



Western Cape
Government

VISHOEK CPF AGM

Recovery plan focus area: **Safety**

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WC Recovery Plan: 3 focus areas

1. Safety;
2. Wellness;
3. Jobs (economic interventions).

*Underpinning all of these focus areas is the concept of human dignity.

The focus of this presentation will be on safety.

Proposed Outline:

1. Key considerations
2. Definition of safety
3. The Evidence-informed Theory of Change: translating evidence into day-to-day practice for impact
4. The Surveillance Approach: using data smartly to drive and sustain meaningful change
5. Conclusions

Key considerations

Broader context for the Safety Recovery Priority

Pre-COVID 1st surge “PSP – VIPs”

Safety Plan:

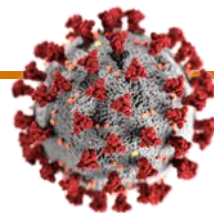
- Reduce Murder Rate by 50%
- 10 City Priority Areas – LEAP officers
- Apex priorities all WCG Depts
- PDIA problem statement



During COVID 1st surge “Recalibration”

Key Learnings:

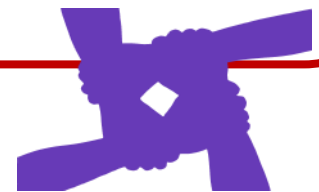
- Hotspot geographic focus – shared purpose
- Evidence-informed interventions
- Data-led; innovations; agility
- Multi-sectoral relationships matter
- Impact of lockdown on homicide and trauma



Post-COVID 1st surge “Recovery”

Re-aligned Intent:

- Align violence prevention and law enforcement
- Evidence informed & data-led approach
- Implement in local geographic areas



Defining Safety

Safety definition

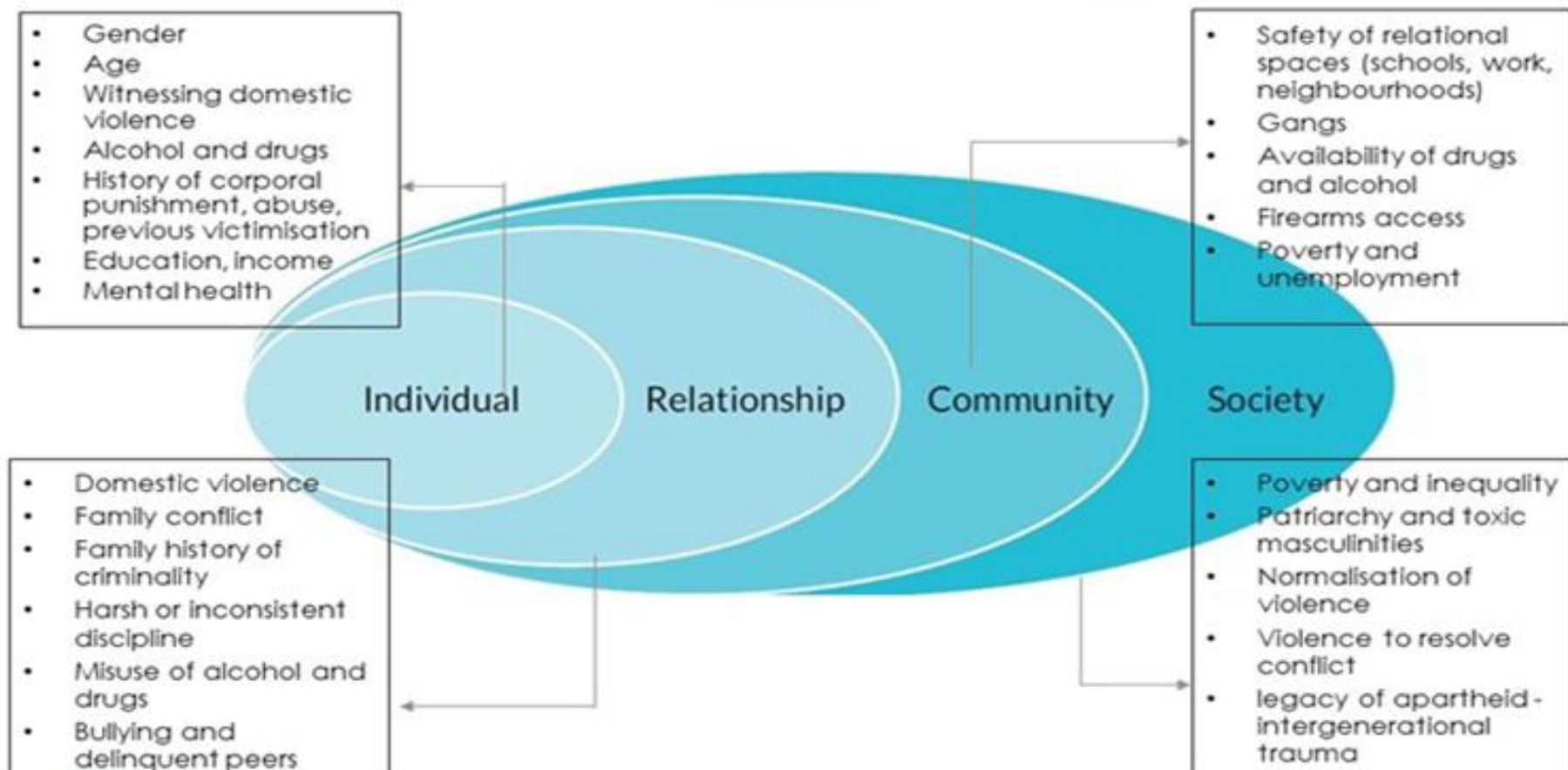
Safety is an aspiration. It is the state of being free from crime and violence. Jobs, safety, and a sense of belonging are necessary conditions to well-being.

Safety requires a whole-of-society life-course approach. It combines law enforcement and a public health approach to violence prevention.

3. Evidence-informed Theory of Change

Ecological Model – mitigating the risks

Risk factors for violence



INSPIRE: Seven Strategies for Ending Violence against Children

Implementation and enforcement of laws



Norms and values



Safe environments



Parent and caregiver support



Income and economic strengthening



Response and support services



Education and life skills



What evidence suggests should be key interventions 1/3

Evidence synthesised by the WHO:

Develop safe, stable & NURTURING RELATIONSHIPS between children and their parents and caregivers

- Home visits, parenting programmes, parent support programmes, support delivered in group community settings

Strengthen EDUCATION and develop LIFE SKILLS

- ECDs and social development programmes, safe and enabling school environment, increasing enrolment and attendance at all educational levels, children's knowledge on how to protect themselves against sexual abuse, relationship skills in adults

What evidence suggests should be key interventions 2/3

Reduce the availability and harmful use of ALCOHOL

- Reducing the availability of and access to alcohol (limiting trading hours & density of outlets, using pricing strategies), cognitive behavioural therapy & improving the trading environment

Reduce access to FIREARMS, KNIVES and pesticides

- Restrictive firearm licencing and purchasing policies (amnesties, bans, minimum age requirements, safe storage requirements)

Create SAFE SPACES

- Identifying hotspots of violence, problem-oriented policing, combine health and policing data “Cardiff model” crime prevention through urban design

What evidence suggests should be key interventions 3/3

EMPOWER women socially and economically

- Cash transfers, micro-financing and gender equity training, empowerment training (life skills, mentoring, safety in public spaces) to women and girls

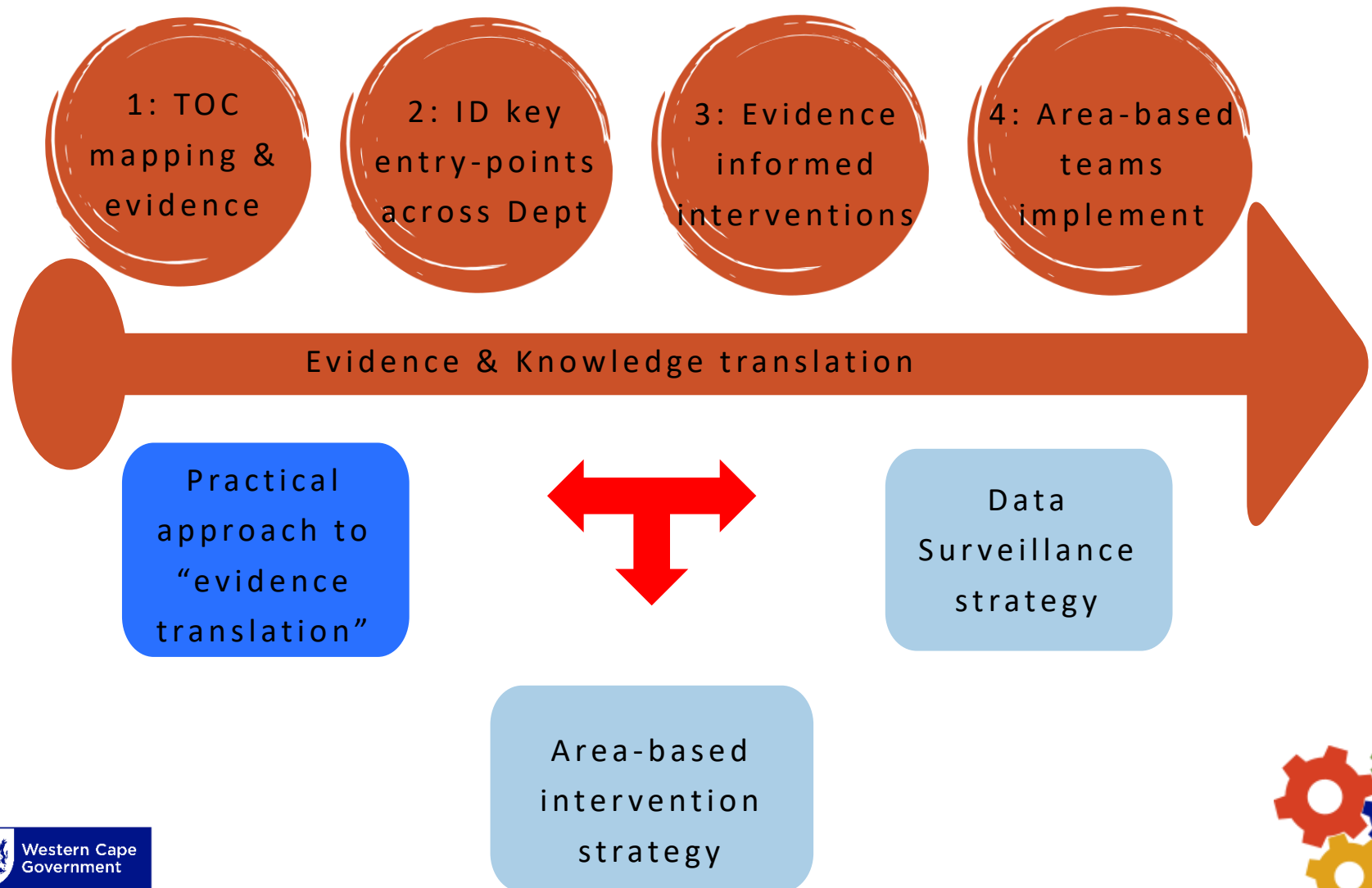
Change social & cultural NORMS that support violence, gender norms

- Community programmes combined with other interventions, changing laws & policies (corporal punishment & sexual abuse and exploitation, school programmes & reducing dating violence)

Identify victims & ensure that VICTIM SUPPORT SERVICES are effective

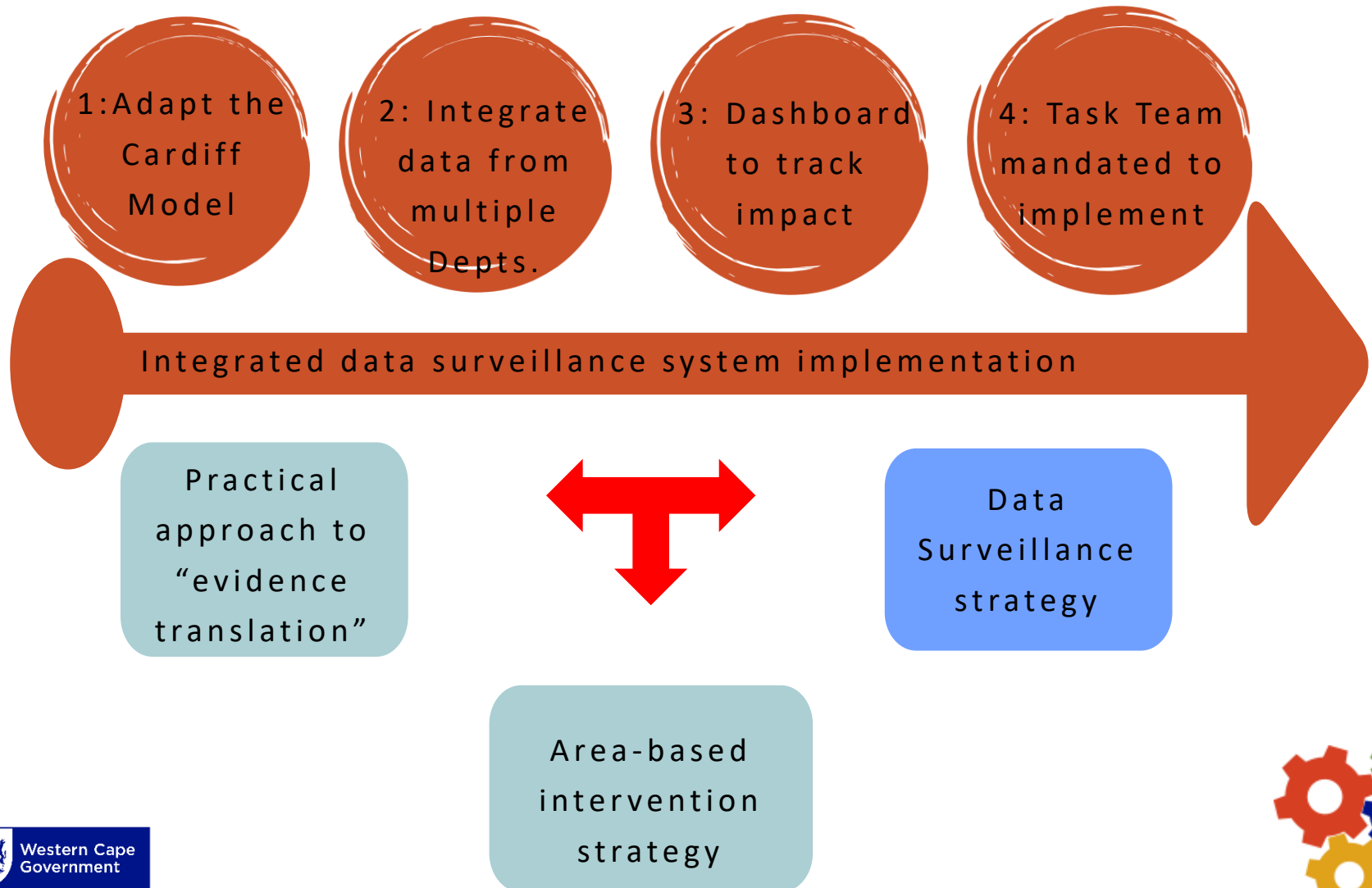
- Screening tools to identify victims, trauma-focused cognitive behaviour therapy, targeted programmes for youth offenders, psychosocial support, multidisciplinary advocacy programmes

Process going forward – Evidence-translation strategy



4. The Data Surveillance Approach

Process going forward – Data Surveillance strategy



The Cardiff Model-Research

BMJ 2011; 342 doi: <https://doi.org/10.1136/bmj.d3313> (Published 16 June 2011) Cite this as: BMJ 2011;342:d3313



Intervention: Over a 51 month period, in Cardiff, Wales anonymized health data on interpersonal violence (type,time,location), was shared with police and local government with the aim of violence prevention.



The main outcome measures were hospital admissions due to violence and police records of injuries due to interpersonal violence.



The information sharing resulted in a significant decrease in hospital admissions due to interpersonal violence. "In the intervention city (Cardiff) rates fell from seven to five a month per 100 000 population compared with an increase from five to eight in comparison cities." (p1).



Conclusion: Sharing of information between Health, Police and local government led to adjusted violence prevention strategies and interventions, leading to a significant reduction in violent injury.

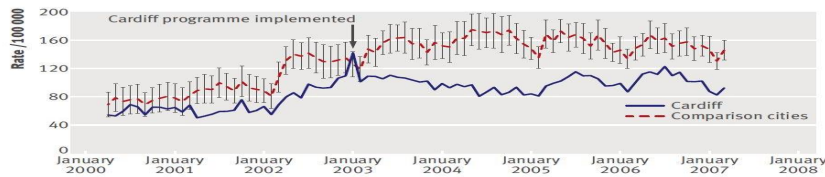


Fig 1 | Total assault rates by month for Cardiff and mean of comparison cities with 95% confidence intervals

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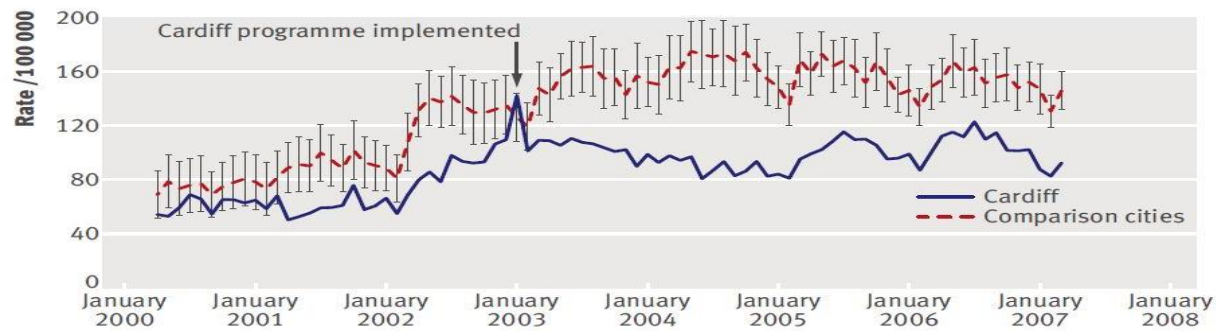


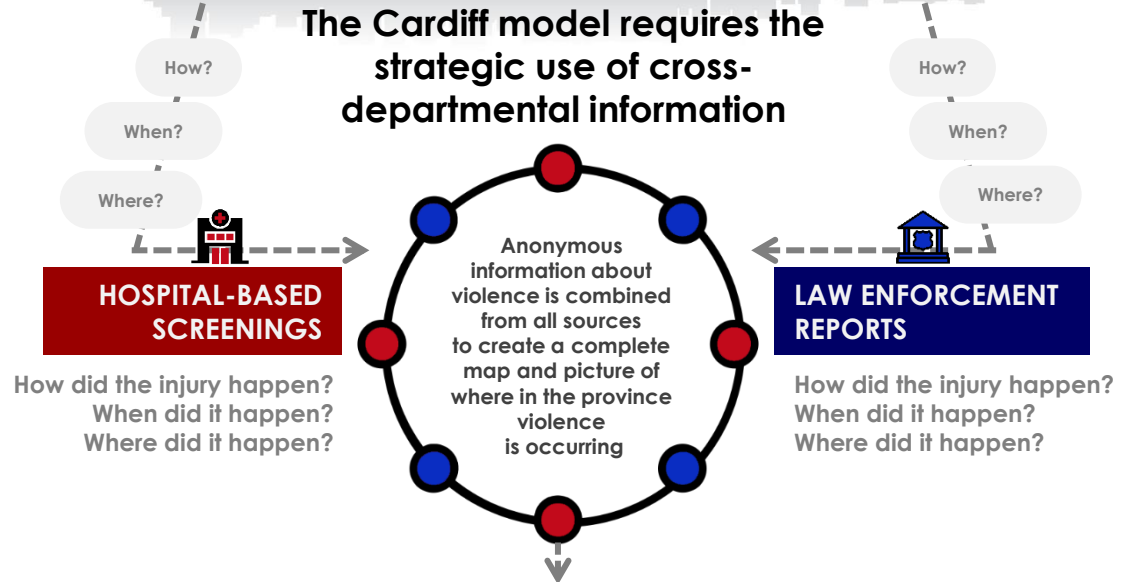
Fig 1 | Total assault rates by month for Cardiff and mean of comparison cities with 95% confidence intervals

Conclusion: Sharing of information between Health, police and local government led to adjusted violence prevention strategies and interventions, leading to a significant reduction in violent injury.

The Cardiff Model as it applies to the Western Cape



The Cardiff model requires the strategic use of cross-departmental information



Sharing information through partnerships with communities can help create provincial and local solutions for preventing injuries from violence in public spaces.

Thank you