

Key goals were to:

- unify fragmented health services at all levels into a comprehensive integrated national health service;
- promote equity, accessibility and the utilisation of health services;
- extend the availability and ensure the appropriateness of health services;
- develop health promotion activities;
- develop the human resources available to the health sector;
- foster community participation across the health sector;
- improve health sector planning and the monitoring of health status and services.

Key strategies:

- The health sector must play its part in promoting equity by developing a single, unified health system.
- The system will focus on districts as the major locus of implementation, and emphasise the PHC approach.
- The three spheres of government, NGOs and the private sector will unite in the promotion of common goals.
- The national, provincial and district levels will play distinct and complementary roles.
- An integrated package of essential PHC services will be available to the entire population at the first point of contact.

Source: White Paper for the Transformation of the Health System in South Africa*, Department of Health, 1997.*

Box 12: Strategic priorities for the national health system for 2004–9

- Improve governance and management of the NHS.
- Promote healthy lifestyles.
- Contribute towards human dignity by improving quality of care.
- Improve management of communicable diseases and non-communicable illnesses.
- Strengthen primary health care, EMS and hospital service delivery systems.
- Strengthen support services.
- Human resource planning, development and management.
- Planning, budgeting and monitoring and evaluation.
- Prepare and implement legislation.
- Strengthen international relations.

Source: Strategic Priorities for the National Health System 2004–2009*, Department of Health, 1999.*

The Department's strategic priorities for the national health system for 2004–9 are listed in Box 12.

Legislative development in the health sector is considered to be an area of considerable achievement. Since 1994 over 30 pieces of legislation have been passed on issues ranging from the regulation of medical professions, to the pharmaceutical industry, the termination of pregnancy, and the control and regulation of tobacco products.[8] There have also been significant developments in health policy over this period, e.g. free health services to pregnant women and to children under six. The various pieces of legislation that are important in considering crime prevention are discussed below.

The Mental Health Care Act No 17, 2002

The Mental Health Care Act provides for the care, treatment, rehabilitation and other support of those deemed to be mentally ill. The Act provides for a system of care that seeks to treat mental illness in communities rather than opting for the placement of mentally ill people in institutions.[9] The Act also creates procedures that make it far more difficult to certify someone as mentally ill. The Act is intended to offer a rights-based approach to the management of those with mental health problems.[10]

The National Health Act No 61, 2003

The Act provides the framework for a national health system that includes public, private, non-governmental and other health care, and sets out the rights and duties of users and service providers. This Act confirms the provinces as having responsibility for the delivery of primary health care, with local government's role being defined quite narrowly in terms of environmental health services (e.g. the supply of safe and adequate drinking water, sewage disposal and refuse removal, and the regulation of air pollution). The Act also establishes the District Health System.

Overview of delivery

Intergovernmental relations

All three levels of government play specific roles in relation to the issue of health, with the central focus for delivery residing in provincial government.

Specifically, the national Department of Health is responsible for developing policy and legislation as well as norms and standards, ensuring resources are properly used and health services are cost-effective, coordinating information systems, monitoring and evaluation, regulating the public and private healthcare sectors, and liasing with international counterparts.[11]

The provincial health departments are responsible for service provision, developing and implementing provincial health policy as well as standards and legislation, provincial health information systems, monitoring provincial health services, and controlling the quality of all health services and facilities.[12]

Primary Health Care (PHC) and the development of the District Health System (DHS)

PHC was adopted as the foundation of the national health system, and embodies a range of principles consistent with a progressive social development agenda, and with crime prevention. The main vehicle for delivering primary health care is the district health system (also an internationally recognised approach). These two elements form the bedrock of health delivery in South Africa today.

International acceptance of PHC is rooted in the Alma Ata Declaration (1978), which was the culmination of a WHO and UNICEF-led process to promote a preventive and developmental approach to health care.[13] The Declaration articulated the following principles, in presenting an international framework for primary health care:

- health and human development are inextricably linked;
- community participation is vital;
- the need to ensure sustainability in health, empowerment, ownership, self realisation and self-reliance;
- comprehensive inter-sectoral collaboration is required;
- health system management must include re-orientation of the health workers and devolution of health services.[14]

The DoH has developed a comprehensive package of PHC services for delivery at local level, including: immunisation, communicable and endemic disease prevention, maternity care, screening of children, Integrated Management of Childhood Illnesses (IMCI) and child health care, health promotion, youth health services, counselling services, chronic diseases, diseases of older persons, rehabilitation, accident and emergency services, family planning, and oral health services. Specified norms and standards provide a guide to the range and quality of services to be delivered.[15] Standards are set for both clinic services and clinic-based outreach services into communities.

PHC services are intended for those who cannot afford health care. The PHC clinics are designed to act as referral agents to hospitals and other kinds of care when the clinic is unable to respond to the problem. PHC is underpinned by a Patient Rights Charter, which lists 12 rights and 10 responsibilities for clients of the system.[16]

By April 2003, free PHC services were reportedly being provided at about 3,500 public health clinics nationwide.[17] Although these services are provided primarily by nurses, supported in some cases by doctors, the DoH stated in 2004 that only about 40% of facilities have PHC-trained nurses. In addition, it is estimated that only 30% of clinics are visited by a doctor at least once a week.[18]

As the main vehicle for delivering primary health care, the district health system is intended to "provide the health sector with a management framework that can deliver care in a cost-effective and integrated manner".[19] The DoH has noted that:

> ...challenges with respect to PHC and the DHS include: finalising the funding of municipal health services, providing full funding for primary health care based on the cost of providing a package of PHC services, eliminating fragmented services provided by provinces and municipalities, strengthening quality of care at PHC level, and strengthening community participation in the governance of PHC services.[20]

Resources for the delivery of health services

In terms of infrastructure, there were 4,693 public health facilities in the country in 2003, inclusive of hospitals, clinics and mobile clinics, and other

Table 2: Medical practitioners in the public sector in 2003

Public service professionals	Number	No. per 100,000 population
Doctors	7,645	19.70
Doctors in community service	1,092	-
Medical specialists	3,446	8.90
Dentists	613	1.58
Dental specialists	30	0.08
Dental therapists	126	0.32
Dentists in community service	200	-
Professional nurses	41,563	107.10
Nurses	20,683	53.30
Nursing assistants	29,052	74.80
Occupational therapists	546	
Physiotherapists	628	1.62
Psychologists	317	0.82
Radiographers	2,033	5.20
Pharmacists	1,222	3.10
Pharmacists in community service	341	-

Source: C Day and C Hedberg, Health Indicators, South African Health Review*, 2004.*

specialised centres. A further 350 private hospitals (recorded in 2002)[21] support these services. In 2002 106,084 beds in public health facilities and a further 37,671 in private facilities were recorded. This amounted to 2.8 useable beds per 100,000 people in the country. More recently, the DoH reported that, "in the past 10 years, 1,345 new clinics have been built and that a further 263 were upgraded."[22] The Department noted however that 10% of these facilities do not have sanitation, electricity and telecommunications, while 20% do not have piped water.[23]

In terms of human resources, Table 2 presents the number of medical professionals serving the health system in 2003.

In addition to these professionals, community health workers and a set of 'mid-level health workers' have recently been introduced to support the primary health care system. This was motivated by the need to create work, to improve service delivery, to develop human resources, the "increasing complexity of the burden of diseases and poverty-related challenges" and

the need for health promotion activities and home-based care.[24] Health services are also supplemented by newly qualified interns, who are required to undertake a year of community service before being permitted to register with the Health Professionals Council of South Africa.[25]

The Department has experienced serious problems attracting and retaining skilled professionals, and ensuring an appropriate spread of skills. Apart from the requirement for newly qualified health professionals to serve a period of community service, the DoH has also instituted an additional allowance called the 'scarce skills and rural allowance' to incentivise health professionals.

Partnerships for delivery

Non-governmental organisations (NGOs) at various levels play an increasingly important role in health delivery, with many co-operating with government to implement programmes such as those relating to HIV, AIDS and tuberculosis. NGOs also participate significantly in the fields of mental health, cancer, disability, and the development of PHC systems.[26] Relationships with the private sector and non-governmental service providers are critical for the ongoing functionality of the health system.

Overview of health financing

In 2003/4 around R37.7 billion was transferred to the provinces for the delivery of health services. The overall budget for health is expected to grow from R37 billion in 2003/4 to R43 billion in 2005/6 – representing growth of just more than 2% in real terms.[27] Overall spending on health is expected to show an increase, in real terms, of 3% on average per annum over the medium term,[28] which is slower than that of the national budget (3.6%). The National Treasury notes that:

> Despite real growth in spending, public health finances face a number of key challenges. The population dependent on the public service is growing substantially, because of population growth combined with static private health financing coverage. In addition, as the HIV and Aids epidemic enters its mature phase, an increasing burden is being placed on health services. Increases in the cost of key inputs, such as equipment, which continue to exceed average inflation, also constrain the real resources available to the sector.[29]

Provincial spending on health

As a proportion of the total provincial budget, health spending decreased from 24% in 2000/1 to 22% in 2004/5.[30] This is attributed to the prioritisation of social development services in the form of the extension of the child support grant, indicating that the allocation for this purpose cannot keep pace with demand.

Between 2000/1 and 2003/4 health spending in the provinces increased by 5% in real terms, with a further 4% real increase expected in 2004/5. Over the medium term this trend is expected to reduce to an average annual growth of 3%. Budget growth rates across provinces differ substantially.[31]

Ntuli and Day note that while there has been an overall increase in spending in the health sector, this has been undermined by personnel costs (wage increases), inflation and the impact of HIV/AIDS.[32] They also note that notwithstanding measures to regulate the private sector, the insured population has shrunk from just under 17% of the population in 1997 to only 15% in 2002. The actual number of people dependent on the public sector has grown by 6.5 million since 1995.

In addition to the vast differences in budget growth rates between provinces, per capita expenditure also differs significantly. While Gauteng and the Western Cape expected to spend R1,217 and R1,383 respectively in 2004/5, the Eastern Cape is projected to spend R899, Limpopo R733 and North West R771. More specifically, there are vast disparities between provincial per capita expenditure in relation to primary health care, where per capita spending ranges from R389 to R42 between the highest and the lowest spending districts.[33] Most concerning, the basic PHC package is estimated to cost around R220, which is out of reach of most districts.

Health services and crime prevention

The national and provincial health departments have specific potential for promoting crime prevention, and the following areas of their work are discussed below:

- district health provision and the primary health care package of services;
- school health services;
- injury, trauma and violence;
- medico-legal services;
- mental health;

- disability;
- HIV/AIDS; and
- substance abuse.

District health provision and the PHC package

In terms of primary prevention, district health provision and primary health care services located in neighbourhoods offer extraordinary opportunities for proactive measures in support of crime prevention. The PHC package, which forms the basis of DoH services in this regard, has great potential for the Department at primary level and at the level of early intervention.

The basic PHC package of services, which is accompanied by a set of norms and standards, is intended to be delivered in two broad formats, the first being clinic-based, and the second a set of outreach services from clinics into homes and communities.[34] Apart from responding to the many illnesses and diseases that are traditionally the domain of health services, the basic PHC package also requires that clinics respond to the following issues, all of which offer opportunities for crime prevention:

- victims of sexual abuse, domestic violence and gender violence;
- trauma and emergency;
- mental health; and
- substance abuse.

With regard to 'community based clinic-initiated services', the following services—which also offer many opportunities for crime prevention – should be included: community level home-based care, Integrated Nutrition Programme (relationship to ECD), and school health services.

There is no doubt that PHC offers the most significant leverage point in the health system for both primary and secondary prevention. The location of PHC clinics in communities provides access into the lives of ordinary citizens, especially those who may not be able to afford access to other services. Managing and responding to the victimisation of women, children and other groups such as the elderly in particular are important roles that could be fulfilled. Services targeted at these groups are discussed in more detail in Chapter 7.

From the perspective of primary and secondary prevention, which would include what is referred to as 'early intervention', PHC provides a framework to aid in crime prevention in the following ways:

- As noted above, the package includes the requirement for clinics and outreach services to respond to specific crime issues, for example, sexual abuse, domestic violence and gender violence.

- The norms and standards accompanying the PHC package require that a minimum set of references, prints and educational materials be available to support service delivery by staff (for example in terms of treatment protocols), and to provide education to patients.

- The norms and standards package specifically establishes standards for patient education in relation to each of the items in the service package. For example, regarding services for victims of sexual abuse, domestic violence and gender violence, the standard for patient education is that "all patients, community and children attending clinic are educated and informed on abuse".[35] While much more needs to be understood regarding public education and crime prevention (particularly in relation to the nature and form of health communication), the PHC package does recognise the need to take advantage of contact with the patient and other community members to provide information and support that may assist in preventing further victimisation.

Early intervention in any situation of abuse or victimisation is a critical role that could be fulfilled at this level. Women, children and older people are all vulnerable groups and as a matter of course, clinics should be aware of the signs and symptoms that may indicate abuse, and be trained to intervene early to prevent further violence. The fact that victims of abuse are often likely to seek health support before they consider approaching the criminal justice system, positions these services well for offering support and intervention.

Access to this full package of services is essential for protecting health rights and for preventing crime. However, evidence discussed above shows vastly disparate per capita spending between districts in relation to the PHC package.[36] It was also noted that only about 40% of health facilities have PHC-trained nurses.[37] These figures indicate some of the constraints facing the health system in creating access and equity in service provision. This is to say nothing yet of the quality of services.

Opportunities for primary prevention and early intervention offered by the PHC package are vastly dependent on the quality of services provided. This in turn relies on the training, attitude and willingness of district health staff. The Department of Health has introduced both community health workers

and other 'mid-level' health workers to augment delivery – particularly the outreach-oriented services that reach into homes and communities. If these health workers and PHC nursing staff are to become effective, training is critical. While the Department reports that extensive training is ongoing, it is unknown at this stage what effects this will have on local delivery.

While the list above includes the most obvious set of activities within the PHC package relating to crime prevention, other services at this level may have a less direct relationship to crime prevention, but may nevertheless make a significant contribution. Maternal health services are one example. Coupled with HIV and AIDS services, strategies aimed at ensuring the health and well-being of mothers may make a critical contribution to crime prevention. They offer opportunities for sustained parenting of children by at least one central caregiver for the period of childhood. While this in itself is not enough for the development of healthy, well-adjusted children and young people, it offers a foundation – something that is currently threatened by high levels of maternal mortality.

Another advantage is the PHC norms and standards for referrals to other community-based services. This clearly takes into account that outcomes may not be achievable only by actions of health practitioners, and that other service providers may need to assist. This reflects the need for intersectional cooperation at local level, which is notoriously difficult to achieve. Referrals and cooperation are also important for preventing crime.

School health services

This sector represents the critical link between the health and education systems, and is a key area for promoting the health and overall well-being of children of schooling age. The *National School Health Policy and Guidelines* was launched in July 2003 and aims to ensure that all children have equal access to school health services.[38] Under the theme, 'healthy children are successful learners', this programme intended to train PHC nurses to provide health education to children, impart life skills, screen children (especially at Grades R, 1 and at puberty) for specific health problems, detect disabilities at an early age and identify missed opportunities for immunisation and other interventions.

At the time it was expected that 30% of districts in every province would be covered by this programme by the end of 2004, with the programme being extended to the entire country by the end of 2007.[39] This set of services is a part of the PHC package that, through clinic outreach, should be provided in all districts.

The Department of Health cites, within its programmes, the notion of 'health-promoting schools'. The World Health Organisation (WHO) describes health-promoting schools as follows:

> The health-promoting school aims at achieving healthy lifestyles for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health-enhancing social and physical environment.[40]

School health interventions have been recognised by the WHO as having far greater value than just impacting on the health of children. They also contribute to the efficiency of the education system, and more broadly, are believed to advance public health, education and social and economic development.[41] The Department of Health has also extended the idea of a health-promoting school to other sites where services are provided. The key components of the DoH's health-promoting schools and sites programme are listed in Box 13.

The Department of Health's *School Health Policy* (2002) presents a package of services that should be provided within the context of school health promotion.[42] Aimed at children from Grade R to Grade 12, the policy aims to address barriers to learning such as poor nutrition, poverty, environmental factors such as poor water and sanitation provisions, and disabilities including loco-motor dysfunction as well as impaired vision or hearing. It states that these factors affect attendance and reduce children's ability to concentrate, causing poor pass rates, and generally impacting negatively on the development of children.[43]

The document lists other factors that impact on the development of children and youth of school-going age, namely sexuality, HIV/AIDS, reproductive health, trauma and violence, substance abuse, and mental health problems.[44] The policy notes that these need to be addressed through health promotion and

Box 13: Key components of the Health Promoting Schools/Sites Programme

- Building education and school policies which support well-being.
- Creating supportive teaching and learning environments.
- Strengthening community action and participation within the education context.
- Developing personal skills within the education context.
- Re-orientating support services like physical (health) and psychological services, welfare and learning support services.

Source: Department of Health, <www.health.gov.za>

Box 14: Package of school health services

1. Health assessment for learners in Grades R and 1

These assessments will relate to all learners in Grade R programmes that are attached to primary schools, and learners in Grade 1 that have not been previously assessed. The following assessments are to be done:

- hearing assessment;
- vision screening;
- speech impairment;
- examination for gross loco dysfunction;
- oral health checks;
- anthropometric assessment.

Additional assessments that might be required:

- identifying and responding to intentional injuries and child abuse;
- mental health assessments.

2. Health promotion and health education

Issues to be covered include:

- life skills;
- child abuse;
- high risk behaviours, including substance abuse and violence;
- road safety and overall safety within homes and communities;
- environmental health including water and sanitation;
- healthy lifestyles;
- reproductive health, including promoting healthy sexuality;
- self-care for learners with chronic non-communicable diseases.

3. Referral

The package requires that learners who need additional care be referred to local PHC clinics. Responsibility for ensuring that learners visit the referral centre rests with the school community.

4. Follow-up

It is required that all referrals be followed up by either health workers or educators to ensure that problems have been addressed.

5. Other activities

Ad hoc services that may be required include:

- responding to disease outbreaks such as cholera and measles;
- counselling;
- parasite control;
- provision of treatment for minor ailments such as skin conditions.

Source: National School Health Policy and Implementation Guidelines, *Department of Health, 2002.*

health education activities, and need to be incorporated into life orientation lessons in the education curriculum. In addition, the policy states that:

> school health is a non-negotiable integral part of the comprehensive package of primary health care services that must be delivered to every school in the district.[45]

The package of school health services that is required for delivery is listed in Box 14 (page 67).

From a number of perspectives, including crime prevention, the potential value of school health service provision is enormous. The preventive and holistic orientation of these services, and their delivery at local level, are all opportunities for reaching children and young people at risk. They also offer intervention services that may alleviate a range of physical, behavioural and other problems. Risk factors for victimisation and offending may exist in the lives of the majority of children and young people in schools, and these services offer at least one level of intervention that may lessen these. It is also significant that school health policy demands follow-up on the referrals that have been made.

However, as with all services that depend on the district health system and the PHC model, the same factors discussed earlier apply to their effective provision. More specifically, some of the factors that contributed to delivery problems noted by the Department of Health included the varying importance attached to the service, the challenge of integrating fragmented services, competition for limited resources, and the great demand created by curative services.[46]

Injury, trauma and violence

There is no doubt that violence remains the most obvious manifestation of South Africa's crime problem, demanding a direct and immediate response from the health system in the form of services to manage trauma and death. The worldwide recognition of violence as a health issue has created enormous potential for impacting on this problem through the methodologies, structures and systems offered by the health system.

Violence prevention is sometimes listed among the programmes of the Department of Health. However, shifting from a treatment to a prevention approach when the demand for treatment services is great, presents an enormous challenge. The pressures of illness and preventable injury exacerbate this situation.

The World Health Organisation offers a series of recommendations with regard to the prevention of violence (Box 15). Within the broad guidelines offered by these recommendations, far more specific strategies are necessary. There have been a range of experiments in this regard, but those working at district level, who deal daily with South Africa's crime and violence problems, need clear and specific intervention strategies.

Foremost in this regard is the need to focus on victims. Firstly, DoH service providers must effectively manage any immediate trauma so as to minimise the harm to the victim. Secondly – and it is here that the difference in orientation between treatment and prevention may be observed – health service providers must go a few steps further with the victim. This could include assessing the victim for signs of ongoing victimisation, providing information regarding the offence against him/her and what s/he may do to prevent further abuse, and referring to other services where necessary. The service provider could also contact the victim at a later stage to see whether further assistance is required.

All of these responses are made possible through the PHC approach. However, the real impact depends on how these services are implemented and the attitude of PHC service providers. The issue of services to victims

Box 15: Recommendations for violence prevention from the World Report on Violence and Health, 2003 and the 2003 World Health Assembly

- Create, implement and monitor a national action plan for violence prevention.
- Enhance capacity for collecting data on violence.
- Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
- Promote primary prevention responses.
- Strengthen responses for victims of violence.
- Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
- Increase collaboration and exchange of information on violence prevention.
- Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
- Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

Source: Preventing violence: a guide to implementing the recommendations of the World Report on Violence and Health*, World Health Organisation, 2004.*

Box 16: Bell's principles for violence prevention

Rebuilding the village

It is noted that communities require protective factors, such as an infrastructure and social fabric in order to play a role in violence prevention. This includes community networks, cooperation, affiliation and partnerships in order for 'the village' to contribute to violence prevention interventions.

Providing access to health care

There are many factors that affect health (especially mental health) at a community level, and health professionals need to be made fully conversant with these in order to offer appropriate and co-ordinated services. In particular, health professionals need to understand the links between health and behaviour, and need to have the tools available to undertake appropriate screening and interventions.

Improving bonding, attachment, and connectedness dynamics

"Low levels of parental warmth, acceptance, and affection; low levels of family cohesion; and high levels of family conflict and hostility have been associated with delinquent and violent behaviour among juveniles". The family is an important focus of violence prevention interventions, and in particular, strengthening the relationships in families as well as the skills within the family for communication, emotional support, caring, etc.

Improving self-esteem

Hurt is very often the basis of violence amongst youth and working on the self-esteem of young people may help to ameliorate this. In particular, working on the following four areas of self-esteem have shown good results:

- a sense of power related to feeling competent to make decisions and solve problems;
- a sense of uniqueness that comes from acknowledging and respecting the qualities and characteristics about oneself that are special and different;
- a sense of role models that individuals can use to make sense of the world;
- a sense of belonging that derives from being connected to people, places or things;
- increasing social skills.

The training of parents in skills such as positive parenting and discipline has been shown to result in the reduction of violence. Equally, providing certain skills to youth has also been shown to have a similar impact. More generally, the transference of positive behavioural skills can have a significant impact on homes, schools and communities.

Re-establishing the adult protective shield

Research has shown the need and value for positive adult role models and involvement in the lives of young people. He notes the importance of adults, especially parents, in the role of protectors of children, and the need to shift parenting skills towards ensuring this kind of outcome. He notes also the importance of adults in schools, and in other roles of protection, nurturing and support of children.

Minimising the residual effects of trauma

Research in the victimisation field has noted the link between violence and feelings of hurt and anger. Therefore, he notes that a primary strategy for violence prevention should be the identification and management of trauma.

Source: C Bell, Violence Prevention 101: Implications for Policy Development*, 2001.*

by the three departments under review is discussed in greater detail in Chapter 8.

International research is clear that successful violence prevention requires intervention in many different aspects of individual, family and community life. This is illustrated by Bell's views regarding the fundamentals of violence prevention, which are noted in Box 16.

Once again, it is clear that the work required of health authorities in this regard requires a significant level of sophistication.

Medico-legal services

The Department of Health is also responsible for providing medico-legal services, a term that covers a wide range of health-based services that relate to the law. Most commonly, these are services provided to victims when the dual interest is the management of trauma and the collection of physical evidence that may assist in legal proceedings. These services are administered in terms of the Health Act.[47]

The Department of Health's Proposed National Policy on Medico-Legal Services (1996) suggested a range of changes in the system. These include the revision of the role of district surgeons (now to be called 'district medical officers') to provide their services at PHC facilities, as well as for doctors to provide these services at hospitals.[48] The Department also administers a range of medico-legal laboratories which provide forensic services to the health and criminal justice systems. These laboratories benefit significantly from associations with leading universities, where the skills of highly specialised professionals are made directly available to the public health system.

There is no doubt that efficiency in medico-legal service delivery to victims of violence can make an important contribution to crime prevention at the level of secondary prevention. Once victimisation has occurred, the prompt and efficient provision of trauma services, based on an agreed and tested set of protocols, may make a significant difference on two levels:

- the experience of the victim is such that secondary trauma is reduced, and immediate needs are responded to; and

- properly collected evidence can help to convict offenders.

In addition, forensic pathologists employed by the Department of Health have a critical role to play in providing expert testimony in court. Their testimony may increase the strength of the information available to presiding officers when making their judgements.

Mental health

Masilela states that "Mental health has over many decades acquired the unwelcome reputation of being a pariah or stepchild of the health services."[49] He notes that recent years have however seen a shift towards the mainstreaming of mental health into broader health care services, and observes that these services are central in managing some of the more pressing health issues of our time, such as HIV and AIDS, crime and violence.

There are 18 government institutions that provide services to the mentally ill, with approximately 10,000 beds, while general hospitals also house some beds for dealing with psychiatric patients, and a further 7,000 beds are hired from the private sector for the treatment of "long-term chronic psychiatric and severely intellectually disabled patients".[50] These are augmented by services provided by private psychiatric hospitals and clinics, catering for patients requiring hospitalisation for less severe psychiatric illnesses. These resources rely on the hospitalisation and institutionalisation of patients—a philosophy that the new Mental Health Care Act seeks to move away from in favour of more community-based treatment and care approaches.

From a crime prevention perspective, the need to understand and prioritise mental health is essential for the following reasons:

- The mental health implications of traumatic and violent crime events, and more specifically victimisation, have long been recognised. In relation to children, for example, "it is now accepted that childhood abuse and victimisation is associated with higher rates of psychiatric illness."[51] High levels of victimisation in South Africa, especially of women and children, require that mental health services accompany trauma services at PHC clinics and other kinds of emergency medical support provided by the health system.

- Those with certain kinds of mental illness or disability are often at a greater risk of victimisation. This is true both in the community as well as within institutions providing services to this group. This requires another set of responses from the health system. When community-based treatment of mentally ill people is promoted, the health system has to ensure their protection. In addition, educating families and communities in order that patients may live with their families, notwithstanding their illness, also requires the attention of health authorities.

- Certain people with mental health problems may be at greater risk of coming into contact with the criminal justice system, particularly when behaviour may become irrational or uncontrollable. Deinstitutionalisation also results in a greater number of mentally ill people who were previously hospitalised coming into contact with the public, again increasing the risk of contact with the criminal justice system.

- Traumatic events create needs far beyond the victims themselves. Evidence indicates that those who witness violence, either as an event or over longer periods of time (for example, living in a neighbourhood or household where violence is commonplace) can also suffer severe mental health problems as a consequence.[52] This also requires a different response from the health system, where a community-oriented approach to trauma management must be adopted in response to high levels of community violence.

Overall, the connection between mental health and crime prevention calls for sophisticated and diverse service delivery from the health system.

Disability

The 1996 Census stated that 7% of the population was disabled. The Disabled People of South Africa (DPSA) estimates that between 5% and 12% of South Africans are moderately or severely disabled.[53] Richter et al note that disability is not evenly distributed in the population and its impact is particularly severe amongst children and the aged.[54] In addition, they have found a strong interaction between poverty and disability, where poverty increases the risk of acquiring a disability.

In 1997, the South African government adopted the *White Paper on an Integrated National Disability Strategy (INDS)*.[55] The Office on the Status of Disabled Persons was established in the Presidency to coordinate and monitor implementation. The strategy aims to integrate disability issues into development strategies, co-ordinate implementation within government, build capacity among officials to deliver services, and raise public awareness.[56]

The causes of disability in South Africa are many. A common cause is malnutrition, which results in stunting of and poor mental development in children. Other major causes are illness, and pre- and peri-natal problems such as genetic disorders and birth trauma. Accidents, especially those related to motor vehicles, also contribute significantly. Violent crime is also often implicated as a cause of disability. For example, in 1999, car-hijacking was cited as the leading cause of quadriplegia in Johannesburg.[57] In 1999, the head of trauma at Johannesburg Hospital noted that in 1993, car accident admissions outnumbered those relating to interpersonal violence. However, by 1999, admissions relating to interpersonal violence doubled those of car accidents.[58]

Children with disabilities are also particularly vulnerable to abuse. Their vulnerability relates to the fact that:

- they need intimate personal care by a number of care-givers, which may increase the risk of abuse;
- they often cannot resist or avoid abuse due to impaired capacity;
- they often lack the capacity to communicate about abuse; and
- they frequently live away from home, which may increase the risks related to abuse.

These children are also at risk of other forms of abuse such as inadequate feeding and physical care, over-medication, lack of stimulation, etc.[59] While these issues have been raised in relation to children, it is also true that adults with physical or mental disabilities are at higher risk of victimisation, due to some of the same vulnerabilities discussed above. These links between crime and disability cannot be ignored by health service-providers, given the burden placed on health services and families in caring for the disabled.

The Department of Health is currently focusing on basic service delivery to disabled people. The Department introduced free health care for the disabled in 2003, and provides other assistance by subsidising 'assistive' devices such as wheelchairs and hearing aids.[60] The DoH has also made significant investments in training its staff to provide the necessary services.[61] As has been discussed above, key requirements are ensuring the protection of disabled people, and promoting knowledge and education in families and communities about disabilities. Probably most importantly, health services could assist in strengthening the capacity of disabled people to care for themselves. It is

unclear, however, to what extent the system can handle the more sophisticated services that are required to impact on crime prevention.

Health promotion

Health promotion is a key preventive idea. It seeks to provide education and information both to the public as well as specific target groups, and to create conditions that enable people to exercise appropriate health choices. It is, however, quite a broad and nebulous concept, which may refer to any range of actions by health practitioners to improve people's health. The idea is embraced by the Department of Health, and is present in its mission statement as well as its priorities and programmes.

"Promoting healthy lifestyles" is the DoH's second priority in the list for 2004–2009.[62] The activities in relation to this objective are to:

- initiate and maintain a healthy lifestyles campaign;
- strengthen health-promoting schools initiatives;
- initiate and maintain a diabetes movement;
- develop and implement strategies to reduce chronic diseases of lifestyle; and
- implement activities and interventions to improve key family practices that impact on child health.

While a great deal of what is included in the PHC package may be considered to be 'health promotion', a specific policy has been developed in this regard. The policy is currently being costed and its implementation "will depend on the outcome of this exercise".[63]

From a crime prevention perspective, health promotion strategies can only be a positive addition to the work currently being undertaken. It does, however, raise the question of whether and how public information and education campaigns can influence the choices of their target groups. While campaigns such as those run by Lovelife and Soul City provide high profile examples of these strategies, the challenge for both health and crime prevention practitioners is how to convince individuals to make choices in their own best interests.

HIV and AIDS

HIV/AIDS is specifically identified and prioritised by all three of the government departments under review. While the Department of Health carries the most direct responsibility, both the Departments of Education and Social Development also have a key role to play. National government has a broad strategy to respond to HIV and AIDS,[64] and the DoH is central to its implementation. In terms of this strategy, the Department provides the following range of services: prevention work (such as awareness and life skills campaigns, and the provision of free condoms), voluntary testing, prevention of mother-to-child transmission, provision of anti-retroviral therapy, home-based and community care, training, and a national support hotline.[65]

The expected effects of HIV infection and AIDS-related deaths have received a great deal of attention. Researchers have explored the economic impact of illness and death on a broad scale (as well as the potential offered by creating access to treatment). The phenomenon of children orphaned by the disease has been discussed and the number of orphans has been projected, with the phenomenon of 'child-headed households' becoming an accepted reality in a very short time.[66]

Researchers have also attempted to understand the impact of the disease on governance and wider issues of social stability. They have explored how the disease has interacted with socio-cultural aspects of South African society, and how these have related to the overall impact of the disease.[67] Data has also been collected indicating the youthfulness of the infected population and the far higher infection rates among young women.[68]

Our central interests here are to consider how HIV/AIDS relates to the issues of crime and safety, and how work directed at HIV and AIDS may contribute to crime prevention. Among the immediate concerns is the extent to which HIV may be transmitted within the context of coercive sexual contact, for example, as a result of rape, and in the context of domestic violence. In a survey of over 11,000 young people between 15 and 24 years, the Reproductive Health Research Unit recently found that only one third of sexually experienced women reported really wanting their first sexual encounter.[69]

This kind of information cannot be ignored when considering the nature of education and information campaigns in relation to HIV and AIDS. Campaigns that merely inform people about making the right choices deny the realities being experienced by both young men and women, and the

range of other factors that influence a sexual encounter. Overall, the issue of coercive sex is of critical concern to crime prevention. The generally high levels of sexual assault of both women and children in South Africa have long posed a challenge for those interested in prevention. The problem of HIV and AIDS does not significantly change the nature of the prevention task, but rather points to the very dire outcomes for victims should prevention efforts fail. Whereas previously a rape victim may have experienced great emotional and physical trauma, HIV/AIDS creates the added dimension of the possible transmission of the disease.

The issue of potentially high numbers of AIDS orphans, and the negative impact on society in relation to juvenile crime has also been raised. Thus far, notwithstanding the fact that South Africa may have a large number of orphans,[70] these fears have not materialised. Further concerns relate to the vulnerability of children who care for themselves or are cared for by other children, and whether this may lead to higher levels of victimisation.

HIV/AIDS has the potential to profoundly affect the overall safety and stability of our society, purely by removing a critical layer of economically active young adults, and decimating an important core of society largely responsible for the socialisation of children, the transmission of values, and the stabilisation of communities through the establishment of new households and families. Overall, HIV/AIDS requires an assertive, unequivocal and comprehensive response from government, and such a response will broadly serve a crime prevention agenda.

Substance abuse

Responding to substance abuse is within the mandates of all of the government departments under review, with the Department of Social Development playing a central role. This section focuses on the role of the Department of Health.

The DoH participates in the Central Drug Authority, which is facilitated by the Department of Social Development. In addition, the Department of Health is concerned with alcohol and tobacco abuse and has instituted programmes to limit and discourage the use of these substances.

The DoH recently published draft regulations relating to the labelling of alcoholic beverages. The draft, developed under the Foodstuffs, Cosmetics and Disinfectants Act,[71] provides for messages on the social and health risks

associated with the consumption of alcohol. A number of messages are proposed, including some related to crime and violence such as "alcohol abuse is a major cause of domestic violence", "alcohol consumption can cause violent and aggressive behaviour", "alcohol abuse is a leading cause of crime", "making a child drink alcohol is child abuse", "alcohol abuse can cause child neglect and abuse".[72] The draft regulations require that these messages be printed in black and white, covering at least 12.5% of the container label or promotional material of an alcohol product. Health promotion efforts are also critical to responding to the problem of foetal alcohol syndrome (FAS).

The relationship between substance abuse and crime prevention is addressed in more detail in Chapter 6.

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CHAPTER 6
SOCIAL DEVELOPMENT

The work of the national Department of Social Development (DSD) and its provincial counterparts consists of a diverse set of responsibilities that relate to the protection, support and care of those who may be considered vulnerable in some way. The Department's services are therefore targeted at groups such as the poor, victims of crime, the elderly, and children.

The Department carries one of the most important responsibilities within government, namely the administration of social security in the form of direct social grants to the poor and other groups that qualify in terms of South Africa's social security system.

From a crime prevention perspective, this Department is the only one of the three under review to have explicitly identified social crime prevention within its programmes. In addition, its constitutional and legislative mandates provide many opportunities to contribute to crime prevention, including the following:

- The support and care of particular vulnerable groups such as children and the elderly falls squarely into the DSD's mandate. These groups are widely identified by crime prevention practitioners as requiring particular attention.

- The Department is directly tasked with the provision of services to offenders. This is a critical opportunity to implement strategies that may prevent re-offending.

- Other focus areas of this Department, such as substance abuse, are related to crime, and offer opportunities to effect programmes that may have multiple positive outcomes.

The DSD's range of work, like that of the other departments covered in this monograph, is too vast to consider in its entirety in relation to crime prevention. Selected issues are therefore discussed below.

Overview

As with the other government services under review, the Department of Social Development also sought to fundamentally change its philosophy and practices in the post-apartheid period. This shift is reflected in the move from the traditional 'welfare' model to one of 'social development' – implying a rejection of the notion of welfare as charity and the provision of short-term, band-aid solutions. The notion of development, on the other hand, has a holistic and progressive orientation, and embodies the idea of change that is more structural in nature.[1] While it is debateable whether the DSD is able to achieve this kind of structural impact, the primary question is how this shift has impacted on the nature of services provided and how this may relate to crime prevention.

The largest share of the Department's budget in the provinces goes to the provision of social security. These grants, in the form of direct grant payments, are the most important means available to mitigate the effects of poverty. Both social security policy and the mechanisms for its administration and delivery have been the subject of great interest and debate over the past years. Concerns about the administration of social security have culminated in the establishment of a centralised agency for this purpose. Social security policy, however, remains an unresolved issue. While many in civil society favour widening the social security net, government remains convinced that other strategies are needed to alleviate poverty.[2]

The Department of Social Development's legislation and policies

The DSD administers a range of legislation intended to secure the safety and well-being of specific vulnerable groups such as the Aged Persons Act

Box 17: Mission and vision of the Department of Social Development

Vision

A caring and integrated system of social development services that facilitates human development and improves the quality of life.

Mission

To ensure the provision of comprehensive social protection services against vulnerability and poverty within the constitutional and legislative framework, and create an enabling environment for sustainable development. To deliver integrated, sustainable and quality services in partnership with all those committed to building a caring society.

Source: Annual Report 2002/3, *Department of Social Development, 2003.*

No 81, 1967 and the Child Care Act No 74, 1983 (both currently under revision); as well as legislation relating to the regulation of social services and the professions and organisations that serve social development purposes, for example, the Fund-raising Act No 107, 1978, the Social Service Professions Act No 110, 1978 and the Non-profit Organisations Act No 71, 1997.

Much of the Department's work relates to crime prevention, and applicable legislation is discussed below.

The Probation Services Act No 116, 1991 and the Probation Services Amendment Act, 2002

These laws provide for probation services within the criminal justice process. These services include pre-trial assessments of children, pre-sentence reports relating to children and adults, and post-sentence supervision of offenders. These are critical pieces of legislation for crime prevention, as they provide for direct services to those who have committed offences.

Prevention and Treatment of Drug Dependency Act No 20, 1992 and amendments

This Act provides for programmes for the prevention and treatment of drug dependence, the establishment of treatment centres and hostels, the registration of institutions as treatment centres and hostels, and the procedures for committing people to treatment centres. The Act was amended in 1999 to establish the Central Drug Authority, which is responsible for the implementation of the National Drug Master Plan.

Social Assistance Act No 59, 1992 and the Welfare Laws Amendment Act No 106, 1997

The Social Assistance Act provides for assistance to individuals as well as the funding of National Councils and welfare organisations. The Act was amended in 1994 to further regulate the provision of grants and financial support to organisations. The Welfare Laws Amendment Act amended the Social Assistance Act, introducing the Child Support Grant and abolishing maintenance grants.

Table 3: Department of Social Development's 10 Point Plan

Rebuilding of family, community and social relations	We will restore the ethics of care and human development in all welfare programmes. This requires an urgent rebuilding of family, community and social relations in order to promote social integration.
Integrated poverty eradication strategy	We will design an integrated poverty eradication strategy that provides direct benefits to those in greatest need, especially women, youth and children in rural areas and informal settlements.
Comprehensive social security system	We will develop a comprehensive social security system that builds on existing contributory and non-contributory schemes and prioritises the most vulnerable households.
Violence against women and children, older persons and other vulnerable groups	We must respond to brutal effects of all forms of violence against women, children, older persons and other vulnerable groups, as well as design effective strategies to deal with perpetrators.
HIV/AIDS	Our programmes will include a range of services to support the community-based care and assistance for people living with HIV/AIDS. Particular attention will be given to orphans and children infected and affected by HIV/AIDS.
Youth development	We will develop a national strategy to reduce the number of youth in conflict with the law and promote youth development within the framework of the National Crime Prevention Strategy and in partnership with the National Youth Commission.
Accessibility of social welfare services	We will make social welfare services accessible and available to people in rural, peri-urban and informal settlements, and ensure equity in service provision.
Services to people with disabilities	We will redesign services to people with disabilities in ways that promote their human rights and economic development. We will work with people with disabilities to ensure that their needs are met without further marginalising them.
Commitment to cooperative governance	All our work must be based on a commitment to cooperative governance that includes working with different spheres of government and civil society.
Train, educate, redeploy and employ a new category of workers in social development	We must train, educate, re-deploy and employ a new category of workers in social development. This includes the re-orientation of social service workers to meet the challenges of South Africa and link these to regional and global demands.

Source: Annual Report 2002/3, *Department of Social Development, 2003.*

Box 18: Department of Social Development's key medium term objectives

- Alleviate poverty through a safety net of social grants to the most vulnerable groups.
- Mitigate the social and economic impacts of HIV/AIDS on poor households and children.
- Reduce poverty through integrated sustainable development.
- Rebuild families and communities through policies and programmes empowering the young, old, disabled as well as women.
- Improve the quality and equity of service-delivery, the capacity and governance of the social development sector.
- Transform the structure, systems, human resources and organisational culture to improve service delivery.

Source: Annual Report 2002/3, *Department of Social Development, 2003.*

The Aged Persons Act No 81, 1967

Since 1994, amendments to the Aged Persons Act repealed certain discriminatory provisions and provided for the establishment of management committees for homes for the aged, the requirement that the abuse of aged persons be reported, and the regulation of the efforts to prevent the abuse of aged persons.[3] The Act is due to be replaced by the Older Persons Bill which is currently being drafted.

Since 2000, the DSD's work has centred on Minister Zola Skweyiya's 10-point plan (Table 3).

The DSD's key objectives for the medium term are listed in Box 18.

Overview of delivery

Intergovernmental relations

The provincial departments for social development (which are known by a range of names) are primarily responsible for the delivery of services and are supported in this role by a host of civil society organisations. These services are discussed below.

The national department's responsibilities are drafting policy, legislation and norms and standards for delivery, supporting provincial departments with delivery, monitoring and evaluating policy impact and the expenditure

of conditional grants by the provinces, conducting research, advising the minister on budgetary matters, and communication on social development issues.[4] The Department also provides some direct services to the public, including payment of relief to victims of declared disasters, payment of subsidies to National Councils, registration of non-profit organisations, poverty relief projects, home-based/community-based HIV/AIDS projects, and the National Call Centre for social grants enquiries.[5]

A number of statutory bodies are also funded by the national Department, and report to the Minister of Social Development. These include the National Development Agency (NDA), the Central Drug Authority (CDA), the South African Council of Social Service Professionals, and the Advisory Board on Social Development. The Population Development Programme is also housed within the national Department of Social Development.[6] Key issues for this programme from a crime prevention perspective include: fertility, reproductive and sexual health and rights; HIV and AIDS; migration, population, environment and development; population data analysis; and indicators and trends and population policy.[7]

Social security and social services

The Department and its provincial counterparts work in two broad areas: the provision of social security, and the provision of social services. Social security is provided in the form of direct grant transfers to individuals, and will be discussed in more detail later.

The following categories of social services aim to be provided: treatment and prevention of substance abuse, care of the aged, crime prevention, rehabilitation of perpetrators and victim empowerment, services to the disabled, and child and youth care and protection. These services are constructed in terms of a "continuum of care, which includes preventative counselling services, treatment or care in subsidised facilities, community and home-based care centres and after-care services".[8] The services are provided by social welfare practitioners (primarily social workers and social auxiliary workers), who are sometimes based in the communities concerned.

The non-governmental sector provides substantial support to the provinces for service delivery. The NGO sector comprises a vast network of organisations throughout the country, including larger national and regional organisations such as Nicro[9], Sanca,[10] and the larger child and family welfare societies,[11]

as well as smaller, more local organisations. The support provided is mostly in the form of direct service delivery, but also includes research, technical support, training and advocacy.

Only very limited funding is provided by the DSD to these NGOs, and many organisations can only continue their service provision by raising funds from the public and other donors. Funding for the NGO sector has been a significant concern for years, both in terms of the processes required to obtain government funding, and the levels of funding available through the DSD. This is discussed further in the section that follows.

In addition to the services discussed above, the Department supports emergency relief and poverty alleviation programmes as a smaller aspect of its functions.

Social crime prevention

The DSD specifically identifies social crime prevention within its programmes and with reference to probation services. Included in its social crime prevention contribution are the following services: one-stop justice centres, youth development, family preservation, victim empowerment, capacity building and international collaboration.[12]

Overview of social development financing

Overall, the DSD's budget has grown significantly. It is expected to increase from R20.9 billion in 2000/1 to R61.9 billion in 2006/7 – representing an average annual growth of 13%.[13] This growth is primarily attributable to the extension of social security provisions, particularly in relation to children. Due to this increase, social development budgets as a proportion of total provincial expenditure have grown from 19% in 2000/1 to 25% in 2003/4, and are expected to increase further to 28% in 2006/7.[14]

In the 2003/4 financial year, around R42.4 billion was transferred to the provinces for social development services. As with the other departments under review, the primary locus for delivery resides at provincial level, accounting for the transfer of large financial resources to the provinces. All provinces, apart from the Northern Cape, expect real growth in their social development budgets over the medium term.[15]

Provincial expenditure

In 2003/4, social grants accounted for the largest portion of social development spending (Table 4). Taking up 92% of the social development budget, and also primarily responsible for provincial overspending,[16] social grants dominate provincial budgets, crowding out other social development services as well as growth in sectors such as education and health.[17]

Driving this expenditure are factors such as the increased coverage for social security (such as the extension of the Child Support Grant), increases in actual transfers to individuals,[18] and the increased uptake of grants by those who qualify.

Although spending on social services (as separate from social grants) increased between 2000/1 and 2003/4 (as discussed above), this growth was slower than that for social grants. As a proportion of total provincial social development expenditure, spending on social services has remained low, averaging around 13%, with the Northern Cape spending the highest proportion at 18% in 2003/4, and Limpopo the lowest at 10% in the same period.[19]

Conditional grants also made a significant contribution to social development delivery in the provinces. In 2003/4, these included additional funding for the extension of the child support grant, community-based care in relation to HIV/AIDS, and food emergency relief.

Social development services and crime prevention

A cursory glance at the DSD's range of legislative mandates indicates this Department's great potential for contributing to crime prevention. Many

Table 4: Provincial social development expenditure per programme

Provincial programmes	2003/4	
	Amount in R millions	Percentage
Social assistance	39,091	92.1
Social welfare services	1,794	4.2
Administration	884	2.1
Development and support services	569	1.3
Population development trends	20	0.0
Other	86	0.2
Total	**42,444**	**100.0**

pieces of legislation administered by the Department cover responsibilities in relation to social crime prevention, mostly due to its mandate to protect vulnerable groups (such as children and the elderly), and to offer services to offenders. In addition, by holding the primary responsibility to respond to poverty, the Department's services are central to the debate on the relationship between crime and development

In the discussion that follows, key social development services will be discussed in terms of their relationship to crime prevention. As with the other services under review, it will not be possible to explore all the services that are provided, and focus will be placed on the following:

- poverty alleviation;
- family services;
- probation services;
- substance abuse; and
- HIV/AIDS.

In addition, the DSD targets its services at very specific groups. These include children, youth, victims, women and older persons. Government services in general that focus on these groups are discussed separately in Chapter 7.

Poverty alleviation

All three of the departments under review articulate responsibilities in relation to responding to poverty. The Department of Social Development and its provincial counterparts are, however, mostly responsible for what is termed 'poverty alleviation'. Several programmes, administered by the DSD either at national or provincial level, represent the government's frontline response to poverty. The primary vehicle used is the programme to deliver social grants. This is supported by other programmes, such as poverty relief projects and the provision of food security.

Social grants

The DSD's programme of social assistance consists of direct income transfers. The system does not cater for all poor people, however. Those who currently qualify as beneficiaries include:

- Older persons: women 60 years and over and men 65 years and older.

- Disabled persons: persons over the age of 18 years who are medically diagnosed as being disabled.

- Child Support Grant: payable to primary caregivers of children under the age of eight years (in 2004).

- Foster Care Grant: payable to legal foster parents of children under the age of 18 years.

- Care dependency grant: payable to parents of disabled children under the age of 18 years, who require full-time care in the home.[20]

Social security grants currently serve over seven million people, and, on average, make up around 91% of provincial expenditure.[21] The extension of this protection to other groups seems unlikely, with government favouring a wider range of strategies to respond to poverty. Minister of Social Development, Zola Skweyiya, stated recently:

> …grants alone cannot be the solution. Thus our focus now and in the near future is on strengthening and integrating various poverty alleviation programmes, including the pilot on food security and nutrition.[22]

Food security and the Food Emergency Scheme

After the piloting of the scheme in December 2002, and with a budget of R230 million for the 2002/3 financial year, the Department of Social Development reported that the scheme would be rolled out to reach 244,000 of the most affected households, with an emphasis on child-headed households.[23] A further amount of R1.2 billion has been allocated as a conditional grant to provinces over the 2003/4 to the 2005/6 period.

The scheme involves the provision of food parcels to households without an income and those who spend a maximum of R200 per month on food and basic household essentials. This scheme forms one aspect of a broader strategy by government known as the Integrated Food Security and Nutrition Programme (IFSNP).

Poverty Relief Programme

The Poverty Relief Programme focuses on establishing community projects and targets vulnerable groups such as women, children, the youth, the

elderly and people with disabilities. Since 1997 the Department has spent more than R563 million on this programme; providing support to over 3,600 community-based projects, most located in the Eastern Cape, KwaZulu-Natal and Limpopo. The programme has prioritised food security, centres for engaging older persons in economic activities, support for community-based HIV/AIDS initiatives, youth skills development, the economic empowerment of women, and support for initiatives that integrate the capacities of persons with disabilities.[24]

Poverty, inequality and crime prevention

Analysts generally agree that poverty and crime are related in complex ways, and that the notion that 'poverty causes crime' is largely inaccurate, overly simplistic and unhelpful in understanding the association between these problems. Nevertheless, the significant levels of inequality in South Africa cannot be ignored. The question that needs to be addressed is how

Box 19: Selected statistics on poverty and inequality in South Africa

- About 49% of the population (21.9 million people) falls below the national poverty line.[25]
- The central driver of poverty is unemployment. The formal sector has experienced a net decline of 800,000 jobs between 1994 and the first quarter of 2002 (100,000 on farms and 700,000 non-agricultural). This represents a decline of about 13%. There were three million new entrants into the market between 1995 and 1999. The unemployment rate (based on the broad definition, which includes those who are no longer looking for employment) is estimated at 36%; and at 45% for blacks and coloureds.[26]
- Income distribution remains highly unequal and has deteriorated in recent years. This is reflected in the high Gini co-efficient which rose from 0.596 in 1995 to 0.635 in 2001.[27]
- Poverty and inequality exhibit strong spatial, racial and gender biases, e.g. the infant mortality rate is 8–10 times higher for blacks than whites, the incidence of poverty reflects apartheid geography—concentrated in former homelands, rural poverty is more common than urban poverty and female-headed households more likely to be poor than male-headed households.[28]
- A disproportionate number of poor people are children living in poor households: 58% of children live in poverty.[29] There is a high incidence of visible malnutrition—23% of children under six years are stunted, indicating a protracted period of under-nutrition.[30] Most seriously affected children are those in rural areas whose mothers have relatively little education.
- Many poor people can be described as chronically poor—this means that the same households are considered to be poor over a significant period of time.[31]

both poverty and inequality relate to crime in South Africa. It should also be noted that while all three of the departments under review seek to address poverty, they seldom mention the notion of social inequality as a structural concern, notwithstanding their interest in the issue of equity in service provision.

The dimensions of poverty and inequality have been discussed in many other texts and it is not possible to explore these in detail here. Some of the often-disputed 'facts' are summarised briefly in Box 19 (page 93).

For the purposes of this discussion, how one understands poverty becomes an important concern. Poverty can be defined as: "The inability of individuals, households or communities to command sufficient resources to satisfy a socially acceptable minimum standard of living".[32]

Traditionally the dominant way of thinking about poverty is from a monetary perspective that measures the income, expenditure or consumption of an individual or other units, such as a household. Once this is done, decisions are made on whether this individual or household can be considered poor. This is done by establishing a 'poverty line' of some sort, such as the one dollar a day figure. Depending on whether this unit falls above or below this line, it is considered poor, or 'non-poor'.

This approach is not helpful in understanding the qualitative experience of poverty, and how this may relate to crime. Poverty lines say nothing about the daily experience of poverty or inequality and how individuals and households manage the range of challenges that are presented – challenges that are relevant to the discussion about crime. Recent qualitative research offers more useful information. These studies indicate that the experience of poverty includes a range of features such as increased vulnerability (to fire, natural disasters such as floods, job-loss, victimisation, illness and death, among others[33]), and the experience of isolation which people may not have the resources or power to avert. The experience of isolation is complex, based on being marginalised from a number of spheres of social existence, for instance engagement in the political life of a community.

Another strong feature relates to a lack of 'peace of mind'. This has been articulated in a number of different ways, with the poor in South Africa noting their anxiety about their ability to cope with unexpected crises.[34] This experience also includes a lack of access to services and an inability to access services that are available – either as a result of poor information, or practical constraints such as transport.

Compared to poverty, inequality is a more difficult concept to work with in relation to crime prevention. It is commonly measured using the Gini co-efficient.[35] In South Africa, the Gini coefficient is 0.6,[36] making it one of the most unequal income distributions in the world, together with Brazil. What is noteworthy is that the pattern of inequality has changed significantly over the past ten years, with the greatest inequality now not being between white and African households, but being highest among African households. Landman notes that rising inequality is an expected phenomenon relating to an economy in take-off mode, and that theoretically, while poverty may be reduced in this phase, inequality may not decline at the same rate.[37]

Poverty, inequality and crime

The relationship between crime, poverty, and social development has been the subject of a great deal of research. Three primary themes have emerged from this debate:

- The first theme relates to the assertion that poverty, or a lack of development, causes crime. While demonstrating a causative link has been dispensed with, a great deal of evidence exists for linking crime and poverty. One example is the greater vulnerability of the poor to victimisation, and their limited potential to protect themselves.

- The second theme relates to crime as a product of development. Analysts have considered increasing crime rates since the 1960s, and how these may relate to social change, especially as experienced by individuals and families.

- A third theme relates to criminal acts as a barrier to development. A central debate currently, and one very pertinent to South Africa, is how corruption and fraud relating to services necessary for development (e.g. the delivery of social security) may impact on development.[38]

The links between inequality and crime are, however, tenuous and contested. Recent World Bank research examining the relationship between violent crime and income inequality found that reported crime rates were positively correlated with inequality.[39] Kelly's research indicates that that there is a significant difference between property and violent crimes, stating that inequality has no effect on property crimes but is strongly associated with violent crime.[40] Neumayer's later research found no significant link between crime and inequality.[41] The World Health Organisation, however, has stated that, "homicide rates are higher in

countries with high levels of income inequality and among residents of poorer households".[42]

There are indications that even the poorest countries do not have the high levels of crime that are seen in more prosperous ones. So, while poverty may create factors that are associated with crime, there are other factors that combine to drive crime patterns. What can be said with certainty, however, is that when crime levels are high, the effect of poverty is to increase vulnerability to crime and to reduce the ability of poor people to insulate themselves from specific kinds of crime.

A further issue to consider is whether poverty creates fertile soil for the emergence of a criminal economy that may consist of a range of economically beneficial activities that rely on transgressing the law. It is also important to ask how this criminal economy may be unseated when poverty and unemployment begin to recede.

Family services

The Department of Social Development has identified families as a focus for its services. These services are strongly connected to those provided by the Department that are aimed at children.

In addition to the DSD's Plan of Action for Families,[43] the Department is also working towards a National Policy on Families, which has yet to be released. The baseline document for this policy development process stated:

> Family policy should aim at supporting the development and care of family members as the family is regarded as a potentially powerful agent for political, economical, cultural and social change and potent vehicle for the care and development of its members.[44]

In addition, it stated that such a policy framework also needed to highlight the importance of resources for families and the costs in caring for members; that it should be sensitive to cultural diversity; and that it should aim to facilitate integrated service delivery and adequate resources for families and communities to promote family life. The document acknowledges:

> There is a gap between idealisation of the family and the reality which affects all South African communities as they find themselves living in conditions which make it difficult to actualise cherished beliefs about what families are and should be. Family policy needs to reinforce the functions of families despite changing family structure.[45]

The Plan of Action for Families lists a wide range of objectives that include a focus on:

- socio-economic conditions of families;
- improving access to service delivery (particularly in the areas of literacy and education, general health services, and reproductive health services);
- integrating family rights, protection and preservation into legislation and institutional frameworks;
- protecting families from diseases such as HIV/AIDS, malaria and tuberculosis, including the provision of essential drugs;
- institutional mechanisms to promote the rights of families;
- promoting environmental sustainability, safe water and sanitation;
- improving access to basic shelter; and
- promoting peace and stability, minimising the effects of crime and conflict on the family.

Overall, both processes assert the value and importance of supporting and strengthening the family as an institution. Two dominant perspectives on the family in South Africa are discussed by Richter et al. The first is the idea of the family as an institution that is in decline, while the second perspective sees the family as responsive to social change and undergoing change in relation to both structure and function.[46]

Services to families and crime prevention

There is no question that the social and family context is a critical factor in shaping personality, capacities, potential and general outlook on life. The family has long been a subject of interest for sociologists for its role as an agent for transferring social norms, and shaping and mediating the life

experiences of those who belong to such groups, however these may be structured. Richter et al note:

> Families are the primary source of individual development and they constitute the building blocks of communities. They link, under a common identity, young and old members, men and women, providers and dependents.[47]

While families play a role in the nurturing, care and protection of their members, they can also be devastating environments when violence, abuse, neglect, and conflict become embedded in relationships. For these reasons it has been noted that risk factors in families have a major effect on crime.[48]

It is clear from the DSD's Plan of Action for Families that the primary concern is survival – with a focus on food programmes, social security, and basic service provision. This indicates the pressures experienced by families living with poverty and unemployment, and also the threats that these social problems pose to the basic ability of families to socialise, nurture and support the development of their members.

Richter et al outline some of the benefits of family life. Research indicates that stable and emotionally supportive family life is associated with a range of

Box 20: Benefits associated with a stable and emotionally supportive family life

- Higher rates of school attendance.
- Better school performance and better school retention among children.
- Higher levels of self-esteem, self confidence, and future orientation among children and young people.
- A reduction in behaviour problems among young people, including aggression, substance use and crime.
- Higher levels of work productivity.
- Lower levels of stress and stress-related illnesses, resulting in lower levels of work absenteeism, substance use and health care costs.
- A greater capacity to deal with hardships and crises.
- Greater longevity and better quality of life among older persons.
- Increased responsibility for the care of sick and disabled family members.

Source: L Richter, Y Amoateng and M Makiwane, Describing families for policy, literature, archival and secondary research to support the development of family policy, Department of Social Development, Pretoria, 2003.

benefits (Box 20). Richter et al argue that to attain these benefits, investments in family life are required.

In addition, there is great consensus on the kinds of interventions at family level that make a difference in relation to crime.[49] Successful programmes are also likely to have multiple positive outcomes.[50] Noting this consensus, Sherman found that programmes for infants and children may be cost-effective in the long-run, although expensive in the short term. The study also concluded that combining home visit parental support with preschool education reduces crime committed by children when they grow up. Sherman noted that family problems later in life are difficult to address, especially family violence by adults. Overall, much more is known about making families better than about preventing family violence.[51]

Probation services

Through its mandate to provide services to offenders, the DSD is responsible for administering probation services including pre-trial, pre-sentence and post-sentence services to offenders – both children and adults. The enactment of the Child Justice Bill will further cement the important role that the Department will need to fulfil in relation to offenders under the age of 18, especially with pre-trial and diversion services.

Probation officers (who are social workers specialising in criminal justice work for all or some of their time) and assistant probation officers provide important pre-trial services to arrested people, particularly children. They are required to assess the arrested child, and make immediate recommendations to prosecutors as to how the matter should be dealt with. At this stage, there are several options open to prosecutors dealing with a child accused of an offence. Depending on the circumstances of the child and his/her family, the nature of the offence, and whether or not the child admits responsibility for the offence, the prosecutor may make any of the following decisions:

- withdraw the charges against the child unconditionally;
- using diversion, allow for withdrawal of the charge on condition that the child attends a specified programme or programmes;
- transfer the matter to the Children's Court;
- proceed with the criminal case against the child.

Probation officers are critical to this decision making process; generating information and making professional judgements that assist the prosecutor to decide on a course of action. At this early stage, decisions are made about how and where the child should be held, pending the finalisation of his/her case. Here again, there are many options, including the release of the child into the custody of parents/guardians, or placement in a secure care centre. Information from probation officers is key to such decisions.

In the pre-sentence phase probation officers also play an important role in assisting the court with decision-making. The court may request a probation officer's report on cases involving adults and children in order to advise and guide the presiding officer in making his/her decision regarding the most appropriate sanction. In sentencing, the presiding officer may also decide on a suspended sentence, and could order that this be served under the supervision of a probation officer. It is in these instances that the services of probation officers are enlisted again; in this case, to monitor the progress of the offender, to recommend and implement programmes for offenders, and to report on overall progress.

Probation officers also have the responsibility to develop and implement intervention programmes, or ensure that these are available through non-governmental service providers.

Probation services and crime prevention

The Department of Social Development notes that social crime prevention is housed within its probation services work. This is an area of considerable leverage for crime prevention, from the perspective of diversion and post-sentence services to both adult and juvenile offenders.

The great potential of these services flows from the fact that probation and diversion practitioners deal with individuals who are in a position to take part in a wide range of programmes. These are known offenders, who are identifiable, have home addresses and who may be served and supported in any number of ways to reduce the risks of re-offending. Based on the idea that a few offenders commit most offences,[52] then these offenders who are known to probation officers and diversion service providers are a critical group to target with crime prevention services.

Probation officers are also in an important position to influence the decisions of prosecutors and magistrates to exercise those options that are shown to have a greater potential for crime prevention than others (e.g. diversion as opposed to prosecution, non-custodial sentencing, etc).

Again, key questions that will influence the ability of these services to contribute to crime prevention relate to their reach and quality. Are these services able to reach all the offenders who could benefit from them, and are they of a nature and quality to produce the desired outcomes? It is also important to explore what diversity of services is available to offenders and whether these can respond to the many needs that may emerge. For example, offenders may have needs (e.g. substance abuse, sexual offending) that require highly specialised responses, and for crime prevention to be effective, a wide range of services needs to be available.

While it is not within the ambit of this study to audit the availability of intervention programmes, it must be noted that the nature and quality of such programmes will determine the impact on crime prevention. As a result, standard setting, quality assurance and impact evaluation by the DSD will be vital.

Capacity to deliver probation services across the country is an issue that has received much attention, particularly in preparing for the implementation of the Child Justice Bill. It was reported in 2003 that there were 760 probation officers in practice.[53] While this number may be increased to support the developing child justice system, it seems unlikely that this level of capacity will be sufficient to take full advantage of the crime prevention opportunities offered here.

Substance abuse

All three of the departments under review focus to a greater or lesser extent on the issue of substance abuse, or aspects thereof. The Department of Social Development has the broadest mandate in relation to this issue. The Central Drug Authority (CDA), which was established in 2000 is housed in the Department and is tasked with implementing the Drug Master Plan.[54] The CDA is, however, viewed as an interdepartmental intervention, with members from a range of other departments (Justice, Health, Education, Social Development, Trade and Industry, Labour, Foreign Affairs, Correctional Services, Safety and Security, Home Affairs and the National Intelligence Service) as well as civil society.

The national Drug Master Plan is the central policy document around which the activities of the CDA are formulated. Its priorities and objectives are outlined in Box 21 and cover drug enforcement, treatment and education.

Box 21: Priorities and objectives of the national Drug Master Plan

Crime

- Ensure that the law is effectively enforced.
- Reduce the incidence of drug-related crime.

Youth

- Motivate youth to refrain from drug abuse.
- Develop effective national and local public education strategies.
- Ensure that young people have access to advice, counselling and services.

Community health and welfare

- Protect communities from the health risks and other damages associated with drug misuse.
- Ensure that drug misusers and their families have access to counselling and services.
- Develop and implement training programmes on the detection of substance abuse, its prevention and treatment for all role-players.

Research and information dissemination

- Establish and maintain a substance abuse information system.

International involvement

- Enter into agreements with other countries and organisations in order to secure mutual legal assistance, intelligence sharing and co-operation in anti-drug efforts and training.

Source: Fact Sheet No. 12*, Central Drug Authority, Department of Social Development, March 2003.*

The links between crime and substance abuse are also complex. While no direct causal link may be established, it is clear that there are strong associations between some kinds of drugs and some kinds of criminal behaviour (e.g. violence). Leggett notes that there are three distinct ways in which substances may contribute to criminal violence:

- The intoxicating and disinhibiting effects of substances can lead to people acting in ways which they would not act when sober, including violent behaviour.

- With regard to addictive substances, crime, including violent crime, may be resorted to in order to fund the supply of the substance required.

- With regard to illicit substances, violence may be used to regulate an otherwise unregulated market.[55]

While the use of illegal substances may create the risk of a user coming into conflict with the law purely due to the fact that the substance is illegal, risks are also created by the behavioural consequences of using some drugs. While illicit drugs may be a cause of great concern, it is critical that responses take into account the broader problem of addiction and recognise the damaging effects of far more available drugs such as alcohol. Through a range of studies, alcohol has been closely associated with violence, and these and other harmful effects cannot be ignored.[56]

Great opportunities for secondary level crime prevention are also presented in the criminal justice system. There are literally thousands of offenders entering the system who face the problem of addiction. The ability to reach these offenders offers the opportunity to intervene in the cycle of substance abuse and offer the offender (and the family, where necessary) the kinds of programmes that respond to the problem. In cases where the offending may only be an indicator of this more deep-seated problem, the criminal justice system creates the opportunity to implement a range of health and social development objectives articulated in various policy documents, and to reduce the risk of further offending. Probation services, in the case of the DSD, are at the frontline of this opportunity.

If prosecutors and magistrates were also to develop a mindset that acknowledged the health problems relating to substance abuse, opportunities for crime prevention within the criminal justice system could be maximised. One example is the 'drug courts' in the United States, where the entire criminal justice system cooperates to focus on offering addict offenders an opportunity to engage in treatment programmes, and to ensure greater success of these through the monitoring of offenders' treatment outcomes.

A great deal of the potential in these strategies is reliant on the availability of appropriate and effective treatment services. Institutional treatment options in South Africa are, however, extremely limited,[57] and there is a great need to develop a network of community-based treatment approaches.[58] The creation of a broad base of education and treatment service providers, to ensure a wider reach and high quality services, also requires investments by the Department of Social Development in its NGO partners. Recent experience relating to the Noupoort Treatment Centre illustrates the need for norms and standards for in-patient and community-based treatment services, as well as for education services, and for these services to be monitored to ensure their ongoing quality.[59]

HIV and AIDS

The responsibilities of the DSD in relation to HIV and AIDS include:

- research;
- providing social support to those infected and affected (in particular children);
- providing services such as home-based/community-based care (in conjunction with the Department of Health); and
- building the capacity of officials to deal with HIV/AIDS.[60]

For a discussion of HIV/AIDS and crime prevention, refer to Chapter 5, which covers the work of the Department of Health in this regard.

Notes

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7 Ibid.

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CHAPTER 7
TARGET GROUPS AND CRIME PREVENTION

Many of the policies and programmes of the government departments under review identify specific target groups for some services. This chapter explores how services targeted at these groups may contribute to crime prevention. In the discussion that follows, services relating to the following groups will be assessed:

- children;
- youth;
- women;
- victims (including women and children as victims); and
- older persons.

Children

Children are defined as those up to the age of 18, in terms of both the Child Care Act (to be replaced by the Children's Bill), which focuses on the overall care and protection of children, as well as the Child Justice Bill, which deals with children who come into conflict with the law.

Much of the crime prevention literature[1] emphasises children and young people as specific targets for proactive interventions to prevent or reduce crime. Childhood and adolescence are recognised as phases of development where vulnerability to the factors that may result in offending and victimisation is most palpable.[2] 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.[3]

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.[4] Noteworthy is the fact that many of these factors are also associated with poverty and inequality.

Especially in relation to children, it is difficult to draw clear lines between those strategies, often related to the fulfilment of basic rights, that will serve to promote their overall well-being and health on the one hand, and those intended to have a crime prevention effect on the other. Much of the literature regarding crime prevention strategies refers to broader measures to ensure that children are provided with opportunities for fulfilling their basic needs such as food, shelter and clothing; that children are afforded safe and protective homes and neighbourhoods to grow up in; and that they are offered opportunities through education; support and nurturing, in order that they may fulfil their potential.

It is not within the ambit of this study to explore the situation of children in South Africa. Nevertheless, some basic information relating to the conditions, socio-economic and other, under which children live is required. Vast numbers of children live in poverty. Woolard concluded that nearly 75% of all children in South Africa are poor and nearly 55% are ultra poor: living in households with less than R215 per person per month.[5] This results in children (and their households) having to live in conditions of extreme stress, which impacts on many aspects relating to their overall health and well-being, including hunger,[6] morbidity, mortality, access to services, etc.[7]

More specifically, Coetzee and Streak also note that trauma accounts for about 25% of deaths of children in the 1–4 age group, and 77% of deaths in the 5–19 age group.[8] Motor vehicles are the predominant killers of children in the 5–15 age range, while firearms are the major killer of boys aged 15–19 years. This trend has been consistent over the past five years. The authors also note that around 72,000 crimes against children – including kidnapping, assault, murder and attempted murder – were reported in 2000, up from around 66,000 in 1996.

Education, health and social development policies and programmes in relation to children

All three of the departments under review have substantial responsibilities in relation to children and young people. The specific programmes have been discussed in detail in the relevant chapters above. The Department of Education bears most responsibility for this group. In terms of the Child Care Act and other legislation, the Departments of Health and Social Development also cover a broad range of children's needs.

Children are afforded a range of rights by the Constitution that are "unqualified by resource limitations or the issue of the progressive realisation".[9] These relate to rights to social services, shelter, basic health services, basic nutrition and basic education.[10] How the idea of 'basic services' is defined and interpreted is of critical concern. While 'basic education' is defined by the *Education White Paper 1 on Education and Training* as Grade R to 9, which entails the completion of a General Education Certificate, no similar specification of basic health and social development services is available.

Department of Education

This Department provides a range of educational services to children, which includes public schooling, early childhood development services, and catering for those children with special educational needs. More directly related 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 and runs the Primary School Nutrition Programme, which provides poor children with nutritional supplements. The Department has noted an increase in crimes committed against children – something that is seen as an "indication of weak social fabric".[11]

Department of Health

This 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 PHC programme includes adolescent and youth health services, where adolescents are defined as aged between 10 and 19 and youths between the ages of 15 and 24.

In relation to infant and child diseases, the DoH administers a range of programmes that are included in the Integrated Management of Childhood Illnesses Strategy (IMCI). This is "a comprehensive, integrated approach to decrease under-5 morbidity and mortality from common diseases."[12] Within the context of its PHC work, the DoH has also published a School Health Policy and Implementation Guidelines[13] 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.[14]

The primary contribution of the DSD is through social grants. The Child Support Grant, the Care Dependency Grant, and the Foster Care Grant are direct measures in support of children. In addition, the Department is also responsible for early childhood development services, child protection and child justice, and the overall management of the Child and Youth Care system. The contribution and responsibilities of this department in relation to children is explored in some detail by Streak and Poggenpoel.[15]

Children and crime prevention

As has been stated earlier, most efforts to prevent offending and victimisation aimed at this group (especially early childhood), become indistinguishable from those actions intended to promote the overall health and well-being of children.

Early childhood

As was discussed in Chapter 4 in relation to early childhood development (ECD), this age is one where opportunities for crime prevention are limitless. Research indicates that interventions here often result in multiple positive outcomes.

Early intervention in relation to children

The term 'early intervention' has been used in South Africa to refer to those services to children and families that should immediately be provided when signs of a problem become apparent. As such, early intervention can be classified as secondary crime prevention, and presents great opportunities for reducing crime. As is the case with primary health care, opportunities to intervene in a cycle of offending or victimisation exist for anyone that has contact with children, be it in ECD programmes, school, diversion programmes, etc.

The government services under review include specific interventions on this level. For example:

- Included in the Department of Health's primary health care package of services are services to children that have been victimised (discussed in Chapter 5).

- In relation to the issue of drug abuse, the Department of Education has instituted a policy that outlines the range of responses that should follow should a learner be discovered to have a problem with addiction.[16] The policy is based on the idea that such problems should be treated rather than dealt with in a punitive manner.

- The Child Justice Bill promotes diversion, which is a mechanism by which young offenders may be directed away from the criminal justice system into programmes intended to respond to the offending behaviour. While these programmes are implemented by NGOs such as Nicro and Khulisa and are mostly self-funded, the enactment of this Bill will require that the Department of Social Development become central to ensuring access to such programmes.

With regard to offending behaviour, Loeber et al note that "generations of studies in criminology show that the best predictor of future behaviour is past behaviour".[17] It is this idea that guides early intervention programmes. International experience indicates just how important it is to identify risk factors at an early stage and provide appropriate interventions. Loeber et al state that research has consistently shown that the onset of many conduct problems usually predates the onset of serious delinquency by several years.

Behavioural problems of children that are detected and diagnosed early theoretically enable us to offer children services appropriate to their particular needs. As noted earlier, family characteristics are important predictors of the early onset of offending. The number of family risk factors to which a child is exposed and the child's length of exposure to these stressors is also important. Some family characteristics that may contribute to early onset delinquency include 'antisocial' parents, substance-abusing parents, parental psychopathology, poor parenting practices (such as lack of monitoring, and/or a lack of positive reinforcement), the prevalence of physical abuse, a history of family violence, and large family sizes.[18] Sherman notes that serious crime "is individually concentrated in families with anti-social parents, rejecting parents, parents in conflict, parents imposing inconsistent punishment, and parents who supervise their children loosely".[19]

Diversion programmes also provide an important example of how government services may influence early intervention, and how the Department of Social Development in particular can serve a crime prevention agenda. When children come into contact with the criminal justice system through arrest it firstly brings them (and their families) to the attention of service providers, and secondly creates the appropriate opportunity for their behaviour to be assessed. Through this process, service providers may intervene and provide services that may reduce the risk of reoffending. This is undoubtedly an unusual and important opportunity available to social development service providers. Yet it seems that few services are currently being made available in this regard, supported to a very limited degree by government funding. Similar opportunities also present themselves at the sentencing phase.

All three departments under review, and particularly the Departments of Social Development and Education, provide services relating to residential care. These two departments collectively fund, manage, and are ultimately responsible for ensuring the care and protection of children in children's homes, reform schools, schools of industry, secure care centres and other kinds of partial care. The nature of residential care is such that children are significantly vulnerable to abuse, yet such institutions have a vital role to play as they replace the function of parents and guardians. Such institutions, and the staff that interact with children on a daily basis, are invested with inordinate power, and great obligations are placed on the government departments involved to provide appropriate monitoring and oversight over these institutions.

Overall, international research shows that investing in the health, safety and well-being of children renders significant returns for society, and that this holds also for the prevention of crime. Moreover, overall investments in the well-being of children are likely to multiply positive outcomes, which may include preventing crime.

Youth

All three of the departments under review identify the youth, broadly, as targets for specific programmes. In South Africa, 'youth' is defined, in terms of the National Youth Commission Act, as people between the ages of 14 and 35.[20] The National Youth Development Policy Framework, 2002–2007[21] however recognises that government departments often select more specific age categories for targeting specific services. For instance, the National Adolescent and Youth Health Policy Guidelines is aimed at the 10–24 age

Box 22: Strategic objectives of the National Youth Policy Framework 2002–2007

- Locate youth development as a holistic strategy that encompasses political, economic and social dimensions.
- Build an integrated and sustainable approach to youth development and youth development initiatives based on multi-sectoral interventions and creating enabling environments.
- Identify priority areas and sectors of possible intervention in terms of the existing cluster system used in government and experience of government and NYC in the past seven years.
- Clarify roles and responsibilities of the stakeholders in youth development (young people, government, civil society, and independent institutions).

Source: National Youth Commission, National Youth Policy Framework*, National Youth Commission, Pretoria, 2002*.

group, while the White Paper on Social Welfare defines 'youth' as those between the ages 16–30. The National Youth Development Policy Framework defines youth as between the ages of 15 and 28; a deliberate choice based on the fact that this group comprises about 37% of the total population, and is exiting the age of compulsory schooling.

The Framework targets the following groups: disabled youth, unemployed youth, school-aged out-of-school youth, youth at risk, and rural youth, and lists a set of strategic objectives (Box 22).

From a crime prevention perspective, the group selected by the National Youth Development Policy Framework converges relatively well with that group internationally considered to be at greatest risk of both offending and victimisation.[22] This policy is therefore an opportunity to intervene in the trajectory that leads young people into offending and victimisation.

Education, Health and Social Development policies and programmes in relation to youth

Department of Education

Apart from general schooling, further education and training, and higher education, other services of the Department of Education directed at youth include adult basic education and training (ABET), and the expanded public Works Programme (through ECD). The Department's website also states that it runs youth development programmes.

Department of Health

According to the document *Health Goals, Objectives and Indicators: 2001–2005*, the Department of Health aims to reduce morbidity and mortality among youth and adolescents. More specific objectives are reducing intentional and unintentional injuries including teenage suicide by 10% from the present level; reducing the proportion of births among girls aged 15–19 from 16% to 13% by 2005, and increasing the number of youth-friendly clinics from 0% to 20% by 2005.[23]

The Department has developed the Youth and Adolescent Health Policy Guidelines, which cover adolescents, defined as those aged from 10–19, and youth, defined as those aged from 15–24. These guidelines are aimed at providing quality care and promoting healthy lifestyles amongst the targeted age groups. Although a more recent document, *Strategic Priorities for the National Health System 2004–2009*,[24] notes the existence of the guidelines, youth and adolescents are not specifically mentioned as priorities. Eight critical areas for intervention identified by the guidelines are: sexual and reproductive health, mental health, substance abuse, violence, unintentional injuries, birth defects and inherited disorders, nutrition, and oral health.[25]

Department of Social Development

This Department is earmarked to provide youth development services and has reportedly developed two youth centres providing skills training for young people.[26]

Youth and crime prevention

The prevention of offending by, and victimisation of, young people – particularly young men – are both key crime prevention objectives in South Africa. The focus on youth as offenders often disguises the extent to which young people are the targets of criminals. Box 23 lists international trends relating to offending and victimisation among young people.

In any discussion about crime prevention relating to youth, it cannot be emphasised strongly enough that the most important gains are those made by reaching these young people much earlier on in their lives. The experiences of early childhood and adolescence actively shape the overall well-being of people in their youth, and often create the conditions and constraints by which they have to live their lives. The most obvious example is inadequate

Box 23: International trends relating to youth offending and victimisation

- Adolescence is the most common age period for law-breaking.
- The majority of offending involves boys rather than girls.
- Most offending relates to minor property offences, and serious offending is infrequent.
- A small number of offenders are responsible for much of the crime.
- Levels of victimisation among young people are high.
- Young people tend to victimise others who are about the same age.
- Young offenders are often themselves young victims.

Source: M Shaw, Investing in Youth: International Approaches to Preventing Crime and Victimisation*, International Centre for the Prevention of Crime, Quebec, 2001.*

nutrition, and how this may result in physical stunting and incomplete brain development. Another example is foetal alcohol syndrome, which may develop in a child as the result of alcohol abuse during the mother's pregnancy.

Overall, a range of factors – discussed above in relation to children – influence their physical, emotional and social well-being, with conditions in families also playing an important role. This illustrates the importance of a developmental view in relation to prevention, especially with regard to children, and of the critical need to prioritise investment in children.

Key to the overall development of children and young people is the role that schools can play. In general, the schooling system must first ensure that no harm comes to the children in its care, and second, seek opportunities to intervene where cycles of abuse, dysfunction, neglect etc. are apparent. Third, the system should promote opportunities for children to excel in all aspects of their development and not only in relation to educational achievement. More practically, schools need to ensure that they take full advantage of education services, and complete their schooling.

This role, of keeping children and young people engaged in education (including the extra-mural aspects of formal education), is an important vehicle for crime prevention, and if this fails, a range of effects may be felt by society. The most important is the failure of education services to be relevant to many South African children and young people. There is emerging evidence that the nature of formal schooling is unsuited and irrelevant to many children and families, who live in poverty, and many of these children seek out alternatives that are more appropriate to their current circumstances.

One such alternative is disengaging from school and living on the street.[27] The Department of Education needs to encourage engagement with the formal schooling system, and where there are signs of disengagement, such as truancy or drop-outs, appropriate interventions need to be made.

It is also important that young people and adults are afforded opportunities to obtain a basic education, as well as to undertake further studies to improve basic qualifications. In South Africa, young people between the ages of 15 and 35 are over-represented amongst the unemployed, representing 70% of all unemployed persons, with rural young people being more likely to be unemployed than urban ones.

The National Youth Policy Framework has further stated that youth unemployment is highest in the 25–29 age-group. The assumption, however, that a secondary school education will increase people's chances of finding employment has been found to be seriously problematic. Absorption into the labour market is particularly difficult, with research indicating that only 37% of school leavers enter the job market in a given year. African learners fare far worse; fewer than one in three learners find a job.[28] With the economy increasingly oriented to high skill production, the DoE has noted that prospective workers with some secondary education were less likely to be employed than individuals with fewer years of schooling. Overall, however, graduates with higher education are consistently more likely to find employment than those with less education, and individuals with little or no schooling fare poorly.

The failure to provide opportunities beyond the education system is also a problem, especially in relation to how having only limited opportunities may influence the choices of young people. Developing youth skills and creating youth employment are issues that are of concern to structures such as the National Youth Commission and the Umsobomvu Youth Fund, which integrate concerns about youth offending and victimisation into their programme strategies. Overall, the task is to draw young people on the fringes back into the mainstream of social and economic life. However, youth skills development and job creation have not occurred on a targeted enough scale, notwithstanding the existence of some large projects within the Expanded Public Works Programme.

Violent crime, especially sexual offences, warrants specific discussion in relation to youth. This is an issue that remains difficult to understand, and ideas for solutions are limited. Research from the mid-1990s, mostly undertaken by the Centre for the Study of Violence and Reconciliation, cautions that we are dealing with complex, and relatively uncharted,

territory. Simplistic responses that ignore issues of race, masculinity, identity, social exclusion, and the role of violent social norms cannot be afforded.[29]

The implication for crime prevention is that a far deeper and more sophisticated understanding of the problems is needed. It should be recognised, firstly, that young people have vastly different motivations and needs, and that those committing crimes such as car hijacking may be motivated by vastly different factors than those who commit rape. Glib solutions, such as the provision of employment on a mass scale, will not solve these complex problems.

Women

Women are often named as the targets of policies and programmes in the departments under review, mostly in the form of 'gender' programmes; and then specifically in relation to those interventions that respond to the issue of violence against women (discussed later in this chapter). At the outset it should be noted that these gender programmes very rarely, if at all, include services targeted at men as well.

Gender equality has been a central theme of South Africa's democratic era, with a range of programmes seeking to transform the status of women in society. This is, however, a highly complex terrain. The status of women in society dictates a range of conditions in that society, not only in relation to women themselves, but also to their spheres of influence. Most notably this relates to children and families. While this is about women's participation in the economy and political life, it is centrally also about the nature of choice and mobility available to girls and women as they navigate their way through the world.

In their role as mothers, primary caretakers of children, and, very often, sole caretakers of households, women play a broader role in South African society that is critical to explore in relation to crime prevention. Richter et al note:

> Maternal education has been found to be associated with various child outcomes. For example, it has been found to be negatively related to infant mortality through such intermediate mechanisms as the duration of breast-feeding and age of childbirth, positively associated with markers of health such as child's height-for-age and child immunisation; a positive association with academic achievement of Xhosa-speaking children in the Transkei regardless of whether they lived with both parents, and a positive impact on schooling attainment.[30]

Maternal health is similarly important to the overall health and well-being of children. Yet the Maternal Mortality Report 2003 stated that HIV/AIDS, malnutrition, sub-standard healthcare and other non-pregnancy related infections were the chief contributing factors to the country's increasing death rate among pregnant women. HIV/AIDS was the most common cause of maternal deaths (31%), with high blood-pressure complications being responsible for 20% of maternal deaths during pregnancy, uncontrolled bleeding 14%, pregnancy-related sepsis 12%, and pre-existing medical conditions accounting for 7% of maternal deaths. Other factors noted by the report included the lack of emergency transport (especially in rural areas), sub-standard healthcare, and a lack of adequate health personnel, resources and information.[31] Pattinson noted that South Africa fares poorly when comparing the maternal and peri-natal outcomes of other upper-middle income countries.[32]

Education, Health and Social Development policies and programmes in relation to gender

Department of Education

This Department supports a range of programmes in relation to gender equity, housing a sub-directorate focused on gender. It also promotes schooling for girls through the Girls Education Movement (GEM), and has programmes to combat sexual abuse amongst learners.

Department of Health

The Annual Report 2003/4 of the Department of Health reports separately on achievements in relation to women's health.[33] The Department notes the finalisation of a range of policies and guidelines during 2003/4. These include the National Sexual Assault Policy, Management Guidelines for Sexual Assault Care, Sexual Assault Examination Form, National Contraceptive Service Delivery Guidelines, and the National Strategy for the implementation of the Choice on Termination of Pregnancy Act.[34] Maternal health is also a focus of the DoH, and the Strategic Priorities for the National Health System, 2004-2009. The strengthening of these programmes is noted in this document as a strategic priority for this period.[35]

Work in this Department in relation to victims is provided for under programmes relating to women and children. Other services to victims are undertaken in the context of PHC services in clinics and other

hospital-based trauma services, including medico-legal services. This also includes the provision of anti-retroviral therapy to victims of sexual assault.[36]

Department of Social Development

The DSD runs a programme intended to advance the economic empowerment of unemployed women, and benefit children under the age of five living in deep rural areas and informal settlements. This programme runs projects intended to support local economic opportunities and services. Projects include income-generating initiatives such as eating-houses, overnight facilities, car washes, beauty salons, vegetable gardens, garment-making, poultry and egg production, bread-baking, leather works, offal-cleaning, child-minding, and paper and fabric printing.[37]

The Department has also established one-stop centres for abused women and children in partnership with the United Nations Office on Drugs and Crime, as part of its broader Victim Empowerment Programme (VEP). The VEP "facilitates the establishment and integration of interdepartmental/ intersectoral programmes and policies for the support, protection and empowerment of victims of crime and violence, with special focus on women and children." It also ensures that the implementation of such programmes and policies is monitored and evaluated.[38]

The DSD has also participated in the development of an 'anti-rape strategy' through the Interdepartmental Management Team (IDMT). This team comprises representatives from the departments of Health, Safety and Security, Social Development, and the Sexual Offences and Community Affairs Unit of the National Directorate of Public Prosecutions.[39]

Victims

Providing services to victims in a comprehensive, directed, and conscious way as a crime prevention effort was introduced by the National Crime Prevention Strategy in its focus on victim empowerment. This was motivated by high levels of victimisation, and the victimisation of a broad range of people in South Africa,[40] and also by the fact that victimisation created a range of needs among victims.

Work with victims does offer important crime prevention opportunities: focusing on the victim creates the opportunity to intervene in a cycle of victimisation, and prevent further crime. This is clearly demonstrated in

relation to crimes such as domestic violence and child abuse. It is also argued that providing services to victims reduces the harm caused to them, and reduces secondary trauma.

Victim empowerment

The WHO states that, apart from critical interventions in relation to primary prevention, "providing quality support and care services to victims is an essential component of any response to interpersonal violence". The specific aims of strengthening such services are to:

- treat injuries and minimise harm and suffering in both the short and long term;
- reduce the likelihood of secondary victimisation – both intentional and unintentional –
- by service providers;
- facilitate redress through the criminal justice system where possible;
- reduce the likelihood that individuals will suffer repeat victimisation in the future and the likelihood that victims themselves will become perpetrators.

The government Victim Empowerment Programme is coordinated by the Department of Social Development. Its purpose is:

> To facilitate the establishment and integration of inter-departmental/ inter-sectoral programmes and policies for the support, protection and empowerment of victims of crime and violence, with special focus on women and children and to ensure that the implementation of such programmes and policies is monitored and evaluated.[41]

Education, Health and Social Development policies and programmes in relation to victims

Government has developed a Service Charter for Victims of Crime in South Africa[42] and has published a document entitled: Minimum Standards on Services to Victims of Crime[43] to facilitate the implementation of the Charter.

As noted above, it is the Department of Social Development that specifically names the Victim Empowerment Programme among its core responsibilities.

Although victim support is not reported on by the Department of Health, services to victims may be provided within the primary health care package (discussed in Chapter 5), as well as through the trauma services provided by hospitals to victims of crime, and in terms of reporting on 'health promotion'. The DoH's victim empowerment and trauma support work at PHC level, and the advanced training undertaken in centres established in some provinces to manage victimisation has been noted.[44]

Women as victims: gender violence

> Violence against women is the world's most pervasive form of human rights violation. Gender-based violence represents a substantial health burden for women in terms of morbidity and mortality rates and makes a significant negative impact on their physical and mental health.[45]

Notwithstanding statements of this nature, and growing international acknowledgement of the epidemic nature of this problem, South Africa has only recently begun to engage with violence against women. The nature of the problem creates its own difficulties, such as the shame attached to victimisation, the normalisation of victimisation, and the hidden nature of domestic violence. Overall, little information is available on the prevalence of violence against women and its overall impact on women and society.

Yet there are some stark indications of the depth of the problem. Research indicates that 8.8 out of every 100,000 women 14 years and older were killed by an intimate partner in 1999, an average of four women a day.[46] This is believed to be "the highest rate that has ever been reported in research anywhere in the world". Gender-based violence is associated with mental health problems, HIV infection, sexually transmitted diseases, and depression and anxiety disorders. Costs to individual women, and the health system more broadly, can never fully be known.[47]

Much of the complexity of the problem derives from the deep-seated social and cultural norms that have made it possible to hide and even normalise violence in the lives of many women. The different manifestations of violence, such as domestic or intimate partner violence, rape and sexual harassment, and the ways in which these relate to the particular contexts within which women go about their daily lives, require far more sophisticated approaches to intervention.

Much of the discussion about eradicating violence against women relates to the complex dynamic between violence and gender equality. According to the Canadian Panel on Violence against Women:

> It is abundantly and indisputably clear that women will not be free from violence until there is equality, and equality cannot be achieved until the violence and the threat of violence is eliminated from women's lives.[48]

If we accept that the victimisation experienced by women is a manifestation of their status in society, and of the roles that they are expected to fulfil, this may be an ideal starting point for prevention efforts. However, these efforts alone will not resolve the problem – a position that is confirmed by the World Health Organisation.

Shaw notes that, internationally, gender has generally received little attention from crime prevention policy, notwithstanding calls for the mainstreaming of gender issues in this field.[49] As has been the case in South Africa, international experience has been that 'gender' interventions have focused on women, as opposed to men and women and the relations between them.

Shaw states that prevention efforts internationally have been aimed at a range of longer-term strategies focused on women, including victim support strategies, shelters, etc. She points out the absence of programmes relating to men, and the need to study masculinities and the construction of these in order to understand relationships between males, as well as the need to study relationships between men and women. Shaw concludes that, overall:

> Crime prevention in general continues to pay little attention to the significance of gender on the behaviours of potential or actual offenders—to be ungendered or, more often, gender-neutral. The gendering of crime prevention would mean paying greater attention to women and masculinity, and the behaviours and structures which promote delinquent behaviour among boys.[50]

The elderly

As a target group, the elderly are singled out by the Departments of Social Development and Health due to the vulnerability that may result from age and infirmity. It is also true that when this group lives in conditions of poverty, they may be especially vulnerable. This was confirmed by the

Ministerial Committee on the Abuse, Neglect and Ill-Treatment of Older Persons, which reported high levels of abuse, neglect and ill-treatment of elderly people by families, institutions and government services.[51] Among the main recommendations of the Committee were:

- significantly improving social assistance service delivery to older persons;
- accelerating the transformation of residential homes for older persons;
- increasing the support for community-based care and non-residential services to older persons;
- introducing new legislation that complies with the Constitution, and with the international conventions on the rights of older persons.[52]

There is no doubt that of the target groups discussed in this chapter, this is the least researched group, especially with regard to the issue of crime. Elderly people continue to play a central economic role in poor families through old age pensions, and grandparents, especially grandmothers in rural areas, increasingly play the role of primary caregivers to grandchildren.[53] Aliber noted that while this may be an indication of the increased participation of women (mothers) in the economy, it may "also put undue pressure on elderly people whose old age grants end up being used effectively to support whole households rather than just themselves." He also noted, however, that older people are likely to experience great vulnerability and social exclusion, especially when they are poor.[54]

Education, Health and Social Development policies and programmes in relation to the elderly

Both the Departments of Social Development and Health address themselves to the needs of older people and the need to provide services to this group. The Department of Social Development has introduced the Older Persons Bill, which aims to: maintain and promote the status, well-being, safety and security of older persons; maintain and protect the rights of older persons as recipients of services; regulate the registration of facilities for older persons; and combat the abuse of older persons.[55]

The Department of Health has produced the National Guidelines on Prevention, Early Detection/Identification and Intervention of Physical Abuse

of Older Persons at Primary Level[56] for the purposes of guiding primary health care service delivery in this regard. The document recognises a range of problems relating to older people, including negative attitudes to older people and ageing, the inadequacy of social policy, the lack of information through government departments, the general lack of community safety and security, the hidden nature of abuse and the lack of empowerment of older people. The document offers interventions, making clear suggestions as to how abuse may be prevented at various levels, including the prevention of abuse in institutions serving older people.

Older persons and crime prevention

As has been noted, little work has been done in this area and the Department of Health's guidelines discussed above are an important contribution. The difficulty is that relatively little is known about the nature of victimisation experienced by older persons in relation to crime. What has also become apparent is that older persons experience other kinds of abuse at the hands of government service providers, which are fundamentally problematic and may occur more frequently than victimisation of a criminal nature. Examples are the way older persons are treated in pension payout queues,[57] and the abuse that is experienced by older persons in care institutions. Overall, a great deal more work is required in relation to this issue in order to create data upon which to base recommendations for crime prevention.

Notes

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5 E Coetzee and J Streak, Monitoring Child Socio-Economic Rights in South Africa, Idasa, Cape Town, 2004, p 242.

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7 These conditions, as well as South Africa's achievements and challenges in relation to children, are documented in some detail by Coetzee and Streak, ibid, and the Children's Institute, op cit.

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CHAPTER 8
DISCUSSION AND RECOMMENDATIONS

Crime prevention: a lack of clarity within government

It is clear that Government considers crime prevention to be important and desirable. This is demonstrated by a number of policies, programmes and actions, the most recent of which is its inclusion in the government's Programme of Action.[1] Overall, however, social crime prevention in particular seems to be misunderstood, or has multiple meanings and applications depending on which government department is involved.

The Programme of Action, for example, has listed a number of social crime prevention objectives. Most of these, however, relate to law enforcement strategies to prevent crime and have little or no relationship to what is traditionally understood to be social crime prevention. A further example is the work of the Department of Social Development. Although the DSD lists social crime prevention among its programmes, it is very narrowly defined despite the fact that a great deal of what this Department seeks to achieve relates to social crime prevention.

Generally, within government, there has been an over-reliance on law enforcement strategies to prevent crime, and a focus therefore on the traditional criminal justice government Departments. The contribution that may be made by the social service departments, through their core activities, has received far less attention. The interventions that are possible from a social crime prevention perspective are vitally important as complementary to the law enforcement strategies already in use.

Overall, it seems that the great potential for preventing crime that already exists within the core programmes of government departments has been subordinated to interdepartmental and intersectoral initiatives. Many of the important activities undertaken by individual government departments – some of which have been shown internationally to produce significant crime prevention results – are not given the priority and attention that could serve a crime prevention agenda.

There are many examples of this, including programmes on early childhood development (ECD), diversion, effective probation, etc. So, while these interventions may not directly aim to prevent crime, it may certainly be an important outcome (refer to the discussion regarding intentions and outcomes in Chapter 3), and thus an important focus when limited resources are an issue.

Programme quality and reach are critical success factors for crime prevention

Probably the most significant finding in relation to all the services discussed above is that, for crime prevention outcomes to even be possible, key success factors are the quality and reach of services. Programme quality is central to preventing crime, as it is of limited value that a programme exists, but of great importance that the programme is able to achieve its intended outcomes. Programme quality relates to a number of factors that are discussed below.

The reach of services (often phrased as 'access to services') is also important for crime prevention. Programmes need to be targeted appropriately and should impact on a high enough number of people in order to see changes in larger crime patterns.

What is clear from much of the preceding discussion is that, in relation to many of the services under review, government departments are still grappling with the basics of service provision. For example, in 2001 it was noted that only 10% of ECD service providers were judged to be properly qualified.[2] In addition, per capita expenditure in ECD is small,[3] and it is questionable whether this investment is enough to produce the expected outcomes.

Primary health care provision is another example. PHC was demonstrated earlier in this study to offer a critical leverage point for crime prevention. However, in 2004 only about 40% of facilities have PHC-trained nurses.[4] The challenges of having the necessary skill and capacity to deliver high quality programmes pervade much of the discussion in relation to social services. How long it will take before high quality services are delivered will determine how well these government departments serve crime prevention.

Beyond the issue of skills, a range of considerations influences the issue of programme quality. These are discussed below.

Programme content

All services provided need to be based on what is understood from international and local learning to constitute 'good practice'. This will ensure that programmes keep pace with new research developments and that they continue to grow and evolve in ways that offer citizens the best service possible.

Programme theory[5]

It is important that programmes aiming to have a crime prevention impact articulate the theory on which the programme is based. This needs to be a statement regarding the assumptions being made by the programme as to what will actually lead to crime prevention. When crime prevention is one of a range of outcomes expected from a service or programme, this should also be stated.

Defining outcomes

All services should state clearly defined outcomes. This should be a statement of the state of affairs that should prevail when successful services are delivered.

Targeting

Defining targets for crime prevention activities is essential to their success. Targeting means identifying both the people at whom services will be directed and the nature of change that is sought in relation to those people. There is some evidence of targeting among the three departments under review, and especially in relation to specific groups.

In relation to crime prevention, however, clearly defining what change is sought, or what crime is to be prevented, is critical to building effective intervention strategies. There is evidence of this in the Department of Health, for example, where it specifically focuses on issues of violence. In many cases, the nature of the violence that is being focused on is also defined.

Norms, standards and protocols

Especially when services are being delivered on a large scale, guidelines providing norms and standards as well as action protocols are central to

ensuring high quality services of a consistent nature. Some of the services reviewed were guided by norms and standards, but this kind of approach was not standard practice.

Monitoring of services

Monitoring and evaluation is also central to ensuring high quality service delivery. Within both the Departments of Health and Education, monitoring activity as mandated by the national department is apparent, while in the Department of Social Development this has not been the case until recently. The existence of units to monitor and evaluate services is, however, not enough. Monitoring needs to assess both the quantity and quality of services provided, and work towards an understanding of what outcomes are created.

The nature of the monitoring that is undertaken can significantly influence the quality of services if the following are present:

- there is a clear, defined programme of monitoring and evaluation of service delivery;
- this programme needs to be properly communicated to all those delivering services;
- the programme must monitor both the quality and quantity of services delivered;
- the programme should monitor services in terms of pre-defined outcomes;
- there should be clear expectations as to the nature, reach and levels of service that are to be provided i.e. norms, standards, and service protocols should be in place;
- the findings of monitoring and evaluation programmes are communicated clearly back to service staff, together with recommendations that relate directly to the management of service improvements;
- findings should include the collection of stories and 'good practice' examples;
- findings should single out service staff that deliver beyond expectations; and

- findings should reflect directly back on government policy.

Good management

Management is also a critical element for effective service delivery, yet it is a skill that seems in short supply in South Africa. The value of good management for the delivery of education services has been demonstrated, and good management offers equivalent value in relation to all other services under review. Contained within the realm of management are roles such as strategy development, planning, performance management and monitoring that are all important activities to ensure quality service delivery. Failures at a management level engender failures at lower levels of delivery. This level has to be the subject of specific attention for capacity building.

Oversight and complaints mechanisms

The existence of independent oversight bodies as well as mechanisms through which complaints can be lodged may also enhance the quality of services, as they provide ways in which service delivery may be vetted outside of ordinary management channels. The success of such measures depends on the extent to which their existence is publicised and promoted, and the extent to which the public is educated as to their value and use.

Seeking leverage points for crime prevention

International experience has taught us that there are some activities that may have a substantial impact on crime prevention. These are called 'leverage points' when multiple crime prevention outcomes may be possible, or when interventions are shown to have a high level of success. As a country with many priorities and limits on resources, these offer us unique opportunities. Yet there are few signs that South Africa is taking advantage of these leverage points.

Investing in children, from as young an age as possible, through programmes that ensure their overall health and well-being, is known to create multiple positive outcomes. Yet the philosophy of 'investing in children' does not seem to permeate the system of service provision. While important progress is being made in this regard (such as the extension of social security relating to children and investments in Grade R education), weaknesses in delivery

(for example services for children younger than age five, programmes for the protection of children from victimisation, and the provision of support to child victims) are cause for concern.

Other leverage points that are not being exploited and yet are known to have great crime reduction impact are probation services, diversion, and offender reintegration services. From a crime prevention perspective, targeting these known offenders, and seeking to reduce risks related to re-offending may be a critical contribution.

Budgets

Creating space in government budgets for the 'leverage points' discussed above is also a challenge. It has been noted throughout this monograph that many of the other services provided by the Departments of Health, Education and Social Development are being crowded out by provincial social security services. The pressure on these departments to deliver on some very basic services also significantly reduces their ability to contribute to crime prevention.

Even if social service budgets were to be increased, the potential for certain services to be subordinated to others clearly exists within the current budget framework. It is important for mechanisms to be found where budgets for specific programmes may be ring-fenced in order that they are not sacrificed to other needs. The provision of conditional grants to augment specific social crime prevention services is a strategy that should be considered.

Information about crime in government

Overall, the information used by government for crime prevention planning is relatively weak. The only substantial information available about crime for the country as a whole is the crime statistics produced by the SAPS. These data are inadequate for crime prevention practitioners, as more and different information is required in order to implement crime prevention programmes. Information about the nature and patterns of victimisation, collected on a regular basis, is essential for programme planning. Further disaggregated information relating to the different vulnerable groups served by the departments under review, e.g. children and the elderly, also needs to be collected. Evaluating the effectiveness of programme strategies to prevent crime is also important.

There seems to be no specific structure within government that will generate this kind of information. The Population Development Programme housed within the Department of Social Development does not list crime prevention amongst the issues it covers, notwithstanding this Department's significant role in this regard.

Civil society and crime prevention

There is considerable experience and expertise in social crime prevention among civil society organisations, yet there are few avenues for these to benefit government programmes.[6] Over the past six years, civil society organisations have made significant inroads into understanding what works in relation to social crime prevention, and there have also been efforts to evaluate and document these lessons.

Civil society's role has largely been to test new approaches to crime prevention. The question is whether these new approaches can be integrated into general government service delivery, and if government can take these projects to a greater scale. Notwithstanding a focus on social crime prevention, most notably from the South African Police Service, there is little evidence of such project expansion. This is problematic, as civil society organisations struggle to sustain their services on limited funds, and there is a real danger that the impetus for crime prevention that has been generated over the past years will be lost.

The many lessons learned through the experiences of civil society organisations have been documented by organisations such as the Open Society Foundation for South Africa,[7] and the Council for Scientific and Industrial Research with the Institute for Security Studies.[8]

Training and capacity building

Providing training and other means of capacity building for government officials is often touted as the panacea for service delivery problems. The difficulty for crime prevention is that it is a complex and fluid notion (as discussed in Chapter 2), and its application is specialised. The reality is that only managers and service deliverers understand that opportunities for impact exist within current service programmes. This requires that the departments under review provide appropriate training to carefully selected staff at all levels of operations, in order to engender and embed crime prevention thinking into the bureaucracy.

Investing in public education

The role for public education programmes in preventing crime has received some attention internationally. This is, however, not the case in South Africa. There has been much debate regarding the extent to which behaviour can be changed through public education messages in the mass media. Nevertheless, some basic messages that provide information about issues such as rights, how to access services, etc. may also serve a crime prevention agenda. Messages that emphasise and reinforce current behaviour, or that promote minor behaviour change serve a potentially important role. Examples of such messages are:

- how to access social security for children and the elderly;
- promoting the enrolment of young children in early childhood programmes, free schooling, free health care, etc.;
- informing people about how to complain about bad service delivery;
- informing people about how to report corruption in government offices; and
- informing people on what services may be expected at primary health care clinics.

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 and many lessons have been learned both locally and internationally regarding the best strategies.

Crime within government departments

Crime within government, particularly fraud and corruption, can have a serious impact on the nature and quality of service delivery, and on achieving the overall goals of democracy and development. The failure of government to deal with these, and the public perception of government employees as corrupt and untrustworthy, would be disastrous for any government. Therefore crime management, and proactive crime prevention within government services, are critical. A great many lessons and best practices have emerged internationally regarding measures to prevent fraud and corruption. The implementation of appropriate measures of this nature must be a priority for the government services under review. The overall value of promoting good governance, integrity and clean government should not be underestimated.

Notes

1 <www.gov.za>

2 T Williams and M L Samuels, *The Nationwide Audit of ECD Provisioning in South Africa*, Department of Education, Pretoria, 2001, p 5.

3 RA Wildeman and C Nomdo, *Implementation of Universal Access to the Reception Year (Grade R): How Far Are We?*, IDASA, Cape Town, 2004.

4 Department of Health, *Strategic Priorities for the National Health System, 2004–2009*, Department of Health, Pretoria, 2004.

5 R Griggs, *Crime and Violence in South African Schools: Learning and Good Practice from Eight Interventions*, Open Society Foundation for South Africa, Cape Town, 2005.

6 C Frank, What Have We Learned? Social Crime Prevention in South Africa, *SA Crime Quarterly*, No 6, Institute for Security Studies, Pretoria, 2003; R Griggs, 2005, op cit.

7 <www.osf.org.za>

8 E Pelser (ed), *Crime Prevention Partnerships: Lessons from Practice*, Institue for Security Studies, Pretoria, 2002.