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**AN EVALUATION OF THE SAFETY PARENT PROGRAMME
IN THE WESTERN CAPE**

Final Report

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List of Acronyms and Abbreviations

| | |
|------|--|
| CA | Children's Act |
| CRC | Convention for the Rights of the Child |
| DCPO | Designated Child Protection Organisation |
| DoH | Department of Health |
| DoHA | Department of Home Affairs |
| DoJ | Department of Justice |
| DSD | Department of Social Development |
| M&E | Monitoring and Evaluation |
| NGO | Non-Government Organisation |
| SAPS | South African Police Service |
| SDA | Service Delivery Area |
| SOP | Standard Operating Procedures |
| SWS | Social Work Services |
| TPA | Transfer Payment Agreement |
| UN | United Nations |

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'Our vision is to eventually achieve a mind set in communities where my child is your child, where the entire community will accept responsibility for the protection of all children in their community'

Service Provider Safety Parent Evaluation 2016

“That so many thousands of children around the world are available for foster care and adoption is a sign of our impoverished humanity. That so many persons around the world open their hearts and homes each year to embrace a few of these children is a lasting testimony to humanity’s enduring nobility.”

Deborah A. Beasley (2012), Successful Foster Care Adoption

Chapter 1 – Introduction

Children in the Western Cape face a significant risk of child maltreatment due to many problems within families and communities. In 2015, the Western Cape Department of Social Development¹ undertook an analysis of the trends in child maltreatment in the province. The data (reporting period 2013/14), indicated that there were 3 482 cases of alleged child maltreatment reported and this provided us with an incident rate of 200 cases per 100,000 children². The scale and extent of child maltreatment in the province highlights the importance of preventative and early intervention services. The Children’s Act 38/2005³ introduced a paradigm shift in children’s services through the inclusion of prevention and early intervention programmes that has its foundation in the preservation and strengthening of families. Furthermore, the province’s commitment to the survival, development and protection of children is reflected in Provincial Strategic Goal (PSG) 3: Increase wellness, safety and tackle social ills of which the wellbeing of children is a pivotal outcome.

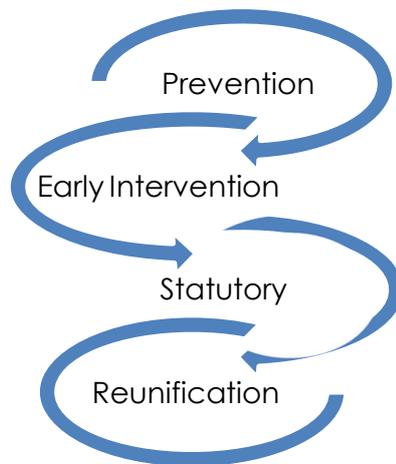
The Child Care and Protection Sub- Programme in the Children and Families Directorate in the Western Cape Department of Social Development (DSD) provides funding to non-governmental organisations (NGOs) for the provision of childcare and protection services to children and their families/caregivers. Such services are provided in accordance with the four levels of the Integrated Service Delivery Model (ISDM) or across a continuum of care that range from prevention to reunification, see figure 1, below.

¹ An Analysis of Child Maltreatment Trends in the Western Cape (2015) Western Cape Provincial Department of Social Development.

² An incidence rate calculates the risk by using the actual child population and the actual number of cases and then works out the risk of maltreatment in this specific population per 100,000 children.

³ The Act came into effect in 2010.

Figure 1: The Four Levels of the ISDM



Organisations funded by the Programme do not provide services at all four levels of the ISDM. Some focus exclusively on the first two levels, namely, prevention and early intervention. The Safety Parent Programme⁴ falls within this realm. This is to ensure that the services offered are in line with the paradigm shift towards prevention and early intervention as articulated in the Children's Act 38/2005.

Prior to this evaluation, the Safety Parent Programme has not been evaluated, and hence its effectiveness was still to be determined.

1.1 The Safety Parent Programme

A Safety Parent is a person over the age of 18 years who has been recruited, screened, vetted and trained to provide temporary safe care within the community and family context to vulnerable children referred to as 'Safety Children', who have had to be removed from various situations and deemed to be in need of care and protection⁵. There are many reasons and circumstances when a child may have to be removed. At the time of an emergency removal, the parent or guardian of the child retains guardianship of the child and they temporarily lose primary physical care.⁶ The need for emergency safe care is to allow for an investigation of allegations of maltreatment to take place that could result in a finding that a child is in need of care and protection as described in section 150.

⁴ The Safety Parent Programme ensures that children at risk can receive immediate care and protection when they are removed from their biological parent/s or caregiver.

⁵ As defined in section 150 of the Children's Act

⁶ When a Children's Court enquiry is opened, the right to have the child in their residential care is suspended

An important component of the work of a social worker is to find an immediate place of safety for a child who finds themselves in these circumstances. This type of alternative care is described as 'temporary safe care and defined in sections 151 and 152 of the Children's Act 39 of 2005. Therefore, a pool of trained safety parents needs to be constantly available to receive these children, 24 hours a day. A safety parent provides care that is in line with the Best Interests of the Child as set out in section 7 (1) of the Children's Act (No39 of 2005, as Amended) up and until the finalisation of the investigation as ordered by the Children's Court. The child will stay with the safety parent while an investigation of their circumstances is taking place. The courts grant the social workers up to ninety days⁷ to conduct this investigation⁸. This placement is regarded as legal and temporary⁹.

Integral to the Safety Parent Programme, two service providers have been contracted to provide services to safety parents in the Western Cape while working closely in conjunction with the DSD¹⁰. These mandated organisations receive funding to provide training, mentoring and material aid to safety parents. They are funded to train new safety parents, to support and mentor existing safety parents and to provide material aid in the form of age appropriate emergency kits and food vouchers to the safety parents for the children they receive into their care. The identified organisations provide services to safety parents in a number of areas of the Western Cape. One service provider supports five DSD regions while the other supports the remaining one region.

A process and programme implementation evaluation was undertaken by the Research Unit at the DSD. The focus of the evaluation was to review the effectiveness and development of the Safety Parent Programme and to provide a best practise model as well as recommendations for strengthening of interventions currently provided.

It is envisaged that the findings of this evaluation will contribute to improvements in programme development and service delivery enhancing the programme going forward through identifying the best practise models.

⁷ Section 155 (2) of the Children's Act.

⁸ This time period may be extended by the courts and in some cases, the child may only stay for a few days.

⁹ **Temporary Safe Care:** Defined in the Children's Act 38/2005 as "care of a child in an approved child and youth care centre, shelter or **private home** or any other place, where the child can safely be accommodated, pending a decision or court order concerning the placement of the child, but excludes care of a child in a prison or police cell". For purposes of this proposal, temporary safe care, in this definition, refers to care of a child in an **approved private home**.

¹⁰ Brief descriptions of the organisations can be found in the appendix without compromising confidentiality.

Chapter 2-Literature Review

There is a dearth of published research on emergency safe care for children in South Africa and internationally. Much of the literature focuses on foster care and adoption while some of the theory around emergency interventions for child protection focuses on first world contexts. Emergency safe care as it now is known in South Africa¹¹, is defined in other countries as Emergency Foster Care or Emergency Intervention Care but is essentially the same service. This is illustrated by the following definition presented by Barth (2002):

Emergency Foster Care is a foster home to care for the unplanned placement of a child for a limited time-period, typically from a few days up to several weeks, when it is deemed essential to remove a child quickly away from a particular situation. Children who continue to require alternative care should then be moved to a more suitable, planned, short to long-term placement, in order to keep the emergency foster care placement available for children who require it Barth: 2002

It is with this background that this literature review has been compiled. It draws on relevant themes from the available literature and identifies gaps in the knowledge.

2.1 Caring for Children within the Family and Community Setting

Children who cannot live with their parents should still grow up in a loving home and enjoy their rights ¹² United Nations Framework, 2010

The United Nations (UN) committee on the Rights of the Child has drawn up a set of guidelines for the alternative care of children. These guidelines explain why it is necessary to make arrangements for some children to live away from their parents and which alternatives might be right for children in different situations. The guidelines strongly advocate for keeping families together and acknowledges the family environment as the best place for the growth, wellbeing and protection of children. They advise that when a family is unable, even with appropriate support, to provide adequate care, including if a person abandons a child, the state has a duty to make sure that the child receives alternative care that meets their needs. Furthermore, all placements must be made, **'in the best interests of the child'** and must respect the rights of the child concerned. A child may only be placed in alternative care when deemed necessary and when the alternative care proposed is deemed suitable.

The guidelines furthermore advise that the child should be placed as close as possible to their usual place of residence in order to keep in touch with their family, to minimise

¹¹ In the Child Care act 74 of 1983 (place of safety) and changed in the children act 38 of 2005 (emergency safe care).

¹² The "Guidelines for the Alternative Care of Children, A United Nations Framework. (2010)

disruption to their life so that if they are of school going age, they can continue at the same school. The purpose of this was also to make it easier to reunite the family, if possible, when the time comes. Alternative care is intended to provide protection, well-being and stability while an investigation into the child's circumstances is taking place and it is advised that siblings should not be separated unless there is a clear risk of abuse or another strong reason to do so.

The UN guidelines recognise many kinds of alternative care for children at risk, but clearly identify two main types:

- Informal Care – where family members or other people close to the children look after them (often referred to as kin-ship fostering).
- Formal Care - where the government or a recognised childcare agency¹³ place the child in the care of adults who are not family members. The use of institutionalised residential care is only considered where it is appropriate, necessary and in the best interests of the child. The aim is to provide a family setting as close as possible to the child's 'normal home environment'.

In South Africa, foster care with relatives is the most often used form of alternative care. Placements with grandparents are extremely common, mainly due to an increase in Orphans and Vulnerable Children requiring care.

Family based community care of children, aims to provide a safe stable and nurturing family life experience for a child when the child's family is unable to provide this. Based on a belief that the family and community is the most beneficial and desirable environment for the healthy growth and development of a child (Foster Parent Handbook Department of Human Services, 2011). Such an environment should ensure that this child is safe secure and well cared for while a family is in crisis and the intended result is that the child grows up in a safe stable and permanent home.

Gallinetti and Sloth-Nielsen (2010), in their article on Cluster Foster Care, state that in South Africa, against the backdrop of widespread institutional care, models for absorbing children at risk and deprived of a family environment constitutes a state obligation under such international treaties as well as South African Constitutional law.

Save the Children UK (2009) reiterate that the approach to supporting families within their communities might seem more complicated in the short term, but in the long term, it pays

¹³ DCPO in South Africa

enormous dividends in comparison to institutional care. Not only are individual children cared for in this manner more likely to thrive and go on to be better parents, they are also more likely to contribute to their communities and to their country's development¹⁴

Building family-based community care options, requires the development of comprehensive systems and services. Save the Children UK (2009) state that this involves the following requisites:

1. Selected and trained substitute families
2. Legal, policy and procedural frameworks to ensure effective gatekeeping, and to clarify the roles and responsibilities of the carer and the State¹⁵
3. Minimum standards and care planning, monitoring and inspection services
4. Social protection mechanisms to ensure that the substitute family has the financial means to provide for the child
5. Technical and social support to ensure that the child is cared for and protected
6. Sufficient professional social work staff to support the child, substitute (emergency) caregiver, and the child's birth parents when possible.
7. Campaigning and awareness-raising to ensure public support for family-based community care at every level.

Furthermore and with regard to point 6, every professional involved in emergency childcare placements should sign a code of conduct that defines their role and there must be clear procedures for reporting allegations of misconduct. The UN guidelines were based on the Convention on the Rights of the Child (CRC), adopted by UN GA resolution 44/25 of Nov. 20, 1989, entered into force Sep. 2, 1990 Article 20 and adapted furthermore by Save the Children UK.

Separate to the various forms of foster care and defined as such within the Children Act, temporary safe care is an emergency intervention for child protection when a child has to be removed and immediately requires short-term care.

2.2 The Profile of Safety Children, their Unique Needs and Challenges

Children who require temporary safe care are often traumatised from their past circumstances and in many cases have chronic illnesses or are special needs children. Many of these children have also lived without norms and rules and need special nurturing and training in this regard as they may be 'unmanageable'. Family members often step in

¹⁴ Keeping Children Out of Harmful Institutions Why we should be investing in family-based care (2009) Save the Children UK

¹⁵ In South Africa this would be DSD

to care for children in these circumstances are called 'relative or kinship caregivers' (Foster Parent Handbook Department of Human Services, 2011). There are many cases where other non-relative volunteers who act as foster parents are recruited, to care for these children allowing them to remain in their communities and within a family environment. Safety Parents will step up to care for these children at short notice and on a temporary basis and this role although similar to temporary foster care requires a specific set of skills.

2.3 Special Support for Safety Parents

The UN Guidelines indicate that governments should support alternative care arrangements. In the case of formal care, local temporary foster carers should be identified, who can 'provide children with care and protection while maintaining ties to their family, community and cultural group'. The same can be said for safety parents. Special preparation, support and counselling services for these carers should be made available and they should have an opportunity to make their voices heard and to influence policy. Money must be set aside to put these plans into practice and those selected to provide temporary emergency care for these children must be deemed fit to do so. For this, they must have 'the right knowledge, skills and attitudes towards children'. Authors Van Holen et al (2014) in their explorative study into the needs of caregivers in short-term foster care, which in some countries includes emergency safe care, highlight that with this type of care, caregivers need comprehensive support to deal with their complex tasks due to the emergency nature of the placements. This includes support needs arising from dealing with a traumatised child as described above, the behaviour of the child as well as concern in dealing with the biological parents who in many cases are deeply unhappy with the removal of their child.

A first priority for social workers is to work with the child's biological family so that they can provide safety and permanency for their child for the purposes of reunification. When this is not possible, alternative routes to security and stability through childhood and beyond must be considered, and emergency safe care through the services of a safety parents is often the next available option/step.

2.4 Recruitment and Retention of Safety Parents¹⁶

International articles, books and research project findings on alternative care for children in need, focus on two huge challenges namely, recruitment and retention of volunteer carers. In 1982, the US Children's Bureau published an article titled "Finding and Keeping

¹⁶ Also known as Temporary/ short stay or emergency foster parents

More Foster Parents." The article described innovative childcare programs around the country. The authors, Pasztor & Burgess, findings had two premises:

- 1. There must be a clearly defined role for foster parents before they are recruited, as how can any organization recruit people unless it is clear what they are being asked to do?**
 - 2. We wouldn't have to work so hard to find foster parents, if we worked harder to keep them.**
- Pasztor & Burgess (1982)

Forty years prior, in the Social Service Review, Hanford (1941) questions whether foster parents should be considered 'clients, colleagues or something in between?' Pasztor & Burgess (1982) further stated, that good recruitment outcomes for foster parents were not coupled with good retention outcomes. They recommended that the communities themselves could have a significant role in helping to keep foster parents, as well as in finding them.

In the 1990's the idea of recruitment and retention was reconceptualised to lean more towards an angle of development and support, Pasztor & Wynne (1995). The premise was that most people who wanted to foster or adopt do not necessary have the correct skills required initially particularly in relation to special needs children or children who are victims of severe neglect or abuse (the kinds of children who often end up in temporary safe care). These skills need to be developed in the caregiver. These volunteers should not be perceived as clients who receive services (see Hanford, 1941) but rather as 'resource families' who need and deserve a comprehensive array of system supports in order to provide the vital child protection services. Further development of this thinking by the authors, further supported that retention strategies needed to be in place before recruitment endeavours should begin. Evidence gathered indicated that the most common reason for discontinuing as a foster parent was due to them not having a clear role and not being treated with dignity and respect by their agencies¹⁷.

Despite extensive research and writing having been undertaken on foster parent development and support dating back decades many of the challenges on understanding recruitment and retention, still remain today. Mayers (2009) suggests this could be due to a lack of resources to put retention programmes in place. Various tools and checklists have been developed that can be adapted to specific contexts¹⁸. These tools provide the potential safety parent and the social worker with realistic expectations regarding suitability and understanding of the role and provide valuable insight as to the potential retention rate. No such assessment currently exists in South Africa. The author states that some of the

¹⁷ In the South African context this would be DSD social workers and the service providers

¹⁸ Examples can be found in the appendix

requirements for a successful recruitment and retention are not resource based but specify the attributes and characteristics that a suitable foster parent would need to have¹⁹.

Denby, Rindfleisch and Bean (1999)²⁰ provide factors that exert the strongest influence on foster parent satisfaction and subsequent retention. These included:

- Feeling competent to handle the children who were placed
- Wanting to take in children who needed loving parent/s
- Having no regrets about investment in the children
- The foster mothers age
- The social worker's attitude to providing information and showing approval for a job well done.

The authors concluded that efforts to increase the supply of foster parents (both temporary and long term) though recruitment was not enough but rather support, training and professional regards given to them after they have begun the fostering task was of a greater need.

Despite most foster placements in South African being kinship placements²¹, many of the themes and challenges that are faced when recruiting and retaining non-relative foster parents can confidently be applied to the recruitment and retention of safety parents.

¹⁹ See Appendix for Characteristics of a Good Safety Parent from this Evaluation

²⁰ PREDICTORS OF FOSTER PARENTS' SATISFACTION AND INTENT TO CONTINUE TO FOSTER, (1999) Denby, Rindfleisch & Bean Child Abuse & Neglect, Vol. 23, No. 3, pp. 287–303, 1999

²¹ Where a child is placed with a relative

Chapter 3-Legislative and Policy Framework

This chapter examines the legislative and policy frameworks that are relevant to the Safety Parent Programme.

3.1 Procedure for the Removal of a Child into Safe Care

The removal of a child into safe care is prescribed by the Children's Act (CA) 2005 (Act 38 of 2005) section 151-152.

- The Act states that a designated social worker or a police official may remove a child and place the child in safe care with or without a court order if there are reasonable grounds for believing that the child is in need of care and protection or needs immediate emergency protection. When necessary, there must be no delay in obtaining a court order for the removal of the child as this may jeopardise the child's safety and well-being and that the removal from the home is the best way to ensure the safety of the child.
- The designated social worker must without delay but within 24 hours inform the parent, guardian or care-giver of the child of the removal if that person can be traced. No later than the next court day the social worker must inform the relevant clerk of the children's court of the removal of the child and report the matter to the DSD. Should the child have been removed by a member of the South African Police Service (SAPS) they must comply with the previous steps refer the matter to a designated social worker for investigation. A form 36 must be completed.
- The best interests of the child must always be the determining factor in any decision as to whether to remove a child or not and procedure must be follow.

3.2 Criteria for a Temporary Safe Care Parent

Within the Act there are also specified National norms and standards. Chapter 12 Alternative Care ((regulations 57-64), sections 167-179 of the Act, states the manner and criteria for approval of a person for temporary safe care:

- The child will be cared for in a healthy, hygienic and safe environment in line with the reasonable standards of the community where the temporary safe care is to be provided.
- The child will be provided with adequate nutrition and sleeping facilities.
- The person responsible for providing the child with temporary safe care has not been found to be unsuitable to work with children in terms of 120 of the Act and is willing to provide such care (clear Form 30).

- The area in which the child is placed in temporary safe care will not severely disrupt the child's daily routine.
- Care will be provided in accordance with the definition of care in section 1 of the Act.
- Should the criteria as specified be fulfilled then a form 39 can be completed and the safety parent approved from placement of a child.

3.3 Duration in Temporary Safe care

In accordance with the Children's Act, a child may not be in temporary safe care or be kept or retained at any facility, including a registered Child and Youth Care Centre, for longer than six months without a court order placing the child in alternative care. There is a distinction between temporary safe care before and after a Children's Court Enquiry is opened and a child is found in need of care. Before this finding children are placed in terms of sections 156 (6)(b)(ii).

3.4 Safety Fee Payment

There is no Standard Operating Procedure for the payment of the Safety Fee. The following guidelines have however been developed by the DSD. The designated safety fee must be paid by the provincial Department of Social Development to the safety parent when the child has been placed in their temporary safe care. The social worker will assist the new safety parent with the necessary paperwork in order to process this payment. The fee currently stands at R27 per day per child placed. A bi weekly court order must be received in order to support this payment and verify the location of the child. This must be submitted by the social worker along with the other documentation to the regional office where it is checked and sent to the head office for processing and payment.

3.5 Recruitment and Vetting

There is no Standard Operating Procedure for the Recruitment and Vetting of Safety Parents. The role of recruitment and vetting of potential new safety parents lies with DSD social workers. Designated social workers from DCPOs can also fulfill this role and refer the potential safety parents to the local DSD office for training although in some cases they do their own training. The vetting must be in-line with the criteria for safety parents set out in the Act.

3.6 Training, Mentoring and the Distribution of Material Aid

The responsibility of training of new safety parents, mentoring existing safety parent and the distribution of material aid to safety parents when they receive a child into their care lies

with the appointed service provider. What the service provider offers is specified in their Transfer Payment Agreement (TPA). A completed form 36 must be presented by a social worker to the service provider in order for them to receive the material aid for a child who has recently been placed in safe care with a safety parent.

3.7 Number of Children in Safe Care per Household

The Act specifies in Chapter 12: Foster Care (sections 185) regarding the number of children to be placed in foster care per household. This section of the act does not speak to children placed in temporary safe care however the principle from this section regarding the maximum number of children appears to have been adopted into the Safety Parent Programme by social work practitioners. Not more than six children may be placed with a single person or two persons sharing a common household except where;

- The children are siblings or blood relations; or
- The court considers this for any other reason to be in the best interest of all the children.

This section of the Act only speaks to 'placed children'²² and does not include biological or adopted children who may already be resident in the household. Therefore there may be many more than the six 'placed children' resident in the household.

Chapter 4 - Evaluation Design and Methodology

The design for this evaluation took the form of an exploratory-descriptive study located in a qualitative framework.

Qualitative research is based on the interpretative perspective, which states that reality is defined by the research participant's interpretations of their own realities'
Williams, Unrau, Grinnell and Epstein (2011:53)

The current evaluation aims to contribute to improvements in the Safety Parent Programme, its development and service delivery. In doing so, the evaluation aims to understand the effectiveness of the current processes in place, identify challenges and provide recommendations toward an improved programme. Quantitative data was also extracted from the quarterly reports submitted by the service providers. The evaluation furthermore identifies a best practice model within the programme that contributes to the field of prevention and early intervention. The evaluation review period was over 18 months, from April 1 2014 – September 30 2015²³.

²² Temporary or longer term foster care

²³ 2014/15 (4 quarters) and 2015/16 (2 quarters)

4.1 Evaluation Objectives

The evaluation had the following objectives:

- To review the effectiveness of the Safety Parent Programme.
- To inform the development of the Safety Parent Programme as a form of early intervention and protection.
- To provide a best practise model as well as recommendations for strengthening of interventions currently provided.

4.1.1 Evaluation Questions

In order to reach the above set out research objectives, the evaluation provides answers to the following research questions.

- What is the relevance and appropriateness of the programme?
- Which components of the programme are effective?
- Is the implementation of the programme in line with the legislative prescripts in the Children's Act?
- How accessible is the service for the safety parents and for the placement of children?
- What are the environmental/contextual factors that improve the likelihood of the success of the Safety Parent Programme?
- Does the programme offer value for money and benefits to government, families and communities?
- What are the long-term costs and benefits of the Safety Parent Programme?

4.2 Evaluation Design, Methods and Timeframe

A process and implementation evaluation is typically undertaken in order to gain insight into how an existing programme is working and how it can be improved. This method was chosen for this evaluation in order to benefit and contribute to improvement in programme development and service delivery. Evidence was gathered on the current status and functioning of the Safety Parent Programme in the Western Cape. The evaluation utilised a mixed methods data collection approach drawing on predominantly primary qualitative data, but also some quantitative data²⁴ in order to achieve further breadth and depth of understanding. The most fundamental part of this mixed methods approach is that its

²⁴ From a first time analysis of Service Provider quarterly reports submitted to DSD head office.

eclectic nature provides the best chance to produce useful answers and the possibility for data triangulation.

It is often the richness of qualitative methods that provides the more detailed, in-depth, language, context and relationship between ideas that best informs programme process
Krishnan & Ekowati 2011

This evaluation is informed by the experiences of;

- Social Workers from DSD and DCPO.
- Social Work supervisors from DSD and DCPO.
- Active Safety Parents.
- The Service Providers for the Safety Parent Programme.
- South African Police Services.
- Key informants from the DSD head office, the Directorate of Children and Families and two Regional Office Representatives.

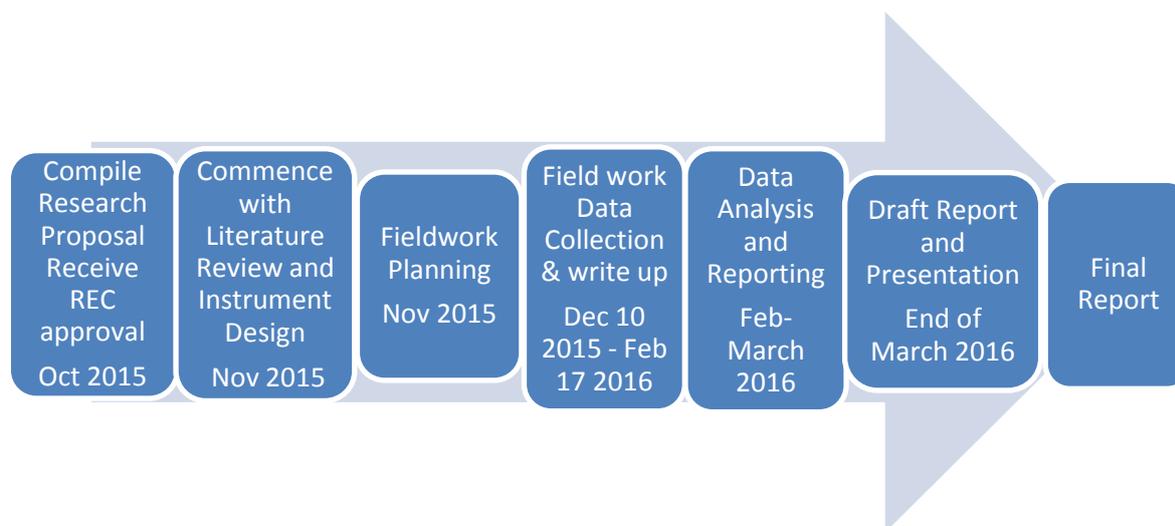
Interviews and focus groups were conducted with the selected participants. Information on all aspects of the Safety Parent Programme was collected. Crucially information was obtained on the context in which the safety parent programme operates. In addition to the operational knowledge and insight obtained, information on resource availability and any other challenges facing the implementation of the programme were also discussed. Practical recommendations were made by many of the participants. The interviews and focus groups took place at the selected DSD SDA's offices, the offices of the DCPO's, the SAPS and at the DSD head office.

Figure two below illustrates the timeframe of the evaluation activities. The project received ethical approval from the DSD Research Ethics Committee in November 2015 and the instruments were designed and approved in the same month. Fieldwork planning²⁵ also commenced in November 2015 and the evaluator entered the field on 9th December 2015. The fieldwork ran until 17th February 2016²⁶ (approximately six active weeks) and the data analysis and report writing commenced immediately thereafter, concluding with a draft report submitted at the end of March 2016.

²⁵ which proved to be challenging to coordinate due to the end of the calendar year

²⁶ No fieldwork was possible from 23rd December 2015 and 15th Jan 2016 due to the end of the calendar year and the festive season.

Figure 2: Timeframe for Evaluation Activities



4.3 Sampling

The sites for this evaluation were purposively sampled in conjunction with the Directorate of Children and Families²⁷. Purposive sampling is a sampling technique used when it is not possible to select participants randomly. In purposive sampling, the sample is chosen or selected on the basis of particular characteristics, the aims of the research or the researcher's knowledge of the population (Babbie & Mouton, 2001). The DSD has six service delivery Regions across the Western Cape namely (1) Winelands Overberg, (2) Eden Karoo, (3) Metro South, (4) West Coast, (5) Metro North and (6) Metro East. Within each region there are a number of Service Delivery Areas (SDAs). In addition to the SDAs most regions have designated child protection organisations (DCPOs) located within. These are supporting organisations that are funded by DSD and also offer child protection services. The two service providers who provide training, mentoring and material aid to the safety parents were also identified for inclusion, as were SAPS representatives and DSD key informants from the programme in the head office and the regional offices.

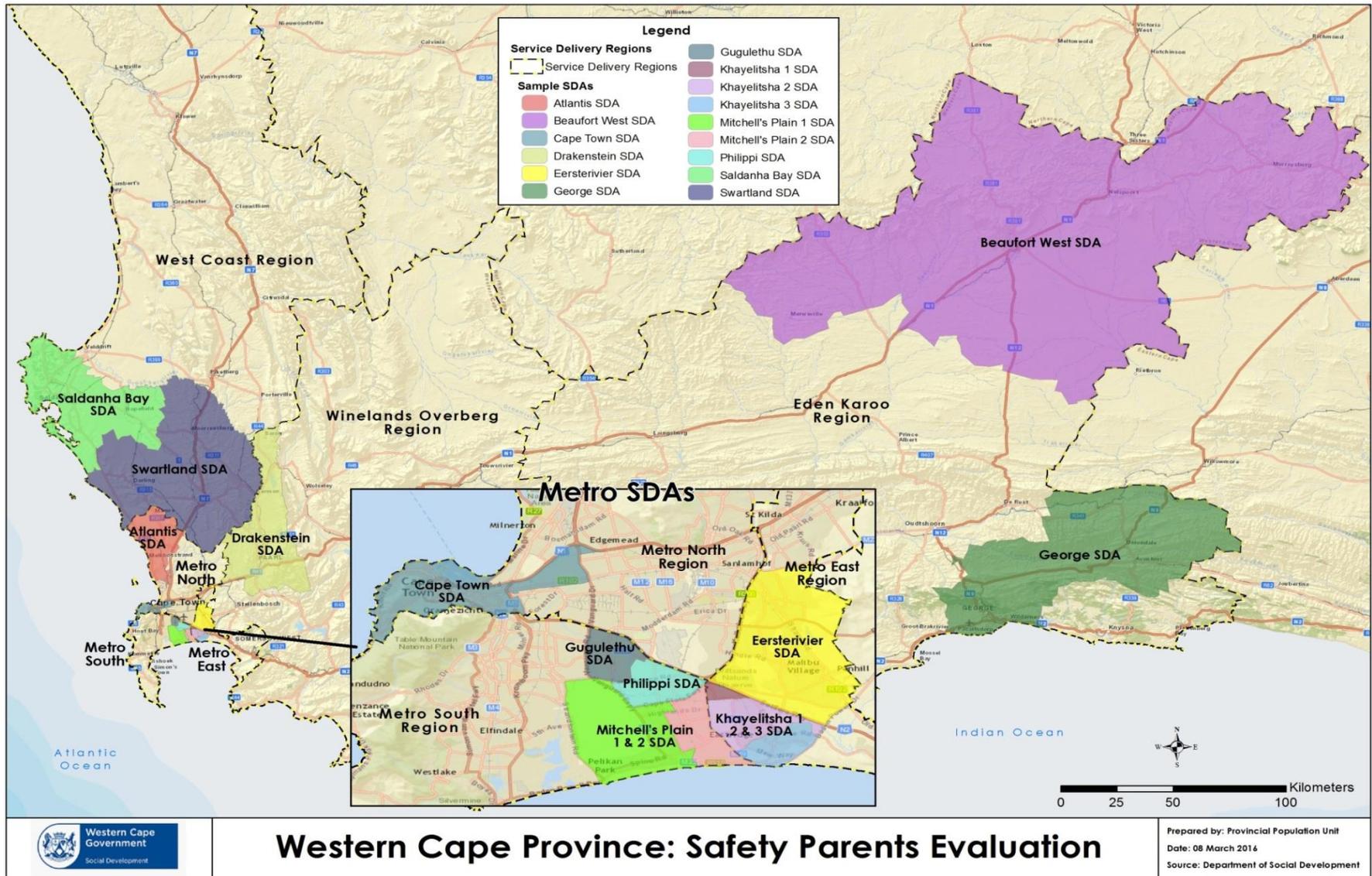
4.3.1 Sampling of the SDAs

It was decided that the SDA would be the unit of analysis for the DSD, the DCPOs, the active safety parents and the SAPS participants. Both Metro and non-Metro SDAs were included. Twelve SDA's and two supporting DCPOs were included in the sample. The map below, figure three, illustrates the location of the selected SDAs as situated within the DSD service delivery regions in the province. A further effort was made to cluster the sample in order to limit what would otherwise be required to sample from a much larger population²⁸.

²⁷ Provincial DSD

²⁸ Lunsford, T & Lunsford B (1995) The Research Sample Part 1, American Academy of Advanced Care through Knowledge

Figure 3: SDAs included in the Evaluation



In table one below, the sampling areas of the DSD SDAs are shown²⁹.

Table 1: Selected Sampling Areas SDAs

| DSD Service Delivery Region | SDA |
|------------------------------------|--|
| West Coast | Swartland Saldanha |
| Winelands Overberg | Drakenstein |
| Metro East | Khayelitsha ³⁰ Eerste Rivier |
| Metro North | Cape Town Atlantis |
| Metro South | Mitchell's Plain ³¹ Gugulethu Phillippi |
| Eden Karoo | Beaufort West George |

4.3.2 Sampling of Participants

The sampling of the participants was achieved by contacting the relevant manager of each DSD region for initial access, who then referred the evaluator to the relevant contact person at the selected DSD SDA (typically a social work supervisor) and through this method also referred the evaluator to the correct information regarding the supporting DCPOs in the area if any. The provincial director of each DCPO was contacted initially for access/permission to be granted in order to approach the individual DCPOs and then the individual offices were contacted. All participants were provided with a formal letter requesting participation signed by the Director: Children and Families. A formal application for access was sent to the Provincial Commissioner of the South African Police Service in the Western Cape. Table two below illustrates the breakdown of the final sample. The majority of active safety

²⁹ Do note that in the subsequent tables the order of the regions has been altered to provide anonymity for the participant SDAs and organisations.

³⁰ Includes Khayelitsha 1, 2, & 3

³¹Includes Mitchell's Plain 1 & 2

parents were recruited via the DSD social workers and two groups were recruited through one of the service providers.

Table 2: Sample of Participants

| DSD | Social Workers | Safety Parents | Social Work Supervisors | Total |
|-------------------------------------|---|---------------------------------------|--|--------------|
| Region 1 | 9 | 12 | 1 | 22 |
| Region 2 | 4 | 55 | 0 | 59 |
| Region 3 | 4 | 60 | 0 | 64 |
| Region 4 | 12 | 12 | 1 | 25 |
| Region 5 | 6 | 6 | 0 | 12 |
| Region 6 | 5 | 2 | 1 | 7 |
| Service Providers | Programme Managers | Programme Staff Social Workers | Other Programme Support Staff | |
| All | 2 | 3 | 2 | 7 |
| DCPOs | Social Workers | | Social Work Supervisors | |
| All | 1 | 0 | 2 | 3 |
| DSD KEY Informants | Childrens Families & Programme | | Regional Office Social Work Supervisors | |
| All | 3 | | 2 | 5 |
| SAPS | Social Crime | VEP | | |
| All | 1 | 2 | | 3 |
| Total Number of Participants | | | | 207 |

4.4 Data Collection

4.4.1 Instrument Design

Semi-structured interview and focus group schedules were designed for the qualitative data collection. Four separate instruments were created and tailored to each participant group. The data collection instruments were designed based on the evaluation objectives. The instruments were finalised after a pilot at one of the DSD's Metro SDA's.

The final data collection instruments³² were:

- Focus Group schedule Social Workers DSD and DCPO
- Focus Group schedule Active Safety Parents
- Interview Schedule Service Providers
- Interview Schedule DSD Key informants

³² Available in appendix

- Interview Schedule SAPS Key Informants

4.4.2 Data Collection and Sampling Procedure

The evaluation team conducted face-to-face semi-structured interviews with 18 participants and a further 22 focus groups with 189 participants (see table three below). The composition of the participant groups varied depending on the availability of personnel³³ or safety parents and the size and setting of the SDA or organisation. A total of 207 participants were included in the sample - 49 were social workers and 7 were social work supervisors. These were from across the entire sample not just DSD. A total of 147 active safety parents participated in the research. Three representatives from SAPS were interviewed and they were directly involved with child protection through Social Crime and VEP. The evaluator collected data during the interviews and focus groups through note taking and the sessions were (when consented to), recorded. Sessions were transcribed as soon as possible afterwards in order to capture the information most accurately. Five of the engagements were conducted in Afrikaans and translated when transcribed. A preliminary analysis of data commenced at the transcription stage.

Table 3: Method of Data Collection

| Focus Groups | Interviews |
|------------------|------------|
| 22 ³⁴ | 18 |

4.5 Data Analysis

As process evaluations lend themselves to qualitative methods of enquiry, the predominant method of data analysis was qualitative. This method allowed the evaluator to describe the course and context of the programme. Qualitative data was analysed using thematic analysis principles of identifying, recording, and reporting on key themes. The findings were organised around the key evaluation questions and the main indicators addressed in the research tools. During data analysis 'triangulation' between various sources was utilised whenever possible. Some quantitative data was captured and analysed manually from the service provider's administrative data³⁵.

³³ As the interviews took place in the operating environment during service delivery hours in most cases.

³⁴ Two sessions were part of a larger group end of year function provided by the service provider where the research team were given access. (Region 2 & Region 3)

³⁵ Quarterly reports for the purpose of describing some of the key features of the sample.

4.6 Ethical Considerations and Safeguarding of Information

A number of methods were used to ensure that:

- Ethical considerations were adhered to
- The safeguarding of the data collected during the research process

Ethical approval of the research was obtained from the Department's Research Ethics Committee (REC). Furthermore, the research was undertaken in accordance with the Department's 'Guidelines for Ethical Research'. Personal confidentiality and anonymity was guaranteed to all participants and that none of the information shared would be attributed to any specific, site or organisations. Participants were advised that they were free not to participate and not to answer any questions without any negative consequences and were also free to leave at any point of the process. All participants signed a consent form before the interview or focus group proceeded and separate written consent was obtained for the recording of the session. The consent form also detailed the objectives of the study. If permission to record the session was granted (in the case of focus groups by all present), it was explicitly explained that the recordings would be used only by the evaluator for data verification purposes. All data³⁶ was stored safely in a secure file (electronic) format³⁷ and all hard copies in a locked safe.

4.7 Methodological Limitations

- The data collected was predominantly qualitative. This limited the amount of participants that could be included. The findings can therefore not be generalised.
- The purposeful method for sample selection has many limitations
- No comprehensive baseline data or previous evaluations of the safety parent programme were available to compare the findings with
- No South African literature on Safety Parents exists, the evaluator had to draw on International literature pertaining to alternative care including foster care and adoption.
- Most of the Safety Parents included were invited to participate by the DSD as were the safety parents invited to participate by the Service Provider.
- Only safety parents known to DSD were included.

³⁶ Including recordings, transcriptions and consent forms

³⁷ My Content Secure Data File

- Only formal arrangements to care for children were discussed. This excluded the many private arrangements that exist between safety parents and biological parents often facilitated by social workers from the DSD and NGOs.
- Copies of the Training Curricula were not available to the evaluator
- Access to SAPS proved problematic and experienced many delays.
- A further limitation of this study was the lack of child participation in the research process, considering that the child is the primary service recipient of the Safety Parent Programme. If the model or programme is to be further developed, it is imperative that the voices and contributions of the children who are placed in Safe Care are included in the process. The Safety Parents themselves advocate the importance of the social workers listening to the children with particular reference to the development of any care plans.

Chapter 5 Evaluation Findings and Discussion

5.1 Context for the Implementation of the Safety Parent Programme in the Western Cape

Social worker participants were asked to describe the context in which the Safety Parent Programme is being implemented within their areas of service delivery. They described communities that are ravaged with child abuse³⁸ and deliberate child neglect. The high rate of child maltreatment and neglect gave rise to the need for the emergency removal of children and subsequent placement with safety parents. Many children are not being cared for properly and not going to school or dropping out of school early. Adolescent behavioural problems were also prevalent and often ended up with the adolescent having to be removed from the home as the parents could not cope or with the teen running away. There were teenage mothers who could not cope with their babies and some ended up abandoning or dumping them.

Multi-generational substance abuse was a common trend, contributing to child abuse and leading to a lack of parenting skills or guidance. In many communities, an ongoing cycle of abuse and neglect was evident. Children are also being caught in the middle of domestic violence typically involving their parents. Many children had lost parents to HIV or Aids and some were HIV positive themselves or simply destitute and needing a place to stay. There were many cases of grandmothers who were

³⁸ Physical, Emotional and Sexual

struggling to care for their young grandchildren when the child's parents. There were also cases where the caregiver grandmothers passed away themselves and the grandchildren are left in need of care. There were children who have migrated from other provinces to the Western Cape to stay with a relative or to avail of social services³⁹ who end up in need of care.

Underlying all of the above, poverty and unemployment leading to social grant dependency and the impact of gang violence were all contributing factors to children needing a place of safety and care. As one social worker in the Metro describes below:

'In our area there are a lot of social ills. There is a lot of substance abuse, poor family judgement calls, 3rd generational problems that we are dealing with. Problems that are so entrenched we sit with a bag of symptoms, some mothers come to us who can't take care of their kids anymore. Often when substances are involved, the mother gets high and the neighbour abuses the child. Most people are dependent on child support grants and these are typically not used for the children'.

Social Worker Metro

It is important to note that the need for safety parents and the possible expansion of the programme is directly linked to the rate of child abuse in the province. This highlights the need for a continuous analysis of child maltreatment trends data, in order to identify areas where child maltreatment is increasing or nature of child abuse is changing. The current lack of information clearly affects planning for this programme. All of the factors mentioned above are entrenched social problems and emergency removals and subsequent placement in safe care could possibly be reduced if more early intervention programmes were put in place as described in the ISDM.

5.1.1 Role of the Safety Parent

Safety parents play a vital role in child protection in our communities. Social workers described safety parents as their biggest support when they have to protect children at risk. They mentioned how in the current child protection environment there are very limited spaces available in Child and Youth Care Centres as an alternative care option. They stressed the importance of placing children in the home environment (as opposed to residential/institutional care) within the communities that they belong, supporting the international theory in this respect. The benefits of placing a child in a private home within the community was to assist with family reunification efforts should

³⁹ It is perceived that the social services and grants are better provisioned in the Western Cape.

this be a possibility, for the child to be able to maintain extended biological family relationships, to continue to live within its own religious or cultural group as far as possible, and to prevent a disruption of schooling. The main benefit was an attempt to normalise the trauma of a removal for the child.

| |
|--|
| <p>The role of the safety parent is to provide emergency placement options for vulnerable children after hours and to support social workers in fulfilling their role in providing child protection.</p> <p>Social Worker Metro</p> |
|--|

As mentioned, safety parents play a vitally important role, particularly with respect to offering an after-hours emergency service in child protection. The social worker can contact the safety parent when they remove a child⁴⁰ and the safety parent agrees to receive the child immediately. Safety parent's doors are open 24 hours, which is not the same for CYCCs and other facilities. As the Children's Courts are closed at night and on weekends, the social worker often has no other choice but to go to a safety parent with the child as a detention order has not yet been obtained. The social worker can then obtain the detention order when the courts reopen.

Within some communities, safety parents have taken on a further child protection role. Social workers have indicated that community members often go to safety parents to report suspect child abuse or children at risk and the safety parent will then contact the police or the DSD. An example given in this evaluation was a child seen at the back of an illegal drinking house 'smokkelhuis' who was reported to a safety parent.

5.1.2 Role of the Service Provider

The role of the service provider is to train new safety parents, mentor and support existing safety parents and supply the material aid kits and vouchers. The evaluation found that there needs to be some clearer role definition for the service provider who appeared to be increasingly involved in following up on safety fee payments and challenges that the safety parents may have been experiencing with the DSD social workers.

5.1.3 Role of the DSD

The overarching role of DSD is to promote social work and child protection practice that could prevent the emergency removal of children. However, the role of the DSD within the Safety Parent Programme, is to identify, recruit and screen the new safety parents, communicate with the service providers to assist with the setting up of the

⁴⁰ Sometimes directly before the removal

new safety parent training and the mentoring and support sessions. The DSD are also required to assist with the distribution of the material aid when required. To facilitate the application and payment of the safety fees, which includes obtaining the court orders. There were also some challenges noted in the evaluation regarding DSDs role.

5.2 Recruitment and Screening of Safety Parents

The onus is on the DSD social workers to recruit, screen and vet potential new Safety Parents.

5.2.1 Recruitment Process and its Challenges

The recruitment of new safety parents by the DSD social workers was not without its challenges. The Children and Families Programme stated that the Department's social workers are best positioned to do the recruitment, as they are knowledgeable of the communities they work in. Social workers reported that they utilised a number of methods for recruitment including holding information sessions at crèches/ ECDs, parent teacher meetings at schools and sessions at clinics. Others reported that they tried to identify potential safety parents from their case lists and would approach them directly. To recruit from within their existing client list was recommended by a DSD key informant. The advantages of this approach are that these people have in many cases, already been vetted. In some SDA's existing safety and foster parents were asked to assist in recruiting from people they deemed suitable from within their communities. There were also occasions where safety parents were recruited by word of mouth. It was most unusual for safety parents to present themselves at the DSD offices wanting to be part of the programme although some offices had recruited '1 or 2 safety parents a year' this way. Advertising on the local radio and in local newspapers sometimes took place along with door-to-door information drops and information stands at local community festivals or awareness days.⁴¹

Social workers often identified relatives who had already taken in a family child and recruited them to officially join the safety parent programme to receive screening, support and training. In only three of the twelve SDA's, there was a dedicated coordinator for the recruitment of safety parents.

⁴¹ Such as Child Protection week, Women's day, Days of Activism against violence against women and children.

Various challenges were identified in respect of the recruitment process, including the following:

- **Adds to Social Workers Workload**

The main challenges with the recruitment of safety parents, was social workers trying to find the time to recruit within their working day timeframe.

It is not easy to recruit, particularly with a high caseload, I will usually try to do so when I am with a client and explain the process but there is very little interest

Social Worker Non-Metro

Social workers also felt pressurised with the numbers of safety parents they were requested to recruit in order to meet the service provider's targets.

- **Seen as a Job Opportunity**

The second most significant recruitment challenge related to the voluntary nature of the role or more so, the motivation for applying to be considered to be a safety parent. Due to high unemployment, many people presented themselves as potential safety parents and some perceived the role as an employment opportunity. When the potential recruits heard about the low daily payment and the frequent delays experienced in receiving this payment⁴², they were no longer interested. Others did not have the level of commitment and passion that was required as their focus was on the income potential and many were already struggling financially. As a social worker (non-metro) described, 'Some people feel they can make money from being a safety parent, this is just not the case'.

- **Most Applicants are Older**

The age profile of potential safety parents was also problematic. A requirement of the role is to be experienced, reliable and available twenty-four hours a day and this appears to appeal mostly to older persons often grandparents or people of retirement age. However many of the children that are placed have come from traumatised backgrounds and may have behavioural problems that could require the energy or fitness levels of a younger safety parent. The younger generation rarely presented themselves as potential safety parents as they were not interested, were often not at home due to working commitments or already had the demands of a young family.

⁴² Safety Fee

The literature supported the importance of considering the age of the safety parents when recruiting. However, in the Western Cape most of the safety parents are older. There was a lot of support for the older safety parents among social workers as they made excellent candidates in many cases, due to their wisdom, which often comes with age. This wisdom is required when taking care of abused or neglected children.

Gogo's are more reliable by far. They are in the programme with all their heart and will open their doors to any child. They don't care of the circumstances, they just say bring the child here'.
Social Worker Metro

- **A Distinction between Foster Parents and Safety Parents**

A fourth recruitment challenge lay with social workers recruiting their existing foster parents as safety parents. This not only reduced the pool of foster parents available but also reduced the number of safety parents available as these caregivers reached their maximum child capacity quota quickly. Social workers knew and trusted their existing foster parents and in some areas preferred to use them as safety parents.

This was coupled with some safety parents establishing a strong bond with the child in their safety care, which often led to long term fostering of the child. Safety parents were removed from the pool once they reached their quota of children or a number that they were comfortable with.

- **Safety Parents Selective as to the Children they Accept**

Some safety parents wanted to be able to choose the population group of the child they accepted and when to accept emergency children. Although the programme tried to arrange placements that considered the preferred age of the child placed i.e. babies or teenagers and that the child is placed within its cultural context, they cannot always ensure this in an emergency situation or indeed the time of the day or night that the child will need to be placed.

- **Community Awareness of the Safety Parent Programme is Low**

In most communities, awareness of the safety parent programme was low and this greatly impacted on possibilities for the recruitment of new safety parents.

5.2.2 The Screening and Vetting Process and its Challenges

It is the role of the DSD social worker to screen and vet the potential safety parents to ensure they are suitable to join the programme, **before** they are sent for training to

one of the service providers and **before** any children would be placed with them in temporary safe care.

'Anyone can try and paint a picture of someone they are really not, if you place a child there you have to know that the child will be safe' Social Worker Metro

Despite this clear requirement, it was discovered, that there is no standardised screening procedures or tools for this purpose utilised by all of the regions. A DSD key informant stated that it is assumed that the social workers look into everything in advance of placing a child, including a criminal record check, the dwelling itself, the number of children who currently reside there and the number of children who may have already been placed there either by DSD, other organisations or privately. They furthermore indicated that in most of the DSD regions a canalisation unit no longer exists (discontinued as part of the new Act) and this caused problems when it comes to the DSD knowing where children are placed and how many. They also added that it was required that the social worker vetted all over 18 year olds resident in the home of the potential safety parent as this is essential to ensure the safety of the child.

'We screen all who are in the house. A child who is placed with a safety parent does not just go into a house with that mother. They enter a full household of persons young and old and each one can have an influence on that child'

DSD Key Informant

They furthermore stated that there are policy demands and there are practical needs when it comes to screening and vetting, the policy is clear on what the criteria⁴³ is, but due to delays in following this procedure, practical measures have had to be put in place and this is where the shortfalls are evident. A DSD key informant stated that they would love to see a good screening tool being developed so that social workers are not further burdened with forms.

- **Screening Tools**

Five of the twelve DSD SDAs in the sample described that they used a screening tool that they had developed themselves which was broadly based on the vetting requirements for alternative care as specified in the Act (section 182)⁴⁴. An example of one of these screening tools, asks questions regarding the current family composition including any children already in care, the health status of the applicant, questions regarding the physical dwelling itself, forms of income if any in the family,

⁴³ See section 3 legislative framework

⁴⁴ An example of one of these tools is provided in the technical report.

the use of substances including cigarettes. The form also asks if the applicant is willing to undergo a security clearance check with respect to form 30. The applicant is also asked to sign a declaration stating that they believed that they were suitable and had no criminal record or charges pending against them.

A further seven SDAs said they did home visits to check for suitability, although they did not use a formal screening tool they used a 'formula' or created a 'case report' based on an assessment of the various criteria incorporating all or some of the specified criteria. In one SDA, as part of the screening, the social workers asked neighbours if they could recommend the applicant, asking questions that included how did they raise and discipline their own children. This is a practice that is shunned upon by many social workers and DSD key informants.

We have appealed repeatedly to DSD for a standardised screening tool but this has been ignored
Service Provider

- **National Child Protection Register Clearance – Form 30 (NCPR)**

It is very clear in the Act that potential safety parents (as with foster parents) are required to be vetted against the National Child Protection Register (NCPR). This requires a completed form 30 to be sent to the National DSD where the NCPR is held. This process takes some time, often up to 12 months and the applicant is required to pay for the postage. Although this was part of the screening process in most of the SDA various screening procedures, the outcome was most often not waited for before the child was placed.

It is supposed to be the same process as foster care screening but as that process takes so long we often place children before that and as we have a lot of time constraints and deadlines set for us at DSD this forces us not to wait. Sometimes we find out information later on when the clearance comes back and this causes a lot of problems for us.
Social Worker Non Metro

- **Police Clearance**

As an alternative to the lengthy wait for the outcome of the form 30, some social workers ask potential applicants to apply for police clearance from SAPS. This can be a quicker process when it involves visiting a local station and obtaining a printout on the applicant, which was the case in one SDA (non-metro). However, in most instances, active safety parents reported that they have had to pay between R60 and R100 to receive the clearance from SAPS in Pretoria including postage (and that

this money is from their own pocket). Social workers reported that the postage receipt is used as evidence on the safety parents file that a security check is underway as in these cases children are often placed before the outcome is received.

- **Sworn Affidavit by the applicant**

Due to the delay with the two above methods of vetting, eight SDA's will accept a sworn affidavit from the applicant as a security check. Within this document, they state that they do not have a criminal record or any pending criminal charges against them. Most magistrates in their capacity as presiding officers at the Children's Court will accept an affidavit while the applicant is waiting for the formal clearance and social workers report that this allows them to go ahead and place the child. Four of the twelve SDA's do not accept affidavits of this nature in lieu of a form 30 or a police clearance.

Various challenges were identified in respect of the screening and vetting process, specifically the following:

- **No standardised screening tool**

As indicated by a service provider:

'It is of vital importance that a uniform screening form is created for all potential safety and foster parents'

Service Provider

- **The Safety Parents must pay for the Vetting**

Safety Parents sometimes drop out of the programme when they learn that they have to pay the fee for the vetting or the postage.

- **Children being placed on the basis of Sworn affidavits**

The sworn affidavit can be problematic. Children are being placed on the basis of sword affidavits and in time when the police clearance or the NCPR outcome is sent these children sometimes have to be removed.

If you vet against the CPR there are no funds involved just the postage, but for a SAPS clearance, money is involved. The VEP and NPA have raised this point. The NPA concurs that there is no legislative prescriptive but it is preferable. We need a direction from the programme on this, a legal opinion. A SAPS clearance is a good thing to have but waiting for police clearance drastically hinders and delays recruitment and there is a possibility that you may have a criminal record for something totally unrelated to childcare and then you will be excluded so therefore to be vetted against the NCPR would be more appropriate.

Social Work Supervisor Metro

The availability of an affidavit by the respondent is immediately available and is at least proof that the matter of the child's safety was well thought through (DSD Key Informant).

- **Outcome of NCPR check sent to the Safety Parent**

The outcome of the form 30 check against the NCPR is sent directly to the applicant and the social worker is dependent on this person to inform them of the outcome when they receive this.

- **Late Screening of Safety Parents – After attendance at training**

Not screening safety parents in any way until after they have attended the safety parent training is a waste of programme resources. 'Many potential Safety Parents are recruited and are trained but most don't go through the screening process even though we ask them to but they don't come back' - Non Metro SDA.

- **Other adults in the home not being screened or history collected on applicants own biological children**

There are also SDA's who are not screening other adults in the house and are not checking if the applicants' own children have been in alternative care or attended diversion programmes. The affidavit by the prospective temporary safe care parent should provide some information regarding the other adults living at the same abode (DSD Key Informant).

- **No screening taking place at all in some SDAs**

Of a more serious concern is the fact that evidence arose that some safety parents are not being screened or vetted at all (two SDAs).

- **No Rescreening of Safety Parents after Time**

There is nothing in place to rescreen safety parents over time. Circumstances do change and this is an important area that needs attention. The ECD programme rescreens applicants after two years.

5.3 Training and Support to Safety Parents

Training and support to safety parents is provided by two service providers who are contracted to do so by the DSD. A key DSD informant stated that the service providers

have good systems in place and they know when and where the training is required and carry it out efficiently through skilful workshops.

5.3.1 The Training Process and its Challenges

Two distinct training curricula have been developed by the service providers. The training courses for new safety parents runs over three days for one service provider and four or five consecutive days for the other. The courses vary but both contain a mix of parenting skills, including skills required to care for the needs of a child who has been removed and policy education. The new safety parents learn aspects of the Children's Act and their roles and responsibilities as a safety parent. A portion of the course is dedicated to the administrative aspect of being a safety parent with respect to legal placements by way of a form 36 and the process for the payment of safety fees. The service providers are sensitive to the varying levels of education and literacy of the participants.

Every safety parent who participated in this evaluation said they very much enjoyed the training and some described the experience as a turning point in their life, where the experience led to further personal development.⁴⁵

'The training was very good and informative. It's a very good programme, we can't make a mistake because they (the service provider) are there for us'.
Safety Parent Non-Metro

The service providers liaise with the DSD as to what the training requirements would be required in each region. The training is planned by the service providers, often long before the new TPAs are signed⁴⁶. They provide DSD with the proposed dates and DSD are assigned to recruit and screen/vet participants and provide a suitable venue. The service provider makes the necessary catering arrangements for the attendees and the DSD social workers are invited to attend.

The social workers from three SDAs and one NGO reported that the training was too basic and several DSD social workers felt the course was too short. Most social workers admitted they have never attended any part of the training and were not aware of the content.

⁴⁵ For example, training as a community development worker or as a counsellor for SAPS working in the child trauma room, heading substance abuse forums within their communities.

⁴⁶ Typically signed in May or June although training year commences from April 01.

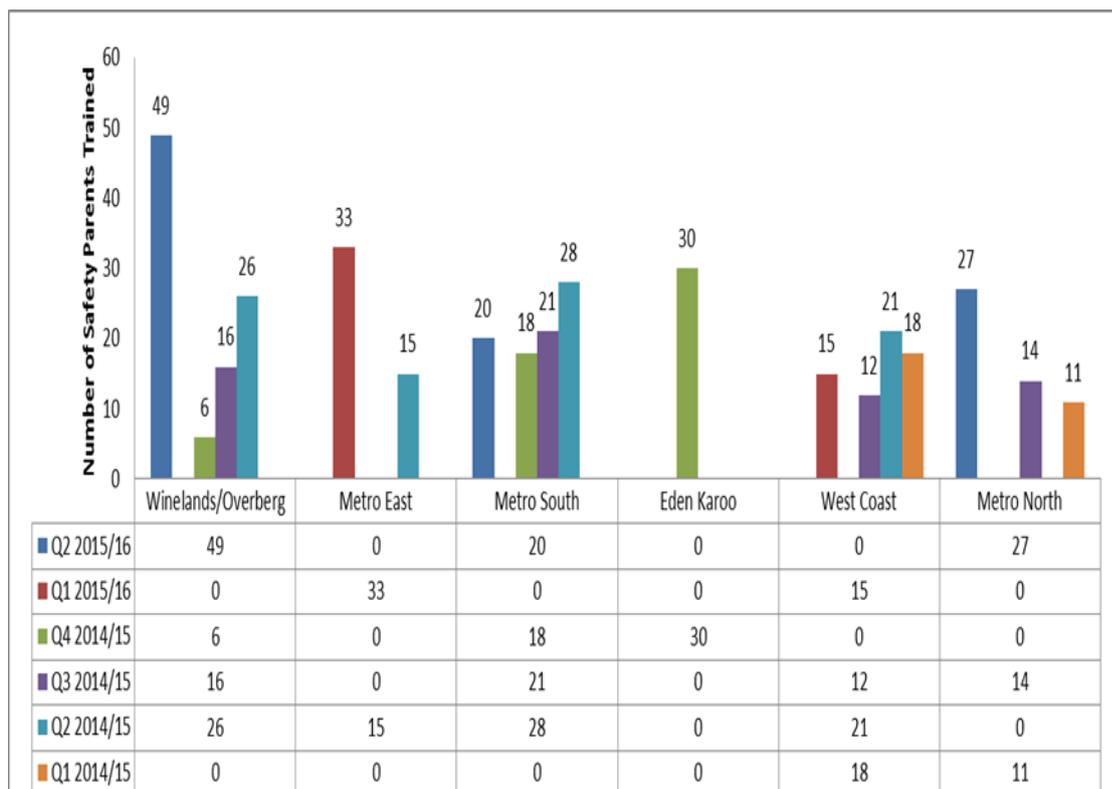
- **The number of new Safety Parents trained**

Figure four below, shows an analysis of the number of new safety parents trained per DSD service delivery region during the evaluation period. This information is analysed using data from the quarterly reports submitted over eighteen months (six quarters) from 01 April 2014 – 30 September 2015 by the service providers.

The initial analysis indicates that the region that trained the most new safety parents was the Winelands Overberg (97) followed by Metro South (87), West Coast (66), Metro North (52), Metro East (48) and Eden Karoo (30). The quarter with the highest number of new safety parents trained was Q6 (July – Sept) 2015/16 (96), and the lowest number trained was 29 new safety parents in the Q1 (April – June) 2014/15. The figures also indicate that training in the first quarter appears problematic. Numbers trained in both second quarters are between 200% and 330% higher than first quarter numbers trained. Some areas can be highlighted as areas of concern with a limited number of safety parents trained in both Eden Karoo and Metro East, despite all SDA's that participated in the evaluation expressing a dire need for more safety parents.

In three of the regions, four new safety parent training sessions took place over the eighteen month period. In one region only three sessions took place and in another region only two sessions. In one region, only one training session took place. The variance between regions in the number of training sessions held is of concern considering the dire need for safety parents in all regions.

Figure 4: Number of Safety Parents Trained by Region April 2014 –September 2015



There is a huge discrepancy between the number of safety parents trained and the number of safety parents who are 'active' meaning social workers are satisfied to place children with them and safety parents are comfortable to take children on an emergency basis. In order to estimate the number of active safety parents, social workers gave the evaluation team an indication of the number in each SDA. Although these figures are per SDA and not by region as in Figure 4 above, table 4, illustrates the small pool of active safety parents that are available. Some of the reasons as to why all of the safety parents who are trained are not 'active' and available to take children are further explored in this evaluation.

Table 4: Number of Active⁴⁷ Safety Parents per SDA

| SDA | No of Active Safety Parents |
|-----|-----------------------------|
| 1 | 12 |
| 2 | 16 |
| 3 | 8 |
| 4 | 11 |

⁴⁷ Note: Often these include untrained safety parents.

| | |
|----|----|
| 5 | 20 |
| 6 | 6 |
| 7 | 18 |
| 8 | 8 |
| 9 | 6 |
| 10 | 9 |
| 11 | 35 |
| 12 | 9 |

Various challenges were identified in respect of the training process, including the following:

- **Poor Logistical Support and Co-ordination Assistance from DSD**

There are huge challenges for the service provider with the logistics for the training. They have reported that in most cases despite clear communication with DSD most SDA's are unprepared for the training. Venues are often not booked, transport for attendees not arranged and only a few or unsuitable participants present for the training. There is often a misunderstanding as to who is be responsible for the transport of participants and the booking of the venue despite this not being part of the service providers mandate.

'Overall we feel we are working on our own, we put a lot of effort into our training and then there are only three people who turn up on the day. You are still expected to render your best and that is hard. You can see the DSD did not put in any effort'

Service Provider

Service providers have reported that it is difficult to maintain a working relationship with the DSD safety parent coordinator, social workers or the person responsible for the coordination of the training due to a large turnover in staff at DSD and a lack of communication. The service providers have indicated that this is not the same at all the SDAs but at some which makes the coordination more difficult.

- **Unsuitable Persons being Trained**

As mentioned earlier, vetting is often not done in advance of the training, which often translates into unsuitable people being presented for training and sometimes trained.

'We have had people who present for training who do not even know why there are there, i.e. 'she (the social worker) phoned me on Friday and told me to come'. You just get the impression that they are being sent to fill the seats. We have had a participant who said 'I love children, I will do anything for them' and in the course of the training we find out that her biological children are in foster care! We have had participants who have shared with us that they attend a local psychiatric hospital for treatment every week. We have participants who already have six children placed in their care and we also get a lot of ladies over sixty who may not be capable of caring for the younger child.'

Service Provider

Social workers have also reported that some participants only do the training for the certificate or 'something to do' and cases have been identified by the service provider, where trained participants do not even have their own place to stay, once again questioning the screening process.

- **Training in the First Quarter**

There are many challenges associated with training in the first quarter of a new financial year, as the TPAs are typically not signed until 6-8 weeks into the financial year and the service providers are reluctant to plan without funding secured. This results in a reduction in training in some areas or training quotas not being met.

- **More Training Requested than the DSD can support**

There is an additional challenge that the service providers have experienced with DSD sometimes requesting more training sessions than required or that they can provide suitable participants for.

- **Poor Effort to combine areas/Language groups**

Linked to the previous challenge, it was reported that DSD are reluctant to combine areas within SDAs/regions that speak the same language for training sessions and most SDAs request their own training. The service provider has commented that this has caused some obvious conflict within DSD and increased pressure on the service providers to replicate multiple trainings with their already limited resources.

- **Training Not Available in Xhosa**

Social workers have stated that because the training is only available in English and Afrikaans with a Xhosa interpreter, this can be problematic and excludes many potential participants who reside in Xhosa speaking areas which also have a high demand for safety parents.

- **Catering Problems for Service Provider**

As a result of the poor turnout for training or cancelled training in some areas (often due to poor coordination between the DSD and Service Providers), the service provider has had to make special arrangements with specific caterers in order to cut down on food wastage. This was described as follows: 'We need a caterer who will adapt to our needs, we may have 25 booked for lunch over four days and only 5 or ten show up'. The service provider often received a backlash from community members for not using a local caterer.

- **Location – long travelling distances**

There are also challenges with the location of the training particularly in Non-Metro areas. This can mean long travelling distances for participants and the service providers and in most cases there is no budget for this which leads to non-attendance despite the person having an interest and having made a commitment to the programme. Requesting assistance from social workers to transport participants takes them away from their already burdensome casework and puts further pressure on the SDA.

- **Lack of Funding for some trainings**

Some areas are not funded for training and one of the service providers raise private funds in order to include these areas in the programme, other areas are simply skipped over despite a need for safety parents in all areas.

- **Social Workers not involved in Training**

Most social workers indicated that they were not involved in the training of new safety parents as in many cases they were not familiar with the training curriculum yet were the first point of contact for the safety parent and needed to know what they have been taught, so that they could respond appropriately. One social worker reported that safety parents sometimes think they are social workers after the training. This gap in knowledge has caused conflict between social workers and safety parents. A social worker (Metro) stated, as some of the legislative processes are complex and are open to misinterpretation by the service provider and/or the safety parent. Conflict of this nature has led to a breakdown in the relationship between all parties.

| | |
|---|------------------|
| <p>The content of the training is relevant but some aspects of the Children's Act seem to be interpreted in different ways and this leads to conflict'</p> | <p>DSD Metro</p> |
|---|------------------|

- **Safety Parents who have not been trained**

A service provider reported that social workers are still using untrained safety parents in areas where there are trained safety parents and the repercussions of this should something happen a child are insurmountable. There are active safety parents with children in their temporary care who have never participated in the training programme. One Non Metro DSD reported that most of the safety parents they use are 'not registered' with the service provider and that they are utilised by the DSD and then trained later on.

I never went to training (Safety Parent) and the magistrate told me he finds this strange. I never went to the DSD to ask to be a safety parent either, they just asked me to look after the children and I said yes. Safety Parent Non-Metro

As mentioned previously, there are many grandparents who are looking after their grandchildren and they are often invited to 'do their 90 days' and attend the training so they can legitimise/formalise the situation and be brought into the programme. Their suitability for the safety parent programme however still had to be determined to ensure that it was the most appropriate form of care for the child concerned.

- **Large numbers trained, low numbers active**

Despite a large number of safety parents being trained annually (238 in 2014/15), the number of safety parents' active and available to accept emergency placements remains limited. The evaluation uncovered several possible reasons for this and why retention rates are very low in the programme. The following reasons for the low number of active safety parents have been identified:

- Trained Safety Parents relocate or move around⁴⁸.
- Trained Safety Parents lose interest in being a safety parent
- Take up employment elsewhere⁴⁹
- Social Workers favour using one Safety Parent above the others. A social worker may identify a particular safety parent who is very willing to accept children and they continue to place with this person and the other trained safety parents in the area feel that they are not being utilised and drop out of the programme (DSD Key Informant).

⁴⁸ Some participants travel to the Eastern Cape frequently and do not wish to bring placed children with them,

⁴⁹ Often seasonal employment but this would still exclude them from the programme

- Trained safety parents who have never had a child placed with them drop out for similar reasons as above.
- **Drop out due late Payment of Safety Fees**

Drop out due to the delays often experienced with the payment of the safety fees, newly trained safety parents feel demotivated as they struggle to make ends meet and provide for the children in their care and then drop out of the programme.

- **Safety Parents Selective as to what Children they Accept**

Taking care of children subject to an emergency removal on a short-term basis is not an easy job. However, some trained safety parents are particularly selective of the terms that they accept safety children. Although some may have good reason for this due to their current circumstances, this is a contradiction in the role. As described by a participant, 'some safety parents go through the training and then they don't want babies or they don't want teens and when we need them they are just not ready for us' (Social Worker Non- Metro). Safety parents sometimes do not want children from other religious, race or cultural groups, ill children or children with disabilities and special needs. These conditions leave social workers with limited options when placing some children and this causes a huge challenge for them.

5.3.2 Mentoring and Support Sessions to Safety Parents

In addition to the initial training of the new safety parents, the service providers offer mentoring and support sessions to the existing safety parents throughout the year. This crucial contact is a vital support structure for the safety parents and is key to their retention. These workshops are useful and important and safety parents come to the sessions and enjoy them (DSD Key Informant). The safety parents provided good feedback about the service providers and they feel to get robust support. Most of these engagements are quarterly and in some areas up to six meetings take place in a year. The DSD assists with transport and finding a suitable venue when possible, and some of the support sessions are held at the DSD offices. The DSD social workers are invited to attend these sessions also.

Our meeting sessions take place every two months, I have been with them (the service provider) for a long time. They treat us very well and I salute them, when we have a problem they say they are going to help us and fight for us.

Safety Parent Non Metro

The content of the meetings vary from administrative queries, to discussions regarding the parenting of the children that are in safe care. One of the service providers has also incorporated some psycho-social training into their support programme. There are also a series of educational talks given by experts, some of the talks are inter-departmental⁵⁰. Topics discussed in the evaluation period include the following;

- Dealing with a FAS child
- Children with Disabilities
- Understanding ADHD
- Child Safety
- Caring for a Child with HIV/AIDS or TB
- Teenage Alcohol and Drug Abuse
- Caring for the Caregiver
- Child Sexual Abuse and the Criminal Investigation
- Childhood cancer, recognising the symptoms
- Learning Disabilities and the Referral procedures
- Unconditional Love
- The Developmental Stages of Children
- Child Nutrition

The service providers ask the safety parents what they would like to learn more about and they listen to their needs when planning the schedule of talks in order to keep the topics interesting and relevant.

| | |
|---|--------------------------------|
| <p>The topics directly relate to our abilities as safety parents, at the beginning of each year we give eight topics to be discussed, for me the most important ones are the Children's Act and FAS children</p> | <p>Safety Parent Non Metro</p> |
|---|--------------------------------|

As discussed in the literature section, safety parents often have to deal with children who have never had norms or rules in their lives and as a result, they need to learn how to teach them life-skills. It is not just the trauma that they experience preceding their removal to safe care but also the adjustment to new caregivers and the uncertainty regarding the future. Safety parents need to learn how to cope with this challenge.

Service providers also clearly define roles and expectations for safety parents. The importance of an ongoing support and mentoring programme for safety parents was acknowledged as key to retention within the literature.

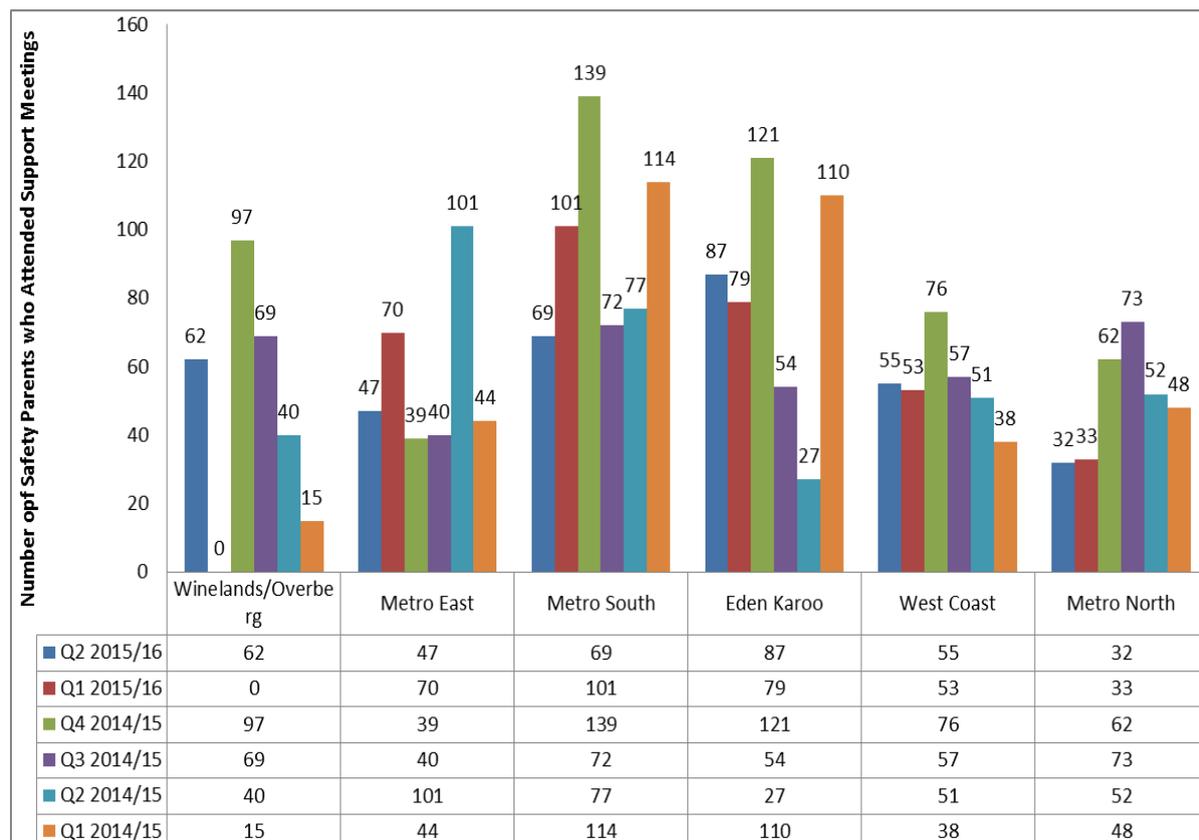
| | |
|---|-------------------------|
| <p>We need to mentor and maintain our safety parents, if we don't do so we will lose them.</p> | <p>Service Provider</p> |
|---|-------------------------|

⁵⁰ As per section two of the Children's Act

- **Attendance at Support Meeting**

An analysis of support meeting attendance by safety parents from figures submitted in quarterly reports over the eighteen month evaluation period (see figure 5 below), reveals that these meetings are indeed very well attended and important to safety parents, with some attending all available sessions. One of the service providers have made it compulsory to attend, almost creating a 'clublike' atmosphere where safety parents feel they belong and earn a right to participate which then allows them to benefit from the end of year celebrations hosted by the service provider. 'The DSD should join forces and not be excluded from this community tools placed at their disposal' (DSD Key Informant). The greatest attendance was in the Metro South regions with (572 attendees)⁵¹, followed by Eden Karoo (478), Metro East (341), West Coast (330), Metro North (300) and Winelands Overberg (283). The quarter that experienced the highest attendance was Q4 2014/15 (534). This is also relevant to the size of the regions and the number of active and trained safety parents.

Figure 5: The Number of Safety Parents who attended Support Meetings per Quarter



⁵¹ *Some being the same Safety parents attending multiple sessions, depending on the number of sessions held.

Various challenges were identified in respect of the mentoring and support process, including the following:

- **Platform for Complaints about DSD**

The main challenge that was reported by the DSD social workers and the service providers is that the support meetings tend to become a platform of complaints against DSD social workers by the safety parents. Safety parents tended to bring their grievances to the meetings and the service providers assisted them by following up with the relevant DSD social worker. In most cases, this created a breakdown in the relationship between the DSD and the service provider and subsequently the DSD and the safety parent.

One of the service providers was clear to define their role in this regard and were very strict as to what could and could not be discussed at their mentoring/support sessions but issues such as a placement in the absence of a form 36, delays in safety fee payment (including obtaining court orders) and general poor support from DSD social workers were commonplace. This was described as follows by a participant:

In the beginning we did not understand our roles and most of us just waited for the support meetings to air our problems. The service provider concluded that we must follow protocol and only after we have exhausted all other avenues will they intervene.
Safety Parent Non-Metro

The following quotes further illustrate how the platform has caused challenges in the stakeholder relationships.

They (the service provider) are amazing and they have taught us a lot, the lessons are fantastic. They even made the social workers apologise for speaking to us like they did and for being so rude, only one month has passed since then so we will have to see what happens. I understand they are under pressure but we are under pressure too and if we get burnt out we cannot continue taking in children.
Safety Parent Metro

It is very natural that delegates would want to discuss practical problems experiences in the two month follow up sessions, however the service provider must be very cautious not to cause a rift or add any unfulfilled expectations the safety parents may harbour against DSD, this is a delicate situation and should be treated as such.
DSD Key Informant

- **Some Support Sessions Prevented from Taking Place for external reasons**

A second and significant challenge was that it was not always possible for the desired number of support sessions to take place⁵². A closer examination of the quarterly reports showed some sessions having to be cancelled due to environmental reasons which included bad weather, transport issues for attendees (particularly in non-metro areas) and sporadic gang violence in certain metro areas.

- **Social Workers under pressure to provide Transport to the Meetings**

Social workers in non-metro areas reported that they were at times expected to transport safety parents to attend training and meetings and this often took them away from their urgent casework.

- **Social Workers not Attending Meetings**

The service providers and the safety parents both reported that the DSD social workers only attended the meetings sporadically, if at all. This further added to the strain within the stakeholder relationship.

- **Exclusion of Other Safety parents and Interested Foster Parents**

Safety parents who were not trained by the specific service provider were not permitted to attend the mentoring sessions, this then excluded safety parents trained by other organisation and existing foster parents who have shown an interest in the programme. This further challenged the network of emergency care for children within the communities.

5.4 Material Aid

An important component of the Safety Parent programme is the provision of material aid to the safety parents when they take a child into their care. The material aid is in the form of emergency kits and shopping vouchers, and these are provided by the service provider, although distribution methods vary by SDA. The service providers employ shrewd and practical purchasing methods to get the best value for money as they negotiate bulk purchase discounts. They also have careful and considered monitoring and auditing methods in place to track and trace all aid.

⁵² see figure 5 - Q1 2015/16 Winelands Overberg

5.4.1 Emergency Kits

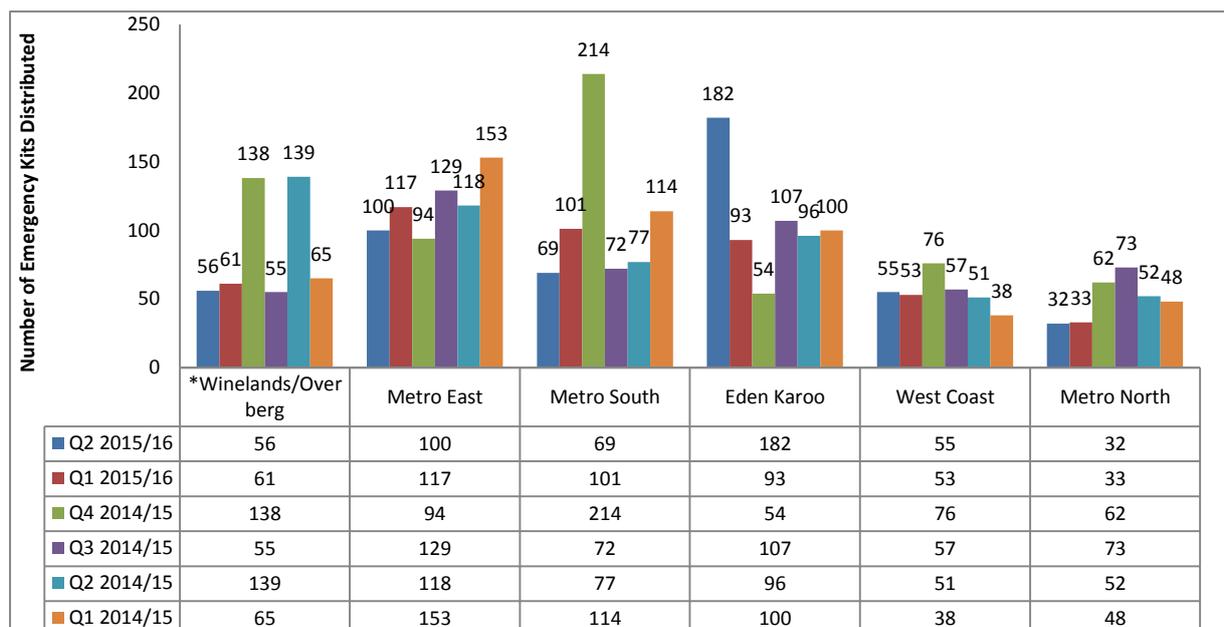
The emergency kits are prepared by the service provider based on the budget allocation granted by the DSD within the TPA. The kits are assembled at the offices of the service provider and packaged by age and gender. The content varies accordingly and a typical kit will contain non-perishable food items (or baby formula), some toiletries (or nappies) and some age and season appropriate clothing for the child. As this social worker in the Metro describes:

Its clothes, vest, t-shirt, shorts, two tins of food and a brush, it works for a day or two, it is intended for a short term safety placement but for most of our safety children this is not the case.
Social Worker Metro

The kits are then numbered and labelled and one of the service providers estimated that the value of the kit is approximately R350. They are distributed to the SDAs via courier and if a kit is allocated it will only be replaced if the social worker has faxed a form 36 to the service provider as proof of its allocation. In most of the SDAs (8), a 'kit allocator' has been identified by the service provider within the community. This person is typically a safety parent herself who is well known and trusted by the service provider. The social workers need to go there in order to get a kit to bring it to the safety parent when they receive a child. The kit allocator is available 24 hours to distribute kits and they monitor the outgoing kits carefully. They also ensure that a valid form 36 is presented by the person requesting the kit. Alternatively the allocation is done through the DSD office (4 SDAs all Non Metro).

In figure 6, the number of emergency kits distributed during the evaluation period is examined by region. Within the eighteen month period Metro East distributed the largest amount (711) followed by Metro South (647), Eden Karoo (632) and Metro North (630). Lower distribution occurred in the Winelands Overberg (514) and the West Coast (330). The quarter with the highest distribution was the last quarter of 2014/15 (638). The average distribution per quarter for the remaining periods was just under 500 kits per quarter (499.2) at a cost of approximately R175,000 per quarter.

Figure 6 : Number of Emergency Kits Distributed during the Evaluation Time Frame



The following challenges were experienced in respect of material aid:

- **Expired Food**

Safety parents have reported that some of the food items in the emergency kits have expired, this is concerning as only non-perishable items included.

- **Clothing for wrong season**

There were also reports that the clothing in the packs can sometimes be for the wrong season. As the kits are replenished only when needed, some kits may be lying in stock for some period of time. Furthermore, some safety parents reported that the kit was not always practical or relevant to the child's circumstances.

- **Kits Tampered With – Items missing**

There were reports (when the kits are distributed from DSD offices only), that kits have been tampered with and this is particularly true in the case of kits for babies where the experienced safety parents are aware that a certain number of nappies should be included. One service provider will subtract the value of any missing kits, kits not distributed correctly, or missing parts of kits from the distributors salary (when this is one of their appointed kit allocators). This level of monitoring does appear to take place when kits are distributed directly from the DSD offices where most of the kit tampering seems to occur.

- **One Child and two form 36s**

A further challenge is when a child is placed over a weekend on a form 36, which entitles the Safety Parent to material aid, yet this child is returned to the biological parents on the Monday. The social worker does not go back to court to verify this with the magistrate and the same child is removed two weeks later on another form 36 and is now with a second safety parent and a second emergency kit is distributed. This quickly depletes the stocks (DSD Key informant) and is illegal but happens from time to time.

Safety Parents must not accept a child on a second Form 36, this is illegal. Such placements do not qualify for a voucher or an emergency kit.

Service provider mentoring meeting

- **No Additional Kit should a Safety Placement Fail**

If a safety placement fails and the child needs to be placed with another safety parent, as there is only one form 36 an additional kit and voucher cannot be issued to the new safety parent.

- **No Additional Kit when the same Child is taken into Emergency Care repeatedly**

In one SDA social workers reported that the same child may be taken into emergency care more than once and when this happens there is only one form 36 and the social worker needs to work something out in order to get access to more material aid. These kits are a once off.

- **Emergency Kit Misuse**

Although not widespread, several incidences of material aid misuse were also reported. Incidences where social workers or SAPS allocate all the safety children to one or two safety parents in the area and within a few days the safety parents maintains they cannot cope and send the children back to the social worker where they are sent to another safety parent who does not receive the material aid benefit. (DSD Key informant and Service Provider). Both DSD and the Service Providers were very aware of such possible misuse and some had put further monitoring systems in place in an attempt to combat this.

- **Problems accessing the Kits**

The social worker is supposed to provide the kit as soon as possible to the safety parent when a child or children are placed, but often this is not the case. There were also reports that the social worker did not know the distribution point for the kits or was concerned for their own safety when going to a specific area and that the safety parents themselves collected them. There was one report of an 'aggressive and rude' kit distributor who some safety parents had to receive kits directly from as they believed the social workers did not wish to deal with her.

There were also reported cases from safety parents where they did not receive emergency kits for some placements and safety parents in certain regions who have never received kits. This was described as follows:

| | |
|--|------------------|
| It can be concluded that certain DSD social workers are not distributing material aid to the safety parents | Service provider |
|--|------------------|

- **Kit Content not Adequate**

As most of the children that are placed with a safety parent stay longer than a few days, the content of the kit is very limiting but this addresses the bigger question of the need for poverty alleviation within communities, not just with respect to safety placements and the safety parent programme.

| | |
|--|---------------------|
| Our biggest problem is the safety parents not having nappies, milk and porridge for babies, they always come here looking for help when the kit runs out, we do not have the resources for them but we do what we can, we try to be creative. | Social Worker Metro |
|--|---------------------|

- **Incorrect/Inadequate number of Kits allocated to SDAs**

One of the SDAs were disappointed that the service provider never gave them the correct amount of kits or vouchers for the number of children placed in emergency safe care. As this number is not pre-determined, the 'correct' allocation is impossible to estimate. According to one social worker in the Non Metro, 'the service provider seems to have a set number for us every year and these are typically all gone by mid-year'. Others were concerned that they did not have enough kits for certain age groups.

The service providers do not understand that we mostly remove babies so we need more kits for the 0-24 month age group. I think the service provider is struggling to keep up with our demands'
Social Worker Non Metro

SDAs do not know their annual allocation of kits and vouchers before they start distributing and this makes the management of this aid difficult.

- **Kits distributed without form 36s**

Some social workers gave kits without having a form 36. This had huge implications for the SDA as the service providers needed evidence of a form 36 in order to replace a distributed kit.

Sometimes 10 kits are given and I only have 6 form 36s so that's all that are going to be replaced.
Social Worker Non Metro

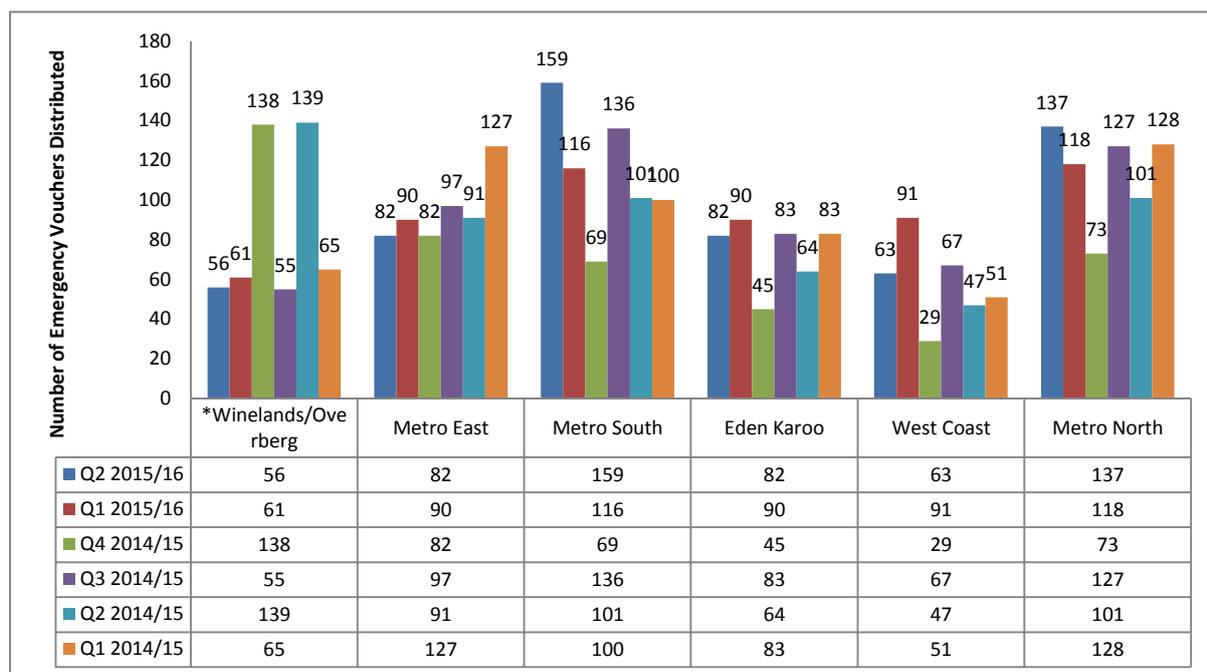
5.4.2 Vouchers

In addition to the allocation of emergency kits to the safety parent when they receive a child into their care, a supermarket voucher is also allocated. These vouchers are given by the service provider to the DSD and are distributed by the social workers. One of the service providers described this voucher as a motivation. The value of the voucher varies from R150 – R170 and it is intended that it will be used to supplement the placed child's needs.

Figure 7 below illustrates the distribution of emergency vouchers to safety parents by the regions over the evaluation period. The pattern of distribution by region is as expected different to the pattern of distribution of emergency kits as a completely different distribution method is used. The region with the highest distribution is Metro North (684) followed by Metro South (681), Metro East with 569 and Winelands Overberg with 514 vouchers distributed.⁵³ Lower distribution was noted in Eden Karoo (447) and the West Coast (348). When the distribution is analysed per quarter, the most recent quarter (Q2 2015/16) had the highest distribution at 579 with Q4 2014/15 having the lowest (436). Over the 18 month period there were on average 540 vouchers distributed per quarter at a cost of approximately R86,400.

⁵³ W/O the only region with an identical kit/voucher distribution number as they do not distinguish between the two types of material aid in their reports)

Figure 7: Number of Emergency Vouchers Distributed by Region



During the evaluation period (18 months) there were 3464 emergency kits and 3243 emergency vouchers distributed at a total cost of R1,763,718 (R551,318 and R1,212,400) or R293,953 on average per quarter combined for material aid. The following challenges were identified regarding vouchers:

- **No standardised distribution policy for emergency vouchers**

The evaluation revealed that the allocation of the vouchers was not uniform throughout the SDAs. In the case of one of the service providers, the social worker assessed each case individually to decide if the need was great enough to warrant a voucher being given. In most cases one voucher was given per child unless the child was placed with its sibling and in this case it was one voucher for two placed children. If two unrelated children were placed with the same safety parent, two vouchers were most often allocated. Two vouchers were allocated to three children and so forth. A key informant from DSD was not aware of this irregular practice while most of the social workers within the sample were aware, despite expressing unhappiness with this distribution system.

- **Emergency Voucher Misuse**

Similar to the misuse around the emergency kits, a service provider described misuse that had also taken place concerning the supermarket vouchers through an

arrangement between the social worker and certain safety parents. A service provider outlines an example of this below.

1 voucher = 1 child, this can become a business. I am the social worker, I know you so I bring you 5-6 children a day and that equates to five kits, and five vouchers and the next day I bring you 3-4 more children. We picked up on this and it seemed like it was a business. We now monitor this and see who the kits and vouchers are going to.
Service Provider

There were also cases reported of safety parents not utilising the voucher for the child's benefit by purchasing cigarettes and alcohol. In order to combat this some social workers required the safety parent to produce the receipt of what was purchased on the voucher.

- **No Vouchers Received by some Safety Parents**

As previously, some safety parents did not receive vouchers at all, this may have been due to some social workers allocating vouchers as they deemed needed (means test), SDAs running out of vouchers or voucher fraud.

We did not receive any vouchers. The department said one voucher would cover three children but I did not even get one
Safety Parent Non Metro

- **Inadequate Number of Vouchers to Distribute**

A further issue associated with both the vouchers and emergency kits is that it is not enough as it is exhausted long before the safety parent has received their first payment of the safety fee for the child/ren in their care and this causes a lot of distress. The intention for the material aid was to provide emergency relief but many safety parents feel that because of the delays with the safety fee payment the material aid should be increased. Once again the amount of vouchers allocated to an SDA is predetermined and there is no predictor of the number of emergency removals that may take place. Overall social workers were happy with the distribution of the kits but not the vouchers.

5.5 Safety Fees

The purpose of the safety fee is to assist with the provision for the child in your care but what use is it if you only receive it after the child is returned to their parents!'

Safety Parent Metro

The timeous payment of safety fees to safety parents is highlighted within this evaluation as the single biggest challenge facing the programme.

When a child in need of care and protection is removed in terms of the statutory requirements of the Children's Act and placed in temporary safe care with a screened and vetted safety parent the safety parent is entitled to be paid 'safety fees'. As soon as a Children's Court Enquiry is opened, within two days, the safety parent will qualify for the fees. The safety fees can be paid for a period of up to 90 days (Section 155 (5)) or longer as decided by the presiding officer of the children's court in terms of Section 155 (6) of the Children's Act.

The process that leads to the payment of safety fees should be meticulously implemented with great urgency. Children cannot be placed as wards of the court to suffer deprivation in the home of the safe care parents.

DSD Key Informant

The payment of safety fees to safety parents for the duration of the child's stay, was previously performed by the Department of Justice (DoJ) and facilitated directly through the courts. This appeared to have been smooth running and the safety parent would get an order from the court and would go to the court clerk for payment. There was a two-week turnaround period for payments. Since July 2012, this function has been performed by the DSD. The turnaround period is now between four weeks and longer.

Since the DSD have been managing the payment of Safety Fees, the fee has been raised to R27 rand per day per child. Initially the new safety parent in conjunction with the screening set out above will need to complete the BAS (bank payment form) and provide certified identification. As mentioned the completion of the initial paperwork has been integrated into part of the New Safety Parent Training by the service provider but the safety parents must still rely heavily on social workers to assist with the submission of these claims.

The paperwork is done before the first child is placed. I tell them (Safety Parents) to take the court order and a copy of their ID document to ensure that all the information is correct. I also tell them to ensure the child's name is correct and that the social worker has not just completed that section with the words 'safety child, which has happened!

Service Provider

When they receive a child into their care, the Presiding Officer of the Children's Court may say they will place the child for 90 days and would request a report every two weeks or four weeks from the social worker to be kept up to date with the progress of the investigation. The court will issue an order that must to be attached to the

payment application, which is then submitted manually for payment. The court order is proof that the child is still in the care of that safety parent. There are different methods employed by different courts. Some magistrates only request an update after 90 days and some DSD social workers have a tally form that they complete indicating how long each child is staying with the safety parent in order to submit for the safety fee payment.

Each claim must include;

- The claim form signed by the social work, the social work manager and the safety parent
- A grid/schedule/Tally form required by Corporate Services
- An Original copy of the order issued by the court

The following challenges have been identified in respect of safety fees:

- **No Standard Operating Procedures in Place**

The Children's Act mandates that DSD set minimum standard operational procedures (SOP) to regulate the effective management of the temporary safe care of children. At the time of this evaluation, there was no standard operating procedure for the payment of safety fees⁵⁴ as various procedures and practices emerged. This has since changed with the implementation of the new policy in April 2016.

- **Delay in Receiving Payment of Safety fees**

There is sometimes a delay with the payment of safety fees, the system is not as efficient as when it was with the courts (DoJ), our systems work differently and sometimes they miss the payment run and only get paid after the next 30 day period. Eventually they do get their money but it can take a long time.

DSD Key Informant

All stakeholders in this evaluation expressed concern regarding how long it was taking for safety fees to be paid. Some regions reported some improvement in the speed of the payments and this appeared to be down to particular regional office officials who were described as efficient and meticulous⁵⁵.

⁵⁴ As of 01 April 2016, a new directive for the payment of Place of Safety and Children's Escort Fees (DSD) came into effect – copy of document can be found in the appendix.

⁵⁵ Three were identified in this Evaluation

A social worker (Metro) described the process for safety fee payment as too long. They explained that there were a series of steps and many role players along the way. In the end, the safety parent and the child pay the price and this impact on the already fragile relationship between the safety parent and the social worker.

Waiting for safety fees to be paid leaves the safety children at the mercy of the safety parents finances.
Social Worker Metro

The procedure itself is tedious and manual and involves the application going from an SDA to a regional office/ sometimes via another designated SDA and then to the head office. The procedure had to be repeated every two or four weeks and this takes up a huge amount of the social workers time. This process is further complicated when it is applied to non-metro areas where there are also infrastructure challenges and big travelling distances between offices.

I did not get the R27 a day for a child that stayed with me for a month. I did fill in the BAS form at the DSD office but I did not receive any monies. I have not received any monies for any child that stayed with me but I did hear of another safety parent receiving R184 for a two-week period.
Safety Parent Non Metro

These delays impact on the relationship between the safety parent and the social worker and a situation of distrust emerges, this should not be the case as this relationship is a crucial aspect in safe-guarding the children

Other safety parents reported that while they wait for their safety fee payment they often have to take out loans to provide for the children in their care.

I waited 24 months for my safety fee, I had to sell my car and my laptop to provide for the children in my care, when I finally got the fee it amounted to R64,000.
Safety Parent Metro

Others report on the sheer frustration they experienced when waiting for their safety fees to be paid.

Sometimes the child has been removed for months and the safety parent has still not received that little amount, we hear that the finance person is on leave and could not capture the details or the details are incorrect or the requirements have changed and the SDA were not informed.
Service Provider

I raised my safety child for five years and all I received was R1,000. I had to buy her school books and every year it gets more. The rest just had to come from my pocket. The department do not worry about the children, they just drop them and you have to see to the rest.
Safety Parent Non Metro

Some of the possible reasons that contribute to the delay in the payment of the safety fees are:

- **Social Worker does not follow up with the Safety Parent after the placement**

The social worker places the child and the safety parent never sees him/her again. As a result, no application for safety fees is submitted and no payment is ever made.

- **Court Orders not collected or not processed timeously**

Challenges were also experienced when social workers placed children but did not complete a safety claim until a few months later and the initial fees were then lost and could not be recovered. No court orders are collected or there are delays in obtaining them, the safety parent either waits months or even years for the safety fee payment or receives nothing. Safety Parents going directly to Court to obtain Court Orders due to having to wait so long for the court orders some safety parents go directly to the clerk of the court and obtain the necessary court orders, in two SDA's was happening as the social workers failed to assist when required.

- **Errors in Application Processes**

The paperwork was initially completed incorrectly by the safety parent and the social worker and has to be resubmitted, numerous times in some cases. This sometimes relates to the name on the bank account not corresponding with the name of the safety parent or the safety parents name on their ID document not corresponding with their name on the other forms or the child's name being incorrect.

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| <p>All I can say about the safety fee is we do not get it on time or in some cases not at all or over a long period. Remember we do this job out of love; the only thing we ask is that the social worker gets their paperwork in order as this is usually the stumbling block for us</p> <p style="text-align: right;">Safety Parent Metro</p> |
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- **Safety Fee too low**

There was a general consensus that the amount paid in safety fees which is determined by DSD, is too low and does not cover even incidental expenses such as transport to the clinic or hospital for a sick or disabled (special needs) child, or school transport if the child has been placed away from their home area. The amount was found to be particularly inadequate for safety parents who had to care for young babies that required nappies and formula.

We are happy because we like the children but the thing is we are not happy about the money. For R27 a day and at night you are not sleeping and you have to go to the clinic and pay for transport, nappies and milk. The money is just not enough. We cannot say we won't take the children as if we didn't they would sleep and grow under bridges so we open our houses for them and the government must see what more they can do for us.

Safety Parent Metro

- **No receipt or record of Payments to Safety Parents**

The safety parents do not receive a 'receipt' with their payment. Therefore when an amount is deposited into their account they have no way of knowing which child this amount relates to and what may still be outstanding. Some regions did provide receipts in the past which was very useful but this has now stopped. As some safety parents care for large numbers of different children simultaneously and over time keeping track of these payments is very challenging. They also have no way of knowing if their claims have been received and are being processed, which adds to the frustration.

- **Private Arrangement Put in Place to Avoid Safety Fee Processes**

There was evidence of social workers placing children on private arrangements in order to avoid the extra administration associated with a 'legal placement' which involves a safety fee application, court orders etc. Safety parents are sometimes not made aware that they were entitled to safety fees particularly if they have not gone through the training.

- **Service Provider forced to Follow Up on Safety Fee payments**

A service provider reported spending significant time on a regular basis following up on safety fee claims and that this was seriously impacting on their core services to the programme.

- **Safety Parents returning children to social workers due to delays in Payment of safety fees**

The delays with the payment of the safety fee sometimes result in the safety parent having to return the child to the social worker.

I had to go and see the social worker and say I cannot take another child, I cannot care for these children when I have no money., I know it's sad to say but it's the truth

Safety parent Metro

They sometimes say to us come fetch these kids, this is the No1 reason we don't retain a good number of safety parents

Social Worker metro

- **Social Workers having to Deal with Complaints re Safety Fees**

Social workers also have to deal with a large number of complaints from Safety parents regarding fees although they have sent the claim through the correct channels and are waiting for the payment. One SDA had to ask their regional office to provide a letter that they could give to safety parents explaining this. There were four reports of social workers taking from their own pockets to provide some money to sustain the safety parents as they waited for the fees to be paid or to prevent the safety parent wanting to return the child.

We wait such a long time for our money, I am waiting 2.5 yr and 7months. I have followed up with a series of social workers and have been passed along the line. I must have given my papers to each of them twice. For three children I have not received anything, and I have filled out papers at least eight times for the other two

Safety Parent Metro

- **Safety Parents having to deal with Social Workers accusing them of 'Just doing the Job for the Money'**

Safety Parents reported that when they enquired as to where their safety fees were the social workers made them 'feel guilty' and told them they should be doing this for the love of the child not the money (Safety Parent Metro). Other safety parents reported that sometimes they were made to feel they were doing it for the money by the social worker. Social workers mentioned that they easily spotted safety parents who were 'doing it for the money' as every time the child needed something they were contacting the social worker for assistance. Safety Parents also described that they were not doing this for the money as there was not profit in it. This is unacceptable as DSD should nurture and respect safety parents and not antagonise them, (DSD Key Informant).

- **Safety Fee Fraud**

Safety Fee Fraud was also identified. There was a case where children 'ran' from the legal safety parent and stayed with another person in the community. The legal safety parent promised to transfer the safety fee into the new safety parents name but never does and this goes on. The new safety parent never receives the safety fee and is given a small amount by the legal safety parent who despite the children no longer

residing there, continues to collect⁵⁶. The service provider stated that both parties turned up at the support meetings where this situation then came to light. The question to ask is where is the social worker and who is obtaining the court orders to enable the payment to the legal safety parent?

- **Impact of Slow Payment of Safety Fees on the recruitment and the retention of safety parents**

This multitude of challenges relating to safety fees as discussed, greatly impacts on the recruitment and retention of safety parents.

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| The current system of payment for the safety fee is not working and needs to be changed Social Worker Non Metro |
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5.6 Further Programme Implementation Challenges

- **Logistics of Locating a Safety Parent for Initial Placement**

Social workers expressed challenges when locating a safety parent. This typically involved phoning potential placements in advance of removing the child. On occasions when this was not possible the social worker had to travel, often at night with the child/children in the car looking for a safety parent who can assist.

Despite a diminished pool of safety parents and difficulty finding a safety parent who is willing to accept the child, some social workers complained of having no children's car seats in the official car or only having one, or having no airtime and having to use their own airtime as they desperately seek safety for the children.

- **Number of children placed in one home**

As mentioned above, the Act clearly defined the number of children that can be placed in a home as part of the foster care programme as six. This is not specified in the Act for the Safety parents programme, however DSD seem to have adopted the principle (Chapter 12: Foster Care (sections 185)) regarding the number of children to be placed per household. For most social workers how this applies to the safety parent programme was vague. The evaluation found that in most cases this number was adhered to but the Presiding Officer of the Children's Court did make exceptions when placing siblings. In most SDAs there was a shortage of safety parents and the

⁵⁶ Perhaps collecting the court orders themselves?

active safety parents often all had 6 placed children in their care. Should the safety child need specialist care the number of children acceptable may also be reduced.

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| <p>There is a lot of confusion regarding the number of Safety Children allowed in a home and this seriously needs to be clarified by DSD Service Provider</p> |
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Cases were found where a safety parent took the maximum number of children in order to supplement their income. Two social workers reported that when faced with a situation to place and they have no other options they will go ahead a place more than the six children if the safety parent is willing. They just won't let the magistrate know about the already placed 6. This is the only way we can survive and move on (Social Worker Metro). Most social workers when faced with such a challenge, will place over the allowed number for only 24 hours and then try to replace that child.

- **The Rights of Safety Parents/Temporary Caregivers v Legal Guardians**

When a child is removed from the biological parents, regardless of the circumstances the only thing the lower courts can deal with is the physical care. Guardianship is still part of the biological parent's rights until an adoption may go through. Section 18-2 C of the Children's Act states that the natural parents retain guardianship until then and a lot of safety and foster parents do not understand this (DSD key informant).

Most of the safety parents complained of challenges experienced when dealing with the safety child's biological parents. The court must inform the biological parent as to the location of their child in safe care. This is in order to facilitate communication and assist with the potential smooth reunification of the family.

This has led to numerous incidents of harassment for the safety parent and intrusion on their private property. In many cases the biological parent has not been rehabilitated. In some cases placing a child in the same community can be detrimental to the child's well-being. The ground rules are set down in court, it is explained that the biological parents can see the child twice a month. There are many cases where they do not visit at all and there are also cases where the children do not want to see their parents or ever return to live with them. Incidents of abuse towards the safety parent with regards to the safety fee from the biological parents were also experienced. Complex relationships between the safety parents and the biological parents were also experienced in smaller towns/communities where the families would be known to each other.

The mother is pressurising me on the phone, every day. She can see the child and now that the child is doing well she wants it back. I told her to stop phoning the child as it was getting stressed again and had started wetting the bed.

Safety Parent Metro

I don't want them to know where I stay, the mother turns up demanding 'her money' (safety fees), I would rather meet them in Mc Donald's or something rather than have them intrude in my home. I do respect the children's parents but they do come to visit at unseemly times. I do not want to come between the parent and the child but they need to respect the boundaries as well and this is creating a major challenge for us safety parents

Safety Parent Non Metro

There have been incidences of the safety children being 'kidnapped' by their parents at school or the children running away from the safety parent back to their original homes. Building a relationship with the biological parents should come from the safety parents and not the social workers. Often the social workers do not inform us if there has been a sickness or a death in the child's biological family (Safety Parent Metro) and this makes it very difficult for us to handle when the child finds out.

Most safety parents reported that the biological parents rarely make an attempt to better themselves and their circumstance so that they can get their children back. When the biological parents see the children looking healthy and clean them often want them back again. Knowledge of parental rights and responsibilities should be one of the main ingredients of the training course and visits should be arranged by DSD when necessary. (DSD Key Informant).

The mother told the social worker that she looked after the children better than the safety parent despite the poor child being covered in sores when I received her. After trying all sorts of soaps I eventually dewormed her and her skin cleared up. I knew the mother would never address this. The social worker just focused on the drug problem and not on the fact that the mother was unemployed and had no means to support her children. I gave the children security and good clean manners and the social worker gave them back to the mother and as she is still unemployed, they are probably back on the streets begging again.

Safety Parent Metro

Social workers will always try to place with a relative as a first option but as a lot of the social problems that cause the child having to be removed are often third generational this is no always possible.

- **Stakeholder Relationships**

Throughout the evaluation evidence amounted that there were strained relationships within the safety parent programme between the safety parents, the social workers (both DSD and NGO) and the service providers. This seemed to emanate from a number of factors including the following:

- A lack of service from the DSD to the safety parents, no vetting, no follow ups, no proper planning for the new safety parent training, as well as issues with the safety fee applications which include obtaining the court orders.
- A lack of communication and coordination efforts from the DSD to the service providers that impacts on all of the above, effected by frequently changing personnel at DSD.
- Platform of complaints being taken up by the service provider through capacity building procedures with the safety parents
- DSD social workers concerned that the information shared with the safety parents may not be the correct interpretation of procedures /Children's Act.
- A lack of role clarification for the service provider, specifically whether the service provider has to follow up on safety fee claims on behalf of the safety parents with the DSD?
- A lack of coordinated service between DSD and NGOs with respect to the provision of the Safety Parent Programme.
- DSD social workers expecting the service provider to strengthen the relationship between them and the safety parent for the benefit of the children concerned.

A service provider frequently calls the DSD social worker to task and writes letters of complaint for the safety parents to give to us Social Worker Non Metro

A DSD key informant indicated that this relationship breakdown was not caused by the service provider but was caused by the DSD social workers.

The safety parents feel they are receiving poor service from the DSD social workers as evident in the examples described below:

We are disappointed in social workers who only come to us every two years and the first question they ask is – what do you do with the grant/safety fee? Safety parent Non Metro

Some safety parents reported that the social workers never ask are you fine, can we do anything to assist you. It was not all criticism for social workers as the two comments below reflect.

I am working with a very good social worker and she is always on time and she even phones to see how I am doing with the children. This is a reflection on some of the social workers, not them all.
Safety Parent Metro

A safety parent from a Non Metro SDA commented that her social worker visits regularly and asks how the children are doing, particularly in terms of their conduct. She also arranges a clothing collection drive for the safety parents in the area to share and arranges further donations. At the end of the year she even buys presents for the children from her own pocket. Regardless of these positive examples, evidence of poor support from social workers as displayed below, is of concern:

I had one child for seven years and only saw the social worker twice!

Safety Parent Non Metro

The social worker just dropped off the child and then fetches them after a few days and there is no contact in between. Sometimes the morning after the child is dropped, the social worker will contact me to see is everything ok but there is no consistent communication.
Safety Parent Non Metro

We as safety parents give a lot to this programme, our house, our cars and our phones but I feel we are undervalued by DSD. We are basically left to our own devices and the support from DSD that is supposed to be there is not.

Safety Parent Non Metro

The social workers tell us they are under a lot of pressure, they have apologised to us for being rude, they should feel the pressure we are under! They say they have so much work and they are being pushed to take more. They are overworked, overwhelmed and swamped and we are getting the brunt of it. Safety Parent Metro

DSD also responded by explaining the challenges that they face with the service provider:

We do not work nicely with the service provider, whatever they say to the safety parents, it is not happening here at DSD. When we try to work through the issue with the safety parent they say the service provider told them this and that and that's not how we work. As a social worker we have to try to accommodate this and it's not easy.
Social Worker Metro

Furthermore the social workers need to consult with the safety parents as the children often tell the safety parents things that the social worker is not aware of.

After three months the social worker takes their report into court and it is decided whether the child/ren will go back to the parents but the social worker never comes to asks us if we have any feedback to add. An example is the child tells me it lives in a trolley in (a beach resort in Cape Town)⁵⁷ where it begs with the mother however according to the social worker they live elsewhere Safety Parent Metro

- **Children staying longer than 90 days**

As stated in section 155-2 of the Children's Act, the initial term for a child placed in safe care is 90 days and if necessary this can be extended by the court. This time period is allocated to allow the social worker to conduct an investigation of the case and report back to the court. This investigation will typically involve tracing and engaging with the child's birth parents. This has proven to be complex as this sometimes means advertising in a newspaper and the parents may no longer reside in the area of readership. It is also possible that the court may be busy with the decision or that a suitable long term placement is difficult to find particularly with reference to special needs or hard to place children. Due to these possible factors, more time is needed and the child's stay in temporary safe care may be extended. This question was addressed within the evaluation and the respondents indicated that overwhelmingly in most cases children are staying longer than 90 days.

A DSD key informant indicated that they had never come across a single investigation that was concluded within the 90 day period. Social workers also indicated that this period of time is not long enough to complete complex investigations and one of the service providers stated that this was one of the biggest frustrations for safety parents and social workers alike.

The 90 days are extended all the time but this needs to be done properly in order for the fee to be reinstated. Service Provider

As mentioned previously, safety parents also reported that social workers were abandoning safety parents once placements were made with reported cases of social workers never following up or communicating with the safety parent again and no permanency plans ever being set up and the safety parent not receiving an extension in the payment of the safety fee.

⁵⁷ Removed to protect the case sensitive information

Some social workers indicated that removing the child from the safety parent at the end of the 90 days is often not in the best interest of the child and if the child has adapted well and formed a bond with the safety parent the social worker may negotiate with the safety parent for the child to stay in their care without payment until the case is finalised. This option is however not advisable as a placement without a court order is illegal and implies risk for all parties this is happening.

The service providers say that they try to support the safety parents in this regard.

We explain the extension process to our safety parents, highlighting the importance of follow ups. We will initiate a follow up with a social worker who did the original placement and will try to find out the reason for the order lapsing and if we discover that it is due to social work negligence we will report the case to the head office

Service Provider

Once again, the overburdened social workers were suggested as a contributing factor.

The 90 days pass, they (the social workers) keep quiet about it and then you get no more money and the child goes into foster care with someone else and you lose that money, it's so unfair.

Safety Parent Metro

A service provider has requested that they need a section in their TPAs to record when they have referred a child back to DSD when they have stayed longer than 90 days. One social worker stated that 90 days was not a long enough period for the biological parents to get themselves back into good condition in order to have their child returned to them. Even when the child is placed in foster care for up to two years, this is not long enough either.

This scenario begs to ask the question: **Are permanency plans being put in place?** The social worker on completion of the investigation focuses on a permanency plan for the child. This is definitely happening and forms part of the social worker closing the investigation but not typically within the 90 days given. In most cases yes, but foster care arrangements also delays the process. At this stage and with the Safety Parent programme it is too early in the process to address the matter of permanency although unnecessary disruption should be avoided (DSD Key Informant).

- **Educational needs of children in the care of safety parents**

Major challenges were experienced with safety parents regarding the schooling of safety children. The main concern related to a school going child being placed further away from their existing school. Sometimes this is the only option due to the availability

of a suitable safety parent. This proved difficult for the safety parent as they were required to pay for transport from the already low safety fee.

The other challenge experienced was finding suitable schools. The safety parents often struggled finding a place for the safety child and received no assistance from the social worker. There were several cases where due to this, school going children were sitting at home.

My older safety child has been out of school since September last year. I tried to get him in but we didn't have his CEMIS number and only the parents have that and we don't have a good relationship with them as they mother came to visit us and did drugs in the area, she has no interest and my hands are tied.

Safety Parent Metro

Another case involved a child who is 8 years old and the safety parent's struggle to find her a place in school that was to no avail. She was therefore begging the social worker for assistance and eventually the school recommended that the child be placed in preschool, but the safety parent refused as she believes this is grossly unfair to the child at her age as preschool age is under five. The safety parent of a teenage girl who came to her after having been placed in a children's home explained how she is struggling to get her child back into school (she is 15 years old). The social workers have suggested that she goes to night school. The safety parent is not satisfied with this option as she feels it exposes the child to drugs and prostitution and walking at night is high risk in their area.

It is the duty of the social worker to ensure the safety child can attend school and at least is enrolled. As emergency placements can take place at any time of the year, schools are often full and past their admission quotas. This becomes a burden for the safety parent and they feel that the social workers are not doing enough to assist in these circumstances. This problem is exacerbated by the fact that the safety parent cannot apply for the birth certificate and may not have the correct documents (such as the child's CEMIS number) to apply for a child to attend school. Safety parents reported that when a social worker placed a child, they often did not receive that child's clinic card, or birth certificate. This experience was described as follows by a participant:

Home affairs will not give a safety parent personal information but it will give it to the social worker. I struggled for a whole year to get a birth certificate for one of my children.

Safety parent Non Metro

Safety parents reported that children with special needs who ideally should be enrolled at a special needs school proved very challenging for the safety parents due to difficulties in finding a placement for the child and the cost of transport as there are not many special needs schools. This is coupled with little or no assistance from the social workers. This has resulted in many children who require specialised education remaining outside the school system while they are in emergency safe care.

- **Relationship with SAPS**

Social workers from the DSD's SDA's explained that they engage with SAPS in accordance with statutory procedures. It was reported that this was easier when specialised units existed within SAPS for child protection. In this evaluation almost all (10) of the SDAs reported a good working relationship with SAPS in relation to their child protection work and that the police officers were quite aware of the procedure should they need to bring a child to them. The key informants from DSD mentioned that they insisted that all the SDAs are represented at the local Police Forums. Furthermore, should the DSD require assistance when removing a child⁵⁸, in almost all cases SAPS were willing to provide support.

They assist us when we have to remove a child. This is particularly helpful as there is a female officer who is Xhosa speaking. Sometimes you don't even know the child's name and it is very important that we can communicate with that child to explain what is happening.
Social Worker Non Metro

Some SDA's ensure that SAPS have up to date lists of their safety parents who are able to receive emergency placements other SDAs take referrals from SAPS and do the placements themselves.

A challenge was experienced in one Non Metro SDA whereby the SAPS removed children at the weekend and distributed emergency kits from the safety parent programme and the children were all then returned to their parents on the Monday. For this to have happened, the DSD must have given SAPS emergency material aid to distribute. There were also cases where SAPS placed children with untrained and untrained safety parents or favoured particular safety parents in what was perceived as a type of material aid fraud.

Two of the three interviewed SAPS officials reported a good working relationship with DSD. They spoke about a supportive and reciprocal working structure but both said

⁵⁸ As some parents can display violent behaviour toward social workers.

the relationship could be improved. In the one Metro station, the relationship was strained and social workers were rarely available to assist with the removal, placement or arrest of a child. This was described as follows:

'Sometimes after 10pm or at the weekend we ring every social worker on the list and no one answers. This is frustrating as we often do not know where to turn then.'

SAPS Metro

The main challenge experienced was that the SAPS officials, both social crime and VEP coordinators who were interviewed had not heard of the safety parent programme and had never received a list of safety parents. If they had to remove a child, they (or a social worker) typically placed the child at a CYCC. They agreed that more information and involvement in the programme would be of great benefit particularly if they had access to the list of trained safety parents. They also requested that their volunteers received training on social matters such as child protection issues from the DSD.

- **Relationship with NGOs**

Six of the 12 SDAs had no collaboration with the Safety Parent Programme from partner organisations in their area. Of those who did, some NGOs have their own safety parents who they are placing children with. This in itself posed many challenges. Evidence indicates that often these placements are informal and not known to DSD and supported only by NGO food parcels. In most cases no training or mentoring takes place even though the NGO may have the skills to train them. These safety parents therefore do not form part of the 'system'. NGOs place children with DSD safety parents and sometimes become very possessive and secretive about their safety parents. This becomes a bigger problem when DSD and the NGOs have a working arrangement to cover a certain area. On occasion DSD social workers thought they had space with a safety parent only to discover that an NGO has placed four children there already. A service provider reported that the DSD was not communicating with the NGOs for the recruitment and training of safety parents. This was a major challenge as many potential new safety parents therefore missed the training opportunities with the service provider. NGOs furthermore stated that they would like to be more involved in the DSD safety programme and would encourage a better working relationship as they both have the same clients. An NGO mentioned that they

offered their services to recruit and train safety parents, however the DSD indicated that they had already contracted a service provider to provide training and did not need their support.

- **Illegal Placements/Private Arrangements**

Private arrangements are being entered into often with the assistance of social workers. They are seldom in the best interest of the child. An NGO spoke of the damage private arrangements have on the community and the children themselves. 'Ultimately between six months and three years later that child ends up in our offices needing support'. The DSD have spoken about private arrangements having been set up by NGOs and when they discover these situations they inform the safety parents of their rights and entitlements for providing this valuable service.

There are many people in our communities who have no understanding of abandonment and will just take children in without reporting it and by the time they come to the social worker the situation has really deteriorated. Overall there are too few children in need of care and protection going into the system.

NGO Social worker Metro.

A further challenge with these type of placements is not knowing where the children are placed and with whom and the dangers associated with this informality⁵⁹.

- **Holiday 'Handbacks'**

As the name suggests there is a practice whereby safety parents and in some cases longer term foster parents 'handback' the children in their care over the holiday period when they wish to travel. They do not wish to collect these children after the holiday either. These 'handbacks' create a difficult situation for the social workers who struggles to 're-place' the affected children.

There are no practical measures in place to deal with foster parents who choose to 'dump' children back on DSD at holiday time and although there is a demand for safety parents to take these children in they cannot use them as the child was removed on a foster order. Application for a safety fee cannot be made against a foster care order, only against a safety order. The Magistrate is therefore not going to issue a new order. How to deal with this scenario needs to be clarified along with a contingency plan for social workers to cope with holiday handbacks.

⁵⁹ Case studies were collected of situations in certain SDAs where this was occurring and particularly when Tik addicted mothers gave birth – available on request.

- **Incomplete Databases of Trained Safety Parents**

The database of trained safety parents held by DSD is often outdated. Social workers explained that they receive a list of trained safety parents from the service provider but sometimes the full lists are not updated and people who are no longer interested are still listed as available and interested. These lists also contain safety parents who have fostered their safety children and no longer have space to accept more safety children. On occasions when DSD have asked the service provider to remove certain people from the list and the Service Provider has discovered that the social workers are still placing with them. One service provider mentioned that after training these sometimes recommended that certain participants are not placed on the database as a potential safety parent.

Chapter 6: Recommendations

The following recommendations are made for the improvement and strengthening of the Safety Parent Programme:

6.1 Recruitment, Screening, Training and Mentoring

6.1.1 Recruitment

- A dedicated DSD safety parent coordinator (one per Region) could assist social workers with the task of recruitment.
- Recruitment drives should be community based, for example, aimed at churches and other important community gatherings. Hospitals, clinics and ECD centres can also be targeted for recruitment. Radio could be used as part of the campaign.
- Active safety parents can be used in recruitment campaigns to act as ambassadors and incentivised to recruit potential safety parents.
- Information sessions for interested parties can be held at DSD offices. All DSD offices can provide application forms or a register of interest to potential safety parents. These information sessions should clearly explain that becoming a safety parent is not a job opportunity.
- Attempts should be made to recruit younger safety parents.
- At the recruitment stage, potential safety parents should provide detailed information as to their availability and the age group and profile (including

special needs) of child they can care for. Recruitment strategies should also consider the needs of specific service delivery areas.

- The potential overlap between foster parents and safety parents should be explored for recruitment purposes.
- Recruitment needs to start in the 4th Quarter of a particular year in order to ensure that sufficient safety parents are available in the following 1st Quarter.
- NGOS could assist the DSD with recruitment while recruitment targets could be incorporated into the TPAs of these service providers.

6.1.2 Screening and Training

- A universal standardized screening tool should be developed by the Children's Programme that includes a section on assessing retention.
- The DSD should ensure that the service provider only receives properly screened and vetted potential safety parents for training.
- During the screening process, the importance of understanding safety parenting as a vocation and not a job, should be reinforced. Potential safety parents should be made aware of the fact that the material aid and safety fees currently available, may not be adequate and will need to be supplemented by a safety parents' own income.
- The ideal applicants should therefore have adequate income and space to provide for the needs of an additional household member. It should furthermore be made clear that there will be a small fee payable by the interested party for the security clearance check.
- Safety parents should be obliged to provide the outcome of the form 30 application to the social worker responsible for their screening.
- Existing NGO perpetrator lists should be used to assist with the screening/clearance of potential safety parents.
- Potential safety parents should have support from their household members to be part of the Programme. These household members should also be screened.
- The DSD must ensure that every safety parent is screened. Although the Act does not provide for this, rescreening needs to be built into the screening process as the circumstances of individuals, their families and communities could change. Rescreening at every two year interval is recommended.
- The DSD could be more involved in the design of training materials. NGOs that expressed an interest, can be included in this process.

- The coordination of the training programme could be improved. For example, through the appointment of a safety parent programme coordinator per SDA. This may allow for a reduction in the number of training sessions.
- Specialised training should be provided to safety parents who have indicated a willingness to care for special needs children or a specific age category.
- Poor attendance of training sessions can be addressed through recruitment that starts in the final quarter of a financial year and strengthening the linkages between the recruitment and training phases of the Programme.
- Untrained safety parents should be identified and trained.

6.1.3 Mentoring and Support Meetings

- DSD social workers should be more involved in the planning and presentation of mentoring and support meetings in collaboration with the service provider and the DSD Safety Parent Coordinator. This should allow for more positive engagement with safety parents and ensure that support meetings is not used primarily as a platform for complaints against DSD social workers.
- Transport should be provided for safety parents to these meetings, specifically safety parents living in rural areas so that they will be able to attend.
- As part of creating inclusion in the Safety Parent Programme, safety parents trained by partner NGOS and interested foster parents should be allowed to attend these meetings.
- Potential new safety parents and interested parties could be invited to these sessions. The sessions could include elements of recruitment.

6.2 Material Aid- Emergency Kits, Vouchers and Safety Fees

6.2.1 Emergency Kits

- A clear, uniform policy on kit distribution should be implemented which will also assist in preventing kit fraud. This will furthermore be useful when deciding how to handle children who 'move' within the system.
- As the content of the kit was deemed by many as not adequate, donations could be sourced from other donors for inclusion in the kits
- Tamper proof seals for kits to prevent 'leakage', should be provided.
- Expiry dates for food and season of clothing should be displayed on the outside label of kits as well as the age category clothing is intended for.
- As one kit is allocated per child placed in safety, this may be a useful way for the department to track the safety placements within the regions.

- Despite the service provider stipulating that the kits are allocated on a needs basis (i.e. replaced once it has been distributed and a form 36 has been filed as evidence), many SDA's complained that they ran out of kits early in the year. SDAs indicated that they would like to know the number of kits allocated to them for the financial year for planning purposes, despite not being able to predict the number of emergency removals that may take place.
- It should be ensured that every child placed with a safety parent receives a kit.
- If a placement fails and a child needs to be placed with another safety parent, another emergency kit needs to be made available.

6.2.2 Emergency Supermarket Vouchers

- A clear uniform policy on voucher distribution should be implemented which will assist in preventing voucher fraud. This policy should address the one voucher per child issue, as this explains the discrepancy between vouchers and kit distribution.
- The misuse of vouchers can be monitored if all social workers request receipts of purchases from safety parents.
- As with the kits, SDAs need to know the number of vouchers allocated to them for the financial year for planning purposes.
- It must be ensured that every child placed with a safety parent receives a voucher.

6.2.3 Safety Fees

- A Standard Operating Procedure for the payment of safety fees must be implemented⁶⁰ and compliance monitored carefully.
- A 'start-up' fee should be paid immediately upon placement for the first two weeks (Key Informant DSD). A suggestion that could be explored is to pay safety fees in the form of supermarket vouchers for at least the first month which can be distributed at the end of each week by the social worker.
- Challenges regarding the payment of safety fees could be addressed by a Safety Parent Coordinator (Region level) who can communicate directly with SDA coordinator social workers, who in turn communicate with safety parents regarding any delays or issues with the payment of their fee.
- The DSD social worker should keep the court informed if the case is not finalized.

⁶⁰ Compliance with the new policy implemented on 01 April 2016 needs to be monitored carefully.

- The DSD social worker must ensure that the initial applications are correct, that they communicate with the safety parent, that court orders are collected for each claim. Safety parents should have an option of collecting their own court orders.
- The social workers must ensure that all legal safety placements receive a safety fee timeously.
- The service provider should not follow up on Safety Fees, this is the role of DSD.
- It is difficult for the social workers to do the calculations and applications every time there is a safety claim (or for the grid). This function should be located with Corporate Services or there should be a dedicated post for this.
- All cases of safety parent fee fraud should be taken very seriously and reported to the Children's Programme in Head Office.
- Safety parent fee payment needs to be urgently streamlined as it is seriously impacting on recruitment and retention.

6.3 Recommendations for Social Workers

6.3.1 Number of Children

- The number of children placed per safety parent needs to be carefully monitored, as the evidence from this evaluation indicates it is not understood and in some cases not adhered to. A maximum should be six 'placed children' which includes any safety, fostered or adopted currently residing at the home of the safety parent.
- Through the development of an up to date accurate database of safety parents and the children in their care this should be easier to monitor.

6.3.2 Logistics of an Emergency Placements- More Resources Required

- Social workers should have adequate car seats fitted to their after-hours vehicles in order to safely transport children.
- They should have access to adequate airtime.
- Social workers should have access to an up to date list of active trained safety parents at all times and information regarding the profile of children these safety parents are willing to accept.

6.3.3 Stakeholder Relationships

- For the DSD and the service provider, communication should be channeled from manager to manager through the Safety Parent regional coordinator and

then through to the SDAs. This role cannot be moved from person to person. This lack of communication has a negative impact on the Programme through the cost of cancelled training sessions.

- The regional coordinator should remain in the post for a minimum of one funding year and should facilitate all communication with regards to the Programme.
- A good working relationship with DSD and the service provider is vital. The service provider needs to be informed of staff changes and if a new child protection coordinator is appointed as it becomes clear that there is a breakdown of communication at DSD between managers and lower levels of staff.
- Role clarification between the DSD and service provider is essential.

6.3.4 Illegal/Private placement Awareness

- Detection should be the DSDs responsibility. The circumstances of private placements should be investigated and recorded.
- Service providers and safety parents to report any evidence of illegal or private placements to the DSD. DSD social workers to be present at mentoring meetings to pick up on such issues.

6.3.5 Social Auxiliary Workers Employed as an Important Support Function to the Safety Parent Programme

- Social auxiliary workers must play a bigger role in the recruitment and screening of safety parents and could assist with follow up visits to safety parents' homes.
- They could also assist with the obtaining of birth certificates and school placements of safety children and act as a liaison between the SDA and the regional safety parent coordinators.

6.3.6 Safety Parent and Safety Child Database

- The development of a standardized database is proposed whereby every placement and movement of each child is monitored over time including the number of children placed with a safety parent. This needs to be a very dynamic database as the children's and safety parents situations constantly change. This database should be held at head office with the programme but facilitated by the regional coordinators assisted by the SDA coordinators.

6.3.7 Social Workers to consult with the safety parents regarding the children and with the children themselves

- Children who are placed in the care of a safety parent have a voice that needs to be heard. Social workers therefore need to take the time to speak to these children. They should also consult with the safety parents regarding the child.
- Social workers have to continue with home visits after the child is placed with a safety parent and need to consult with the safety parent prior to finalising an investigation.

6.3.8 Clear distinction between the utilisation of Safety Parents and Foster Parents required

The DSD needs to define what a safety parent is in order to avoid the utilization of this resource for foster parenting. This is depleting the pool of both safety and foster parents. Areas where there could be a successful collaboration between the two also need to be explored.

6.4 Recommendations for Safety Parents

6.4.1 Dealing with Biological Parents

- Social workers should build relationships between safety parents and the biological parents of the child in their care, where appropriate and in the best interest of a child.

6.4.2 The Enrichment, Development and Appreciation of Active Safety Parents

- The Programme should find a balance between upskilling the existing pool of active safety parents as opposed to focusing most of its resources on the recruitment and training of potential safety parents. A smaller pool of well-trained safety parents may be of greater benefit than a large pool with limited skills, experience and availability.
- The DSD should give greater recognition to the role played by safety parents. Ways to incentivise safety parents should be considered and appreciation shown for their selfless service to children and communities.
- Safety parents need to be protected from unfounded allegations of maltreatment, for example when physical injuries are identified after removal and placement. This could be done through requesting safety parents to complete a check list when receiving a child. A doctors or clinic check-up

should be part of this process. During the evaluation, a child protection organization was identified that currently uses this method effectively.

- The household resources required to care for children of safety parents to enhance their ability to care for safety children after proper assessment of their needs should be strengthened in creative ways, for example, through networking with the private sector and donor organisations.
- A budget should be set aside to thank safety parents at the end of the year. The service provider goes some way to do, this with an end of year function which they provide for with private funding.
- A move towards the professionalisation of safety parenting should be considered as this could strengthen the Programme. A shift away from the focus on volunteerism will allow for the introduction of norms and standards that could contribute to an improvement in the quality of care provided by safety parents.

6.4.3 Subsidisation of transport, childcare and educational costs of children in safe care

- The evaluation found that many safety parents struggled with the payment of these items. As part of the strengthening aspect of the Programme, consideration should be given to special subsidies to assist safety parents in these areas.

6.4.4 Safety Parents to Receive 'Fast Track' assistance at Government Departments

- Interdepartmental collaboration in respect of services required by safety parents from departments such as Home Affairs, SASSA and Education should be improved. The evaluation highlighted the challenges safety parents experienced in this regard such as queuing for hours with young children in their care. Working agreements between state departments can assist in this regard.

6.4.5 Safety Children's Clothes

- Social workers should where possible gather and bring some of a child's clothes to the safety parent as it is difficult for safety parents to clothe children of various ages and genders at short notice. Although an emergency kit is provided, it typically contains only one or two items of clothing.
- Clothing and school book/uniform swap shops between safety parents could be arranged through the support and mentorship meetings.

6.4.6 Disclosure of information on the Placed Children

- The safety parents should receive a full disclosure of a child's medical history and any special needs a child may have. During the evaluation, many safety parents felt that a lack of disclosure was putting them at a significant disadvantage as a carer.

6.4.7 Psychosocial support services to be made available to safety children

- Both social workers and safety parents indicated that psychosocial support services should be made available to children in safe care as many children in their care were severely traumatized.

6.4.8 Feeding schemes for Safety Children

- Many safety parents struggled with purchasing basic food stuffs for feeding their safety children. This could be addressed through the setting-up of a vegetable garden or feeding schemes managed by an NGO to support safety parents.

6.5 Recommendations for Service Providers

6.5.1 Amendments to the Service Providers TPAs and Funding

- A service provider recommended that the funding cycle should be three years in order to assist them to plan more efficiently.
- Service providers requested more funding. An example was given of an organization that indicated that 90% of its administration costs were not covered by the DSD's funding and there was no budget to employ social workers.

6.6 Other Recommendations

6.6.1 Retention of Safety Parents

- Retention strategies need to be clearly set out before recruitment can commence. A toolkit for retention should be built into the screening tool.
- Addressing challenges in respect of safety fee and material aid, could contribute to the retention of safety parents.
- Greater recognition and support as well as the professionalisation of the role of safety parents should be considered in order to improve retention.

6.6.2 NGOs

- There needs to be a more integrated province wide child protection system where NGOs and DSD work hand in hand.

- This system should include information regarding safety parents used by NGOs as well as safety parent placements facilitated by these organisations.
- The DSD's Safety Parent Programme, including safety parent training and mentoring can be integrated with NGOs Safety Parent Programme.

6.6.3 SAPS

- Coordination and collaborations with SAPS with regard to the Safety Parent Programme
- A list of Safety Parents made available to the SAPS stations for emergency placements

6.7 Best Practice Model

This best practice model for the Safety Parent Programme was developed from elements of best practice found within the programme and stakeholder recommendations. It is made-up of four essential components namely Recruitment and Training, Retention and Material Support, Administration and Coordination and Planning as described in figure 8 below.



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