



RESEARCH BRIEF  
Legal and Rapid Evidence  
Review of the Context of  
Alternative Care in the Western Cape

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AUGUST 2023



**Commissioner  
for Children**  
OF THE WESTERN CAPE

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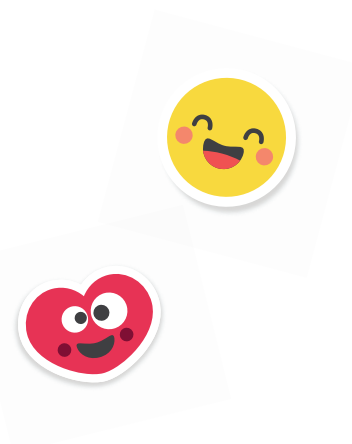
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## SUGGESTED CITATION

Legal and Rapid Evidence Review of the Context of Alternative Care in the Western Cape  
Research Brief  
August 2023

ISBN: ISBN- 978-1-7764275-7-4

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Address: 6<sup>th</sup> Floor, Waldorf Arcade, Shortmarket Street, Cape Town, 8000



## Abbreviations and Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
BIA	Best Interests Assessment
BID	Best Interests Determination
CYCC	Child and Youth Care Centre
CYCW	Child and Youth Care Worker
DBE	Department of Basic Education
DSD	Department of Social Development
ECD	Early Childhood Development
FCG	Foster Care Grant
FGD	Focus Group Discussion
FTA	Family Tracing and Assessment
GBV	Gender-Based Violence
IPV	Intimate Partner Violence
M&E	Monitoring and Evaluation
MIB	Mother-Infant Bonding
NACCW	National Association of Child Care Workers
NorSA	NorSA Community Care
NPO	Non-Profit Organisation
OVC	Orphans and Vulnerable Children
PEI	Prevention and Early Intervention
SA	South Africa
SASSA	South African Social Security Agency
SH	Southern Hemisphere
SSI	Semi-Structured Interview
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
USA	United States of America
VAC	Violence Against Children
VAW	Violence Against Women
WC	Western Cape
WCCC	Western Cape Commissioner for Children



There is a special person in our province that must protect children's rights. She is called the Children's Commissioner. She has been given superpowers to do her job to protect all children.

# MANDATE OF THE COMMISSIONER FOR CHILDREN

ACCORDING TO WESTERN CAPE PROVINCE CONSTITUTION AND ACT 2 OF 2019

**Her first superpower is to look for** anything in government that stops them from making children's lives better. For example, she wants to understand if schools and clinics are good places for children and how to make them feel safe. **Her second superpower is to gather information** that help us understand children better. She wants to know about children's dreams and worries. **Her third superpower is to tell everyone** how wonderful children are and that they must be valued. She asks adults to listen to children's views and opinions.

**The Children's Commissioner listens to children, especially when nobody else wants to, so that everyone can do what is needed to make children's lives better.**



Commissioner  
for **Children**

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## 1. Introduction

The Western Cape Commissioner for Children (WCCC) has contracted Southern Hemisphere (SH) to conduct a study of the alternative care system in the Western Cape province in South Africa. The study - which defines 'alternative care' in line with the Children's Act, incorporating foster care, child, and youth care centres (CYCCs), temporary safe care, and informal alternative care - entails two pivotal components:

*A Legal Review: Exploring the legal framework governing children's rights concerning family and alternative care; and A Rapid Evidence Review: Exploring alternative care modalities within the Western Cape and the broader South African context, as well as understanding the factors within the parental care system that may necessitate a child's entry into alternative care.*

It is essential to clarify that this study explicitly excludes areas such as adoption, inter-country adoption, and alternative care resulting from decisions within the criminal justice system.

This report serves as the research brief of the full report, which can be accessed from the WCCC.

**The Commissioner for Children is appointed to protect and promote the rights, needs, and interests of children in the Western Cape province.**



## 2. Study Design, Method, and Sample

The study applied a mixed methods approach including a document and literature review, coupled with primary qualitative data collection (focus group discussions (FGDs) and individual face-to-face or virtual interviews). Triangulation of sources and techniques was central to our data collection method and analysis.

### 2.1 Data Collection and Sample

The study is underpinned by a comprehensive legal and policy assessment, as well as a rapid evidence evaluation of grey and academic literature. Specific criteria were used to focus the scope of the study, including the timeframe from 1985 to 2023 in English, with a particular geographical emphasis on the Western Cape within the broader context of South Africa.

In addition to the extensive review of literature, the qualitative primary data was collected through semi-structured interviews (SSIs) and focus group discussions (FGDs) conducted between 19 April and 5 June 2023, where participants included provincial-level stakeholders, sector experts, non-governmental organisations (NGOs), service providers, parents/caregivers, and children in care from specific districts in the Western Cape. In total, 12 SSIs and 3 FGDs were completed. The sample of stakeholders is captured in **Annexure 2** of the full report, where the methodology is detailed.

## 2.2 Ethics

A key component of the study was to ensure the active participation of children during a focus group discussion to allow the study team to gather important insights and information. The powers vested in the Western Cape Commissioner for Children, Christina Nomdo, allow her to conduct consultations with children. Nevertheless, the study strictly followed the Western Cape Commissioner for Children’s safeguarding guidelines and SH internal principles and guidelines for studies of this nature and for setting up and interviewing children (see **Annexure 3** of the full report for more details on the study ethics).

## 2.3 Limitations

With the study sample being relatively small, findings from the primary data collection cannot be generalised across the entire province. However, the data collected is adequate for this study given the purpose of triangulating and verifying data already collected via the document and literature review. To further address this limitation, the study team applied a purposive sampling technique to enable a good mix of knowledgeable and information-rich stakeholders across different levels of the child protection system.

## 3. Presentation of Findings on the Sociological Phenomenon of Parental Care in the Western Cape

The landscape of parental care in the Western Cape reflects the dynamic and diverse nature of family structures. The conventional concept of the ‘family’ has evolved significantly, encompassing a wide array of arrangements, including extended family households, single-parent families, same-sex couples, and child-headed households, which are prevalent.

The caregiver profile in the Western Cape is unique, with a notably higher proportion of children residing with their biological parents compared to other provinces in South Africa, and where over a quarter of all children (25,6%) reside in ‘single parent’ households with only their mothers (South African General Household Survey, 2020).

These unique characteristics of the caregiver profile within the Western Cape underscore the importance of formulating policies and interventions that are specifically tailored to address the distinctive family structures prevalent in the region.

Table 1 Living arrangements for children in the Western Cape

HOUSEHOLD TYPE	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SOUTH AFRICA
Both parents	23,5%	31,9%	47,7%	20,4%	31,7%	30,2%	31,4%	39,1%	55,1%	34,2%
Mother only	40,8%	39,8%	37,3%	49,8%	41,2%	48,6%	41,2%	41,6%	25,6%	41,7%
Father only	3,0%	4,0%	4,4%	5,6%	1,9%	5,9%	5,3%	2,9%	5,1%	4,4%
Neither parent	32,8%	24,3%	10,6%	24,2%	19,8%	15,3%	22,1%	16,4%	14,3%	19,7%

(South African General Household Survey, 2020)

## 4. Presentation of Findings on Risk and Protective Factors

It became clear during the study that the full extent of child abuse in South Africa is unknown, due to hidden and unreported cases, as well as the prevalence of data. Two sources therefore became

particularly important to piece together the clearest picture possible: the Optimus Study (Optimus, 2016) and the South African Police Service (SAPS) reporting data (SAPS, 2019/20 crime statistics).

The reference to child maltreatment below includes **physical, sexual, and emotional abuse** and **neglect**.

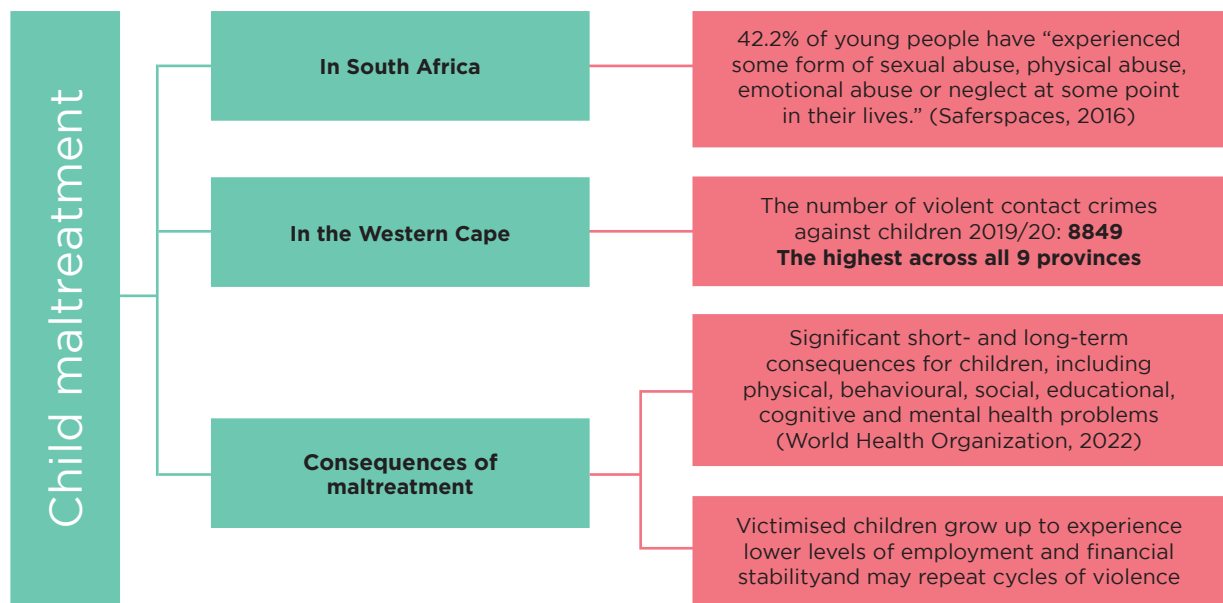


Figure 1: Child maltreatment in South Africa and the Western Cape

The study reveals that a substantial proportion of South African children and young people have encountered various forms of abuse and neglect, resulting in severe and lasting consequences across multiple facets of their lives. These issues are exacerbated by underreporting and ineffective services, hindering intervention efforts.

Risk factors identified at community, family, and individual levels contribute to children’s vulnerability to maltreatment and statutory intervention, including gender inequality, social norms promoting violence, poverty, substance abuse by caregivers, mental health issues, and poor parenting skills.

Additionally, individual child characteristics, such as age and disabilities, may increase vulnerability. Protective factors, such as access to essential services, safe and nurturing relationships, parental knowledge, resilience, and support networks, can mitigate these risks.

However, the research underscores that risk factors tend to outweigh protective factors in South Africa and the Western Cape, highlighting the pressing need for enhanced preventative and alternative care interventions and services.



Table 2: Risk and protective factors of child maltreatment – community, family, and individual levels

	RISK FACTORS	PROTECTIVE FACTORS
<b>Community level</b>	<ul style="list-style-type: none"> <li>Gender-based violence</li> <li>Social and cultural norms that normalise violence</li> <li>Gangsterism</li> <li>Poverty and unemployment</li> <li>Poor social cohesion</li> <li>Inadequate policies, programmes, or services to prevent child maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>Community protective factors</li> <li>Protective programmes specific to Western Cape</li> </ul>
<b>Family level</b>	<ul style="list-style-type: none"> <li>Single-parent households</li> <li>Alcohol and substance abuse by primary caregivers</li> <li>Intimate partner violence</li> <li>Parental mental health disorders</li> <li>Parents with poor physical health</li> <li>Household livelihood activities inconsistent with parenting role</li> <li>Low socio-economic household status</li> <li>Poor parenting skills</li> </ul>	<ul style="list-style-type: none"> <li>Safe and nurturing relationships</li> <li>Knowledge of child development and parenting skills</li> <li>Parent resilience</li> <li>Support networks or extended family support</li> <li>Support for parents</li> </ul>
<b>Individual level</b>	<ul style="list-style-type: none"> <li>Toxic masculinity</li> <li>Age - children in younger age groups are more vulnerable</li> <li>Children with disabilities or special needs</li> <li>Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>Children cannot prevent their experiences of maltreatment</li> <li>Children cannot contribute to their risk of maltreatment.</li> </ul>

## 5. Presentation of legal review findings

Family, kinship, and alternative care are influenced and mandated by a range of international, regional, and constitutional commitments that provide the framework for domestic legislation. These are captured in the diagram below.



Figure 2: Overview of international, regional, and domestic legislation

### 5.1 Domestic Legal and Policy Framework informing Alternative Care in South Africa

The legal and policy framework for alternative care in South Africa is rooted in the White Paper on Social Welfare, initiated in the late 1990s. This overarching policy document prioritises the care and protection of children within their families, emphasising comprehensive prevention services and standardised welfare provision across all levels. It aligns with the country’s commitment to international agreements such as the UNCRC and the ACRWC. The framework focuses on nurturing and protective family care, with foster care as the primary alternative when family care is unavailable, reserving child and youth care centres as a last resort.

The Children’s Act of 2005 and Amendments, and the National Child Care and Protection Policy (2019), informed by extensive expert consultations and input

from children, play a pivotal role in this framework. It emphasises prevention and early intervention services for families to avoid child removal whenever possible. It empowers the Children's Court to order a range of options to protect children within their families and allows removal only when services to the family fail or in emergencies. The Act also mandates continuing services to the child's family even after returning the child, ensuring nurturing and protective parental care.

Kinship care is recognised in both law and policy, though its importance diminished in later drafts of the Children's Act. Quality assurance processes for designated child protection organisations and standardised forms are included in the Act and regulations, emphasising the protection of children's rights in foster and institutional care, as well as promoting systematic thinking about a child's future through permanency planning. Norms and standards for services to prevent removal into care, foster care, and child and youth care centres are extensive and continue to guide service provision at the provincial level.

## 5.2 Western Cape Policies

Western Cape policies on family and alternative care reflect the national policy provision.

Specific provincial policies relating to alternative care – that do not contain principles for service provision – include:

- an administrative standard operating procedure for the canalisation of reports recommending a child's removal/release or transfer to alternative care.
- a protocol to standardise government and NGO responses to reports

of child abuse, clarifying both roles and service delivery.

- a standard operating procedure for placing street children in care.

## 5.3 Gaps in the Implementation of Legal and Policy Frameworks

South Africa has developed comprehensive legal and policy frameworks aligning with international laws and conventions regarding parental care, kinship care, and alternative care for children in need of protection.

The overarching goal is to prevent the removal of children by strengthening families and empowering parents and caregivers. Even when children must be removed from immediate parental care, the focus is on placing them in family-like environments. However, the effective implementation of these laws and policies faces challenges due to systemic constraints, a high number of children requiring care and protection, and prevalent societal issues such as family violence, community violence, and addiction.

Until these underlying issues are addressed, and the mandated family strengthening and parental empowerment services are provided, the transition of children from institutional care to nurturing family environments remains uncertain.

The study suggests that while the legal and policy framework is adequate, the emphasis should be on improving the implementation of these provisions, particularly in the neglected areas of prevention and early intervention programmes, possibly by enhancing the definition and detailing of these initiatives within the Children's Act, regulations,

and norms and standards. Furthermore, the first step of policy implementation is to undertake a full costing of service delivery starting with DSD finalisation of the Sector Funding Policy.

## 6. Presentation of Informal, Alternative Care Findings

### 6.1 Kinship care

Kinship care plays a significant role in South Africa's child protection framework, although it has traditionally been practised within extended family networks, becoming a recognised alternative to parental care mainly in cases of parental death.

While in the more developed world, formal kinship care (placement through an administrative body) has been regulated and integrated into child welfare policies for over two decades, in South Africa, it is still emerging within the child protection framework. To this extent, informal kinship care is predominantly driven by private arrangements initiated by family members without administrative or judicial involvement.

Kinship care is seen as a valuable alternative that fosters children's emotional bonds, sense of belonging, safety, and security. Furthermore, a significant percentage of South African children live with kin, particularly grandparents, emphasising the importance of kinship care as an alternative to parental care.

#### Formal process

- Voluntary placement by parents or legal guardians
- Child welfare intervention
- Court-ordered placements

#### Informal process

- Stepping in of relative
- Extended family
- Geographical location in a village or city
- Common identity and group feelings

Figure 3: Process of how children enter kinship care

However, it is the least protected and supported form of alternative care, despite its prevalence – the process of entering kinship care lacks formalisation and is mostly unregulated. Efforts are underway to actively implement and support kinship care arrangements, providing services and support to kinship caregivers and the children under their care in South Africa, including in the Western Cape.

The diagram below presents the strengths, challenges and gaps of kinship care that emerged from the literature review and primary data collection.



<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Culturally appropriate</li> <li>• Continuity of relationship</li> <li>• Stability and identity</li> <li>• Potentially decrease trauma and distress</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Informal alternative care unregulated</li> <li>• Limited access to support services</li> <li>• Overwhelm in caring for kin</li> <li>• Kinship caregivers tend to be impoverished, older and less educated</li> </ul>
<b>Gaps</b>	<ul style="list-style-type: none"> <li>• Inadequate tracking and monitoring of children in kinship care arrangements</li> <li>• Standardised guidelines or regulations for kinship care</li> <li>• Limited post-care support for children who transition out of kinship care arrangements</li> </ul>

Figure 4: Strengths, challenges, and gaps of kinship care

**Good practice examples:** Ethiopia’s Civil Code designates guardianship for orphaned children, prioritising relatives but granting exceptions for women and those aged 65+. Uganda’s Children’s Act enables parental responsibility transfer via care orders to relatives or foster parents.

available for all children and families at risk, including prevention, early intervention, and protective interventions.

The Children’s Court plays a pivotal role in determining whether a child requires care and protection, as well as deciding on suitable early intervention or alternative care placement. This process is regulated by the Children’s Act and involves a comprehensive risk assessment by a social worker to determine if the child should remain at home with supportive services or be placed in alternative care. The decision is made based on the child’s best interests, as assessed through ongoing risk assessment processes outlined in relevant documents, ensuring a thorough evaluation of the child’s needs and circumstances.

## 7. Presentation of Formal Alternative Care Findings

### 7.1 The Continuum of Childcare and Protection Services

The childcare and protection system in South Africa utilises a variety of programmes and services that should be

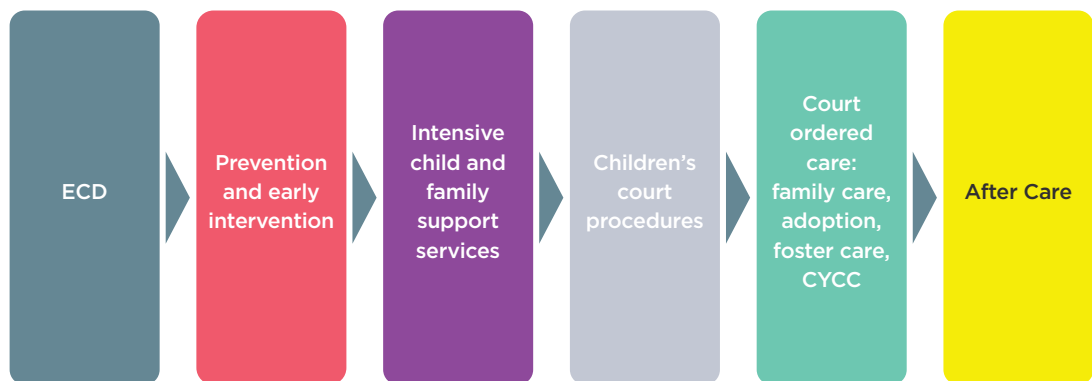


Figure 5: Continuum of childcare and protection services (Department of Social Development, 2019)

## Development and Implementation of Care Plans

The social worker develops the care plan during the initial stages of the care process and the legislation requires the social worker to work closely with the family, child and other key stakeholders when doing so to ensure a thorough assessment of risk and protective factors. However, the development and implementation of care plans in the child protection system in South Africa face significant challenges. While care plans are a requirement according to the Children's Court order, they are often not properly developed or implemented. High caseloads, inadequate practical skills, and a lack of formal training for social workers contribute to this issue, leading to burnout and a high turnover rate among social workers. The complexity of care plan forms and poor staff-to-supervisor ratios further hinder the process. These challenges result in poor quality of care for children in alternative care, with limited contact with their families and extended stays in the alternative care system.

## Approaches to Preventing Alternative Care as a Last Resort

Respondents emphasised the need for a multifaceted approach to prevent children from entering alternative care as a last resort. This approach includes combining prevention and early intervention services across the system to reduce the number of children in need of care and protection and involving various stakeholders such as parents, teachers, social workers, and community volunteers. The strengths-based approach, focused on working with the strengths of children and families rather than deficits, is advocated, along with non-punitive measures to support behaviour change in parents.

However, challenges include limited substance abuse programmes, high caseloads for social workers, and insufficient practical training for child protection professionals. Additionally, funding cuts and the stagnation of subsidies for NGOs providing child protection services contribute to a shortage of family-strengthening programmes and place many children in informal care settings.

## 7.2 Prevention and Early Intervention Programmes and Services

The objective of prevention and early intervention programmes and services is to systematically reduce the number of children in need of care and protection by providing universal promotive services for all families and targeted prevention and early intervention services for vulnerable children. This aims to enhance family resilience and enable them to provide responsive and nurturing care.

The Western Cape Government's Prevention and Early Intervention Strategy introduces the concept of "The Pyramid Reversal," which suggests that strengthening prevention and early intervention services can gradually reduce the demand for statutory interventions in child protection. In 2021, the Western Cape reached roughly 7% of families through family preservation services – close to the national average (see Figure 20 in the full report).

As part of the continuum of care, therefore, targeted services should be provided to vulnerable children and their families who are exposed to additional risks that may expose children to an increased possibility of maltreatment and violence. The Western Cape Government Prevention and Early Intervention Strategy (2021) highlights a core package of seven service areas that

include key evidence-based interventions the child. These are summarised in the figure below.

FOOD AND NUTRITION	ECONOMIC STRENGTHENING	CHILDCARE AND PROTECTION	HEALTH PROMOTION	HIV/AIDS	EDUCATIONAL SUPPORT	PSYCHOSOCIAL SUPPORT
Where food provision is insecure or a child is at risk of malnutrition, there must be a safety net available for children within their own community	Focus is on supporting and increasing the economic base of households for families to meet their basic needs.	Accessible childcare and protection services which support parents, caregivers, and communities to care for children. Effective referral systems and follow-up services for vulnerable or at-risk children	Enabling children and adolescents to access health care services Support for children with disabilities or special needs. Early identification and tracking of basic health and immunisation information.	Early identification, screening, tracking, and linking of children at risk with support services.	Strengthening timely ECD and school enrolment of children. Improved focus on children with special needs.	Care and support services with promote the social, emotional, and psychological well-being of individuals, families, and communities. Contribute to mental health and emotional well-being in adulthood

Figure 6: Summary of core basket of services from Western Cape Government PEI Strategy (2021)

The diagram that follows provides a summary of the strengths, challenges and gaps in prevention and early intervention services that emerged from the literature review and primary data.

Strengths	<ul style="list-style-type: none"> <li>The Isibindi model is recognised for its innovation, cost-effectiveness, and provision of support services to vulnerable children, with an emphasis on family preservation and community-government linkages</li> <li>Some NGOs prioritise staff training and well-being, offering proper supervision support to their employees</li> <li>The Western Cape Government has established a forum to scale up evidence-informed family strengthening programmes and reduce violence, with a focus on data-driven, area-based approaches</li> <li>The Western Cape Sector Funding Policy (2023) mandates provincial DSD to allocate five percent of funding to PEI services</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>The budget allocated for childcare and protection is inadequate</li> <li>The national demand for PEI services is significant and current programming is not reaching the nearly 12.5 million children currently receiving the means-tested Child Support Grant who may need additional care or support</li> <li>The demand for these types of services means that the human and physical resources are often extended</li> <li>Parents and caregivers in the FGD raised challenges pertaining to the image of the social workers, which prevent parents approaching them for support</li> </ul>
Gaps	<ul style="list-style-type: none"> <li>Limited mentoring programmes for adolescents and parents</li> <li>No coordination and communication among departments when protecting a child</li> <li>Limited community-based rehabilitation programmes for children with disabilities</li> <li>Limited early intervention programmes for alcohol and drug dependency for adolescents</li> <li>Numerous awareness prevention programmes but limited community-based programmes</li> <li>Limited post-care support for children who transition out of kinship care arrangements</li> <li>Provincial reporting is not always reliable or standardised across provinces, or made available to the public</li> </ul>

Figure 7: Strengths, challenges and gaps of prevention and early intervention programmes and services

**Good practice examples:** The INSPIRE strategy, developed by the World Health Organisation, includes a key element of parent and caregiver support aimed at improving the parent-child relationship and reducing harsh parenting practices; and the REAL Fathers programmes in Uganda, which focuses on improving parenting practices and addressing gender norms and conflict resolution skills.

The Department of Social Development and registered child protection organisations implement these services. The process aims to ensure the child's immediate safety and well-being while long-term placement options are explored, including family reunification, kinship care, or adoption.

Funding for these services comes from government sources, private donations, public funding, and international aid agencies. However, South Africa faces challenges in providing standardised and evidence-informed guidelines for temporary safe care, impacting children and professionals involved in these situations.

### 7.3 Temporary Safe Care

Temporary alternative safe care is a short-term measure used in South Africa to protect children in immediate danger, typically lasting from overnight to six months. It is initiated by social workers or police when a child faces crises like parental illness, death, or emergencies.

<b>Strengths</b>	<ul style="list-style-type: none"> <li>Designated child protection organisations follow a clear statutory procedure when there is a child protection case</li> <li>The work of designated NPOs is of good quality with adequate training and supervision of social workers and assessments and processes that are well established and standardised</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>Limited resources (funding, staff, and facilities)</li> <li>Inadequate spread of safe care facilities</li> <li>Potential disruptions in care continuity after immediate crises are resolved</li> <li>Shortage of temporary safe parents available, particularly for older children</li> </ul>
<b>Gaps</b>	<ul style="list-style-type: none"> <li>Lack of standard operating procedures for safety fee payments (though guidelines exist) or for recruiting, vetting, training and supporting safety parents</li> <li>Limited research and data availability in South Africa and the Western Cape specifically</li> <li>Further research and evaluations with appropriate sample sizes are needed to identify and address strengths, challenges, and gaps in service delivery for temporary safe care</li> </ul>

Figure 8: Strengths, challenges, and gaps of temporary safe care

**Good practice examples:** In the Western Cape, the Safety Parent Programmes excel by training and supporting safety parents, offering material aid, and aiding vulnerable children effectively.

the National Child Care and Protection Policy, involves placing a child in the care of a person who is not their parent or guardian, either with a non-family member or a family member who is not the parent or guardian.

### 7.4 Foster Care and Cluster Foster Care

Foster care in South Africa, as defined by

The primary objective of foster care is to mitigate harm and enhance the child's resilience while aiming for family

reunification or connecting the child to safe, nurturing, and long-lasting family relationships. A range of core services, including therapeutic support, family reunification services, material assistance, and supervision, should be accessible to children in foster care.

The process involves considering cultural and religious factors, fostering reunification where appropriate, and developing a comprehensive foster care plan. Key stakeholders in the foster care system include the Department of Social Development, social workers, Children’s Courts, and foster parents.

South Africa’s foster care programmes

are among the largest in the region, with significant growth in placements in recent years, as evidenced by a steadily increasing number of children receiving Foster Care Grants (FCG) across the country and particularly in the Western Cape. Statistics on the number of children in foster care in the Western Cape, provided during the interview with provincial government officials, are captured in the table below.

INDICATOR	NUMBER
Total number of children in foster care	39 550
Number of children placed in foster care 2022/23	3 966
Number of children reunified with their parents	260

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Provide a stable and nurturing environment for children who lack suitable family caregivers, aligning with the principles of family-based care that promote healthy childhood development</li> <li>• Can be highly effective in meeting the diverse needs of children, fostering a sense of belonging, and contributing to successful family reunification or formal adoption in some cases</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Backlog in the foster care system</li> <li>• High foster care caseloads per social worker</li> <li>• Shortage of foster parents resulting in inappropriate placements</li> <li>• Inadequate assessment, training and support for foster parents who are required to deal with children who are traumatised, resulting in movement of children deeper into the system</li> <li>• Lack of permanency planning</li> </ul>
<b>Gaps</b>	<ul style="list-style-type: none"> <li>• Adequate involvement of children in the feedback and decision-making on their care experiences</li> <li>• Quality assurance and monitoring and evaluation (M&amp;E) systems that can effectively monitor and manage the alternative care system</li> </ul>

Figure 9: Strengths, challenges and gaps of foster care and cluster foster care

**Good practice examples:** UNICEF (2022) highlights vital elements for a robust foster care system in South Africa: Comprehensive standard operating procedures, an ample social workforce, and quality service provision. Rwanda’s foster care programmes, including Malaika Mulinzi and Inshuti z’Umuryango, showcase community involvement through volunteers, promoting shared responsibility for child welfare and effective local solutions.

## 7.5 Child and Youth Care Centres

Child and youth care centres (CYCCs) in South Africa, as defined by the National Child Care and Protection Policy, are facilities providing court-ordered residential care for more than six children outside the family environment, with a focus on tailored therapeutic programmes addressing the children’s risks and needs.



Placement in a CYCC should be considered a last resort, considering factors like the child's needs, permanency plan, distance from family or community, and safety. Implementation involves the Children's Court, Provincial Department of Social Development, registered CYCCs meeting prescribed norms and standards, and a multidisciplinary team comprising social workers and child and youth care workers.

In 2020, around 21,000 children were in CYCCs nationwide. In the Western Cape, there are 61 centres, of which 53 are

centres registered with NPOs and eight are registered DSD-managed secure care CYCCs. In the 2020/2021 financial year, R429.24 million was budgeted towards residential care of children (including children's homes and temporary safe care) (Western Cape Government, 2021).

During the interviews for the study, the Western Cape Department of Social Development reported that 2 578 children were placed in CYCCs in the Western Cape for the year 2022/2023.

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• The Circle of Courage framework for positive youth development maps out the strengths and developmental needs of youth</li> <li>• CYCCs have to follow the norms and standards in terms of programmes offered and personnel available strictly</li> <li>• Can create a welcoming environment to help meet the child's psychological needs and set rules and boundaries, provide physical contact</li> <li>• Children have the opportunity for structured care, their basic needs are met, and they build their ability to trust other people</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Lack of sufficient funding to operate the CYCCs according to the required standards, run life skills and therapeutic programmes and to pay social workers and CYCWs sufficiently</li> <li>• There is a significant shortage of personnel in the child protection sector, largely due to retention challenges</li> <li>• Role overload and overlap of services for children in care</li> <li>• The committee system of placing children in child and youth care centres delays placement of children who urgently need transfers - in theory this is a good practice, but its implementation is limiting</li> </ul>
<b>Gaps</b>	<ul style="list-style-type: none"> <li>• A truly independent oversight system is needed to ensure the compliance of the both the international and national frameworks and policies</li> <li>• Limited or inadequate spread of CYCCs in South Africa</li> <li>• Need for implementation of specialist CYCCs for e.g., girls who have experienced commercial exploitation so that they would not be in the same CYCC as girls who have experienced sexual abuse</li> <li>• Limited family reunification services</li> <li>• CYCWs report a lack of support from social workers/management in appropriately managing complex behavioural problems</li> </ul>

Figure 10: Strengths, challenges and gaps of child and youth care centres

**Good practice examples:** South Africa has established guidelines like the Blueprint and Minimum Norms and Standards for Secure Care Facilities for child and youth care centres (CYCCs). They stress the need for a developmental quality assurance system, external evaluations with stakeholder input, and reporting.

## 7.6 Reunification Services

Family reunification services were frequently cited as a crucial element of child protection within the alternative care system, although it faces significant challenges. Limited resources, particularly the shortage of social workers, hinder the delivery of these services aimed at reuniting children with their biological parents.

Respondents acknowledged that the lack of effective reunification services is a major system weakness, with a low number of successful reunifications due to complex household issues like substance abuse, unemployment, and poverty.

Additionally, care plans are often inadequately developed or updated, and the involvement of different social workers throughout the process can be confusing for children. Furthermore, the Western Cape has deficiencies in rehabilitation, reintegration, and transition programmes to support children leaving alternative care, although there are efforts to expand exit programmes in the Department of Social Development.

## 8. Conclusion

In South Africa, numerous risk factors pose a greater threat to families and children than protective factors. Ensuring the effective implementation of a comprehensive care continuum for vulnerable families and children is crucial not only for the children's well-being and development but also for the nation's long-term socioeconomic context.

Regardless of the type of care provided, the paramount concern should be the child's best interests, with an emphasis on permanency planning and family reunification when it aligns with the child's welfare. While keeping children with their parents or extended family is ideal, the reality remains that there will always be children in need of alternative care unless the root causes of South Africa's social challenges are addressed.

The alternative care system plays a vital role in offering protective services for children in need. Non-profit organisations (NPOs) take the lead in delivering these services

across the care continuum, providing essential skills, training, and supervision for quality care. However, NPOs face significant constraints due to limited staff and resources, which restrict their capacity to meet the demand for services or create effective change.

Given the substantial challenges and service gaps, the legislative frameworks' guidance, and the recognised benefits of family- and community-based care for children's development and well-being, there is a pressing need for increased resources, implementation, monitoring, and maintenance of these services within the child protection sector. Throughout this process, it is imperative to prioritise the child's needs, listen to their perspectives, and collaborate closely with biological parents to prepare for potential reunification.

## 9. Recommendations to Improve Service Effectiveness

The recommendations for strengthening child protection and alternative care systems in South Africa encompass various key areas:

### Enhance Prevention and Early Intervention Programmes

- Develop targeted early intervention programmes addressing issues like neglect, substance abuse, and parental support through collaboration among service providers and treatment centres.
- Expand community-based early intervention initiatives employing well-trained professionals to prevent children from entering alternative care.

- Increase accessibility to parenting training programmes, including those tailored for teenage parents.
- Prioritise the inclusion of all relevant individuals when discussing care plans for children, including parents and children themselves when possible and appropriate.

### **Increase Availability of Emergency Safe Care**

- Establish standard operating procedures for recruiting and vetting safety parents and ensure adherence to DSD guidelines.
- Bolster the recruitment and training of safety parents to better meet the needs of children in their care.
- Raise community awareness about emergency safe care services.
- Conduct further research into the effectiveness of temporary safe care in the South African context.
- Promote detailed sharing of a child's and family's history with foster parents and child and youth care workers, balancing confidentiality with the need for understanding and context.
- Ensure social workers are held accountable for the implementation of care plans for children in foster care.

### **Strengthen Child and Youth Care Centres**

- Improve the ratio of Child and Youth Care Workers (CYCWs) to children in Child and Youth Care Centres (CYCCs).
- Invest in the professional development and training of CYCWs.
- Maintain family contact and facilitate family days to prevent a sense of loss for both children and staff.

### **Address Challenges in the Foster Care System**

- Create an enabling environment for safe and effective foster care by strengthening foster parent selection, training, and psycho-social support.
- Provide social workers and organisations with detailed standard operating procedures for foster parent recruitment, training, and support, along with guidance on managing children within the foster care system.
- Strategically employ auxiliary social workers or other support workers to enhance the foster care system.
- Intensify monitoring of all service providers involved in foster care to ensure the quality-of-service provision.
- Strengthen Reunification Services
  - Provide adequate resources and support to ensure the successful reunification of children with their families.
  - Enhance aftercare support for families to ensure a smooth transition and long-term stability.
  - Develop mentoring programmes for children returning to the community, ageing out of care, or considered vulnerable in some way.

## 10. Recommendations to Improve System Effectiveness

Providing alternative care programmes and services is only one part of the broader child protection system. The Children’s Act legislates for the establishment of a properly resourced, coordinated, and well-managed child protection system. Although not specified in the Act, the core elements which make up this system and will act as ‘levers for change’ should include adequate budget and resources; adequate, skilled, and well-supported workforce; meaningful coordination and collaboration, and an integrated approach to implementation cross law and policy within sectors; a strong evidence base

through research, monitoring, and evaluation; effective governance and leadership. It is worth noting here that these elements are addressed in the National Child Care and Protection Policy (2019) which is the umbrella policy for all legislation relating to children.

The diagram below captures the core elements which make up an effective alternative care system for children in the Western Cape. These are mirrored in DSD’s Prevention and Early Intervention Strategy and can be considered to be the infrastructure of the alternative care system. The figure below illustrates how the system elements work together towards supporting a common goal.

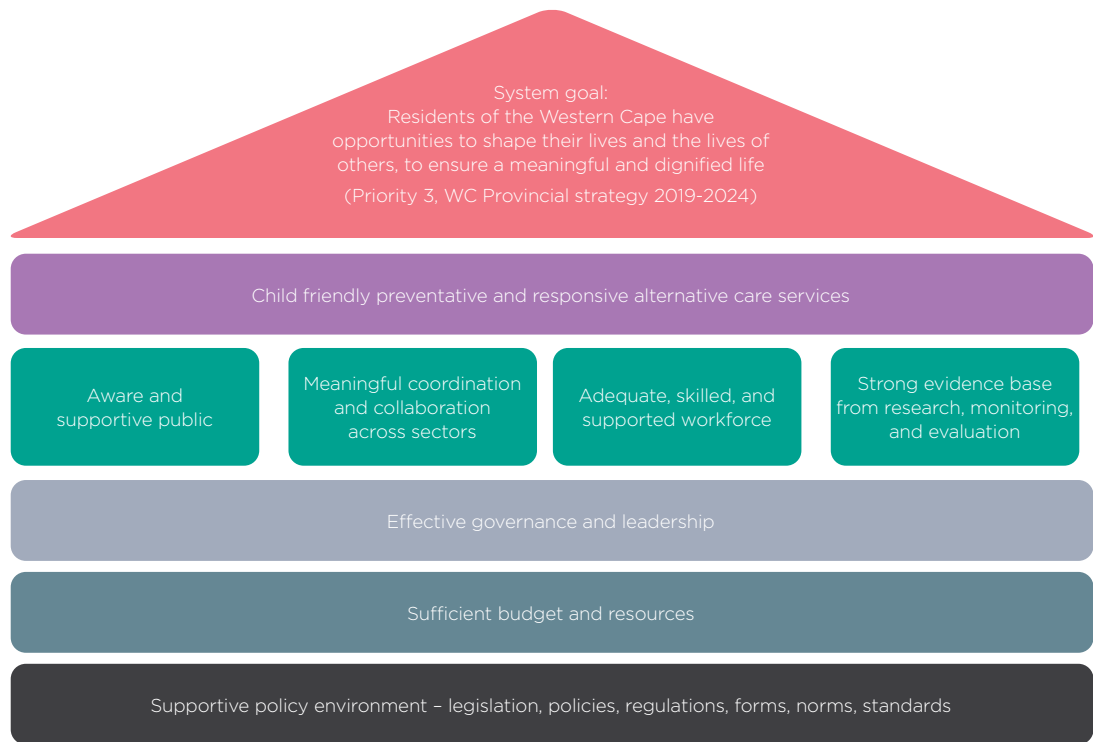


Figure 11: Key elements of the alternative care system









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for Children**  
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