



# SOCIAL WORK CHILD PROTECTION PROJECT 2016-2021

RED CROSS WAR MEMORIAL CHILDREN'S  
HOSPITAL

PROJECT REPORT  
June 2021

Children growing up in South Africa, including in the Western Cape, do so in a context of pervasive violence. As a dedicated specialist paediatric hospital, the Red Cross War Memorial Children's Hospital (RCWMCH) in Cape Town is the main point of care for children who have experienced severe physical and/or sexual abuse.

The Social Work Department at the Hospital plays a pivotal role in ensuring the holistic recovery and ongoing safety of these children. However, keeping abreast of the increasing demand for its service has been an ongoing challenge. The Social Work Child Protection project focused on implementing an intensive series of activities over the past 5 years to strengthen the Hospital's current Social Work service provision.

Thanks to a combination of new and improved systems for managing protection cases throughout the hospital, including education and training on aspects of child protection for not only the Social Work Department but also for clinicians in the hospital, vulnerable and victimized children who are now admitted to the Hospital receive a considerably improved service.

Thank you for being a part of this important project. Together we are bringing real change to South Africa's children.



## Project Overview

### Project Goals

- + Gain a better understanding of child protection services at the RCWMCH and the incoming level of need.
- + Identify areas to improve practice, better understand and manage complex cases, strengthen referral pathways and prevention measures, and improve patient outcomes.
- + Monitor the involvement of external agencies, including external Social Work Agencies and the South Africa Police Service (SAPS), and make active recommendations for change.



### Key Project Activities



#### Historical Case Audit

Working through child abuse files from the late 1980s to 2016, files were developed and consolidated for all cases from 1990 to 2016 (9444 in total). A standardised folder checklist for medico-legal compliance was implemented for all cases from 2016 onwards.

An electronic database capturing identifying data (name, folder number) for each of these cases was developed. *This enables Social Workers to easily search for a name or folder number of a child or sibling in order to check for previous child protection issues or repeat presentations.*



#### Child protection case review and follow-up

A process to thoroughly review child protection cases admitted to the hospital since 2011 was initiated, focussing mainly on victims of sexual abuse, physical abuse, neglect, gunshot injuries, dog bites and burns.

The review process involved making contact with all families, all community-based social work agencies to whom cases were referred, all relevant South African Police Service office (SAPS) or Family Violence, Child Protection and Sexual Offences (FCS) offices and, in many instances, the Courts.



#### Systems and case management improvement

In order to deal with these cases, the team constantly worked to evolve their practice based on the 'Lessons Learned' from the analysis and management of historic caseload. As part of this, new system and case management protocols have been developed, and training on these was provided to Social Workers, Clinicians and Nurses.

Debriefing and psychosocial support was also provided to all project and permanent social work staff in the form of Weekly group support sessions with supervisor and individual and group counselling sessions with a psychologist.

## PROJECT IMPACT

### Improved Access to Child Protection services

The case review process has led to the identification of many children and families who were insufficiently supported by services following incidents of child abuse. Of significance was the number of children seen four or more years ago, who still report feeling traumatised by the abuse incident. Some of these patients had been for counselling but not all. The severity of the incident, as can be expected, had direct bearing on the psycho-emotional fallout.

This project enabled the Social Work Department to provide these children with follow-up services and referrals, including medical, social, and psychological interventions such as trauma counselling, removal of children in instances where they remain in unsafe/risky circumstances, support with school etc.

#### 3 085 Child Protection Cases Reviewed



**1 209** Sexual Abuse cases



**1 196** Physical abuse & Neglect cases



**214** Gunshot cases



**413** Dog Bite cases

**Having worked through all priority child protection cases from 2016 to 2020, it has now become standard practice for social workers to do a 12-month check-in with all social work cases seen at the Hospital.**



### Improved quality of care

Drawing on lessons learnt during the audit and case review process, the Social Work Department have refined their interventions through the development of standardised protocols and best practices in order to ensure the most favourable outcome for the child and family. Medical staff were also trained on referral protocols and completing necessary judicial forms. This has resulted in a marked improvement in case documentation, management and completeness.

+Child Abuse Screening Tool

+RCWMH Social Work referral protocol

+Child abandonment referral protocol

+Gunshot injury standards of practice

+Consent for surgical operations SOP

+Management of Forensic Evidence SOP

+Dog bite injury protocol

+SOP for child abuse record keeping

+Picture/Evidence archiving system

+Weekly Multidisciplinary Child Protection Meeting

### Capacitated Social Work Staff

The training and psychosocial support components of this project have contributed significantly to the continued professional development of all social work staff. Confident skill and knowledge has been gained in key areas of child protection case management, including training in:

- Child rights and the Law,
- Child abuse and the police investigation,
- The role of the social worker in Child Protection,
- Child Abuse and trauma counselling and vicarious traumatisation.

All staff have also attended individual and group counselling with a qualified psychologist and have weekly team debriefing sessions to help them cope with traumatizing nature of their work.



## PROJECT IMPACT

### Advocating for better child protection services in South Africa

This project has revealed important information about the circumstances in which abuse and violence against children occurs. It has enabled us to identify trends in presentations so that our prevention messages and intervention is more accurately aimed at the correct audience within the community, the police services, the judicial system and the government of the Western Cape.

The Social Workers make sure there is early involvement of police and accurate collection of forensic evidence, and there are now safety protocols within the hospital to protect children and to ensure the most favourable outcome for the child and family. The Hospital now also ensures that a patient is only discharged once Social Work is informed who the allocated community social work supervisor or caseworker is. Once written confirmation of the responsible case worker is received, they then engage in e-mail communication with the social worker and request a discharge plan for the patient to ensure a commitment to safety, assessment, risk assessment, monitoring.

### *How has COVID impacted on Child Protection Services?*

Over the past 18 months, schools, early childhood development centres, community social services, police and the courts were all either completely shutdown or operated at significantly reduced capacity for extended periods of time. Hospital social work services were the only social services that operated without disruption during 2020. These service disruptions during COVID have derailed some of the progress in the responsiveness of social and law enforcement agencies brought about through this project. These delays in referral, in turn delay the safe discharge of these children from hospital, putting further strain on all services.

COVID has also placed additional psychosocial burden on families, placing children at higher risk of being vulnerable to harm.

*"As we move forward and possibly face the third wave of Covid19, we need to use the next months to plan what happens to the children if the 3rd wave emerges. How will we prevent abandoning the children and their protective services? We need to purposefully reach out to children to check in with them."* Carla Brown, Head of Social Work, RCWMCH



### Reducing Preventable Injuries in Children

The development of a monitoring system has allowed commonality in cases to be detected, and we can respond timeously and purposefully to the preventable injuries detected in children.

**There have been at least four children between the ages of one month and 4 months who have presented with severe head injuries after a fall out of a baby seat.** Based on pictures sent by the families, the social worker investigations have identified one very important commonality in these cases - it was exactly the same baby seat. When we look at the history given, it seems that everyone had used the handle on this seat to lift the seat with the baby sitting in it. This action has led to all four of these babies falling out of their seats. We have since established that the handle is not designed as a safe handle to weight bear hence in the said 4 cases the handles broke and the babies fell out sustaining head injuries. In collaboration with Child Safe, contact has been made with the Baby seat company to discuss the safety issues encountered, and parents are educated on the necessary safety precautions required when using such devices.

**Several children have presented with large hot water burn injuries after falling into a big bath of water where a large self-manufactured element was used to heat the bath.** Unfortunately, because many families live in one roomed shacks, this bath of water stands heating with the element immersed, in the centre of the shack. These elements have been self made within our communities out of desperation in families who live in informal shacks dwellings without a bathroom, and this is also a more economical way of heating water than boiling a kettle as many people can bathe and benefit in a shorter space of time . Because it takes a long time for the element to heat the mass of water, people are not standing supervising this heating process. This set of circumstances has led to greater risk children to burn. Via the Child Protection project, we were able to pick up these case specific trends and immediately ask for Child Safe to take this information and intervene by developing prevention messaging and education around this issue.

## ETHAN'S STORY

Children are so precious and vulnerable, yet they can be exposed to and experience abuse by the very people responsible for their wellbeing – people who are supposed to love and care for them. In fact, research has shown that the perpetrator is usually someone known to them.

Ethan\* (5) is a sweet, gentle little boy who has the misfortune of being born to parents who show him very little love and affection. Complaining of severe abdominal pain, his older sister took it upon herself to bring Ethan to Red Cross War Memorial Children's Hospital (RCWMCH) as it was alleged that his mother was sick at home. Diagnosed with a liver laceration and 7 fractured ribs, the medical team provided a detailed medical report committing to the conclusion that he had been severely intentionally physically assaulted. He wet the bed in the hospital since admission, but his sister reported that he has been wetting the bed for the past year. It was soon recognized that this tiny child was displaying many symptoms of Post-Traumatic Stress Disorder (PTSD).

Children subjected to abuse often feel fearful or anxious about doing something wrong, and they may become withdrawn trying to shield themselves away from further abuse. After five days in hospital, Ethan started responding to the social worker's questions about how he sustained his injuries - this 5 year old boy provided a history of severe abuse in his family. He was very scared and did not want the social worker to tell anyone. He said he was afraid of his father and mother. The Social Workers worked with him daily, however it took three weeks to properly gain his trust. Despite this very special little boy's traumatic experiences, Ethan has shown immense strength and courage. He is now learning that it is okay to ask for help and that he can trust adults to be there for him and keep him safe. Ethan\* is now in a safe place.

Thanks to the generous donations received from our donors, the training that the hospital's social work department received has been invaluable. It has empowered them to do a critical evaluation of Ethan's case and plan the best intervention processes which would only benefit him and ensure that he is taken care of.

*"The Social Work Child Protection Service enables the RCWMCH Social Work team to manage very complex cases because we have benefitted from much training, had time to reflect on, do critical evaluation of our roles, skill sets, as well as plan the best intervention processes."* Carla Brown, Head of Social Work

The Social Work Service and Child Protection Room within the Emergency Centre will continue to help society's most vulnerable, and the Children's Hospital Trust remains committed to be champions for the sick and injured little patients at Red Cross War Memorial Children's Hospital.



# FINANCIAL REPORT

		Total Budget Year 1-5	Total Expenditure Year 1-5
Personnel	Social workers 1	R2 545 090	R2 280 976
	Social Worker 2	R2 545 090	R2 132 424
	Auxillary social worker 1	R1 374 926	R1 311 936
	Auxillary social worker 2		R614 569
	Administrative clerk x1	R658 188	R625 580
	<b>Subtotal personnel</b>	<b>R7 123 294</b>	<b>R6 965 485</b>
<b>Office</b>			
Equipment	Setup, joinery, computers	R65 300	R102 753
	<b>Subtotal Office equipment</b>	<b>R65 300</b>	<b>R102 753</b>
<b>General operational costs</b>			
	Transport - clients on backlog	R89 442	R50 171
	<b>Subtotal general operational costs</b>	<b>R89 442</b>	<b>R50 171</b>
<b>Staff training and debriefing</b>			
	Child Rights and Child Law course	R20 000	R8 000
	Child abuse and trauma counselling	R34 000	R11 800
	Vicarious traumatisation programme	R9 000	R6 800
	Debriefing facilitation	R39 054	R17 431
	Conference attendance		R11 000
	<b>Subtotal staff training</b>	<b>R102 054</b>	<b>R55 031</b>
<b>Contingency</b>			
	Contingency allocation	R8 800	R14 765
	<b>Subtotal contingency</b>	<b>R8 800</b>	<b>R14 765</b>
<b>TOTAL</b>		<b>R7 388 890</b>	<b>R7 188 205</b>

*Thank you for believing in our cause by supporting children who have been affected by violence.*

