REPORT

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

AUGUST 2023

Commissioner for Children
OF THE WESTERN CAPE

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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

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 live better.

Commissioner for Children

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1. Introduction

The Western Cape Commissioner for Children (WCCC) contracted Southern Hemisphere's (SH) services to conduct a study into the nature of alternative care to deepen its knowledge and understanding of the alternative care system in South Africa and the Western Cape. This is the first step in a broader inquiry by the WCCC into the state of alternative care in the province. Its focus is on the factors that necessitate a child's entry into the alternative care system, protective measures that buffer a child's entry into the system and protective factors within the system that help a child successfully integrate into society and beyond. This report presents the findings of the review.

1.1 PURPOSE AND OBJECTIVES OF THE STUDY

The primary objective of this review is to outline the nature of alternative care in the Western Cape. More specifically it focuses on two key aspects:

- A legal review mapping the content and scope of children's rights concerning family and alternative care.
- A rapid evidence review focusing on (i) recording the nature or modalities of alternative care in the Western Cape and the rest of the country and (ii) understanding the nature and state of parental and kinship care in the Western Cape together with the factors within the parental care system that necessitate a child's entry into alternative care.

The research questions for the study are contained in Annexure 1 of this report.

1.2 SCOPE OF STUDY

Geographic scope

The review captures evidence from around the world, with a focus on South Africa and the Western Cape in particular.

Definition of alternative care

According to the Children's Act, a child is in alternative care if that child has been placed in foster care, in the care of a child and youth care centre (CYCC) and/or in temporary safe care.

- Foster care refers to a child that has been placed in the care of a person who is not the parent or guardian of the child in question.
- CYCCs provide centre-based residential placements for large groups of children, which can be short-term or long-term stays.
- Temporary safe care refers to children placed on short-term care while awaiting the outcome of a court process to determine their more long-term placement; it most often occurs in the home of a safety parent.[8]
- In addition, the study includes informal alternative care which is defined as "...any private arrangement provided in a family environment... without this arrangement having been ordered by an administrative or judicial authority or a duly

[8] *Extracted from TOR: Children's Act & Regulations Act, 38 of 2005.*

accredited body". This includes kinship care arrangements which are most prominent in the South African context but largely unlegislated.

The definition of alternative care excludes adoption, inter-country adoption and alternative care following a decision of the criminal justice system.

1.3 STRUCTURE OF THE REPORT

Section 2 of this report provides a short description of the methodology. Section 3 presents our findings on the sociological phenomenon of parental care including risk and protective factors within the parental care context. Section 4 contains the legal review, with the informal alternative care findings in section 5. Section 6 follows with the findings for formal alternative care under the following sub-sections: the continuum of care and protection services, prevention and early intervention, temporary safe care, foster and cluster foster care, child and youth care centres, reunification services, children most vulnerable in alternative care and comparison of care arrangements with other parts of the world. The last two chapters present the conclusion and recommendations (sections 7 and 8).

2. Study design, method, and sample

2.1 STUDY DESIGN, METHODOLOGY AND PROCESS

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. The four phases of the study process are summarised in Figure 1 and below.

Figure 1 Overview of study process

This study used a participatory approach. SH worked closely with the WCCC team who attended an inception workshop to finalise the study design, questions, and sample; the study instruments and report structure were then sent to the WCCC for input and approval. In addition, SH will be invited to a feedback and recommendations workshop to present findings and discuss recommendations before finalising the report. Biweekly meetings were held with WCCC staff to discuss progress and implementation challenges.

2.2 DATA COLLECTION AND SAMPLE

The data collection phase took place in two segments. The team first completed a rapid evidence assessment of grey and academic literature, which was followed by qualitative primary data collection. These are described in further detail below.

Legal and policy review and rapid evidence assessment of grey and academic literature

The SH team undertook a legal and policy review and rapid evidence assessment of grey and academic literature.

South Africa has a comprehensive legal framework mandating the protection of children in need of alternative care. The legal and policy review focused on the context of primary and alternative care provision, providing insights into international and domestic law. The rapid evidence reviews focused on evidence related to the modalities of alternative care in South Africa and the Western Cape and the sociological phenomenon of parental care in the Western Cape. The following criteria were applied to select the date, language, types of studies and geographical focus:

- Date: 1985–2021 – however, it was noted during the inception meeting that the earlier documents (1985–2010) should only be documents that are considered 'foundational' or 'seminal'.
- Language: English
- Type of studies: quantitative studies, qualitative studies, dissertations and theses, project evaluations, annual reports, best practice literature, local and international conventions, and local and international policy documents.
- Geographical focus: Worldwide, with a particular focus was on South Africa and the Western Cape.

Qualitative primary data collection

Qualitative primary data was collected from 19 April to 5 June 2023, including semi-structured interviews (SSIs) conducted virtually or in person and FGDs. Data was collected at provincial level with the WCCC, provincial stakeholders, sector experts and non-government organisations (NGOs), and at community level with service providers, parents/caregivers, and children in care in the following districts: City of Cape Town, West Coast District (Vredenburg in Saldanha Bay municipality), and Garden Route District (Hessequa and Bitou Local Municipality).

A purposive sampling method was used to select the study participants to ensure there was a mix of perspectives from government officials, NGOs, and sector experts in the alternative care sector. In addition, focus groups were held with parents/caregivers, service providers and children in the care system. In summary 12 SSIs and 3 FGDs were completed. The

sample of stakeholders is captured in Annexure 2 of this report.

2.3 ETHICAL PRINCIPLES

A key component of the study was to ensure the active participation of young people during a focus group discussion to allow the study team to gather important insights and information regarding young people's experiences of the alternative care system. It was noted during the inception meeting that ethical clearance was not required for this study because the powers vested in the WC Child Commissioner allows her to conduct consultations with vulnerable groups including children. Considering this, we followed the WC Child Commissioner's safeguarding guidelines and SH internal principles and guidelines for studies of this nature and for setting up and interviewing children (see annexure 3).

2.4 ANALYSIS OF DATA

A qualitative analysis tool, NVIVO 12, was used to analyse the data using the qualitative data analysis process outlined in Figure 2. This tool helped organise the data into pre-established categories and helped with thematic analysis. The focus of the comparative analysis was on identifying specific themes or issues highlighted by different stakeholders.

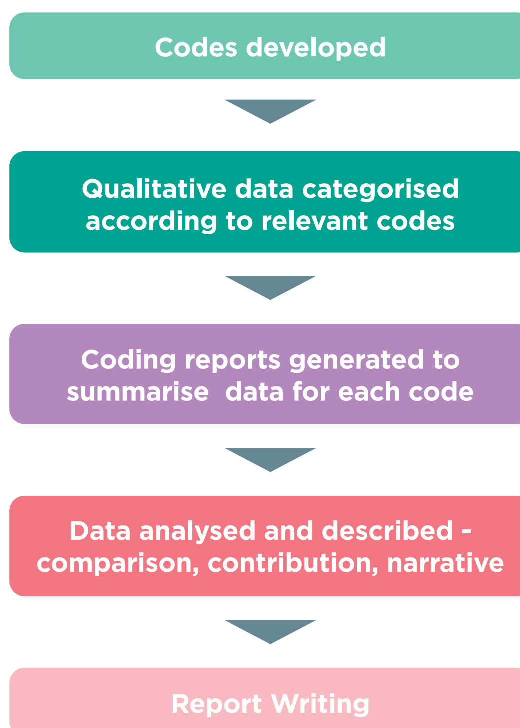


Figure 2: Qualitative data analysis overview

2.5 LIMITATIONS

The study sample is small so the findings from the primary data collection cannot be generalised across the entire province. The data collected is, however, adequate for this study given that the purpose was to triangulate and verify data already collected via the document and literature review. Furthermore, to 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 sociological phenomenon of parental care in the Western Cape

This section provides an overview of the nature and state of parental care in South Africa and highlights features that are unique to the Western Cape context. The following study question is covered in this section of the report:

- What is known about the nature and state of parental care in the Western Cape and how does it compare with the rest of the country?

3.1 THE NATURE AND STATE OF PARENTAL CARE IN SOUTH AFRICA AND THE WESTERN CAPE

Family forms and structures are both fluid and diverse; they continue to evolve, both globally and nationally. The nature of parental care is similarly diverse and inconstant. This highlights the need for responsive policies and services that can support the protection and care of children within a variety of family types and living arrangements. The section below expands on this argument.

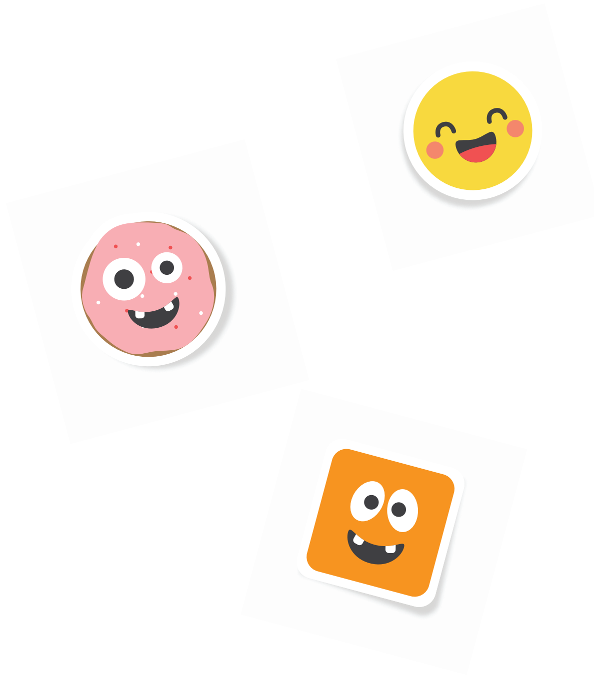
3.1.1. Defining the concept of 'family'

It is widely recognised that "the family is the core institution for child-rearing worldwide, and decades of research have shown that strong families promote positive child outcomes" (Lippman & Wilcox, 2014, p. 3). This is confirmed in the Revised White Paper on Families (2021) which notes that stable and supportive families are associated with several positive outcomes for individual members and wider society. These include higher levels of self-esteem; lower levels of antisocial behaviour such as crime, violence, and substance abuse; higher levels of work productivity; lower levels of stress; and more self-efficacy to deal with socio-economic hardships. To this end, stable families demonstrate high levels of social capital and resilience, and contribute to smooth functioning of society and, hence, to social cohesion.

A traditional or nuclear family is defined as "a family group consisting of parents with their biological or adoptive children", (White Paper on Families, 2021). However, internationally, and locally, household forms, living arrangements, child-care or parental-care arrangements are acknowledged to be fluid and diverse, so the "pluralistic family perspective has replaced the previous standard theoretical model, based on the nuclear family" (Borell, 2003). In research and research-based policy, however, families continue to be overly simplified to be understood as the household. However, "families and households are not necessarily the same and they do not necessarily have fixed boundaries: both can extend over geographic space and degrees of kin, both can be multigenerational and porous, shifting rather than static, and there are possibilities for overlap and duplication in that people may belong to more than one household, just as kinship ties connect multiple families in complex ways." (Hall & Mokomane, 2018).This definition is supported by the Revised White Paper on Families (2021) which defines the family as: A societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary, or religious), civil union or cohabitation, and goes beyond a particular physical residence.

3.1.2. South African families in a global context

Families are fluid and respond to social, economic, and political factors over time. Globally, family structures have seen significant shifts since the mid-twentieth century, with some of these trends also having been found in sub-Saharan Africa and South Africa. For example: family arrangements and household structures are becoming more diverse; there is a decline in marriage rates and an increase in female headed households (Hall & Richter, 2018).



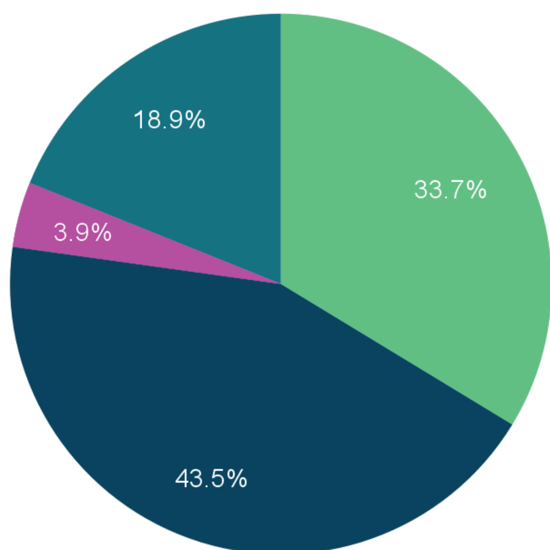


Figure 3: South African household forms

Despite these shared patterns of change, the shape of families in South Africa is unique in the sub-Saharan context. The World Family Map project monitors family wellbeing and global changes in family structures and processes in 49 countries. The 2014 annual report showed that globally children are still most likely to live in two-parent families in all countries except for South Africa, where 70% of children are understood to live in extended family households (see Figure 4) (Lippman & Wilcox, 2014). South Africa is also an outlier in terms of marriage and cohabitation, with the lowest rates of partnership within the sub-Saharan context (Social Trends Institute, 2017).

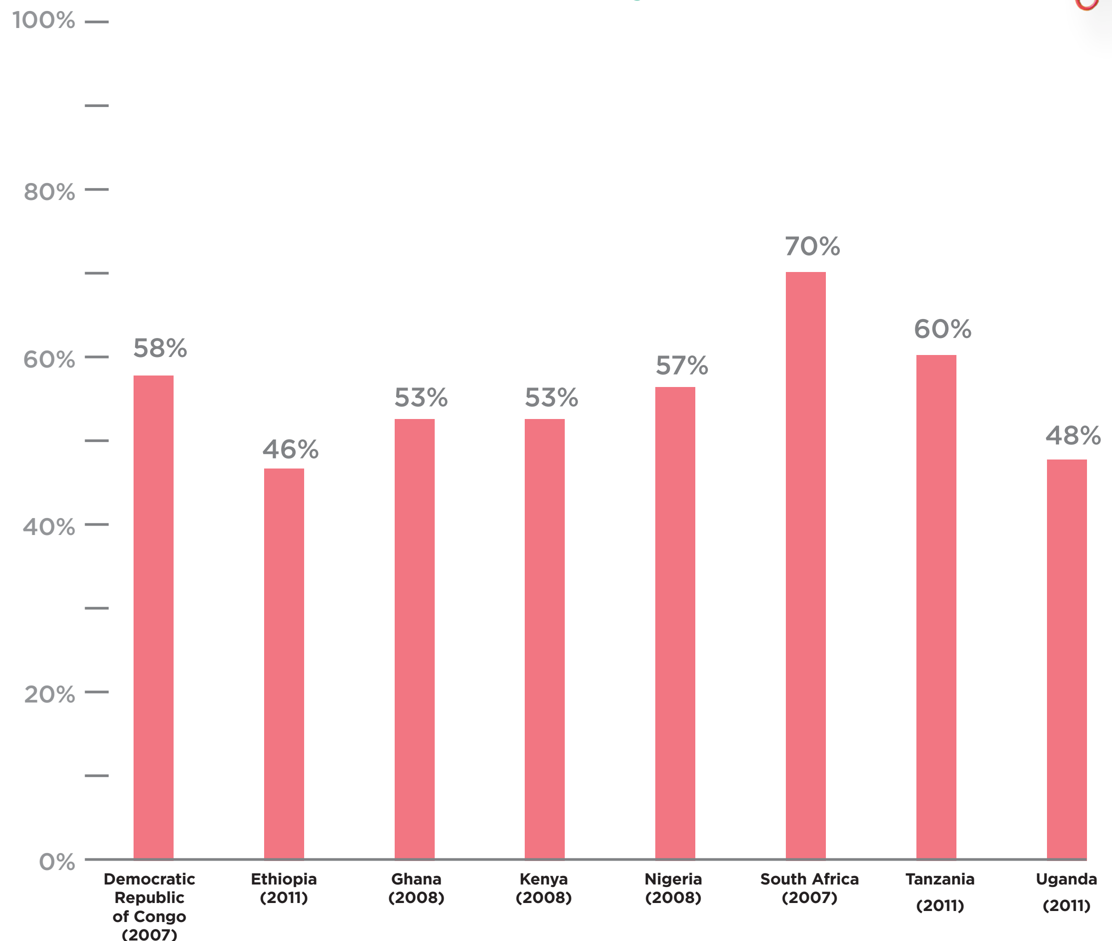


Figure 4: Percentage of children living with probable extended family in Africa

Significantly, almost all the children without co-resident parents were living with kin, predominantly with grandparents (68%). A common concern for this household type is that grandparents are frail and therefore may be unable to provide adequate care. However, nearly half of all households (46%) where the household head is defined as the grandparent or great-grandparent, the grandparent is under the age of 60 years (Hall & Mokomane, 2018).

These findings were confirmed during the primary data collection where respondents confirmed the prevalence of firstly single parent families, where children are much more likely to live with mothers than fathers and secondly, children living with grandparents and extended families where parents are absent or deceased.

"The family unit is not what it used to be – it is not nuclear families. Not with father, mother, and some children. It has changed quite dramatically. Around 60% grow up with a mother figure or a grandmother – especially in poor vulnerable communities. A lot grow up with grandmother. Many grow up without a father figure and we see a lot of child-headed households – where parents have passed away." (SSI, provincial government official/WCCC)

"A big standout feature is the small number of children who live with both parents and a large number of children who are living with relatives such as grannies, or aunts and the Western Cape is no different in that perspective." (SSI, sector expert)

In recent years, the discussion on 'absent fathers' has also attracted great interest, this notion is also somewhat limiting as it excludes the variation of fatherhood. Much focus has shifted on the changing role of women in society and there has been little evaluation of the historical, socioeconomic, and psycho-social factors that impact the role of fathers (Catholic Parliamentary Liaison Office, 2019; Richter, Chikovore & Makusha, 2010).

"The meaning of fatherhood is continually redefined as society changes. This is an important point, as it often gets neglected in discussions of family, which tend to focus on the changing roles of women. As we make these changes, it is important that our new definitions of fatherhood reflect the important role that fathers can play in their children's development" (Catholic Parliamentary Liaison Office, 2019).

Much of this dominant view of absent fathers is driven by the belief in the nuclear family structure which is not the reality of many South African households, and this further excludes same-sex couples and non-resident parents (Makusha & van der Berg, 2018). One of the critiques of the reporting data on parental residence is that it doesn't express the degree of involvement in the child's development or care – a father can be resident and still uninvolved, similarly a non-resident father can be very present in the care of their children (Makusha & van der Berg, 2018). "Men's engagement with children may be underestimated if it is measured only in terms of current physical co-residence rather than paternal involvement over time or commitment as demonstrated by remittances paid to support a child."(Richter, Chikovore & Makusha, 2010)

The emphasis on biological fathers' absence also negates the fathering role that uncles, grandfathers and other men take on in children's lives (Makusha & van der Berg, 2018; Richter, Chikovore & Makusha, 2010).

These findings align with the White Paper on Families which recognises the concept of social fatherhood: "A social father is a person that takes on the responsibility and role of being a father to a child, but who is not the biological or adoptive male parent of the child. The status of fatherhood is therefore a social status rather than a biological or adoptive or legal one and may be actively sought by and/or ascribed to the person by their family or community. One person could be a biological father to one child and a social father to another" (Van den Berg & Makusha, 2018, in White Paper on Families, 2021).

Two other observations made regarding family types are an increase in same sex couples adopting children and child-headed households, which, according to a key informant have been observed in the Mitchells Plain area:

"Child-headed households in Mitchells Plain were quite prevalent. Even social worker students were observing this in communities." (SSI, key informant)

One key informant mentioned that the Cape metro has backyard dwellers, which has impacted negatively on the functionality of families and parenting. In this instance, there is no unified structure in how parenting is done – mom, dad, aunt, or grandparents have different views and beliefs on how-to parent, causing tension and a breakdown in family ties.

3.2 TYPES OF HOUSEHOLDS IN SOUTH AFRICA AND THE WESTERN CAPE

Families are deemed as social groups that are linked through marriage, non-marital union, adoption, etc. whose ties endure over time and space (Hall & Makomane, 2018). Households on the other hand comprises of co-residence that share outputs of consumption and production, this too may be varied as the individuals may not be resident full-time nor be related by blood or bonds (Hall & Makomane, 2018). Households tell us more about the social and economic characteristics of family, for example to secure employment or care for young children, than about the vulnerability of a family. Research has shown that given the diversity of families and households, it is unsuitable to categorise households to determine risk or vulnerability for targeting responsive services. "The composition of a family does not signify stability, strength or vulnerability" (Hall & Richter, 2018, p. 24). Family networks extend beyond just the household, and therefore what is essential is the resources available for children, and the quality and stability of relationships and care for children (within and beyond the household).

However, much of the South African research and many of its policies are based on the household structure. Acknowledging the complex nature of household and family forms, household surveys help us understand the context in which children live.

Analysis of the South African General Household Survey (2020) reveal that:

- Only 33.7% of children live with both parents, whilst 47, 4 % of children live with a single parent and a further 18.9% of children are living with no parents (Hall, 2023).

- The number of children living with both parents has steadily decreased between 2002 (39%) and 2010 (34%), however it has remained steady over the last decade (Hall, 2023).

- A high percentage of children live with only their mothers (43.5%); however, this does not necessarily translate into single parenthood as there are most likely other adult caregivers in the household including aunts, uncles and grandparents who contribute to the care of the child (Hall, 2023).

The table below captures the breakdown of children's living arrangements in the Western Cape compared to all children in South Africa (2020).

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%

In the Western Cape, the percentage of children living with both parents (55%) are significantly higher than the national average (33.7%) (Hall, 2023). In addition, the percentage of children living with neither parent are also lower at 14% compared to national statistics. Comparatively, Gauteng shows similar trends, however it is the Western Cape's immediate neighbours – the Eastern Cape that is showing a varied trajectory. The evidence shows that in the Eastern Cape, 33% of children live with neither parent, a trend that has been consistent from 2002 until 2020 (Hall, 2023). This could be confirmed by the high number of migrations from the Eastern Cape to other provinces especially the Western Cape. It is reported that most migrants in the Western Cape come from the Eastern Cape, which accounts for 53.6% (Yu, 2021). This trend is unlikely to change if Gauteng and Western Cape are seen as economic centres as studies have shown that migrants into Gauteng and Western Cape enjoy lower unemployment rates than permanent residents (Yu, 2021). Similarly, the United Nation's reports shows that urban provinces such as Gauteng and Western Cape have lower multidimensional poverty rates compared to traditionally rural provinces such as Eastern Cape, KwaZulu-Natal, and Limpopo (UNICEF, 2020). The multidimensional poverty rate of children who live in rural areas is 88.4% compared to children living in urban areas (41.3%) (UNICEF, 2020). The overlap between the money-metric and multidimensional child poverty is three times higher in the rural areas especially for children from income-poor households (UNICEF, 2020). This can also be an indication that even in more economically thriving provinces such as the Western Cape, experiences between rural and urban centre may differ.

In conclusion, the Western Cape's distribution of household compositions

diverges from the national average, with nuclear households being the most prevalent, followed by extended households and single-parent households. The province also showcases a unique caregiver profile, with a notably higher percentage of children living in single-parent households compared to the national average.

Provision of financial support by parents

Despite South Africa having high rates of parental absenteeism, most absent parents regularly engage with their children and help financially support their child, despite living elsewhere. This is truer, however, for mothers than fathers. Where the mother is absent (not living in the home), 53% provide financial support, 37% of mothers see their child several times a month and 35% see their child several times a year. When these numbers are extrapolated to all children in South Africa, 1.4% of South African children are truly abandoned. In comparison, where the father is absent, 46% provide financial support for the child, 27% see the child several times a month and 27% see the child several times a year. Thus, if extrapolated to all children, 13.2% of children have been abandoned by the father (Hall & Mokomane, 2018).

To truly understand parental care and engagement, we must acknowledge that the family extends beyond the household, which has implications for policy and targeted services.

"Policies that are about families cannot rely solely on household level information to define categories and target groups in need of protection and intervention. Rather the challenge is for policies and programmes to respond to diverse and changing living arrangement so that the state can support families and children in their care." (Hall & Mokomane, 2018, p. 43)

3.3 CONCLUDING SUMMARY

What is known about the nature and state of parental care in the Western Cape, and how does it compare to the rest of the country?

The nature and state of parental care in the Western Cape of South Africa reflect the fluidity and diversity of family forms and structures. The concept of 'family' has evolved beyond the traditional nuclear family model, with extended family households, single-parent families, same-sex couples, and child-headed households being prevalent. The caregiver profile in the Western Cape is unique, with a higher percentage of children living with their biological parents compared to other provinces and almost one fifth of children (19.2%) living in 'single parent' households. Therefore, the caregiver profile in the Western Cape necessitates policies and interventions that are tailored to respond to these unique family forms.

4. Presentation of findings on risk and protective factors

The following study questions are covered in this section of the report:

- What is known about the protective patterns within the parental care context preventing children from entering the alternative care system in South Africa? Are there nuances in the Western Cape?
- What is known about the harmful patterns within the parental care context that drive children into the alternative care system in South Africa? Are there nuances in the Western Cape?

This section starts by providing an overview of the extent of maltreatment of children in South Africa and the Western Cape. It then presents the findings of the risk factors that drive children into alternative care and the protective factors that prevent children from entering alternative care.

4.1 MALTREATMENT OF CHILDEN IN SOUTH AFRICA

The World Health Organization defines child maltreatment as "abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power", (World Health Organization, 2022).

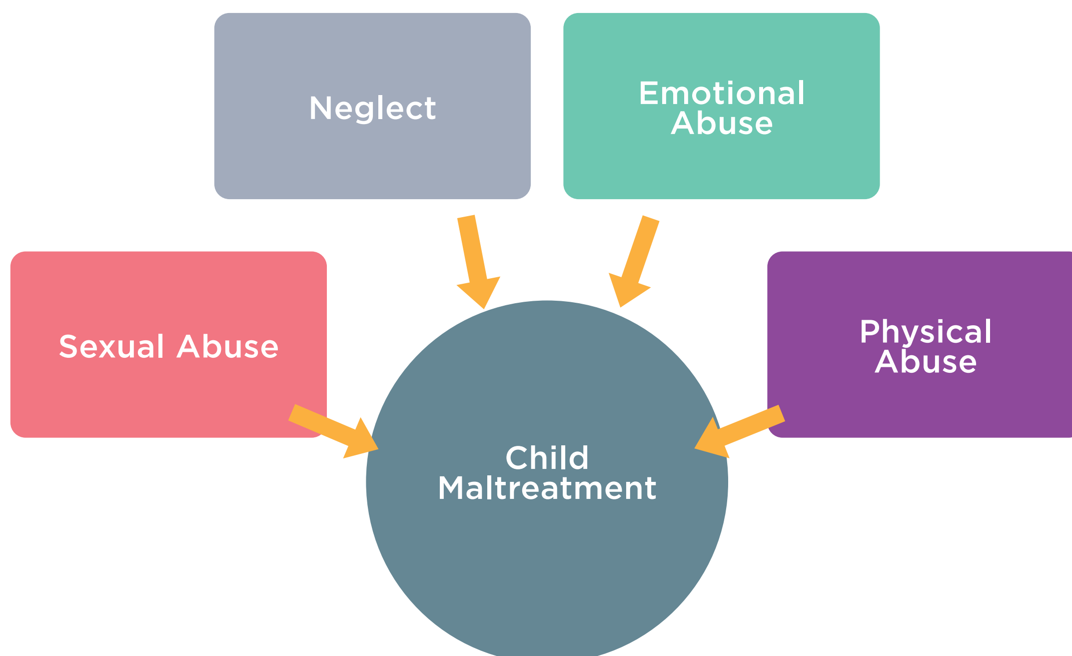


Figure 5: Forms of child maltreatment (Statistics South Africa, 2018)

The Optimus Study on child sexual abuse and maltreatment in South Africa (2016) provided the first national prevalence data on child abuse, violence and neglect and found that 42.2% of young people have "experienced some form of sexual abuse, physical abuse, emotional abuse or neglect at some point in their lives." Furthermore the statistics showed that;

- 35.4% of children had experienced some form of sexual abuse in their lifetime, with more boys (36.8%) experiencing sexual abuse than girls (33.9%), although boys are more unlikely to report abuse cases much less than girls,

- 34.8% of respondents reported that they have experienced physical abuse in their life this includes being hit, beaten and physical hurt by an adult,

- 12.2% of respondents had experienced some form of neglect including unavailable caregiver due to substance abuse or mental illness, absent parents, living in unsafe or unhealthy homes. The data shows that girls (15.1 %) have reported more neglect than boys (9.8%).

- 26% report experiencing emotional abuse which includes experiencing fear as a result of insults, name calling or being verbally abused (Ward et al., 2016)

The study also found that young people tend not to report instances of maltreatment, but if they do, the services are inefficient and ineffective and are not implemented in line with the policies (Ward, et al., 2016).

SAPS crime statistics point to a similarly worrying picture. In 2019/20, 943 children had been murdered – or 4.4% of all murders in the country. In the same financial year, 17 118 rapes of children had been reported to the police, representing 40.5% of all rapes reported to SAPS in 2019/20, (SAPS, 2019/20 crime statistics)

Research from the South African Child Death Review (CDR) Project undertaken by the Children's Institute (2013) revealed the following findings for South Africa:

- The child murder rate stood at 5.5 per 100 000 children under 18 years in South Africa.

- 45% of children were killed in the context of child abuse and neglect and almost 74% of fatal child abuse cases were under five years.

The CDR revealed the following about the pattern of fatal child abuse in South Africa:

- Incidence of fatal child abuse highest in the first year of life, (Mathews et al, 2016)

- As children get older the risk of being killed by a mother decrease

- The role of men, in particular the mother's partner and relatives/ known men to the child take on prominent role in the murder of children in the murder of both girl and boy children.

One in 10 child murders are associated with rape – mainly perpetrated by a known male and mainly a problem affecting girls, (Mathews et al, 2017).

4.2 CHILD MALTREATMENT IN THE WESTERN CAPE

A Western Cape study on the forms of maltreatment that resulted in children's court inquiries and statutory intervention found that the most common form of child maltreatment was neglect, followed by physical abuse and then sexual abuse. Child protection service providers also highlighted that emotional abuse is significantly under-reported (Makoae, et al., 2008).

The extent of child abuse in the province remains unknown due to under-reporting, a lack of a fully functioning centralised register monitoring the prevalence of child abuse and neglect, and limited systematic research (Dawes, et al., 2006).

Police data provides data on the number of violent crimes reported against children. The table below reveals that in 2018/2019 and in 2019/2020 the Western Cape, children experienced the highest number of contact crimes[8] against children compared to other provinces.

Table 2 Number of violent contact crimes reported against children (SAPS 3029/2020)

	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SOUTH AFRICA
2018/19	6194	2874	8599	7704	2865	2631	3296	1700	9366	45229
2019/20	5991	2601	7399	8056	2807	2277	2776	1592	8849	42348

[8]*Contact crimes include murder sexual offences, attempted murder, assault GBH, common assault.*

The Provincial Department of Social Development released statistics on reported victims of violence and abuse for the period of 01 April – 31 December 2021 stating that 4,813 children were reported to be victims of violence or abuse. The table below captures the most recent statistics.

Table 3 Forms of child abuse in the Western Cape during period 01 April - 31 December 2021

TYPE OF ABUSE	TOTAL
Emotional	485
Physical	811
Deliberate neglect	1762
Sexual	1707
Abandonment	26
Child labour	0
Child Trafficking	0
Street Children	3
Child Abduction	0
Teenage pregnancy	19
Total	4813

Another source of data is the Western Cape DSD Annual Reporting on indicators which reveal the number of cases dealt with in the Childcare and Protection sub-programme. This is captured in the table below.

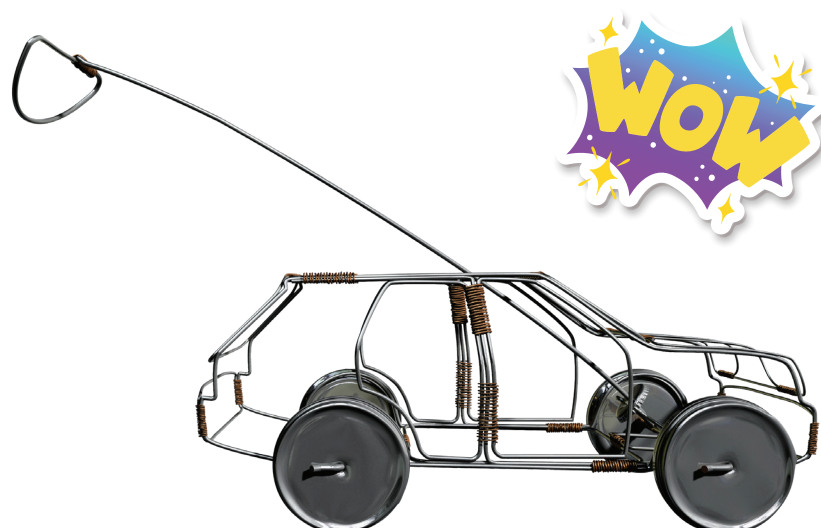


Table 4: DSD Annual reporting childcare and protection indicators

INDICATOR	2018/19	2019/20	2020/21
Number of investigations into the question of whether a child needs care and protection not initiated by the children's court.	8266	9358	8406
Number of children's court inquiries opened (investigations initiated by the children's court).	1949	1987	1639
Number of Form 38 reports submitted by designated social workers to the children's court.	2741	2884	2261
Number of children's court inquiries completed.	2818	2818	2432

However, as noted by Dawes et al (2016), it is recognised that incidence reports of police or welfare agencies are just the tip of the iceberg of abuse and neglect, because it only includes reported cases.

Cases reviewed by the Western Cape Child Death Review (CDR) teams for the Child Death Review Project conducted by the Children's Institute of the University of Cape Town (Mathews, 2018) found that in 2018:

- There were 1 594 child deaths with shockingly 299 stemming from murders.
- 16% were accidents while 12% remained undetermined.
- The top ten police stations in the City of Cape Town that recorded child murder cases were Delft (18 cases) followed by Mfuleni (17) and Gugulethu (15).
- The role of men, in particular the mother's partner and relatives/ known men to the child take on

prominent role in the murder of children in the murder of both girl and boy children.

- One in 10 child murders are associated with rape mainly perpetrated by a known male and mainly a problem affecting girls.

The CDR proposes the following 'potential modifiable factors' which need to be considered when designing interventions to prevent the high levels of child deaths in the province:

- Social and psychological support of pregnant mothers – assessment of vulnerability

- Parental drug and alcohol abuse was found to be associated in large numbers of child deaths.

- Violence in the home extends its impact on children and increases risk for exposure to abuse and death.

- High levels of sexual violence fuel the burden of rape-murder among children, particularly girls – this needs to addressed.

- Building children's conflict management skills is imperative to reduce peer on peer violence.

4.3 CONSEQUENCES OF CHILD MALTREATMENT

Child maltreatment has significant and extensive short- and long-term consequences for children, including physical, behavioural, social, educational, cognitive, and mental health problems (World Health Organization, 2022). In the long term, victimised children grow up to experience lower levels of employment and financial stability and may repeat cycles of violence. Research has shown a relationship between child maltreatment and poorer economic outcomes, including reduced income, unemployment, and lower skill (Bunting, et al., 2018). This paired with the above difficulties translates into significant, devastating effects on the wellbeing and life expectancy of South Africa's future adults (Ward, et al., 2016). In conclusion, maltreatment of children in South Africa is extensive and has significant, long-lasting consequences for our society. Despite the urgent need to address this social ill, the alternative care system only responds to a 'tip of the iceberg' as much of this violence or maltreatment goes unreported or unmonitored. This highlights the need for a strategy or approach that combines both a preventive approach (e.g., family strengthening programmes) and a treatment approach (e.g., a strengthened alternative care system).

4.4 RISK FACTORS OR HAMFUL PATTERNS WITHIN PARENTAL CARE CONTEXT

Within the ecological systems approach, risk factors are understood to be factors associated with an increased likelihood of poor outcomes; that is, factors or harmful patterns that put children at risk of entering alternative care. While these factors may not be causally linked to children being victims of maltreatment, abuse, or neglect, or of entering the alternative care system, identifying high-risk factors is important for designing and implementing responsive interventions (Makoae, et al., 2008). These risk factors have been identified at community and family level, together with factors or characteristics that are unique to the individual child. [9]

[9] Children who are particularly at risk of experiencing violence that have not been included in this study are children on the streets, victims of child commercial sexual exploitation and victims of human trafficking (Dawes, et al., 2006).

4.4.1 Risk factors at the community level

Families do not operate in a vacuum; the social, economic, and political environment that surrounds them impacts on their ability to provide for, care for and support the development of their children.

Gender based violence

Gender inequality in South Africa is complex. On the one hand, South Africa is a leader in terms of its progressive rights accorded to women (Rustin, 2021). In 2022, South Africa ranked twentieth out of 146 countries in the Gender Gap Index (Statista, 2023)[10]. This is a significant achievement, placing it above some developed countries such as the United Kingdom, United States, etc. Yet, South Africa has significantly high rates of gender-based violence (GBV), with some estimates showing that almost 50% of women have experienced emotional or economic abuse by an intimate partner and 25–40% of women have experienced sexual and/or physical intimate partner violence (IPV) in their lifetime (SafeSpaces, n.d.). This paints the picture that while there are opportunities for equality in formal institutions, within South African homes, gender inequality is extensive.

A study that looked at trends in 57 countries (using data from UNICEF and USAID) has shown that children growing up in societies that experience high levels of gender-inequality are more likely to be maltreated. Gender inequality may lead to child maltreatment in a few ways.

First, women who experience limited opportunities may experience higher levels of stress in caring for children and therefore become perpetrators of maltreatment. Second, disempowered women may be less able to protect their children from maltreatment or abuse (Klevens & Ports, 2017).

[10] The Gender Gap Index measures the discrepancy between genders in economic participation and opportunity, educational attainment, health and survival and political empowerment.

Social and cultural norms that normalise violence

"Norms shape our attitudes, impact our behaviours and define who we are – for better or worse" (Klika & Linkenbach, 2019, p. 1)

The World Health Organization has suggested that social and cultural norms that promote or glorify violence may increase the risk of child maltreatment (World Health Organization, 2022). South Africa has a long history of violence, stemming from his history of apartheid and colonialism, and in the 2022 Global Peace Index, South Africa ranked poorly at 118 out of 163 countries. This was confirmed by one interviewee during the primary data collection who also explained the impact of apartheid on families:

"Due to South Africa's fragmented history and the legacy of apartheid, where you had forced removals split up extended families and families were forced to relocate to different parts of the country. On top of that, the migrant labour system split nuclear families – men were forced to work in other provinces, and this had a lasting impact. Those political factors coupled with structural factors such as poverty meant that parents of working age whether they be based in Cape Town, or the larger cities sent their children to rural areas to be with other kin who got more time to look after them." (SSI, sector expert)

In the National Youth Victimisation Survey (2005), 60% of participants

aged 12–17 years had witnessed a violent event, and of those cases, 75% knew the attacker. International research has shown that neighbourhood crime and violence is associated with increased cases of physical and sexual abuse of children (Austin, et al., 2020). It was noted during interviews that community violence is traumatising for adults too as they are also affected by their personal traumas, which in turn affects their ability to parent their children.

It is evident that children in South Africa, specifically the Western Cape, are regularly exposed to violence in the community. They are exposed either by being a victim of violence or indirectly through witnessing a violent event. This reality differs for children living in different areas in the province, with media reports dubbing Cape Town as 'beautiful but deadly'. The statistics paints this bleak picture clearer as in 2019, 2302 murders occurred in just the first six months of the year (van der Westhuizen & Gawulayo, 2021). The 2020-2021 reporting period shows a slight decrease from previous years, with 3848 murders reported for the year (Western Cape Department of Community Safety, 2022). The murder rate in the city is 54.5/100000, this is still higher than the national murder rate of 33/100000 (Western Cape Department of Community Safety, 2022). Most of these murders are on the Cape Flats, with Khayelitsha reporting 265 and Delft reporting 224 murders in the reporting period (Western Cape Department of Community Safety, 2022) and on the Cape Flats gang violence contributes up to 70% of all crimes committed in the area (van der Westhuizen & Gawulayo, 2021). Violence in schools have also been linked to gang violence as well as easy access to weapons and the normalisation of carrying weapons on the Cape Flats (van der Westhuizen & Gawulayo, 2021). Research has found that children as young as 9-years-old join gangs and boys are particularly targeted for gang recruitment (van der Westhuizen & Gawulayo, 2021). Factors such as normalising violent reactions to stress, conflict, and trauma; witnessing and being a victim of violence and a lack of emotional and youth support services available contribute to an enabling environment (Van der Westhuizen & Gawulayo, 2021).

Gangsterism

One of the most prevalent responses during the interviews related to gangsterism in schools and communities, which puts children at risk, particularly in the Western Cape:

"There are extreme levels of violence in Cape Town and bits of Cape Town. It is very localised in terms severe violence, gang violence, child murders all happen. You can draw an area or boxes on the map – if you plot them on a geographic map, you will see the impact of gang violence. You see it in children who have been admitted to residential centres." (SSI, sector expert)

"Gangsterism and drugs. Gang violence in areas where children live, lack of protection and policing and urbanisation. Overcrowding of the city centre. Schools are not safe – children join gangs to feel safe because they are bullied." (FGD, alternative care service providers)

The Western Cape has high levels of gangsterism. This has impacted on children both as victims and as perpetrators of such violence and exposure to violence at home, at school, in the streets and in the community causes immense psychological distress to communities as a whole and particularly to children.

Research indicates that it "is estimated that 150 000 people belong to 100

gangs on the Cape Flats. Some gangs date back to the 1940s" (Mobieg, 2019). In his book on the gangs of Cape Town, 'Gang Town', investigative journalist and criminologist, Don Pinnock, writes that, "In one year, between April 2014 and March 2015, there were six murders and seven attempted murders a day, and 30 637 reported assaults (84 per day).

The Cape Flats is a majority Coloured (59%) and Black African (34%) area where gang violence has been an ongoing challenge for decades. In 2019 the South African National Defence Force was called in to patrol the area to curb the violence on the streets of the Cape Flats (van der Westhuizen & Gawulayo, 2021). To understand the concentration and prevalence of gangsterism in these areas, there needs to be a reflection on how these communities came to be established. During the Apartheid era, forced removals through the Group Areas Act (1950) meant that many families were relocated from other established neighbourhoods in Cape Town to the urban wasteland of the Cape Flats, where their former homes and neighbourhoods were declared as 'white areas' (van der Westhuizen & Gawulayo, 2021). This removal fragmented families, and family and community networks that served as the social glue. In addition, it tarnished human dignity, embedded powerlessness and facilitated a loss of community life which played a significant role in establishing gangsterism and gang culture that youths are still being exposed to today (van der Westhuizen & Gawulayo, 2021). The sense of powerlessness has not died down post-Apartheid, as the same communities are faced with socioeconomic degradation and psycho-social remnants of the oppressive system such as poverty, marginalisation, isolation, unemployment, and powerlessness (Bowers Du Toit, 2014). Arguably, Apartheid cannot be blamed for every social ill, however, it created a fertile environment which perpetuated socioeconomic inequalities that are still evident today (Bowers Du Toit, 2014). For youth plagued with unemployment, the gangs provide financial security, identity, a sense of belonging, acceptance, and protection (van der Westhuizen & Gawulayo, 2021). The power yielded by these gangs' cripple communities and the power they yield is multi-faceted in nature (Bowers Du Toit, 2014). One such phenomenon is gangsters considered as role models which is driven by the message of accumulation of money which translate into social power which makes it difficult for parents to respond appropriately in such a high-risk environment:

"Either the parents lock children in at home or they run free. There is no protected play area." (SSI, NGO)

The need for youth programmes to keep children safe and away from illegal activities such as gang initiations, due to high levels of gangsterism and shootings, was frequently mentioned.

Poverty and unemployment

The South African Multidimensional Poverty Index (SAMPI) highlights that unemployment has been a driving force in increasing poverty and inequality in the country (Stats SA, 2014). South Africa's unemployment rate stands at 32.9%, one of the highest rates in the world (Stats SA, 2023). The statistics paint a bleak picture for South African households as the national poverty lines are reported to be R663 (food poverty line), R945 (lower bound poverty line) and R1417 (upper-bound poverty line) (Stats SA, 2022). Furthermore, those below the upper bound poverty line (R1417) which is 55% (30.4 million) could not afford the costs of a household basket in March

2023 (R2714, 97) highlighting high levels of food insecurity, (Pietermaritzburg Economic Justice & Dignity Group, 2023). Poverty in South Africa is perpetuated by income inequality with the top 20 percent of the population holding over 68 percent of the income (International Monetary Fund, 2020). The World Bank ranks South Africa as the most unequal country in the world, first place amongst 164 countries (World Bank, 2022).

It was repeatedly mentioned during interviews that high levels of poverty and unemployment put children at risk on many different levels, as the following quotes reveal:

"Unemployment I would say is also a risk factor because when you are unemployed you are unable to provide for your child. That affects how you parent, it affects you mentally because you feel like a failure." (SSI, NGO_CSO)

"Some unemployed parents beg on the street and take their children with them; we see a lot of that in Cape Town and that can negatively affect how parents can put the child at risk as well." (SSI, NGO)

It was also explained that some parents feel their children may be 'better off' in alternative care because they cannot afford to provide for some of their most basic needs and being in alternative care would afford the child opportunities the parents would be unable to provide:

"Unemployment I would say is also a risk factor because when you are unemployed you are unable to provide for your child, that affects how you parent a child, it affects you mentally because you feel like a failure and maybe feel like your child should be placed in alternative care to give them a better chance in life and a roof over their head." (SSI, NGO)

Poor social cohesion

Notable incidents such as during the riots in KZN, Indian and Black African communities were at odds with each other, the xenophobic attacks and murders of foreigners and gender-based violence shows that South Africa has substantial social conflict in terms of wealth, ethnicity, race, and gender (Inclusive Society Institute, 2022). Obstacles to social cohesion in south Africa has been identified as a lack of community participation due to poverty and security, racism, race-based politics, language barriers, poor engagement, and communication between government and citizens and under-utilisation of community space (Inclusive Society Institute, 2022).

The studies indicate that even though the majority of South Africans enjoy daily social integration with each other, there is still more than one third that do not want to integrate with people from other racial groups (Inclusive Society Institute, 2022). Further, core to the issue of social cohesion is that South Africans do not trust each other, this runs differently across race, age, gender, education, and income groups (Inclusive Society Institute, 2022). On a community level only 62% of South Africans reported to have trust in their neighbours. (Inclusive Society Institute, 2022).

Lack of community ties was a key theme that emerged during interviews as putting children at risk. Here it was explained that people no longer live by "your child is my child" – a concept that is meant to increase responsiveness of people to nurture children collectively and better their lives without necessarily being biological parents to them.

"These days families live with their own rules and not the notion of my

child is your child – people don't care." (SSI, NGO)

Primary data collection also indicated that there is under-reporting by extended family, neighbours, or community members that a child may be endangered or suffering because the situation has been 'normalised' and because they are unaware of what child services are available to report issues of neglect and child abuse.

Inadequate policies, programmes, or services

Societies that do not have adequate policies and programmes to prevent child maltreatment, do not have adequate services to support families or lack adequate housing may increase the risk of child maltreatment (World Health Organization, 2022). As mentioned previously, our legislation and policies are not the issue, but rather their proper implementation.

During the primary data collection, one respondent explained that, although there is some more investment in parenting and prevention programmes, it is targeted at the individual level rather than at community level. The result is that individuals can elect to attend a lesson or programme out of their own choice or via referral. One sector expert gave the following recommendation for appropriate intervention:

"What is missing is a 'safety net' to pick up children when they begin to experience violence in the family, the home, or the community. A systemic mechanism for identifying those children and families at risk and offering support is missing. Instead, the system tends to go from broad scale, very primary prevention, straight to child protection and there is a need to strengthen the middle layer so that fewer children are placed into residential care." (SSI, sector expert)

4.4.2 Risk factors at family level

Research has shown that circumstances which lead to children being vulnerable to maltreatment and in need of statutory intervention tend to be similar. Many of these risk factors are examples of intergenerational transmission of caregiving. This showcases the longitudinal benefit or importance of targeted and responsive interventions to support caregiving that promotes the wellbeing and development of young children. The risk factors are expanded on below.

Single-parent households

In the Western Cape, analysis of the caregivers' characteristics of children affected by neglect and abuse showed that more caregivers were single mothers. Single caregivers are believed to have an increased number of stressors, will likely have a limited social network for support and are often exposed to additional pressure as a result of high levels of poverty and unemployment (Makoae, et al., 2008). If single mothers are young mothers, there are significant consequences of early childbearing on both the mother and child, including exacerbated poverty, poorer educational outcomes and cognitive development of the child, a less supportive and stimulating home environment and an increase in abuse rates (Panday, et al., 2009). However, as one respondent explained during the interviews, the lack of support being provided to single parents is the problem rather than the fact of being a single parent:

"Single-parent households may also be a risk but not all single parents put their children at risk just because they are single parents, I think it's more so single parents who don't have support I think lends itself more to being a risk factor than being a single parent." (SSI, NGO_CSO)

There is thus a need to strengthen support programmes that target young, single mothers with a layered approach that includes structural interventions including social security measures, education, and economic empowerment programmes.

Alcohol and substance abuse by primary caregivers

Communities that allow the easy sale of alcohol or drugs may increase the risk of child maltreatment (World Health Organization, 2022). Alcohol and substance abuse has been shown to impact on the health, education, and wellbeing outcomes of children (Makoae, et al., 2008). International research has shown that parental substance abuse is a contributing factor for between one- and two-thirds of maltreated children (Goldman, et al., 2003). Numerous interviewees mentioned that, in the Western Cape, alcohol and substance abuse are the main contributors to child maltreatment and the main reason that children enter statutory care. Substance abuse was closely linked to emotional abuse, domestic violence, lack of supervision and protection which results in unstable structures and routines and exposes children to abuse and exploitation by others. During the 2020-2021 reporting period the Western Cape contributed 36.8% (44 621) of all drug-related crime in the country (Western Cape Community Safety, 2022). It is further reported that of the 1819 known drug houses, 1077 are situated in the Cape Town Metro and a further 742 are in rural areas- 37 houses have been linked to organised crime (Van Zyl, 2023).

The prevalence of substance abuse is not confined to drug-use, recent studies show that in the Western Cape there are between 196 and 276 children per 1000 estimated to have Foetal Alcohol Syndrome Disease (FASD) (Adebiyi, Mukumbang & Beytell, 2019). This is the highest recorded prevalence amongst all South African provinces, with the national prevalence of FASD ranging from 29 to 290 per 1000 children and even higher than the global prevalence of 9 per 1000 children and youth in a general population (Adebiyi, Mukumbang & Beytell, 2019). The literature also indicate that Coloured communities have relatively higher levels of alcohol abuse compared to other racial groups in the province; Coloureds (18%), Black Africans (11%), Whites (7%) and Indians (1%) (Harker, Kader, Myers, Fakier, Peltzer, Ramlagan & Davids, 2000). The studies also found that mothers from lower socioeconomic status had a higher risk of having children with FASD and further that there is very little knowledge or understanding among sampled communities on the impact of consuming alcohol during pregnancy (Adebiyi, Mukumbang & Beytell, 2019). The cases of FASD are increasing nationally and specifically in the province, much of the provincial trajectory is due to the drinking pattern in the Western Cape known as the 'dop system' (Adebiyi, Mukumbang & Beytell, 2019). The dop system has been in place for decades which started in rural communities, where farmers would provide slaves with alcohol for payment or partial payment, although the practice is no longer as explicit in labour exchanges, the culture of alcohol use is embedded in communities and are still prevalent (May, Marais, De Vries,

Hasken, Stegall, Hedrick, Snell, Seedat & Parry, 2019). It continues to promote and sustain a culture of alcohol consumption that ensures that local communities stay poor and suffer negative physiological, psychological, and social repercussions (May, et al., 2019).

Substance abuse was a key theme emerging during the primary data collection:

“Tik has been a major problem in the Western Cape. Specifically, tik is something that is seen as a threat not just in terms of violence, but in parents’ capacity. Neglect factors - look at the reasons why children are in alternative care in the Western Cape if you look at the residential care sector, those children are mainly there because of neglect and drugs and alcohol, substance abuse is a major factor compounded by poverty.” (SSI, sector expert)

Children who were neglected because of substance abuse were exposed to circumstances that could seriously harm their physical, emotional, and social wellbeing. This is particularly true for mothers who abuse legal or illegal substances, which undermines the protection of their children. “Alcohol and drug abuse contributed significantly to parents’ failure to perform the caring responsibility and it undermined the survival, wellbeing and long-term positive development of the affected child” (Makoae, et al., 2008, p. 26). In comparison to other South African provinces, the Western Cape has the second-highest 12-month prevalence of substance use disorders (7.1%) and the highest lifetime prevalence of substance use disorders (18.5%) (Harker, et al., 2008). Methamphetamine (aka tik) is the primary substance of use in the Western Cape (29%) and Poly-substance use remain high with 58% reported for the province (SACENDU, 2021). The profile indicates that for the province majority is Coloured males between the ages of 28 to 30 years old (SACENDU, 2021) (SACENDU, 2021). During the primary data collection, respondents also mentioned the inadequacy of intervention programmes for substance abuse where the focus is “one-dimensional and focused on early intervention and rehab”. However, there is limited aftercare monitoring and an expectation that users in their rehabilitation phase must travel

Figure 6: Intersection between VAW and VAC

long distances to aftercare programmes. Individuals may lose hope and go back to abusing substances due to lack of constant support and aftercare.

Intimate partner violence

IPV within the home is associated with negative parenting practices and is a significant risk factor or contributor to children needing statutory investigation or intervention in the Western Cape (Makoae, et al., 2008) (Dawes, et al., 2006). International research has found evidence of the co-occurrence of violence against women (VAW) and violence against children (VAC). That is, patriarchal structures normalise the use of violence for discipline and as a result, children in households where the mother experiences IPV are more likely to experience harsh discipline or maltreatment (Fulu, et al., 2019).

VAW and VAC have shared risk factors that are supported by patriarchal social norms where forms of violence are considered normative. In South Africa, research has shown the intergenerational link of IPV and VAC – that is, persons who experienced childhood trauma (physical, sexual, or emotional child abuse or neglect) were more strongly correlated with victimisation or perpetration (Fulu, et al., 2019). These two forms of violence are highly interrelated – you cannot focus on the prevention of violence against children without addressing violence against women. It is essential that targeted policies and interventions address both forms of violence. Interviewees confirmed during primary data collection that an increase in IPV is also related to high levels of unemployment, poverty, and substance abuse. All these stress factors contribute to the unpredictable living conditions of women and children:

"They are surviving themselves. Gender-based violence with parents cause a lot of children trauma. We do not have places to send them, and we do not have money to do anything. Our system cannot accommodate these children and there [are] often limited foster parents." (SSI, NGO)

Parental mental health disorders

The Western Cape has the highest prevalence of mental health disorders among adults in South Africa. An average of 39.4% of adults in the province have experienced a mental health disorder in their lifetime, compared to 30.3% as the national average (Jacob & Coetzee, 2018). Comparatively, nationally South Africa has more than double the rate for mental illness cases than Brazil (7.6%), which is also considered to be a low-middle income country with high levels of inequality (Wits University, 2022). In the province, high prevalence of anxiety disorders (18.9%), mood disorders (13.7%) and substance abuse (20.6%) has been recorded (Jacob & Coetzee, 2018). Children with parents or caregivers that have mental or neurological disorders, suffer from poor impulse control, or have low self-esteem are more at risk of child maltreatment (World Health Organization, 2022). In turn, childhood maltreatment also increases the risk for common mental disorders during late adolescence and adulthood especially mood and anxiety disorders (Meyers, Banjes, Lochner, Mortier, Kessler & Stein, 2021). Stressors that affect individual family members are likely to impact the entire family system and therefore the children within that family system. Multiple and related stressors, including psychiatric challenges, substance abuse, etc., may expose children to behaviour

(such as tendencies towards irritability) which leads to maltreatment or abuse of children (Makoae, et al., 2008). This was confirmed by most interviewees during the primary data collection:

"Mental health issues are a key risk factor. In cases where parents are dealing with mental health issues but they're not getting the support and the intervention that they need. The child is at risk, because they are living in a space with somebody who is not well. For example, if a child is living with a parent who has bipolar or depressed and they are not receiving treatment getting support, the risk could be violence or neglect if a parent is unable to function." (SSI, NGO)

Postpartum mental health is further risk for maltreatment of children, where mothers may have trouble bonding with their new baby (World Health Organization, 2022). Caregivers or mothers who experience impairment of the mother-infant bonding (MIB) impact on the parent-child relationship and the development of the child. Interestingly, this is another example of the intergenerational transmission of caregiving, as research has shown a relationship between maternal childhood maltreatment and impairment of the MIB (Lehnig, et al., 2019).

Parents with poor physical health

Research in South Africa has shown that children in families affected by HIV/Aids-related illnesses have an increased risk of being victims of child abuse; this is especially true for families with higher levels of poverty and disability (Meinck, et al., 2015).

Household livelihood activities inconsistent with parenting role

Research in the Western Cape has found that children are being severely neglected due to the caregiver's or parents' livelihoods exposing children to danger or not being suitable with the parenting role. These livelihoods or activities include being involved in a criminal activity, sale of alcohol, drug dealing, theft, multiple sexual partners, and sex work. This was particularly true for children under the age of one year (Makoae, et al., 2008) (World Health Organization, 2022). This finding was frequently observed by respondents during the primary data collection:

"Parents that live dangerous lifestyles like being involved in gangsterism or drug trafficking can put children at risk. A year ago, we had a case of a child who was shot while visiting his father because his father was in a gang. Children also get caught up in this lifestyle because they mimic what their parent does." (SSI, NGO)

Low socio-economic household status

Homelessness or crowded living environments were also found to be a key risk factor for the maltreatment or neglect of children in the Western Cape (Makoae, et al., 2008). It was frequently mentioned that poverty and unemployment are key factors that put children at risk because of the stress their parents experience:

"Parents are under a lot of stress especially in areas rife with socio-economic problems, stress is a big factor, it may not be recognized as such, but it could be something certainly that's underlying how parents behave and respond to their children." (SSI, NGO)

"Dunoon is just a hotbed of drinking and drugging - with that, parental behaviour becomes unpredictable for the child putting them at greater risk of bunking school, running away and getting involved in illegal activities." (SSI, sector expert)

Poor parenting skills

The parents' or caregivers' knowledge about childhood development and attitudes towards discipline are significant risk factors for child maltreatment. Parents who do not understand a child's needs and behaviours may develop unrealistic expectations and respond to misbehaviour in an inappropriate manner. Furthermore, if parents make use of, approve of, or believe the use of physical punishment to be affective, this is likely a risk factor. Lastly, parents with poor parenting skills, due to a young age or lack of education, may contribute to an increased risk of child maltreatment (World Health Organization, 2006). Parents often recreate their children's childhoods with what they have experienced with their own parents. Their behaviours and approaches to parenting can be greatly impacted by 'intergenerational transfer' of parenting beliefs. This concept is defined as "as the process through which purposively or unintendedly an earlier generation psychologically influences parenting attitudes and behaviour of the next generation" (Van IJzendoorn, 1992, pp. 76-77). Through this multi-generational learning process parents learn from their experiences as children about parenting and what behaviours they would replicate and those that they will discard when they become parents (Honig, 2014). In South Africa, a study has found that parenting is impacted by stress factors associated with keeping children safe in communities as well as intergenerational transfer of parenting practices (Cilliers, 2017). The challenges these parents experienced inform a harsher approach to parenting practices and less time is spent on playing or recreational activities with children (Cilliers, 2017).This was confirmed during the interviews where poor parenting skills were frequently raised as a risk factor. Many parents, especially in poor and vulnerable communities, love their children but lack parenting skills and support. As a result, many are overwhelmed and may even turn to substance abuse to cope.

4.4.3 Risk factors at the individual level

While no child is responsible for their experiences of abuse or neglect, some child level characteristics may increase a child's risk of maltreatment. This section identifies the individual biological and behavioural characteristics that predispose children to risk of maltreatment.

Gender

In the Western Cape, an analysis of statutory removals in three children's courts found that more boys than girls were subject to statutory removal (Makoae, et al., 2008). Teenage boys are more likely to be victims of physical violence due to fights with peers and gang violence in the community.

On the prevalence of violence in South African society, the CDR study noted that large numbers of young men are killed yearly due to gang violence and interpersonal peer on peer violence. This is also driven by social norms promoting the use of violence and the availability of weapons as well as alcohol and drug use, (Mathews et al 2017). In the Western Cape, children's affiliation to gangs from the young age of 13 years old has been

reported as contributing factor to the statistics reported (Naik, 2020). Other contributing factors highlighted are a lack of parental control and parental management as well as a lack of coping skills to deal with conflict, anger, and stress (Naik, 2020). Further gang recruitment lures the young in with money, drugs, and power with the main function of helping the gang to dominate territory (Sesant, 2013).

The 2019 -2020 crime statistics report that 779 murders were committed by children, most in the Eastern Cape (207) and Western Cape (185). This is an increase from the 736 murders committed by children during the 2018/2019 reporting period (Makinana, 2019). Of the 779 murders reported in 2019-2020, 743 were committed by boys whilst 36 were committed by girls (Naik, 2020).

Toxic masculinity

These findings are confirmed by Herber (2017) who notes that, when attempting to discover the reasons for violence in societies, it has been found that young males are predominantly both the perpetrators as well as the victims of violence, and this is called the victim-offender overlap. This has led to much research being done regarding men, masculinities, and violence. This is because notions of masculinity, and what it means to be a man, seem to be the driving factor behind much of the risky behaviour that males engage in.

In many studies, young men have identified violence as an important way to display power and to prove their masculinity in their communities. Among youth in South Africa there is also a prevalent need for young men to control women in intimate relationships because this is considered essential in affirming their masculinity. Therefore, it is important to gain a comprehensive understanding of the role that masculinity plays in creating violent societies.

The concept of masculinity is a socially constructed collective gender identity, with various categories proposed by Connell (2002), including dominant vs. submissive and complicit vs. oppositional. While there exist diverse forms of masculinities, hegemonic masculinity prevails as the dominant societal norm, excluding non-whites, non-heterosexuals, and working-class men. This dominance fosters misogyny, homophobia, racism, and compulsory heterosexuality, reinforced by institutional structures like media and politics. Hyper-masculinity involves exaggerated aggression to compensate for gender insecurity, while protest-masculinity emerges among working class men combating powerlessness. Toxic masculinity, perpetuated by harmful ideals of manhood, contributes to gender-based violence and societal harm.

According to Connell (2002), contemporary masculinities are implicated in a range of toxic effects in men's own lives and the lives of others. These include, for themselves:

- High levels of injury
- Patterns of ill health and mortality
- Drug abuse
- Inadequate use of health services
- High levels of victimisation and imprisonment

For others:

- Violent conflict-resolution methods
- Sexual violence

- Domestic violence against women
- Homophobic violence
- Racism

Age

In the Western Cape, most children who experienced maltreatment and were removed from care of their biological parents were removed before the age of 10 years. Therefore, research has shown that children in the younger age groups are more vulnerable, particularly the 0 to 4 age groups. This is not to say that teenagers are not brought before the court, which they were found to be in high numbers, but rather that younger children have not developed the same means of safeguarding themselves (Makoae, et al., 2008). This is akin to international trends, where children under the age of four or adolescents are most vulnerable to maltreatment (World Health Organization, 2022).

Education

Research in the Western Cape found that very little information is known about the education status or schooling information of children in need of care and protection, which leads to one of two conclusions: (i) children in need of statutory care are not attending school or there are insufficient ECD services in the communities; or (ii) child protection service providers are not prioritising the holistic needs of children (which would include educational needs and not just those of safety and care) (Makoae, et al., 2008).

Children with disabilities or having special needs

Children who have special needs, physical disability, abnormal physical features, intellectual disability, or neurological disorders are more likely to experience maltreatment (World Health Organization, 2022). One interviewee mentioned that children with special needs and difficult behaviour are difficult to place. Financial costs, difficulty in dealing with the healthcare system, not having enough time for themselves and difficulty in juggling roles has been highlighted as challenges for the foster parent and child placement relationship for children with disabilities (Fuentes-Pelaez, Montserrat, Sitjes-Figueras & Crous, 2021). It was also noted that the social stigma foster parents experience when expressing frustration in securing the resources and support needed for their foster children has been a contributing factors (Fuentes-Pelaez et al., 2021). The gap in recruiting and screening foster parents is also not being met, which places those children in extremely vulnerable situations:

"Children with special needs and difficult behaviour find it harder to be placed as community members will not take them in." (SSI, provincial government official/WCCC)

Sexual orientation

Adolescents who have identified with any sexuality or gender that falls under the LGBTQ+ umbrella are more likely to experience maltreatment or violence (World Health Organization, 2022). For LGBTQ+ people, the family can be the first place of rejection and damaging homophobia, transphobia and interphobia, (Kessman and Pimental, 2020).

A study commissioned by the Other Foundation in Southern Africa found that the greatest area of exclusion, for LGBTI people in the region is also the most primal: the family. In focus groups run by the study respondents said this was described as the greatest exclusionary

factor, and the area of greatest pain. The dilemma faced is whether to risk rejection by one's family, or whether to lead a double life. Furthermore, the study survey findings revealed that 80% of its members remained in the closet because of fear of family rejection, (Gevisser, 2016).

National research on the level of discrimination against LGBT people in South Africa found that violence or physical abuse from a family member (not partner) was as common as physical abuse from someone else, (Love Not Hate Campaign, USAID 2016). This is confirmed by a survey conducted into the attitudes towards homosexuality and gender conformity in South Africa, (HSRC and Other Foundation, 2016) which found that, whilst one in four South Africans (27%) report having a friend or family member who is homosexual, 45% stated that they would not "accept" a gay family member. As a result of family rejection, LGBTQI+ teenagers are at higher risk of homelessness and suicide and there have been numerous reports of family members being the perpetrators of violence and even so-called "corrective" rape. Furthermore, according to the American Psychological Association (2021), the stress and stigma of being a minority can increase the developmental risk for young people identifying as LGBTQIA+. The prejudice and discrimination that are prevalent in schools and bullying and may lead to youths dropping out or being forced out of schools (American Psychological Association, 2021). LGB adolescents have an increased risk of self-harm attempts and suicide related to bullying and online bullying, however positive school experiences have a positive impact on reducing these incidences (Jadva, Guasp, Bradlow and Bower-Brown, 2023).

A report on continental tolerance, found that South Africa (67%) was second, being superseded by Cape Verde (74%), as having high tolerance of having LGBTQIA neighbours (Morris, 2017). Southern Africa regionally had the highest tolerance of LGBTQIA community (Morris, 2017). National survey results show that members of the LGBTQIA community were more likely to be open about their sexuality in the Western Cape (70%) compared to 57% nationally (Morris, 2017). It is, however, the Eastern Cape that shows twice the violence against the LGBTQIA community that the national average (7%). There are differences in the experience of violence between various racial groups, whereby black LGBTQIA individuals were more likely to experience physical violence (8%), white LGBTQIA individuals were most likely to experience verbal abuse (45%) and Indian/Asian LGBTQIA individuals are more likely to experience violence or physical abuse from family members (11%) (Morris, 2017).

4.5 PROTECTIVE FACTORS WITHIN PARENTAL CARE CONTEXT

Within the ecological systems approach, protective factors are those associated with an increased likelihood of good outcomes. In the context of this study, these factors would offer a protective effect for children and families susceptible to child maltreatment. This section presents findings about conditions in families or communities that, when present, increase children's wellbeing. Effort should therefore be made to further develop these strengths to prevent child maltreatment or abuse. There is limited literature on the unique protective factors in South Africa and the Western Cape, so these findings draw on international research, which is still useful for the national and provincial context.

4.5.1 Protective factors at community level

Community protective factors

International guidelines have emphasised that communities where families have access to key services may act as a protective factor to lessen the likelihood of child maltreatment. These services include safe and stable housing, high-quality early childhood learning facilities, safe and nurturing childcare, safe and engaging school programmes, medical care and mental health services, and financial opportunities or economic support (CDC, 2022). It was also mentioned during the interviews that more cohesive communities are more likely to step in and protect communities as the following respondent explains:

"The family needs support to navigate the challenges in their community. The child protection system is built into the community, and it is important that the children can access social workers and CYCCWs. When we developed Isibindi, we recruited community members, and we trained them to identify children and families in need. For those children it was a huge help – many were assisted in getting birth certificates and applied for child grant." (SSI, NGO_CSO)

Protective programmes specific to Western Cape

There is no textbook instructions to make parents look after their children, thus the need for youth programmes to keep children safe and away from illegal activities such as gang initiations. The Risiha Programme by the Department of Social Development (Department for Social Development, n.d.) runs across the country to assist vulnerable children and orphans, some of whom run child-headed households or live on the street (Children's Institute, 2019). During holidays, children are invited to attend programmes such as the Isisbindi Safe Parks programme that sharpens their skills and sense of belonging. The child and youth care workers (CYCWs) use safe parks to observe children to see if there is a need for further intervention in their lives. Despite the closure of access points during lockdown level 5, the Department of Social Development says the programme provided services to 192 741 children within their homes (Children's Institute, 2019). An interviewee mentioned that:

"Youth programmes are needed to keep children in communities busy – to help children with homework and during holidays have activities like sports and scouts." (FGD, alternative care service providers)

4.5.2 Protective factors at family level

Safe and nurturing relationships

It is well known that safe, stable, and nurturing relationships are important for the physical, emotional, behavioural, social, and intellectual development of children. These relationships act as a buffer for negative experiences and can prevent the occurrence and effect of child maltreatment and abuse. These relationships should be characterised as being free of fear of physical or psychological harm, having some degree of predictability and consistency and where a child's needs are sensitively and consistently met (CDC, 2019). Studies indicate that investments in programmes that promote raising infants and children in healthy, stable, safe and nurturing environments can counter adverse childhood experiences, it can also promote

optimal child development and reduce the impact of social and economic disparities (National Centre for Injury Prevention and Control, Division of Violence Prevention, 2014). The degree to which the environment is healthy, supportive, and responsive directly impact on prenatal development, child well-being and overall family well-being - these environments are shaped by policies, support resources and structural inequities that create the conditions in which the family functions (Centre on the Developing Child at Harvard University, 2021)

Knowledge of child development and parenting skills

Knowledge of child development and parent skills is understood to be a protective factor (Cuartas & Rey-Guerra, 2020). Research has found a positive relationship between parental knowledge and positive child outcomes, including reduced behavioural challenges, and improved cognitive and motor performance. Furthermore, parental knowledge is positively associated with the quality of the home environment and improved parenting (Breiner, et al., 2016).

Parent resilience

International research has shown that parents who can deal with stress and have the capacity to cope effectively while managing day-to-day stresses and an occasional crisis are resilient. Multiple life stressors, including history of maltreatment or abuse, health problems, marital conflict, financial stress, unemployment, poverty, etc. may reduce this capacity (Children's Bureau, n.d.) Therefore, security and financial stability, caregiver self-efficacy and caregiver emotional self-regulation are all considered protective factors (Cuartas & Rey-Guerra, 2020).

Support networks or extended family support

Parents or caregivers having support networks (family, friends, and neighbours) or the support of extended families may find it easier to care for their children and themselves (Cuartas & Rey-Guerra, 2020). People who are connected are better able to cope, are less prone to mental health disorders (such as anxiety and depression) and have better overall physical health. It is also well known that the wellbeing of caregivers deeply effects the wellbeing of the household and its members, especially children in their care. This is even more relevant for caregivers of children with special needs (Munsell, et al., 2013). This finding was confirmed during the primary data collection where it was frequently mentioned that the strength of extended families comes from strong family social networks, which are important for protecting children. With strong family networks, when things go wrong other people are there to support the children. Extended family creates a sense of identity for many children, and they feel loved.

"Intervention of extended family or extended family taking over care for children. For example, an aunt will pay for the school fees or go to the school meetings, or they will look for assistance for the child, if they feel the child is at risk. That is certainly a protective factor for a child. Also, children having an extended family member that they can trust and talk to about challenges that they have, or fears or concerns or risks that they have, is definitely a protective factor for a child." (SSI, NGO)

Support for parents

The state, including government and broader society, relies on families to produce and develop future generations.

The state needs families to raise children, support their development, keep them from harm and raise them with a value set that will allow them to participate fully in society. Families require the state to provide an enabling environment that supports and provides for the development, care, protection, and education of its children (Hall & Richter, 2018). A key protective factor is the involvement of the family household in social programmes (Cuartas & Rey-Guerra, 2020). The South African White Paper on Families (2021) highlights the provision of multi-level support to vulnerable families, this includes focus on prevention, early detection, treatments, and statutory inventions. Due to the income disparities in South Africa, there is also a need to evaluate the economic support provided to assist parents, a study in 10 urban communities in Johannesburg illustrated that when social grants are linked with childhood development interventions it had a positive impact on child-caregiver and family relationship relations (Patel & Ross, 2022). It also strengthens networks for social support, increases caregiver engagement in school and enhancing parenting and financial capabilities (Patel & Ross, 2022).

4.5.3 Protective factors at the individual level

Just as no child is responsible for contributing to their risk of maltreatment, no child is responsible for preventing their experiences of maltreatment.

Austin et al (2020) notes that most research has examined individual level factors that are associated with resilience (i.e., positive adaptation) following experiences of maltreatment rather than individual level factors that prevent maltreatment from occurring. Results from this body of research suggest that certain characteristics, such as self-regulation skills, social competence, adaptive functioning, and self-esteem, help promote positive outcomes among children and adolescents who have experienced abuse or neglect.

These and other individual level protective factors are posited to increase the likelihood that a child will receive support following maltreatment or that the child will be able to effectively navigate stressful and traumatic experiences such as maltreatment increasing the likelihood of positive outcomes.

The resilience literature tells us that a significant proportion of children who are raised in poverty environments emerge with strengths and positive attributes despite their hardships. Thus, promoting resilience amongst children should be a key intervention in preventing child abuse and neglect (Wandersman and Nation, 1998; Luthar et al, 2000 in Dawes et al 2007).

4.6 CONCLUDING SUMMARY

What is known about the harmful patterns within the parental care context that drive children into the alternative care system in South Africa? Are there nuances in the Western Cape?

- The findings reveal that a significant percentage of young people in South Africa have experienced various forms of abuse and neglect, including sexual, physical, emotional abuse and neglect. However, under-reporting and ineffective services hinder effective intervention. Child maltreatment has severe short- and long-term consequences, impacting physical, behavioural, social, educational, cognitive, and mental health aspects of children's lives.

- The literature review and primary data collection identified several risk factors at community, family and individual child levels contributing to children's vulnerability to maltreatment and the need for statutory intervention in the Western Cape. At community level, gender inequality, social and cultural norms promoting violence, gangsterism, poverty and unemployment, poor social cohesion and inadequate policies and services are identified as risk factors. These factors create an environment where children are exposed to violence, limited support, and lack of opportunities, increasing their risk of maltreatment.

- At family level, risk factors include single-parent households, alcohol, and substance abuse by primary caregivers, IPV, parental mental health disorders, poor physical health of parents, livelihood activities inconsistent with parenting roles, low socio-economic status, and poor parenting skills. These factors contribute to increased stress, unstable environments, and inadequate caregiving, putting children at risk.

- Individual child characteristics that may place children at higher risk include gender (more boys subjected to statutory removal), age (younger children more vulnerable), education status, children with disabilities or special needs and children identifying with LGBTQ+ orientations.

- By understanding and addressing such risk factors, it is possible to create safer, more nurturing environments for children, promote their wellbeing and prevent maltreatment.

What is known about the protective patterns within the parental care context preventing children from entering the alternative care system South Africa? Are there nuances in the Western Cape?

- The literature review and primary data collection revealed several protective factors within the parental care context that prevent children from entering the alternative care system.

- At community level, access to key services such as safe housing, high-quality early childhood learning facilities, healthcare, and economic support can act as protective factors against child maltreatment. Cohesive communities with integrated child protection systems and support structures are more likely to step in to protect children in need.

Safe and nurturing relationships provide a buffer against negative experiences and contribute to positive child outcomes. Parental knowledge and skills in child development are associated with improved parenting practices and positive child outcomes. Parental resilience, including the ability to cope with stressors, is important for effective parenting. Support networks, including extended family, can provide assistance and emotional support to parents, enhancing their capacity to care for their children. Support for parents from the state and broader society is also crucial in creating an enabling environment for child development and protection.

At the individual level certain characteristics, such as self-regulation skills, social competence, adaptive functioning, and self-esteem, help promote positive outcomes among children and adolescents who have experienced abuse or neglect.

- There is limited literature on unique protective factors in the Western Cape; respondents mentioned youth programmes, such as the Risiha Programme and Isibindi Safe Parks which play a significant role in keeping children safe and engaged, particularly during holidays.
- This section has shown that in South Africa and the Western Cape the risk factors outweigh the protective factors, highlighting the need for strengthened preventative and alternative care and interventions and/or services.

5. Presentation of legal review findings

The following study questions are covered in this section of the report:

- What is the scope and content of a child's right to parental care, kinship care and alternative care according to local and international laws and conventions?
- What are the policies that give expression to the implementation of alternative care?

This section explains the scope and content of a child's right to parental care, kindship care and alternate care according to international, regional, and national laws and conventions. It also explains the policies that give expression to the implementation of a child's right to family and kinship care, and where the family is unable to provide such care, to alternate care. Family, kinship, and alternate care are influenced and mandated by a range of international, regional, and constitutional commitments that provide the framework for domestic legislation. Therefore, we provide below a brief review of law and policy relating to alternative care for children in South Africa, with summaries of international, regional, national, and subnational conventions, laws, and policies.

Figure 7: Overview of the legislation

5.1 INTERNATIONAL LEGAL FRAMEWORKS

The Universal Declaration of Human Rights

The Universal Declaration of Human Rights was proclaimed by the United Nations General Assembly in November 1948. This applies to all people including children. South Africa did not sign this Declaration as it was not congruent with apartheid policy. However, when marking the 70th anniversary of the Universal Declaration of Human Rights (UDHR), on 7 December 2018, President Cyril Ramaphosa reaffirmed South Africa's commitment to uphold and protect human rights.

This treaty and other international human rights agreements contributed to the development of the United Nations Convention on the Rights of the Child.

The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) was adopted by the United Nations in 1989 following a 10-year drafting process. It

was signed and ratified by the South African Government on 16 June 1995.

Article 7 speaks to a child's right to be cared for by his or her own parents where possible; however, Article 9 acknowledges that, subject to judicial proceedings, it may at times be in the best interests of the child to be cared for in alternative care. It notes the importance of parents knowing the whereabouts of the child and the child retaining contact with his or her parents, again subject to the best interests of the child.

To provide guidance to governments relating to quality alternative care, the UN Committee on the Rights of the Child provides general comments and guidelines on implementing the UNCRC. In 2010, the United Nations adopted the Guidelines for the Alternative Care of Children (United Nations, 2009). These describe the purpose, principles, and perspectives of the guidelines, emphasising the role and participation of the child's family in the best interests of the child, the individualisation of each child, removal from the family as a last resort and the maintenance of sibling bonds. Preferably children should be placed in families or small group care to optimise development and individual attention.

Alternative care is described as inclusive of kinship care, foster care, other forms of family-like care, residential care or supervised, independent living care. The guidelines include prevention of removal from family care via promoting family care, preventing family separation, and promoting family reintegration. Removal should be preceded by careful assessment of the child's and the family's needs.

Policies to ensure the best possible alternative care provision for children should be developed and implemented by government. Conditions conducive to the optimal care of children in all formal alternative care arrangements are described by the guidelines. Special conditions apply to the care of children outside of their habitual country, in emergency situations, and the provision of after care.

The importance of inspections and monitoring the wellbeing of children in care are emphasised, inclusive of independent monitoring.

Although the UNCRC has been criticised for setting standards that developing countries cannot achieve, Arts (2014, p. 286) notes that "Law reform is one of the most tangible achievements stimulated by the CRC."

5.2 REGIONAL LEGAL FRAMEWORKS

African Charter on Human and People Rights

In 1986, the Organisation of African Unity adopted the African Charter on Human and People Rights. Emmanuel Abaniwo (Abaniwo, 2017) noted that this was viewed as a "powerful instrument of liberalization, and an unprecedented event in the history of the continent. The African Charter came as a rebellion against colonial tendencies. It portrayed Africa's readiness to move from human wrongs to human rights."

This treaty contributed to the development of the African Charter on the Rights and Welfare of the Child.

The African Charter on the Rights and Welfare of the Child

Work on the African Charter on the Rights and Welfare of the Child (ACRWC) began in the mid-1980s, initiated by the African Network for the Prevention and Protection against Child Abuse and Neglect, assisted by UNICEF, to address matters of particular concern and importance to children and families in Africa. The Charter was not developed in opposition to the UNCRC but to supplement it and focus on the specific social, cultural, and economic factors affecting children. The Organisation of African Unity (now the African Union) adopted the Charter in 1990. South Africa signed it in 1997 and ratified it in 2000.

Article 18 of the ACRWC protects the family of the child, which is recognised as the "natural unit and basis of society". Article 19 provides that children are entitled to parental care and protection and have the right to live with their family, except when separation from the family is in the best interests of the child. Even when separation has occurred, the child has the right to maintain contact with the family and the family has the right to maintain "personal relations and contact with the child" (Article 19.2) and know where their child is placed.

Article 25 provides that children deprived of family care have the right to alternate family care, including foster care or placement in institutions "suitable for the care of children". Placement of the child should have regard for the child's ethnicity, language, and religion.

5.3 REPORTING STRUCTURES

Once a country has both signed and ratified the UNCRC and the ACRWC, it is obliged to integrate these commitments into domestic legislation, including overarching policy, law, and more detailed implementation policy such as the regulations, specialised areas of implementation such as alternate care and norms and standards for specific service provision. A country's progress on the integration process is monitored by the UN Committee on the Rights of the Child and the African Committee of Experts. The reporting process is provided for in Part II, Articles 43–45 of the UNCRC and Articles 42–44 of the ACRWC. Reports are submitted to these Committees every 5 years. The state submits a report, followed by a report from the NGO sector. Both the state and NGO sector appear before the committees to respond to questions and provide clarification on their reports. Children and specialised agencies may also appear before the committees and give evidence on their country's progress.

Both committees have over time noted certain achievements as well as shortcomings in South African Law relating to children's wellbeing. For the shortcomings, they have requested further reporting and as such have provided good oversight of the South African government in ensuring children's wellbeing. However, Arts (2014, p. 302) notes that the UN Committee on the Rights of the Child's under-resourcing leads to late and then possibly less meaningful responses to country reports.

5.3.1 Reviews of UN Committee Rights of the Child Country Assessment Reports that focus on alternative care in South Africa

South Africa's first country report to the UNCRC noted (Department of Women, Children and People with Disabilities, 1998, p. 43) that the "First and primary objective of the Children's Act is to promote the preservation and strengthening of families." Separation from the family was described as a last resort and where removal of children is in the child's best interests, "family reunification and reintegration services provide for family development, family skills training, family group conferencing and mentorship" (1998, p. 45). The report described further provisions in the Children's Act and its related norms and standards on the care and protection of children in alternative care. The Alternative Country Report, submitted by a consortium of NGOs and academics noted problems with the alternative care system on which the UNCRC made specific recommendations in its concluding observations.

In its responses to the first South African Country Report (United Nations Committee on the Rights of the Child, 2000), the UNCRC welcomed the reform of law relating to the rights of children but noted the lack of alternative care facilities in rural and poor communities and the lack of staff dedicated to alternative care, resulting in inadequate monitoring of children in alternative care. The UNCRC recommended further training of social workers to provide services and the development of an independent complaints and monitoring mechanism for alternative care. Also recommended was training to parents to prevent abandonment of children and periodic review of foster care placements.

The second South Africa country report to the UNCRC combined reports 2,3 & 4. (Department of Women, Children and People with Disabilities, 2013). The South African government reported that training in alternate care for social workers had been developed and to increase placement opportunities, the definition of foster care had been expanded in the Children's Act. The foster care grant (FCG) had been increased as well as the numbers of children in foster care. The increased numbers of foster children had resulted in a backlog in the monitoring reports required to ensure the quality of foster care. The report noted that permanency, individual and development plans are required for children placed in child and youth care centres, including independent living programmes for children aging out of alternate care.

South Africa's third report to the UN Committee on the Rights of the Child (2022) responded to concluding comments to the previous report in which the committee positively acknowledged the banning of corporal punishment in alternative care settings and the development of a legal and policy framework on children deprived of a family environment, which prioritises preventing the separation of a child from the family and placement in family-like alternative care but it expressed concern about the large number of children in alternative care, the lapsed foster care orders, the increase in the number of children in residential care and the increased time periods for which they were in residential care, the low quality of residential care contributed to by budgetary constraints and the existence of unregistered child and youth care centres.

The committee recommended consulting with families and children to improve the quality of alternative care, improving monitoring of the quality of alternative care in residential settings, ensuring compliance with norms and standards and where possible shortening the time of placement of children in alternative care, protection from abuse and neglect in alternative care and mechanisms to enable the reporting of problems.

The report therefore detailed the programmes supported or put in place to strengthen families and thereby prevent the removal of children into alternative care. These programmes include support to families during periods of crisis, parenting teenagers, family preservation programmes and the development of a strategy to strengthen the role of fathers in families and strengthening psychosocial support services.

The report noted that a national strategy had been developed to ensure an adequate number of child and youth care centres, to be implemented with the passing of the Children's Bill 2020. This policy also provided for improving kinship care arrangements, increasing the child support grant to orphans in the care of relatives and children in child headed households.

For those children in alternate care, a Developmental Assessment tool was developed and ongoing capacity building on the use of this tool is provided to social service practitioners.

5.3.2 Reports to and reviews of the African Committee of Experts relating to Alternative Care

In the Initial report to the African Committee of Experts, the Country Report noted "in the policy context there is growing emphasis on the importance of families, and, accordingly, in 2004, a situational analysis was conducted to identify challenges facing families to inform the development of appropriate supportive policies and programmes" (Government of South Africa, 2013). The report noted further the importance of family reunification services when children had been removed from family care. The South African government noted that, "The rapid increase in foster care placements has contributed to substantial backlogs and lapses in foster care orders. In 2011 about 84,000 reported foster care cases were awaiting finalisation, and between April 2009 and March 2011 more than 110,000 foster care orders lapsed, resulting in the loss of the Foster Care Grant to these foster parents (Government of South Africa, 2013). It was noted further that a court judgement had been made instructing the South African government to develop a legal solution to this problem.

In its concluding comments to the South African government initial report (The African Committee of Experts, 2016) , the African Committee noted the lack of family reunification services, the disparities in subsidies to child and youth care centres across the provinces and the large numbers of children living on the streets, particularly in the Western Cape.

The Second Country Report to the African Committee of Experts (Government of South Africa, 2016) noted that "services were being provided to families to

prevent removal of children from family care and the South African government referred to the development of the White Paper on Families and reported that it serves as an effective tool in crafting programmes and strategies aimed at supporting families to fulfil their duties and parental responsibilities." In its concluding comments to the report, the African Committee of Experts positively acknowledged the development of the family policy but noted with concern the disparities in service provision across the provinces (The African Committee of Experts on the Rights and Welfare of the Child, 2019). The African Committee also recommended a quality audit of child and youth care centres and to ensure that children are provided with reunification services.

In conclusion, monitoring of the protection of children's rights and South Africa's compliance with the provisions of the UNCRC and ACRWC by the Committees ensures that domestic law and policy embodies the principles of these commitments and continued implementation of both international and domestic law is noted and remarked on. Several recommendations on family and alternate care have emanated from the concluding comments of these Committees.

5.4 THE NATIONAL CONSTITUTION OF SOUTH AFRICA

Chapter 2 of the National Constitution of South Africa is a Bill of Human Rights, all of which provide protection for children. However, S28 provides rights specific to children including in s28(1)(b) the right "to family care or parental care, or to appropriate alternative care when removed from the family environment". S28(2) states that "a child's best interests are of paramount importance in every matter concerning the child".

During primary data collection for this study, the Constitution of South Africa was the second most frequently mentioned law by respondents after the Children's Act.

5.5 DOMESTIC LEGAL AND POLICY FRAMEWORK INFORMING ALTERNATIVE CARE IN SOUTH AFRICA

In the late 1990s, South Africa embarked on a process of policy and legislative reform of all policy and legislation relating to the care and protection of children, beginning with the White Paper on Social Welfare.

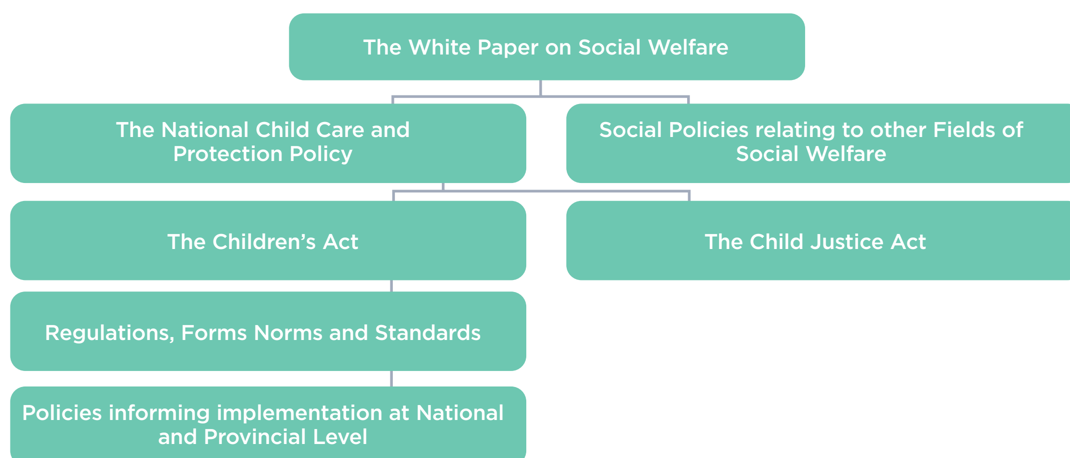


Figure 8: South Africa's process of policy and legislative reform relating to care and protection of children

The White Paper on Welfare is the overarching policy document that informs law and policy relating to the care and protection of children. It focuses on the care and protection of children in their families via providing comprehensive prevention services to families. It promotes the standardisation of welfare and social service provision across national and all provincial levels. The National Child Care and Protection Policy notes (Department of Social Development, 2019, p. 19) that the White Paper on Welfare rejected the residual and separatist policies of social welfare of the apartheid era and adopted a developmental approach.

The National Child Care and Protection Policy provides a framework for all legislation and policy relating to children. The policy is informed by the South African government's commitment to the UNCRC and the ACRWC. The implementation of the policy requires law and implementation policies that promote nurturing and protective family care and prevent the removal of children through the provision of empowering and educational services that capacitate parents and family caregivers. When families are unable to care for children, there is provision for finding children in need of care and protection a placement in foster care as the first option. Placement in a child and youth care centre should be considered a last resort and for the shortest possible time.

The National Child Care and Protection Forum meets regularly and has oversight over implementing the policy. The forum comprises both government and civil society members; it is (in theory) co-led and meets regularly. However, the meetings are called by the Department of Social Development (DSD) which also finalises the agenda.

The policy also provides for a National Children's Rights Inter-Sectoral Coordinating Committee which has oversight of the promotion and protection of children's rights in South Africa. The committee has developed a policy: the National Plan of Action for Children and a Framework for Child Participation. The policy outlines the procedures and principles for prevention and early intervention programmes, finding a child in need of care, foster care and placement in a child and youth care centre.

The Children's Act, 2005, as amended

The Children Act, 38 of 2005, as amended (the Children's Act) followed a decade of broad consultation with experts in childcare and protection, including consultations with children.

The Children's Act provides for prevention and early intervention services to families to prevent the removal of children and promote nurturing and protective care (Chapter 8). The Act empowers the Children's Court to order a range of options that promote and provide for the care and protection of children within the family (Chapter 4 S46; Chapter 9, particularly S155–157). Removal of the child from family care is to be considered only when services to the family have failed or the child is in an emergency. The Act provides for the removal of the abuser of the child from the child's home when appropriate to prevent the child's removal from family care (S152(4) and S153). Even when removal has occurred, the Children's Act provides for continuing services to the child's family to enable the child's return to family care, and even after the child has been returned to the family, where this is possible, supervision and services to the family are provided for to ensure that parental care remains

nurturing and protective for the child. Removal to a child and youth care centre must only be considered as a last resort and the child should be placed in a location as close to the family as possible (S158) to enable continued contact between child and family.

Kinship care is acknowledged in both law and policy. In earlier draft Bills of the Children's Act, it was afforded much greater importance and considered preferable to placement with unrelated carers.

The Act provides further for quality assurance processes to be applied to all designated child protection organisations (S105–109). Regulation 32 provides for quality assurance processes to be implemented at provincial level by the Provincial Department of Social Development. It is of note that there is no reciprocal monitoring of services of the DSD.

Regulations, forms and norms and standards

Regulations to the Children's Act provide implementation guidelines for alternative care and focus on preventing children moving deeper into care. The rights of the child in foster and institutional care are protected as well as the responsibilities and rights of foster parents and the responsibilities of those persons who manage and provide services in child and youth care centres.

Standardised forms are provided and must be used to implement the Act. An example is the form for permanency planning, which encourages systematic thinking about the child's future. The norms and standards for services to families to prevent removal into care, foster care and child and youth care centres are extensive (Department of Social Development, 2010). These were later reviewed and continue to focus on:

- services to families to prevent removal into care.
- protection of the rights of children in foster care and child and youth care centres
- reunification of children with their families.

Although services are provided at provincial level, the national norms and standards apply.

5.6 WESTERN CAPE POLICIES

Policies in the Western Cape on family and alternate care follow the policy directives developed at national government level. Although policy directives may be national and compliance is considered compulsory, the quality and quantity of alternate care provision differs across the provinces. This is sometimes related to provincial budgets as welfare, education and health services are funded through provincial budgets. The way in which this is divided up across these services within a province differs from province to province. Western Cape policies on family and alternate care thus reflect the national policy provision.

Specific Western Cape policies relating to alternative care therefore do not contain principles for service provision but are more procedural in nature. These 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.

4.7. Case Law

1. Where injustices to children occur, either because the statute or common law fail to comprehensively protect the rights of children, these may be taken to South Africa's higher courts for adjudication. The results of adjudication processes and decisions have force of law, and statute law reform may develop from these decisions. Higher courts have therefore handed down judgements that do impact on policies relating to family and alternate care. For example, the Gauteng High Court handed down a judgement to the Department of Social Development that foster care grants shall continue to be paid, despite a failure to timeously write reports on the foster placement to enable the continuation of the FCG. The Court also placed a responsibility on the DSD to develop a legal remedy to ensure that the backlog of reports would be dealt with.

5.7 GAPS: LAW AND POLICY ON ALTERNATIVE CARE

Respondents in the study underpinning this report generally agreed that law and policy relating to alternative care is adequate, with most identifying gaps in budget allocation, coordination of services, training, and implementation.

One of the most pressing gaps is adequate budget allocation. Barberton (2006), who costed the implementation of the Children's Bill 2005, noted the need for careful budgetary and service delivery planning including those services that government considers mandatory. Given the present shortfalls in service delivery linked to both budget and personnel challenges, planning for implementation appears inadequate. Study respondents frequently mentioned this as a major obstacle to comprehensive and effective implementation of the provisions for alternative care.

Coordination of implementation services across sectors is identified as problematic, especially for prevention and early intervention to prevent removal into alternative care. Prevention services require input and coordination from a number of sectors, such as the Departments of Social Development, Basic Education and Higher Education and Training, Health, and NGOs. Children are often moved into alternative care because of abuse or intentional neglect. These constitute crimes against children and therefore they must be reported to the police; they also require examinations by the Department of Health, and where appropriate, prosecution of alleged offenders.

Training of social workers in policy and law (including the use of the forms contained in the Children's Act, regulations, norms and standards, standard operating procedures and their humane application to families and children) is a gap that impedes the implementation of law and policy. Several participants in this study mentioned this, citing **poor supervision, and mentoring** in the workplace and a **lack of focus on continuing professional development** to enable social service professionals to remain in touch with developments in law and policy. An interview noted that "the focus should not be on (further) policy

reform, but how we translate that policy into practice for children."

A glaring gap in the Children's Act in S4 and S5 is the **failure to include the non-government sector** in the provisions that require all sectors to work cooperatively at all levels: national, provincial, district and local. This **failure to be all inclusive** results in children being moved into alternative care where there is a lack of consultation across the sectors to ensure child safety in the child's home. The **failure to remove alleged offenders** from contact with the child and family, ensure that the alleged offender's bail conditions are enforced or even to apply protective bail conditions at times necessitates a child's removal into the alternative care system.

Even at various levels of service provision, where departments such as Social Development have multiple directorates at national and provisional levels, these **'silos' of service provision** prevent integration of services and holistic responses to individual children and families. Thus, the same child may be removed to a child and youth care centre because of abuse at home. One social worker may remove the child and complete the report for the children's court inquiry, another social worker may supervise the foster or child and youth care placement and yet another may provide reconstruction services to the family and child. The child may also have been in conflict with the law and so may have been assessed by yet another social worker. This is obviously a duplication of services, and the child would have confusion about the different roles of each of these social workers and their roles in the various court structures. Inclusion of the NGO sector would facilitate coordination, mutual accountability, and quality assurance in service provision.

Although in theory social security via the child support grant is available for caregivers of children, including biological parents and poverty is not seen as a reason for removing a child into alternative care, the **inadequacy of the child support grant** sometimes necessitates the removal of a child or even creates an inverse incentive for biological parents to pass the care of their children to friends or relatives.

A gap in law relates to children **transitioning from childhood to adulthood.** The Children's Act (S176) provides that children may remain in care until the end of the year in which they turn 18, and an extension of foster care or care in a child and youth care centre may be applied to enable children/young people to remain in care until they have completed their education or until the age of 23. However, this does not appear to be widely used. Furthermore, some alternative caregivers appear to be unaware of this provision in the Children's Act.

There is a need to integrate some **protective mechanisms and forms of abuse** defined in the Domestic Violence Act (2021) into the Children's Act. These include the possibility that children can approach the Children's Court for protection orders, where appropriate, and the inclusion of some forms of abuse such as financial and spiritual abuse. These are forms of abuse that children experience at home and reportedly in some foster placements and child and youth care centres.

5.8 CONCLUDING SUMMARY

What is the scope and content of a child's right to parental care, kinship care and alternative care according to local and international laws and conventions?

South Africa has developed comprehensive law and policy on prevention and early intervention and the alternative care of children in need of care and protection that accord with international laws and conventions. The intention at all levels of law and policy is preventing the removal of children by strengthening families and capacitating parents and caregivers. Even when children are removed from family care or immediate parental care is unavailable, the intention is placement in environments that provide family-like care. However, implementation of law and policy is lacking due to both system constraints and the large numbers of children requiring care and protection, and the systemic ills in society, such as high levels of family violence, community violence and addiction. Until these are addressed and the legally mandated family strengthening, and parental capacitation services are provided, the deinstitutionalisation of children and their return to protective and nurturing family care remains unlikely.

What are the policies that give expression to the implementation of alternative care? Law and policy, although not perfect, is adequate. The gaps appear to be more in the implementation of law and policy.

Prevention and early intervention programmes are particularly neglected interventions and possibly law and policy should define these programmes and activities in greater detail in the Children's Act, regulations and norms and standards.

6. Presentation of informal, alternative care findings

This section of the report presents the findings around informal, alternative care, namely kinship care, its definition, process of care, geographical reach and scope, strengths and challenges and examples of good practice from Africa and the United States of America (USA).

6.1 DESCRIPTION OF KINSHIP CARE

Kinship care like alternative care generally is classified into two basic forms or types: 'formal' and 'informal'. These are expanded on below:

- Formal kinship care: Kinship care is formal if a competent administrative body or judicial authority ordered the placement. Thus, the family is subject to an assessment of its suitability for the child and is entitled to continuous support and monitoring (United Nations, 2009).
- Informal kinship care: Kinship care is informal if the placement is based on a private arrangement initiated by the child, his/her parents (or relatives) or another person without the involvement of any administrative body or judicial authority (United Nations, 2009).

In Africa, kinship care has been traditionally understood and practised as a system of care within the extended family network rather than as an actual alternative to parental care, except with the death of parents. Although kinship care has been practised since time immemorial, particularly in Africa, it is only just beginning to be acknowledged in the child protection framework within the confines of the provision of alternative care for children deprived of parental care (Assim, 2013). This is unlike the position in the United Kingdom, the USA, and other parts of the 'Western' world where kinship care began to be formally regulated and utilised in child welfare policies and practice over two decades ago (Assim, 2013).

Nonetheless, kinship care is the least protected and supported form of alternative care for children deprived of parental care, despite children in kinship care forming the bulk of children in need of alternative care. This section focuses on informal care through kinship care in the South African context.

Kinship care has been practised for many years in South Africa, although it has not been formally regulated within the childcare and protection system. The National Child Care Protection Policy states that numerous social challenges, including HIV and Aids, have impacted significantly on family structures (Department of Social Development, 2019). This policy recognises kinship care of orphans or abandoned children as a valuable and legitimate alternative to parental care. It is recognised as such because it has been shown to support the wellbeing, development, and protection of children in the absence of their parents.

Role of kinship care

During primary data collection, all interviewees confirmed what is in literature that kinship care has been evident in South Africa and the Western Cape and in most cases is informal. One key informant mentioned preferring kinship care to all other forms of alternative care as it gives children the right to have a family.

"It provides children with emotional bonds and attachments which is psychological and emotionally supportive when they are removed from their immediate home." (SSI, key informant)

Another prevalent response from the interviews was that kinship care gives children a sense of belonging, safety, and security. It is also extremely useful because aunts, uncles and grandparents often call child protection to report children at risk.

"I think many parents might realise they are not up to it and families do intervene themselves. A sense of belonging is maintained within the family." (FGD, parents)

While kinship care holds significant opportunities for supporting the survival, development, and protection of orphaned and abandoned children, the policy also recognises that this group of children, as in the case of all children who have lost their parents, are exposed to several risks that make them vulnerable.

Recognition of kinship care caregivers

The National Child Care Policy (Department of Social Development, 2019, p. 55) stipulates that temporary recognition of a kinship care arrangement by the South African Social Security Agency (SASSA) is subject to an administrative or legal procedure during which a caregiver may acquire partial or full parental responsibilities and rights. Kinship carers may apply to court, as provided for in the policy, for an order conferring guardianship.

Kinship caregivers can receive a Child Support Grant. The Child Support Grant is a payment from the government of South Africa to a primary caregiver of a child under the age of 18. The primary caregiver can be a parent, grandparent, or anyone over 16 years old who is the main person responsible for caring for the child (SASSA, 2014). Each primary caregiver may receive a Child Support Grant for up to 6 children who are not their legal or biological children. The value of the basic Child Support Grant is R500 per child per month as of 1 April 2023. The top-up Child Support Grant was brought into effect on 1 June 2022 to assist relatives or primary caregivers to provide the child's basic needs. As a supplement to the standard Child Support Grant, a top-up of R240 is provided. Child Support Grant top-ups of R720 per child per month may only be applied for and received by relatives caring for orphaned children according to the Minister of Social Development (SA News Agency, 2022).

Process of care

Children can enter kinship care for several reasons, depending on the circumstances and the jurisdiction in which they reside (Mabetha, 2021). Common ways through which children enter kinship care include:

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 9: Process of how children enter kinship care

There is no formalised process for how children enter informal kinship care. As mentioned above, it is largely unregulated in South Africa but what can be gathered in literature and from the semi-structured interviews is that children often enter this type of care when a relative steps in to care for a child without formal legal or child welfare intervention, such as when a parent is unable to provide care because of personal reasons. It can also be an extended family member stepping in or members of a geographical location in a village or city to help a child in need because of the common identity shared (Walt, 2018).

One interviewee mentioned that although the Children's Act does not formally define kinship care, the NGO differentiates the definition through statistics:

"For example, (we classify placements as: a) normal foster care, b) foster care with family. This is how many children are in family or non-family foster care. It is about half–half at the moment – if a family does not have money...we place them in foster care." (SSI, NGO)

Geographical location and reach

The World Family Report 2017 estimates that 32% of children under the age of 18 live with neither parent in South Africa. Child Gauge 2018 also showed that almost all children who did not have co resident parents lived with kin, predominantly with grandparents (68%). Kinship care is recognised as an important form of alternative care for children who cannot live with their parents in South Africa, including the Western Cape province. The Department of Social Development in South Africa, along with local child welfare organisations and other stakeholders, have been working to implement and support kinship care arrangements more actively, including providing services and support to kinship caregivers and children in their care.

Quality of services

STRENGTHS

Research has found several strengths of kinship care that are summarised in the diagram below:

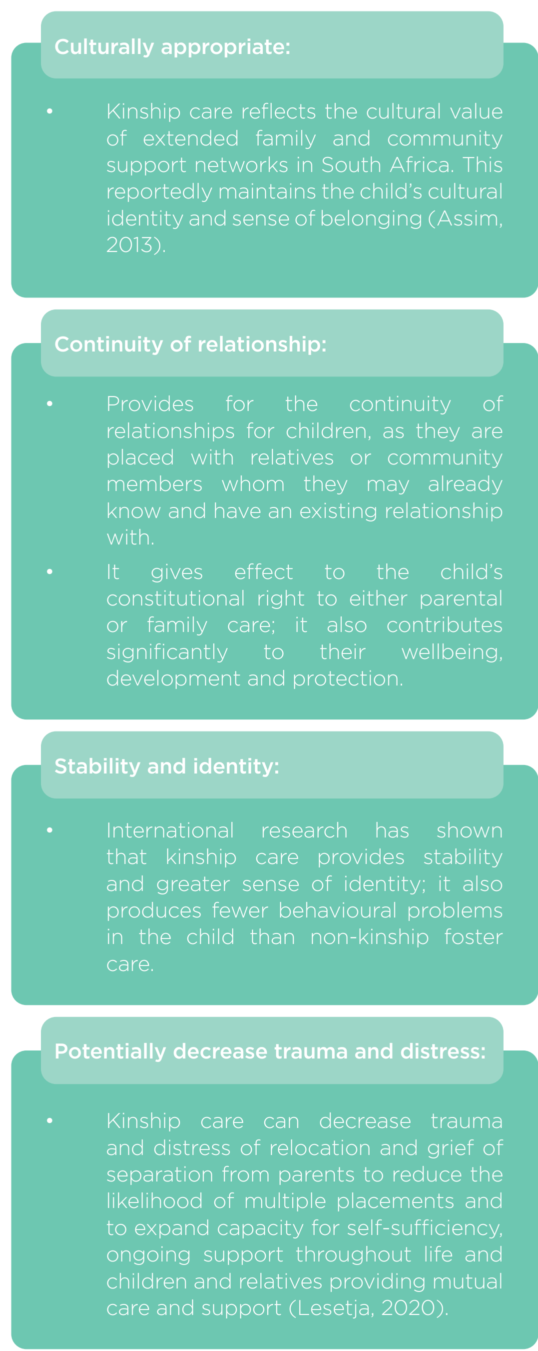


Figure 10: Strengths of kinship care

CHALLENGES

Research has also found several challenges with informal alternative care as summarised below:

Informal alternative care unregulated:

- Children in kinship care tend to be invisible to the state so that their situations cannot be properly monitored or their best interests safeguarded as stipulated in various internation frameworks (e.g. CRC and ACRWC)
- Children in kinship care face the risk of violation of their rights – violations that impact negatively on their proper growth and development (UNICEF, 2011).

Accessing support services:

- Kinship caregivers in South Africa have limited access to financial assistance, healthcare and psychosocial support, which can impact their ability to adequately care for the child (Böning, 2014).

Overwhelm in caring for kin:

- Research has shown that the responsibility for caring for orphaned children often overextends the capacity of families to cope, and consequently, many extended family systems have been completely overwhelmed (Mathebula, 2014).

Poverty:

- Research in the Western Cape has shown that South African kinship foster parents continue to live a life of poverty despite provision of the foster care grant. Kinship caregivers today tend to be impoverished, often older and less educated, and may themselves be subject to deteriorating health conditions (Walt, 2018) .

Figure 11: Challenges of kinship care

Gaps in kinship care

Inadequate tracking and monitoring of children in kinship care arrangements: There is limited data and research on kinship care in South Africa, which makes it challenging to fully understand the experiences and outcomes of children and caregivers in kinship care arrangements (Heyman, 2016). Kinship care often exists without a system to track and monitor arrangements, so most information is produced piecemeal by location-specific research. Even when data is available, it is often inconsistent and organised according to different criteria, so the total number and percentage of children in alternative care, more specifically in informal care, are difficult to estimate.

Standardised guidelines or regulations for kinship care: There may be variability in the quality of care provided in kinship care arrangements as South Africa has no standardised guidelines or regulations for kinship care, and the quality of care may depend on the individual caregiver's circumstances. However, under the Children's Act, children in kinship foster care are entitled to child support grants regardless of their blood relationship with the foster parent(s). According to UNICEF (2011), policy development regarding kinship care happens through National Plans of Action or orphans and vulnerable children (OVC) frameworks. However, further research is needed to identify policies more thoroughly.

Post-care support: Literature shows reveals limited post-care support for children who transition out of kinship care arrangements, such as when they age out of the system or when the kinship caregiver is no longer able to provide care. This can create challenges for children as they transition to independence (Zimudzi, 2022; Hall,

2012). For Zimudzi (2022), there is a need to develop a standardised model to help social workers render effective services as they prepare children leaving kinship care to become independent young adults. Various challenges adolescents face leaving kinship care highlighted in his study (Zimudzi, 2022) include low levels of employment security and high risk of poverty leading to vulnerability, stigma, and social and psychological challenges.

There is a need to equip them with life skills beyond education itself to ensure they are prepared for adulthood and real-life experiences without support from kinship parents.

It is important to note that the strengths, challenges, and gaps in kinship care in South Africa may vary depending on the specific context, cultural practices and socioeconomic conditions of the families and communities involved. Further research and evaluation with larger sample sizes can help to better understand the nuances of kinship care in South Africa and the Western Cape. This can inform policies and interventions to better support children and caregivers in alternative care arrangements.

6.2 EXAMPLES OF GOOD PRACTICE FOR KINSHIP CARE

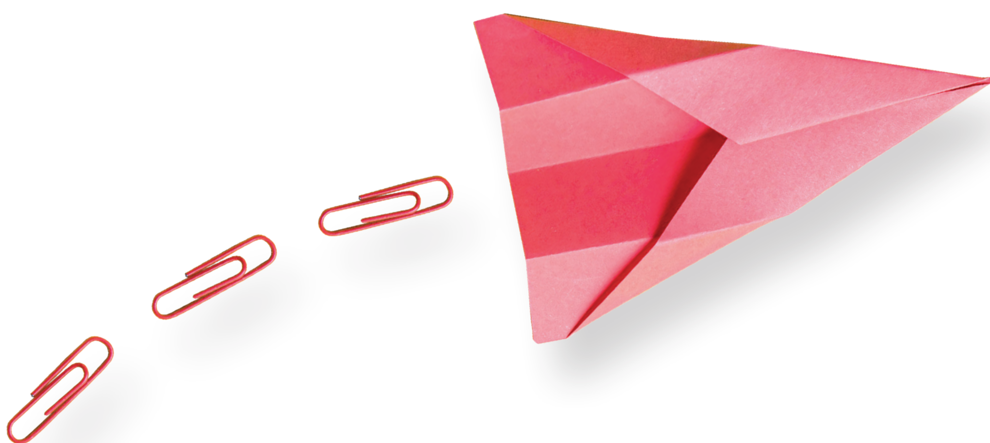
- South Africa policy: South Africa has produced many policy papers and strategies on childcare, protection, and formal alternative care (Strydom, 2020). Most areas of personal social services for children seem covered in a rights-based and responsive manner. However, no policy or guideline covers informal alternative care by extensively providing a set of established policies or guidelines.
- Ethiopia's Civil Code (Art. 207 has a default guardianship provision in the event of a child being orphaned and a legal guardian not being specifically appointed by one of the parents. The order of a legal duty to care for the child goes, in order, to the paternal grandfather, paternal grandmother, the eldest paternal uncle or aunt, then the maternal uncle or aunt and finally to the youngest great-uncle or great-aunt of the child. Interestingly, all women and persons aged 65 or older are exempted from accepting such default guardianship appointments, which has implications for children in the care of their female relatives and elderly grandparents (Ande, 2020).
- Uganda Chapter 59 of the Children's Act: Under the Act, parental responsibility may be passed on to relatives of either parent, by way of a care order to the warden of an approved home or to a foster parent (Section 6). In practical terms, the person providing foster care has the legal duty to care for the child, unless someone else or another entity has been ordered by the court.
- The Constitution of Namibia, in Article 14: Article 14 recognises the family as the natural and fundamental unit of society, and it is entitled to assistance. Article 15 provides that children have the right to know and be cared for by their parents. It also provides them with protection from hazardous work or work that excludes them from attending school. The proposed draft law, the Childcare and Protection Act, outlines the process of formalising foster care, but it does not address whether all

informal care arrangements should be converted to formal cases or if informal care arrangements will be afforded any of the benefits of the formal care arrangements.

- United States Child Welfare Act (ICWA, 1978): Under the ICWA the placement priorities are almost identical to those enumerated in Australian law regarding indigenous children (UNICEF, 2011). For all other children in the USA (including all other racial and ethnic minorities), the Adoption and Safe Families Act of 1997 prioritises kin placement over non-kin placements. Subsidies for kin foster carers vary state by state, as are approval criteria for placement. However, under the Fostering Connections to Success and Increasing Adoptions Act of 2008, kinship care and adoptions receive guaranteed subsidies, although the amounts can still vary between states (United Nations, 2009).

6.3 CONCLUDING SUMMARY

In conclusion, no country has a separate set of laws regarding informal care and no country reviewed above completely meets the requirements of the recommended framework for informal care under the UN Guidelines. Namibia's proposed Childcare and Protection Bill covers most of the UN Guidelines and some additional features. From the above and in literature, it can be said the South Africa does not have clear policies or guideline that monitor informal alternative care, but it has done some work to protect informal care as seen in the examples above. It is imperative that more reliable evidence is produced in this area. A recommendation would be longitudinal and controlled studies conducted on a large scale would inform us of the long-term advantages and disadvantages of the various types of care.



7. Presentation of formal alternative care findings

The following study questions are covered in this section of the report:

- What alternative care modalities exist in South Africa and the Western Cape and how do they compare to alternative care arrangements in other comparable parts of the world?
- What approaches are used to ensure that children are prevented from entering alternative care except as a last resort?
- What is known about state (national and provincial) support to families so that caregiver capacities are built?

This section of the report presents the findings for formal alternative care. It starts by describing the continuum of childcare and protection services and the process of care which includes the development and implementation of care plans and approaches to preventing alternative care except as a last resort. It then deals with each type of alternative care, namely prevention and early intervention, temporary safe care, foster and cluster foster care and child and youth care centres. Findings on reunification services and children most vulnerable in alternative care are also dealt with followed by a presentation of the primary data collected around how care arrangements in South Africa compare with other parts of the world.

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 available for all children and families at-risk, including prevention, early intervention, and protective interventions. This is known as the continuum of care as summarised in the diagram below.

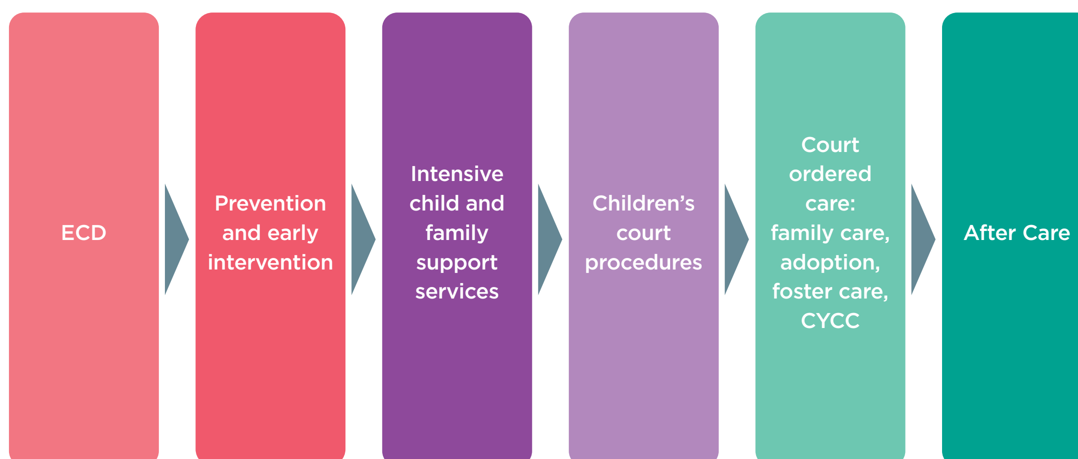


Figure 12: Continuum of childcare and protection services (Department of Social Development, 2019)

This section presents the findings from the literature review related to prevention, early intervention and court-ordered or alternative care. It also includes discussions on children's court procedures and after care. Early childhood development (ECD) is not covered in this literature review.

7.1.1 Process of care

The children's court is responsible for deciding whether a child needs care and protection and the most suitable early intervention programme required or alternative care placement. This process is governed by the Children's Act and is summarised below.

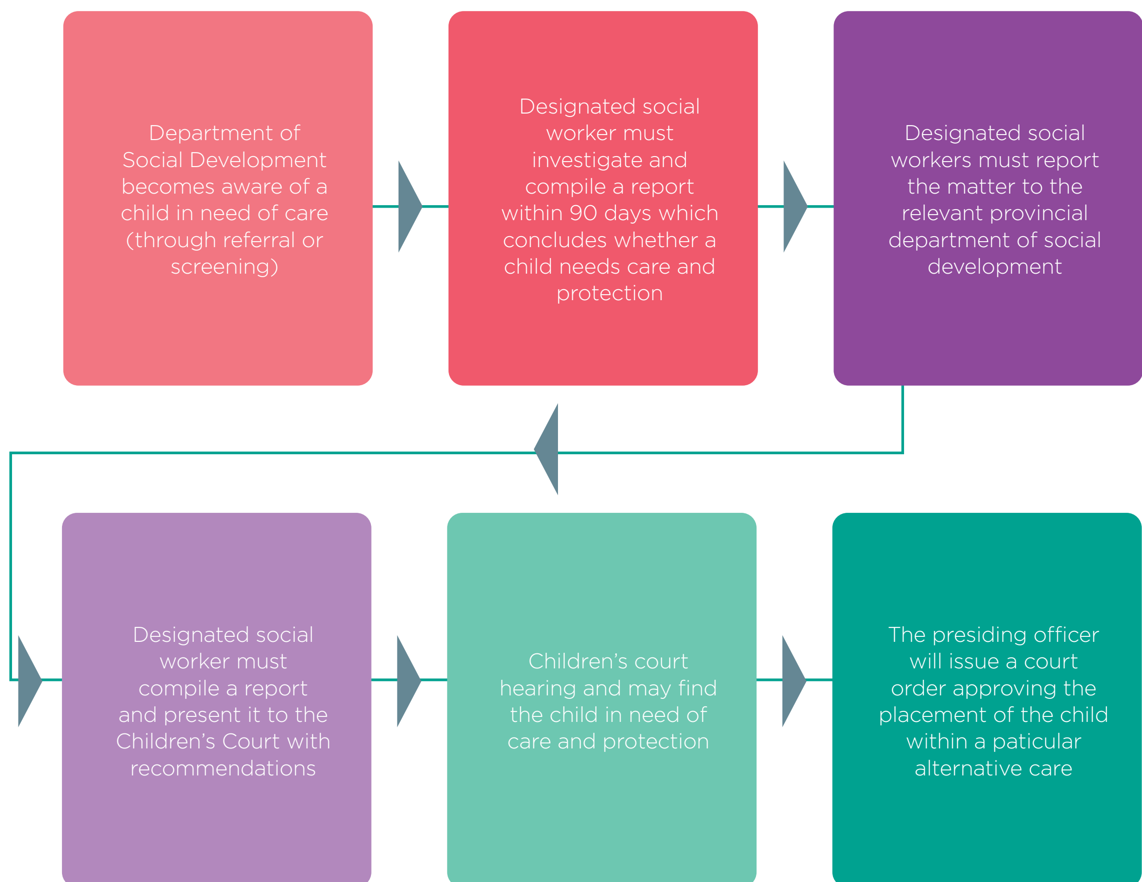


Figure 13: Children's Court process

The decision to place a child in alternative care should be based on a comprehensive risk assessment by a social worker which concludes whether children should remain in their home with supportive services or be removed and placed in alternative care, and why it is in the best interests of the child to be placed in the suggested form of alternative care (Department of Social Development, 2019). The ongoing risk assessment process is summarised in Figure 15 below (Department of Social Development & UNICEF, 2012) (TLC Children's Home, 2021).

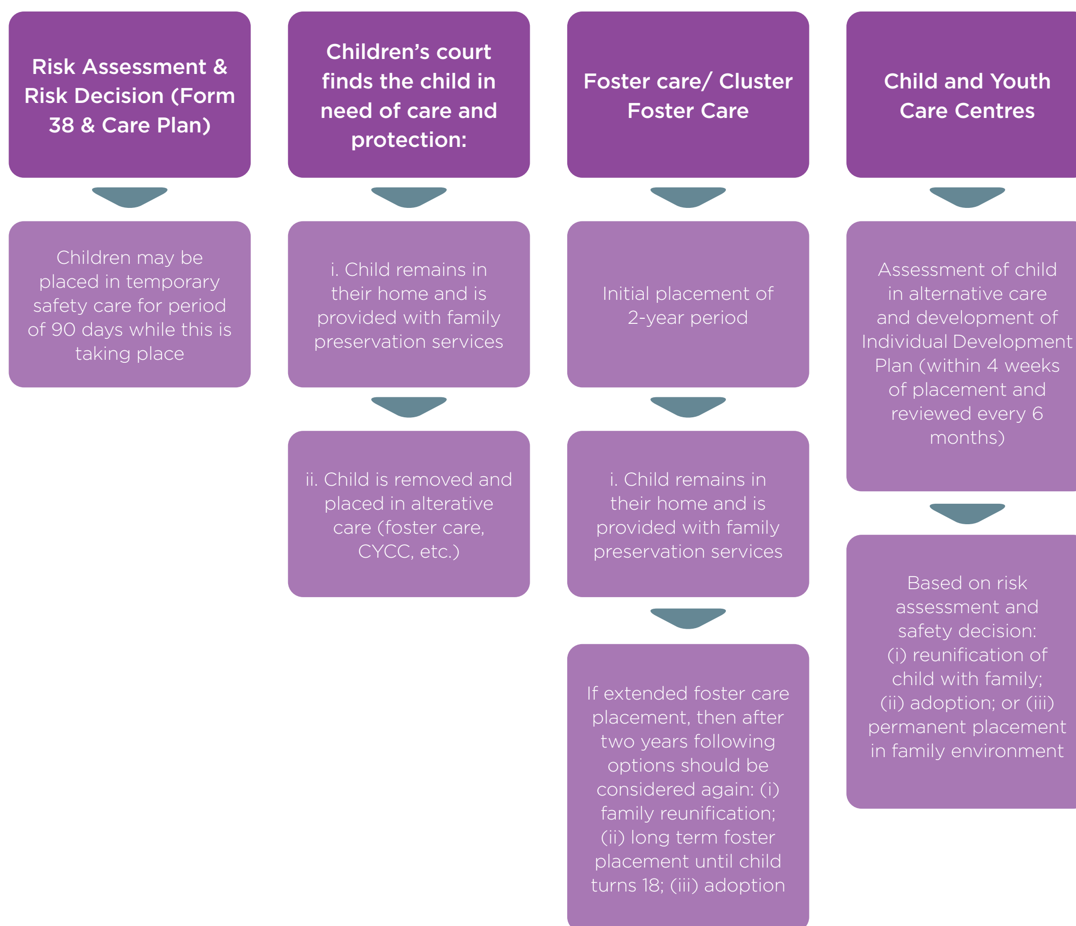


Figure 14: Assessment of child in need of alternative care

Unique considerations or processes of care that should be followed within specific alternative care arrangements are expanded on in Sections 7.2.1, 7.3.1, 7.4.1 and 7.5.1.

7.1.2 Development and implementation of care plans

As noted above, 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.

Limited, up-to-date information is available on the extent to which are care plans are being developed and implemented, with the last study on this topic being conducted in 2012 (Department of Social Development and UNICEF, 2012b) where it was found that written care plans existed for only 60% of the children in CYCCs.

Most respondents said that, although care plans are a requirement of the Children's Court order, they are not being properly developed and their quality is often questionable, despite the Children's Act having clear guidelines, norms and standards and forms.

Furthermore, it was generally felt that care plans are not being properly implemented. As one respondent explained: "the plans look beautiful on paper but not put into practice" and while most plans are renewed every 2 years (as a tick box exercise), they are not properly reviewed or revised.

The main reasons for social workers not implementing care plans properly include high caseloads – social workers have a caseload of 200 instead of 60 – and inadequate practical skills. Here it was mentioned that most universities do not include practical training on child protection and statutory social work in their curricula. This responsibility typically falls on designated child protection organisations such as non-profit organisations (NPOs), which often recruit newly qualified social workers to train and supervise. They end up 'learning on the job', which can be very stressful as the work is difficult and complex for a new social worker with limited work experience:

"One needs to be able to do a proper assessment of the child, it's not just filling in a form or ticking boxes but really understanding the needs of a child in distress and developing a unique care plan for each child and that doesn't always happen. It's also very complex because even when we have the skills, we don't always have the resources to provide children we the interventions they need." (SSI, NGO)

The result is burnout and a high turnover rate for social workers, which leads to poor continuity of case management and NPOs having to undertake training of new recruits continuously which is both time consuming and sapping of their limited budgets. It was mentioned that the average lifespan of a social worker is one year, whilst it is 8 months for social auxiliary workers in the NGO sector in the Western Cape. Furthermore, very poor staff to supervisor ratios result in poor monitoring and supervision of care plan implementation:

"If the supervisor does not monitor the implementation it won't happen – it is very important for supervisors to monitor the implementation of the

plans." (SSI, NGO)

It was also mentioned that care plan forms are too complex and confusing with a suggestion to simplify the forms by collapsing them into one form with three sections.

These challenges result in poor quality of care for children in alternative care who are not being kept in contact with their families and are staying too long in the alternative care system:

"Too many children are staying too long in children's homes and childcare centres. Sadly, what happens is because we have social workers who are either overwhelmed or not working according to how they should be, they tend to place children in children's homes and leave them there and then renew the orders every two years, which has been going on since children's homes were invented in this country. Children should not be growing up in institutional care." (SSI, NGO)

This was confirmed by participants in the parents/caregivers FGD who said little work is being done with the parents of foster children:

"The role of foster carer is to get the family together in the end but there is no work being done with the parent (by social workers) – there is no support for the parents...we have no contact with mother..." (FGD, parents/caregivers)

"Some of the social workers are not allowing contact with the biological parents...now that our middle child is not with us anymore, that foster parent does not allow us to have any contact with her." (FGD, parents/caregivers)

"My children are staying with the foster mother, and I never saw the court order – I am not allowed to go and speak to the children...I have no idea what the court order says." (FGD, parents/caregivers)

The findings of the 2012 study mentioned above also found that half of the children in the CYCCs had not visited their homes over the previous 3 months, while three quarters (75%) did not have visits from family or kin; a similar number did not participate in telephone conversations with family or kin (Department of Social Development and UNICEF, 2012b). As one respondent explained, "the point of alternative care is to keep children safe and help them heal", but this is not happening.

Consideration of needs of fathers

Responses were generally mixed when interviewees were asked about the extent to which fathers' needs are considered when developing care plans. Some said that, despite the Children's Act being amended to recognise father's rights, little consideration is given to fathers when developing care plans, particularly unmarried fathers. As one respondent explained, "fathers are often not included in the whole planning around what is happening to their child".

While respondents shared practical cases of fathers disappearing after an unplanned pregnancy or abandoning their children after divorce, the overall sentiment was that, generally, social workers are making insufficient attempts to trace fathers, particularly if they are unmarried. The only exception is in cases of adoption where they are legally required to be involved and provide permission.

Overall, there is limited data on consideration of fathers in care plans and more research is required to gain more insight into what is happening on the ground.

7.1.3 Approaches to preventing alternative care as a last resort

During the primary data collection, respondents were asked: What approaches are being used to ensure that children are prevented from entering alternative care except as a last resort? Outlined below is a summary of the key themes that emerged.

In general, respondents concur that there needs to be a combination or layering of prevention with early intervention services at all levels across the ecological system and within each level of the system incorporating multiple actors including parents, teachers, social workers, and community volunteers. For example, at the level of the family, parenting programmes should be combined with interventions tackling GBV and substance abuse, although it was mentioned that substance abuse programmes are limited with waiting lists of up to 3 months.

It was proposed that Child and Youth Care Centres become the hubs from which family strengthening services could take place, as this would be an excellent way of trying to reach more children and their families.

In terms of intervention approaches, most respondents said a strengths-based approach is being applied where the focus is on working with the strengths of children and their families rather than working from a deficit approach. This is part of social worker training. A non-punitive approach is also required to support behaviour change of parents, as one respondent explains:

"Families do not need a social worker that comes along and says if you don't pull up your socks, I'm going to remove your child – this is not a way to motivate people to change their behaviour." (SSI sector expert)

Programmes such as Home-Start SA (Home-Start SA, n.d.) offer an alternative, which has volunteers doing home visits once a week where they support parents/caregivers with preparing food, doing the housework, looking after toddlers etc. The model has a good track record in many countries and, for example, has improved children's nutrition levels in Uganda.

Several respondents said that community-based early intervention services should be included as a critical layer of the service package. It could include, for example, drop-in centres where children can visit a centre in their community or Safe Parks (NACCW, n.d.) where hundreds of children can play after school and have access to CYCWs in the afternoons to do homework, supervision, and a meal. This protects children against being on the street or asking strangers for food. Another option is to provide short-term residential care or weekend programmes for children struggling with care and supervision at weekends when they are inadequately supervised by their parents.

Family strengthening programmes are another intervention aimed at preventing alternative care. A Mapping Study of Family Strengthening Programmes (FSPs) in the Western Cape, (Office of the Premier, 2022) has recently been conducted and FSPs are defined as all programmes aimed at strengthening the relationship between a primary

caregiver and a child to reduce family and community violence. In terms of programme typology, the focus of programmes delivered by most surveyed organisations is to support parents and other primary caregivers with parenting skills to strengthen the family unit, parental and family resilience and self-sufficiency. These are typically delivered at four stages of the life of a child: Support to mothers to strengthen the bond with her baby in the first 6 to 12 months of a child's life (typically as part of a "First Thousand Days" package of support); support to parents and primary caregivers of toddlers up to the age of 6; support to parents and primary caregivers of young children (aged 6 to 10) and support to parents, primary caregivers and their children when the latter are teenagers. The common delivery method used by surveyed organisations is a programme delivered over several sessions in group settings attended by primary caregivers. Support during the first thousand days of a child's life usually take the form of home visits. Despite these promising and innovative interventions, most respondents are of the opinion that insufficient family strengthening services are available to meet demand and emphasis remains on statutory interventions.

There are several reasons for this shortage of service with the most frequently mentioned being the closure of organisations providing such services due to funding cuts, which means less of the early intervention work is being done. The absence of such programmes means that many children are being placed in informal care settings.

This was confirmed by the Mapping Study of Family Strengthening Programmes in the Western Cape, (Office of the Premier, 2022) it was found that funding sources varied greatly across surveyed organisations. Importantly, only 10% of surveyed organisations managed to rely solely on DSD funding, but 80% of organisations relied at least in part on DSD funding. This means that DSD funding is essential for FSPs but is largely insufficient to ensure sustainability or deliver quality evidence-informed parenting programmes.

All study participants raised the issue of funding for the designated child protection NGOs or NPOs providing the bulk of services. These organisations provide 55% of all child protection services but they receive subsidies from provincial DSDs, which amounts to 42% of the funding provided to government offices rendering the same services. Furthermore, the subsidies received have remained at the same level for the past 5 years. Because of rising costs and inflation, this means a cut in real terms of 20–25%. As a result, NGOs/NPOs find it difficult to retain staff. The big gap between government and NGO salaries means a high turnover rate leading to loss of expertise, institutional knowledge, and community relationships (Western Cape Child Protection Alliance, 2023).

"Our biggest funder is social development and there has been no inflationary increase in the last four years, so the funding is stagnant, but the costs have increased. It's a huge challenge to fundraise for services, a lot of funders do not want to fund services, but they want to fund activities and you cannot implement activities without people. The nature of our work is that we offer services to people with professional staff and that does affect staff morale and makes it hard to retain professionals because salaries are not great, but our staff need to survive as well. I think the gap is that it becomes

overwhelming, we need more financial and human resources to reach more children and earlier." (SSI, NGO)

7.2 PREVENTION AND EARLY INTERVENTION PROGRAMMES AND SERVICES

7.2.1. Description and availability of services

Objective of prevention and early intervention programmes and services

The National Child Care and Protection Policy (2019) indicates that one of the key objectives of a child care and protection system is 'to systematically reduce the number of children in need of care and protection by prioritising the provision of universal promotive services for all families and parents and by focusing on providing targeted prevention and early intervention services for vulnerable children and in so doing build the resilience of the family and enable their continued provision of responsive and nurturing care' (Department of Social Development, 2019, p. 74).

The Western Cape Government Prevention and Early Intervention Strategy (2021) introduces the concept of The Pyramid Reversal. The concept is that by strengthening prevention and early intervention (PEI) services or interventions, child protection is gradually strengthened, and therefore the demand for statutory interventions should be reduced (see Figure 16).

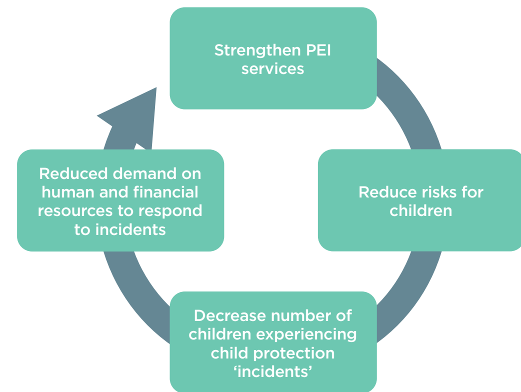


Figure 15: The Pyramid Reversal

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.

Package of essential PEI services

The National Child Care and Protection Policy (2019) stipulates that the targeted services should include PEI services to build the 'resilience' of the caregiver and child and minimise the risks to a child's survival, protection, and development. The intention is for families, caregivers, and children to have access to a package of essential PEI services and to ensure that all services should be sensitive to age, developmental stage, unique needs, disability, and gender.

The Western Cape Government Prevention and Early Intervention Strategy (2021) highlights a core package of seven service areas that include key evidence-based interventions to support holistic development of the child. These are summarised in Figure 17 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 communityt	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 which promote the social, emotional, and psychological well-being of individuals, families and communities contribute to mental health and emotional well-being in adulthood

Figure 16: Summary of core basket of services from Western Cape Government PEI Strategy (2021)

Process of care

The National Child Care and Protection Policy (2019) stipulates home and community-based services which provide prevention and early intervention services should follow a general process captured in Figure 18 below.

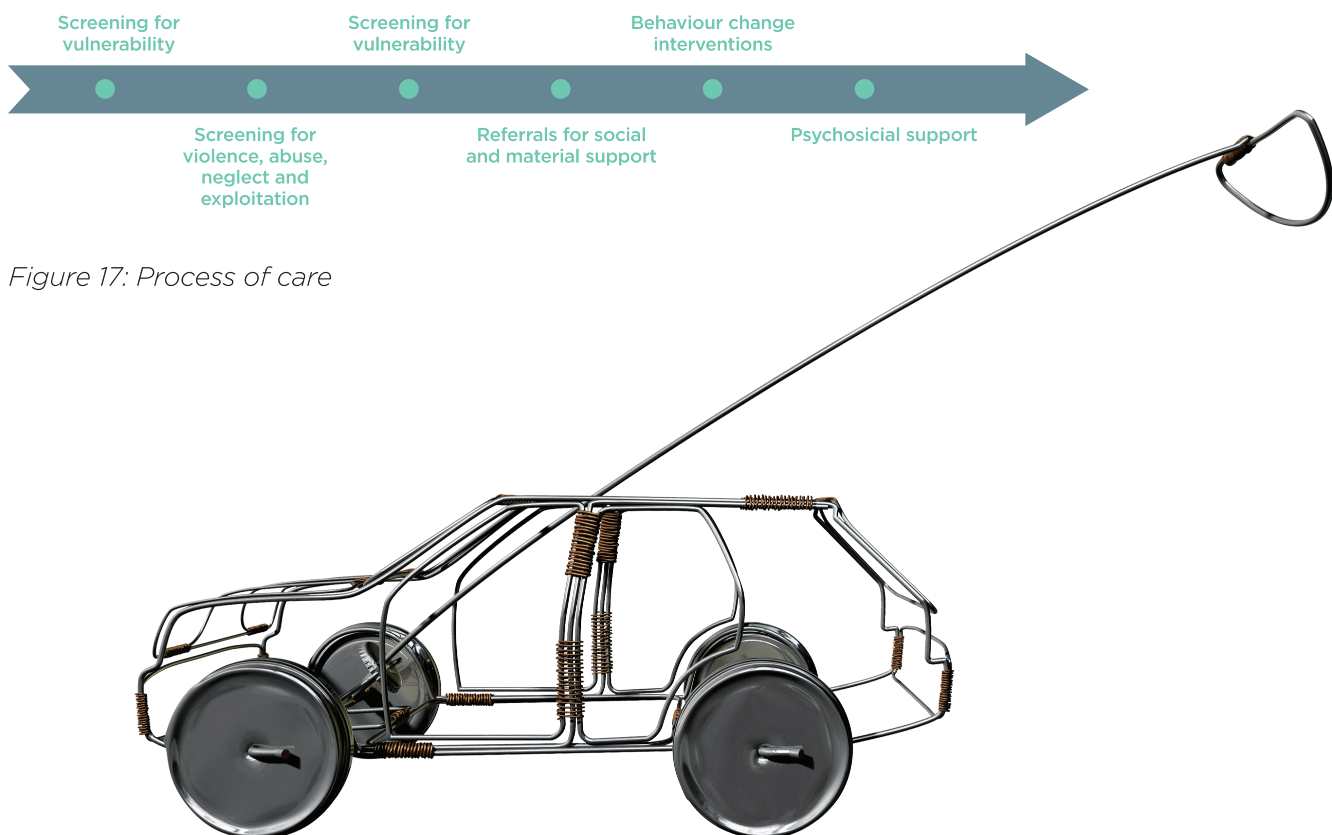


Figure 17: Process of care

Who implements these services?

The National Child Care and Protection Policy (Department of Social Development, 2019) indicates a 'life-course approach' meaning that children should have access or be provided with a range of PEI services throughout their life-course through a combination of ECD programmes and community and home-based services.

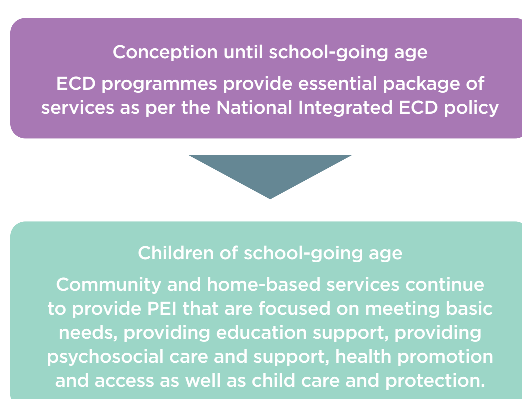


Figure 18: Life-course approach to PEI services

The Western Cape Government Prevention and Early Intervention Strategy (2021) highlights that co-ordinated, integrated interventions are crucial to effectively build resilience in households. This includes the following stakeholders:

- Department of Health offers a comprehensive first 1 000 days programmes to mothers and caregivers at risk.
- Western Cape Education Department has a strategy to positively impact the effectiveness of its staff, educators and ultimately learners. The department launched several programmes including the Positive Behaviour Programme, a strength -based approached aimed at disciplining and guiding children and youths. The Safe School Programme works in collaboration with schools to foster a safe environment conducive to learning and teaching. This is a multi-stakeholder programme including different departments including the South African Police Services (SAPS), Department of Police Oversight and Community Safety, Department of Social Development, and the City of Cape Town's Law Enforcement division. The programme offers programmes such as occupational health and safety training, substance abuse prevention, anti-bullying programmes, youth development, trauma support and conflict management.
- Western Cape Departments of Cultural Affairs and Sport works with various partners to increase support to youth at risk. The department offers the MOD programme – The Mass participation, Opportunity, and access; Development & Growth programme is an after-school programme for youths with fun, play-based and modified recreation, and sports activities. The After School Game Changer programmes provide safe and quality after school community activities aimed at improving learner outcomes, reduce school dropout rates and risky behaviour. The Year Beyond programme is a collaborative partnership between government and NGOs aimed at improving educational outcomes and instil a culture of volunteerism.
- Western Cape Department of Social Development will lead interventions aimed at supporting families at risk to use alternatives to violence, reduce substance/alcohol abuse

and address GBV through evidence-based parenting programmes and other interventions. The department offers a wide ranges of psychosocial support programmes for substance abuse interventions, the Child Care and Protection programme, Youth Development Programme, and the Targeted Feeding Programme.

The Western Cape Department of Social Development renders social services through an extensive network made up of six regional offices, 45 local offices, and 115 NPO parents who render child protection services. Funding is a challenge as the DSD's budget remains constrained by the demand for services, which is reportedly increasing (this is expanded on in Challenges and gaps in PEI service delivery below) (Corrie, 2021).

Examples were given of these evidence-based interventions during the primary data collection. For example, there are various family preservation programmes such as Thumbs-Up, early, unintended pregnancy programme, fathers' programme, programme for child-headed households, HIV-Aids programme and the one-stop shop programme for children at risk.

Six staff members from NGOs were interviewed in the study who described their PEI services. Some of them focus on providing a safe space for children during the day by offering early childhood development[8] , day-care and after-care programme, and reading and writing groups. Others focus on therapeutic care for children at risk. Some focus on the parents and offer positive parenting programmes or how to nurture your child for women with unintended pregnancies.

[8] *It should be noted that NGOs who are registered as an ECD centre get subsidy from the DBE.*

Isibindi model

To scale up community-based PEI services for vulnerable children across the country, the Department of Social Development partnered with the National Association of Child Care Workers (NACCW) to scale up a 5-year intervention known as Isibindi. The model deploys trained community based CYCWs to provide development support to vulnerable families and children in their homes. The model focuses on family strengthening and family preservation, a key focus of PEI services. The model is implemented through 335 NGO partners at 367 sites (as of March 2019). It is unclear from the literature how many of these sites are in the Western Cape. The Isibindi model has a strong evidence base for improved positive outcomes for children (this is expanded on in section 6.2.2 below) (Department of Social Development, 2019).

Isibindi Ezikolweni

To prevent school dropouts, this programme ensures that CYCWs who are placed at schools provide supervision and work for children experiencing difficulties and their families. They provide individual interventions, structured group interventions and whole school activities. The programme is a psycho-social programme, developed by NACCW and the Department of Basic Education (DBE), providing oversight function. The aim is for the DBE to see the value of employing CYCWs and scale up the model.

Isibindi Impilo

The programme aims to address youth, orphans and vulnerable children's need for a stable, healthy, and safe environment and preventing HIV/AIDS. It is an integrated case-management

approach, with 55 child and youth care workers deployed in health facilities and communities to provide services in the Northern and Tygerberg district.

Isibindi Safe Park model

A community service focused on dedicated a place to children to play under the supervision or care and youth workers and receive educational support, they are told traditional stories and celebrate national calendar days - the model is currently adopted in Zambia.

Reach of services

Provincial social development departments are required to develop targets based on a set of standardised performance indicators. The reporting should be based on data collected quarterly from regional offices and subsidised NPOs. Reporting, however, is not always reliable, standardised across provinces or made available to the public. Given this gap in comparable data, UNICEF (2021) conducted an analysis on the estimates of provincial revenue and expenditures. It found that the Western Cape reaches roughly 7% of families through family preservation services – close to the national average (see Figure 20). Information on the number of children reached through community-based PEI services was unavailable for the Western Cape (UNICEF, 2021).

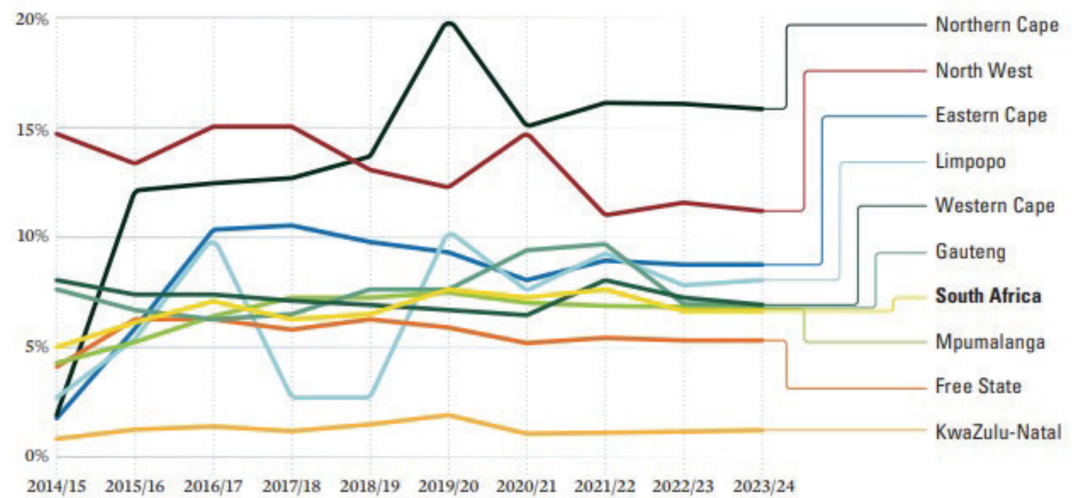


Figure 19: Families/members participating in family preservation services (UNICEF, 2021)

In the interviews for this study, the Western Cape Department of Social Development reported that in the 2022/2023 2021/2022 year, 19 428 20160 families in the Western Cape participated in family preservation and support programme. Of these, 3 339 3230parents participate in parent education programmes. Children in after-school programme for the same period is 10 500 while 16 000 children were supported in community services programmes.

7.2.2. Quality of services

This section reports on the quality of early and prevention services, specifically looking at the strengths and challenges/ gaps in service delivery.

Strengths in service delivery

Little is known about the strengths of the PEI programmes in South Africa generally, largely due to limited monitoring and evaluation of government led interventions. However, the Isibindi model has been evaluated and the results may be like other interventions. The Isibindi model's key strength is its design – it is innovative, it effectively provides support services to vulnerable children, and it is cost-effective and therefore sustainable and replicable (Visser, et al., 2012). Other strengths of the Isibindi model, as an example of the PEI services in South Africa, are professionalisation of the CYCWs, a holistic approach centred on family preservation and strengthening of linkages between communities and government services.

Some of the NGOs interviewed reported prioritising training their staff and their wellbeing as a strength. They acknowledged that staff are underpaid but to compensate, they prioritise their professional development and provide care for them. One organisation also emphasised as a strength that it provides proper supervision support to staff.

The Isibindi Ezikolweni model has been highlighted as a successful model to prevent an unsafe school environment for children.

"We provide life-space support at the life space of the children. We prevent bullying is happening right there at the school as the CYCWs are there and they are supervising the children." (SSI, NGO)

It should be noted that the Western Cape Government has developed a forum for family strengthening including relevant departments, NGOs, and academia.

Building on local and international evidence of what works in reducing violence as well as experience in providing support to families, the WCG seeks to build a pathway to scale up evidence-informed family strengthening programmes (FSPs)[9] in the Western Cape to improve their quality and impact ("the project").

The project is coordinated by the Policy and Strategy Unit at the Department of the Premier, Western Cape Government. A steering committee of representatives from the relevant WCG Departments (Social Development, Health, Education, Community Safety), the City of Cape Town, NGOs implementing FSPs and researchers and academics working on developing, testing, and implementing evidence based FSPs has been established to support the project.

[9] *For the purposes of this project, FSPs are defined as all programmes aimed at strengthening the relationship between a primary caregiver and a child to reduce family and community violence*

This is a forum that could expand further to ensure better prevention and early identification.

The forum has worked together to develop a Draft Strategy on Family Strengthening Programmes to Reduce Violence (2020) which provides a pathway to scale up evidence-based family strengthening programmes (or parenting programmes) in the Western Cape. It builds on international and local evidence of (i) family strengthening programmes that work to reduce violence, of (ii) transversal implementation considerations that are key to the success of violence prevention interventions, and (iii) on local experience and expertise. The Strategy proposes a bottom-up approach to improve the quality and impact of family strengthening programmes as part of a broader approach to reduce violence. It proposes to do so through better use of evidence, data, and an area-based approach, in line with the approach of the Safety Priority of the Western Cape Recovery Plan.

Challenges and gaps in PEI service delivery

This section presents the key gaps and challenges in PEI service delivery.

Limited funding: The budget allocated for childcare and protection is inadequate and "is significantly lower than even the most conservative costing estimates" (Department of Social Development, 2019, p. 49). At a national level, it is estimated that in 2016, PEI services amounted to less than 1% of the consolidated DSD budget (Department of Social Development, 2019). Over the period of the 2014 financial year to the 2023 financial year, provincial departments across South Africa allocated between 5% and 11% of the children and family's budget to community-based care services, but differences among provinces are vast (UNICEF, 2021).

Limited funding was repeated numerous times as a challenge and gap in PEI service delivery. All NGOs interviewed concurred that there is shrinking funding for NGOs providing PEI services and some NGOs had to close their programmes in certain areas.

"James House in Hout Bay provided a specialist programme to reduce anti-social and criminal behaviour. It emphasised intersecting, interconnected and supporting community-based programmes along their own continuum of care. Unfortunately, this specialist programme was too expensive and closed down." (SSI, sector expert)

Reach and scope of services: 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. There is a need to scale up community-based PEI programmes, which requires increased allocation of resources, improved evidence-based planning, and systems strengthening (Department of Social Development, 2019). This was confirmed during the primary data collection in this study where a government official/WCCC staff recorded that they are not doing enough on PEI, while parents and caregivers expressed a need for more services in PEI.

"Parents need a learning programme before the children are just removed." (FGD, parents and caregivers)

"The psychological and emotional strain for children – parents are feeling the same kind of stress and they also need to be supported." (FGD, parents and caregivers)

Another interviewee raised that although there are rehabilitation programmes for substance abuse, the waiting list is long as many places have closed.

Workload and retention of CYCWs: The demand for these types of services means that the human and physical resources are often extended. Given the intensity of the workload and the value of the work, the remuneration is inappropriate (Visser, et al., 2012). This was also repeated by the interviewees in the study. They also mentioned as a challenge that CYCWs need more support to cope with people's challenges.

Social workers' image, retention, and workload: Parents and caregivers in the FGD raised challenges pertaining to the image of the social workers, which prevent parents approaching them for support.

"The social work network needs to be not just for the child. It needs to include parents and foster parents. We all know that they are short of hands and personnel, but the image of the social services needs to be repaired because the image is broken. Why should you be so scared to go and talk to a social worker when you are being abused and you are scared that the social worker will remove your children?" (FGD, parents and caregivers)

Many interviewees said that social workers are underpaid which leads to them leaving the profession or going overseas for a better salary. Many social workers are young and do not stay in their jobs and retention challenges affect the sustainability of the NGOs' programmes.

"Retention of social workers is a big challenge so you cannot have continuity if you keep on losing your social workers. It is constant training and handover." (SSI, NGO)

"The challenge is the new social workers are young in the field. We had a young social worker, and her father is with her all the time as he worries about her." (SSI, NGO)

Community-based programmes: There are numerous awareness prevention programmes but limited community-based programmes to protect children and support families before they get to the stage where a child needs to be removed.

Limited mentoring programmes for adolescents and parents: Interviewees reported limited programmes available to provide a role model figure for adolescents through mentorship as well as mentorship for parents.

Process of care: There is limited early identification and referral of vulnerable children to relevant services and therefore a need for an expanded screening and referral platform and strengthened coordination of delivery of services (Department of Social Development, 2019).

Interdisciplinary consultation: There is no coordination and communication among departments when protecting a child, which can lead to a child being removed from home where it could be avoided.

"There was this case where a child, who was living with her family in an outbuilding on the property, reported that her grandfather was sexually abusing her. The social worker who worked on the child and the immediate family and the prosecutor never communicated with each other. The prosecutor allowed the grandfather out of bail because the child did not live in the same structure as the grandfather. The child did not feel safe, and the social worker removed the child from home into foster care despite

that there was nothing wrong with the parents. The prosecutor, social worker and the police should rather have got together and told the grandfather to move away so that the child could have remained at home with her parents. The child's experienced the removal as very traumatic. Eventually the charges against the grandfather were withdrawn as the child was so distressed about not being able to live at home." (SSI, sector expert)

Exclusion of vulnerable groups: Several vulnerable groups may need more direct targeting and planning; for example, there are limited services or programme for adolescents, children of incarcerated mothers, migrant children, and children in conflict with the law. Furthermore, as there is gap in kinship care, there is a need for comprehensive package of PEI services that are relevant to the context of kinship care (Department of Social Development, 2019).

Children with disabilities: There are limited community-based rehabilitation programmes for children with disabilities and there is a lack of parenting programmes for families and caregivers of children with additional needs, including children with disabilities (Department of Social Development, 2019).

Monitoring and evaluation: Provincial reporting is not always reliable or standardised across provinces, or made available to the public (UNICEF, 2021).

Impact of prevention and early services

There is limited evidence on the impact of PEI services but there is evidence of the benefits the Isibindi model of intervention (Visser, et al., 2012). A formative evaluation of the Isibindi programme that compared young people (over the age of 18) who had benefited from the Isibindi programme to a control group (of comparable youth) found that in many aspects, no difference was identified (education level, physical and psychological wellbeing) between groups, but significant difference was found in self-esteem, problem solving and reporting on family relationships and community support. This provides some evidence of the effectiveness of the model in rolling out the family preservation strategy. Furthermore, Isibindi participants reported significantly less risky behaviour than the control group, including fewer unwanted pregnancies and less frequent reports of alcohol abuse (risk factors for child maltreatment).

7.2.3. Examples of good practice

The Isibindi model has been well captured and the model has received several awards for its innovation and design; it should therefore be considered a local example of good practice. This section highlights other international frameworks or examples found in the literature:

INSPIRE (Strategy for parent and caregiver support)

The World Health Organization, together with other agencies, developed INSPIRE, which is a package of seven strategies for ending VAC. One of the key strategies is parent and caregiver support, and the strategy's objective is to support the parent-child relationship and reduce harsh parenting practices. The strategy suggests two relevant approaches (as well as several example programmes):

- Parenting groups in community settings: where information and skills are shared by nurses, social workers, etc.

- Home visiting programmes: “Information, skills-building, support, and monitoring are delivered by nurses, social workers or trained lay workers through a series of home visits” (World Health Organisation, 2018, p. 130).

Two of the example programmes included in the INSPIRE strategy are highlighted below.

Responsible, Engaged and Loving (REAL) Fathers (Uganda): Research has found promising approaches to addressing the relationship between VAW and VAC. A key approach is to strengthen parenting practices through parenting programmes that emphasise family relationships through improving skills and knowledge and sharing positive parenting practice. The programmes should include content and gender norms, power and GBV. One such example is that of the REAL Fathers programme in Uganda. The programme focuses on men to address gender roles in the family, address conflict resolution skills, and teach positive parenting (Fulu, et al., 2019).

ACT Raising Safe Kids: This intervention focuses on parents and caregivers of children up to the age of 8. It is a group-based prevention programme focused on improving parenting skills and practices. The programme combines various approaches including strength-based and psycho-educational approaches together with interpersonal interaction and educational information. The programme was originally developed by the American Psychological Association but has been adapted and implemented in many South American countries, including Mexico, Brazil, Puerto Rico, and Colombia (World Health Organisation, 2018).

7.2.4 Concluding summary

Well-functioning prevention and early intervention programmes are crucial for avoiding children entering further into the alternative care system. Several programmes implemented by NGOs provide safe spaces or therapeutic interventions for children and there are a number of parenting education and awareness programmes. There are limited mentorship programmes for adolescents and parents and limited community-based programmes. The Isibindi Ezikolweni model’s use of CYCWs in school settings is promising and the Isibindi programme has proved to be effective.

Social workers are underpaid, and their image needs to be repaired to ensure that parents approach them for support. Among the numerous challenges raised, inter-disciplinary consultation needs to be addressed urgently to ensure effective PEI. The Western Cape Government’s forum for family strengthening should be expanded further with the alternative care sector to ensure better PEI. A good starting point here is to build on research conducted with implementers of family strengthening programmes and services in the Western Cape. This research forms part of the pathway to scale up evidence-informed family strengthening programmes (FSPs) that reduce violence in the Western Cape to improve their quality and impact.

7.3 TEMPORARY SAFE CARE

7.3.1 Description and availability of services

Temporary alternative safe care is a measure often used by social workers

and police in extraordinary situations where they believe, with reasonable grounds, that a child is in immediate danger and must be removed from home (Western Cape Government, 2023). It serves as a short-term solution to address the immediate needs of children in crisis, providing them with a safe and secure environment while longer-term arrangements are made. Children may also enter temporary care due to emergency or crisis situations, such as the sudden illness or death of a parent or guardian, a natural disaster, or other unforeseen circumstances (Department of Social Development, 2019).

Process of care – how children enter this type of care

Studies show that children may enter temporary, alternative, safe care for several reasons, as shown in the infographic below:

Immediate danger

- When a child is in immediate danger or at risk of harm due to abuse, neglect or other forms of maltreatment, child protection agencies may intervene and remove the child from their home for their safety.

Temporary placement:

- Temporary alternative safe care may be used as a temporary placement option until a more permanent arrangement can be made.

Law enforcement intervention:

- In cases where law enforcement is involved due to a crisis or emergency, such as domestic violence or a parental arrest, law enforcement officers may then work in collaboration with child protection agencies to place the child in temporary alternative safe care, such as a shelter or temporary foster care (Heyman, 2016).

South African Police Service (SAPS):

- If a child is in immediate danger or facing an emergency, contacting the South African Police Service (SAPS) should be the first step. SAPS can provide assistance in removing the child from the dangerous situation and ensuring their safety.

Figure 20: Reasons for entering temporary alternative safe care

It is important to note that temporary, alternative, safe care is typically meant to be temporary and used on a short-term basis, averaging from overnight to 6 months, pending a formal outcome intervention to ensure the immediate safety and wellbeing of the child (Child Welfare Society, 2023).

Once the emergency is resolved or stabilised, child welfare agencies and other involved professionals work towards determining and implementing the most

appropriate long-term placement option for the child, which may include family reunification, kinship care, adoption, or other forms of permanency planning, based on the child's best interests and the circumstances of the case (Child Welfare Society, 2023).

Who implements these services?

- The Department of Social Development: In South Africa, the DSD is responsible for child protection services, including emergency safe care for children. It can be contacted to report emergencies and request assistance in finding a safe place for the child to stay temporarily.

- Child Protection Organisations: Various registered child protection organisations in South Africa provide temporary safe care for children. These organisations have trained and accredited foster caregivers who can provide temporary care for the child in a safe and nurturing environment (Department of Social Development, 2019).

- Legal procedures: Once the child is in temporary safe care, the DSD initiates the necessary legal procedures to ensure the child's wellbeing and determine the best, long-term placement option. If the child requires medical attention, it should be provided promptly. This may include taking the child to a hospital or a qualified medical professional for assessment and treatment.

- Trauma and emotional support: Children who are placed in temporary safe care may be traumatised and require emotional support. Caregivers should provide a safe and supportive environment; the child may also benefit from counselling or therapy to help cope with their situation.

Research shows limited guidelines on what specific services should be provided in a temporary safe care environment. The Western Cape government has protocols that temporary parents need to follow when a child is placed in their temporary care but limited guidelines for the process a child in temporary care should follow. It is recommended by DSD to seek guidance from the relevant authorities, such as the DSD, for the specific procedures and requirements in emergency situations involving children in South Africa (Western Cape Government, 2023).

How are these services funded?

In South Africa, emergency alternative safe care institutions are funded by a combination of government funding through DSD and other sources of funding, including private funding (e.g., private donations, corporate sponsorships), public funding (NGOs) and international funding (e.g., international aid and development agencies).

It is important to note that funding for temporary alternative safe care institutions in South Africa may vary depending on factors such as government policies, available resources and the specific needs of the institutions and the children in care. Proper financial management and accountability are critical to ensure that the funds are used effectively to provide quality care and support for children in need.

Geographical location and reach

Within a South African context, temporary safe care for child protection situations appears to be greatly lacking. Without a model to guide social workers in these already difficult and challenging situations, this leaves professionals separating children from their families without the proper frameworks for practice. The removal of children from their families is often traumatic and devastating for the children, family, and even social work professionals involved; this situation is further aggravated by the professionals not working from a standardised, evidence-informed, ethically based and theoretically founded practice model.

The easiest way to place a child in need in a place of safety is to call Lifeline (0861 322 322) or Childline (116). Calling either of these numbers gives access to a network of counsellors and social workers who can assess whether a place of safety is necessary and make relevant arrangements. They can also direct a caller to the nearest and most suitable location.

NorSA Community Care (NorSA) is a designated child protection organisation registered by the Department of Social Development Western Cape. It developed a programme to provide temporary safe care for babies in need of care. Most of these babies are available for adoption. According to legislation, they need to be in temporary safe care pending all the legal procedures involved in adoption before they can be placed in the care of adoptive parents.

NorSA screens and monitors individual families who make themselves available to provide temporary safe care for babies. Depending on the individual circumstances of a baby, the period of care can be 2–6 months. NorSA also facilitates the statutory processes involved in placing babies in temporary safe care.

7.3.2 Quality of services

Strengths

- Designated child protection organisations follow a clear statutory procedure when there is a child protection case: a social worker completes a section 110 or form 22 within 24 hours and conducts a safety assessment within 42 hours. If no threats, then the child is referred to PEI services; if the child is removed, the social worker is required to submit a final report to the court within 90 days.

- It was noted frequently that the work of designated NPOs is of good quality – their training and supervision of social workers is solid; their assessments and processes are well established and standardised.

"In the end this is better service and protection for children – it is an ethical and transparent process with clear timelines, and everything is screened by a supervisor to support younger workers when it comes to statutory intervention." (SSI, NGO)

Challenges, gaps in service delivery

Research has found several challenges faced by temporary alternative safe care below:

- Temporary, alternative care programs face challenges in terms of limited resources, including funding, staff, and facilities, which can impact the quality and availability of services provided.
- There is limited or inadequate spread of temporary, safe care facilities.
- Typically designed as a temporary solution, there may be challenges in ensuring continuity of care and support for individuals after their immediate crisis is resolved. This may result in potential disruptions in their care and support, which could impact the long-term wellbeing of the child.
- There is no standard operating procedure for the payment of the Safety Fee although the DSD has developed guidelines stating that the designated safety fee must be paid by the provincial DSD to the safety parent when the child has been placed in their temporary safe care. Temporary safety parents receive a little over R30 per day for every child in their care, which works out to R1020 a month per child which is negligible and barely covers a child's basic needs (Ruiters, 2022).
- Limited research and data are available specifically focused on temporary, safe care in South Africa and the Western Cape (Strydom, 2020) making the scope of this section thin. Conducting further research and evaluations with appropriate sample sizes and considering local context could help identify and address specific strengths, challenges, and gaps in service delivery for temporary, safe care in South Africa.

During the primary data collection, the most frequently mentioned challenge was that there is a shortage of temporary, safe parents available, particularly for older children who are more difficult to place than babies and younger children:

"The challenge is in finding suitable people who are willing to be safety parents – there is a scarcity of proper people to provide this care. In the Western Cape we are lucky they are being paid even though the Children's Act does not allow for funding." (SSI, NGO)

"There is not enough temporary safe care in communities to remove children for a short while." (SSI, NGO)

This is exacerbated by the limited amount paid for such care (see above) and babies require additional costs such as nappies and formula, although DSD said it currently provides funding for an emergency kit including baby food, clothes, and a food voucher.

A study of the DSD's Safety Parent Programme conducted in 2016 found that, despite the large number of safety parents being trained annually by DSD, the number of safety parents active and available to accept emergency placements remains limited (Tully, 2016). The following reasons for the low number of active safety parents were identified: trained safety parents relocate or move around; trained safety parents lose interest in being a safety parent or

take up employment elsewhere; social workers favour using one safety parent above the others; drop out due to late payment of safety fees and some trained safety parents are particularly selective of the terms that they accept for safety children.

The result is that it takes a long time to find a suitable placement for children, so they end up being placed in a CYCC instead of with a family, the most suitable option, particularly if the child is very young:

"The younger the child, the more important it is that the child is placed in a family because children are traumatised by removal even if the parent is bad…the institution (CYCC) is every different from a family who says they will take the child…the opportunities for loving a traumatised child are there for the child compared to an institution where someone might care for ten children (at a time)." (SSI sector expert)

One NGO respondent raised the concern that temporary, safe parents are sometimes not properly vetted resulting in children being abused within the temporary safe care space. This was confirmed in the study on the Safety Parent Programme (Tully, 2016), which reported that, while the vetting must be in-line with the criteria for safety parents set out in the Children's Act, there is no standard operating procedure for recruiting and vetting safety parents.

7.3.3 Examples of good practice

In South Africa, the belief is that once a child is born, he or she is assumed to belong to the whole community, with members of the community sharing the responsibility for providing nurture to the child, especially during times of crisis (UNICEF, 2011). Anecdotal accounts report such arrangements, usually as a temporary measure that sometimes go on permanently. Below are two examples.

Malawi: In the Dedza district of Malawi, a headman of a village was reported to have taken in three orphans under the age of 8, in addition to 10 children of his own. He was reported to have said "I don't have a choice but to take these children under my wing. They lost both their parents, and I can't leave them to roam around the village without parental care" (UNICEF, 2011). Further, this headman said that he took the children in "to set an example for others to do the same". Another example of communities caring for orphaned children is when "queen mothers", wives of traditional leaders take on the care of orphans with the expectation that the children will be incorporated into their own household and families.

Southern Asia: Traditional village leadership of caring for children has also been observed. In Cambodia, village leaders take orphaned children into their households and informally adopt them over time. Monks are currently actively involved in a family preservation project with Save the Children Australia in Cambodia, providing food, educational supplies, hygiene items and other assistance to prevent family disintegration (UNICEF, 2011).

The Western Cape safety Parent Programme is another good practice example. Integral to the Safety Parent Programme, two service providers were contracted to provide services to safety parents in the Western Cape while working closely with the DSD. These mandated organisations received

funding to provide training, mentoring and material aid to safety parents. They were 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 provided services to safety parents in several areas of the Western Cape. One service provider supports five DSD regions while the other supports the remaining one region.

The evaluation of the Safety Parent Programme idented the following best practice model with is made up of four essential components namely Recruitment and Training, Retention and Material Support, Administration and Coordination and Planning as described in the figure below.

Figure 21: Best practice model for Safety Parent

7.3.4 Concluding summary

In conclusion, temporary, safe care serves as a short-term solution to address the immediate needs of children in crisis situations, providing them with a safe environment while longer-term arrangements are made. There are, however, challenges in ensuring continuity of care and the availability of suitable temporary safe parents because of limited resources and funding and a lack of standardised procedures and guidelines for the payment of the Safety Fee. However, good practice, such as the Western Cape Safety Parent Programme and community-based care in other countries, offers examples to learn from and improve the quality and reach of temporary, safe care services in South Africa. Further research and evaluations are necessary to fill the gap in knowledge regarding temporary safe care in South Africa and the Western Cape, enabling a better understanding of its strengths, challenges, and service delivery gaps for improved interventions and support.

7.4 FOSTER CARE AND CLUSTER FOSTER CARE

7.4.1 Description and availability of services

Description and objective of foster care

The National Child Care and Protection Policy (Department of Social Development, 2019) defines foster care as "a form of alternative care in which a children's court places a child in need of care and protection in the care of a person who is not his or her parent or guardian. The placement may be:

- With a person who is not a family member of the child;
- With a family member who is not the parent or guardian of the child; or
- In a registered cluster foster care scheme, the aim of which is to pool resources and provide community-based care to foster children by caregivers" (Department of Social Development, 2019, p. 57).

The objective of foster care is to minimise the potential impact of any harm the child has experienced, strengthen the child's resilience, and ensure the continued development of the child.

Foster care is intended to be a temporary or short-term placement, as parental or family care is emphasised to be the preferred care arrangement. Therefore, foster care should "promote permanency planning towards either, and in the first place, the goal of family reunification, or the goal of connecting children to other safe, nurturing, and long-lasting family relationships" (Department of Social Development, 2019, p. 58).

Cluster foster care schemes are acknowledged as a form of alternative care in the Children's Amendment Act, 41 of 2007, and is defined as "the reception of children into a cluster foster care scheme registered by a provincial department of social development" (Republic of South Africa, 2007, p. 74). Literature shows that while these schemes provide an alternative care model that responds to the high demand of care, the "operationalisation of this care option is still a grey area" (du Toit, et al., 2016).

Basket of core services

When a child is placed in foster care, the child, foster parents, and parents or caregivers to whom the child will return, must have access a range of services, including:

- "Therapeutic services to address emotional and psychological needs;
- Behaviour management;
- Family reunification services with an emphasis on strengthening families;
- Family preservation services;
- Material support in the way of the FCG; subsidised ECD; free education and health care;
- Comprehensive preparation for independent living; and
- Supervision and monitoring of foster placements" (Department of Social Development, 2019, p. 89).

Process of care

The process of a child entering alternative care is discussed in Section 6.1.1. When considering the placement of a child in foster care, however, there are several considerations which are summarised below:

- **Cultural, linguistic, and religious factors:** Before the Children's Court places a child in foster care by court order, a social worker's report must be considered. The report should include a description of the child's background (cultural, religious, linguistic, etc.) and the availability of a willing and able foster care parent (with a similar background to that of the child) (TLC Children's Home, 2021).
- **Reunification of child with biological parent:** If the purpose of foster care is reunification with the child's biological parents, and this is in the best interest of the child, the placement order should include conditions providing for the social worker to facilitate such reunification (TLC Children's Home, 2021).
- **Foster care plan:** A comprehensive foster care plan should form part of the foster care order made by the court. This plan should a include a range of conditions including the rights and responsibilities of the foster parents (Department of Social Development, 2019).
- **Number of children per household:** No more than six children may be placed in foster care with a single person, unless it is a registered cluster foster care scheme, or it is in the best interests of the child.
- **Duration of foster care placement:** Foster care court orders may be for a maximum of 2 years and once that period has terminated, there is a range of possibilities.

Who implements these services?

Department of Social Development: DSD is responsible for providing responsive protective services for children in need of care and protection, including alternative care arrangement and placement, therapeutic programmes and psychosocial services, family reintegration and reunification, and ongoing support to ensure the return of the child to a promotive family environment. While the national DSD is responsible for

developing norms and standards, the provincial department is responsible for implementation (Department of Social Development, 2019).

Social worker: The designated social worker plays a key role in investigating children in need of care and protection, matching children to the appropriate foster parent, developing a report for the Children's Court, facilitating, monitoring the placement, and supporting family reunification if in the best interests of the child. These social workers may form part of the DSD but also may be from NPOs that provide statutory social work services, including ACVV and BADISA (Makoae, et al., 2008).

Children's Courts: The Children's Courts have jurisdiction to make orders related to the care and protection of children, including determining children in need of care and protection, their placement and support that should be provided. The presiding officer takes the lead in all procedures and determines the participation of relevant persons, including the child themselves (Department of Social Development, 2019).

Foster parent: The foster parent is responsible for seeing to the foster child's daily needs and is responsible for day-to-day decisions affecting the care and development of the child in their care. Foster parents are required to use the FCG for the care of the child and use positive parenting practices; they may not use any form of degrading discipline. Foster parents must report to a social worker to provide updates on the areas identified in the individual development or care plan, and must allow contact among the child, social worker, and caregivers (Department of Social Development, 2019).

Reach of the Foster Care system

South Africa has one of the largest foster care programmes in Southern and Eastern Africa. Generally, in the region, children are more commonly in kinship or residential care than foster care (UNICEF, 2022). In 2019, 386 019 children received the FCG in South Africa; 31 872 of these children were in the Western Cape. This figure has steadily grown from 2007 to 2019, showing an increase in the number of foster care placements in the province (see Figure 23) (Children's Institute, 2019). As of June 2022, there were 37 300 children in foster care in the Western Cape (Western Cape Government, 2022).

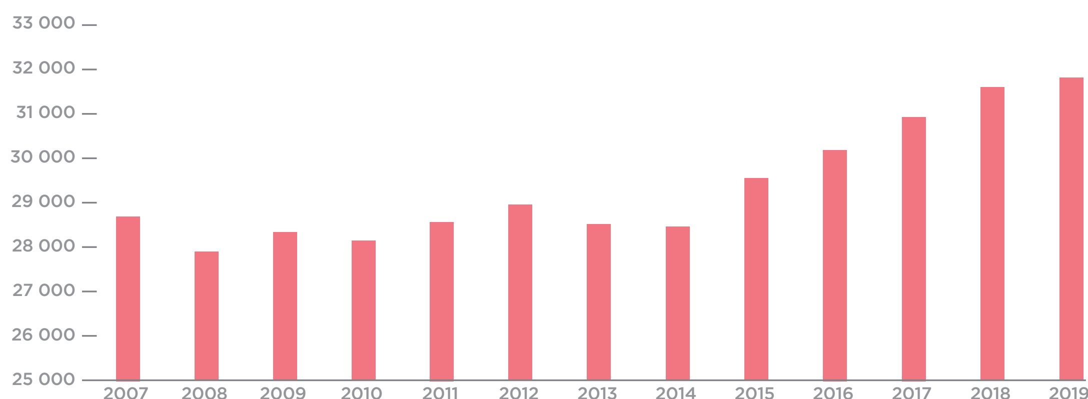


Figure 22: Number of FCGs in the Western Cape (2007–2019) (Children's Institute,

Statistics on the number of children in foster care in the Western Cape provided during the interview with provincial government official is 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

Table 5: Number of children in foster care in the Western Cape 2022/23

7.4.2 Quality of services

Strengths in service delivery

The strength of the foster care system, in its purest form, is that is meets a significant need. Not all children have family members that can suitably care for them, and foster care should provide a good option for children in need of a stable and nurturing environment. Extensive evidence also shows that family-based care is better for children than institutional care, particularly in large-scale institutions that do not promote attachment, which is essential for healthy childhood development. Foster care can also be adapted (short term, long term, include elements of family reunification, etc.) to meet the need of children (UNICEF, 2022). Therefore, when implemented correctly with the necessary support, supervision, etc., foster care should be extremely effective.

This was confirmed during the primary data collection where respondents said that providing a family for care, coupled with the financial support of the FCG, gives the child a sense of belonging they need, (FGD, service providers). One respondent describes the benefits:

"Foster care creates a well-balanced family environment. I have seen many success stories ...It gives a different lease on life for the child and in many cases this links to eventually formal adoption... it is excellent way of getting stability." (SSI, NGO)

The literature provides limited findings on the strengths of the quality of care provided through the foster care system in South Africa and the Western Cape. "South Africa's challenges do not lie in the design of laws but in the management, coordination and implementation of services required by the laws" (Fortune, 2016). This is particularly true in the foster care system which has battled with extensive challenges in the last decade or two. More research is needed on the strengths of the foster care system so that these can be built on to address some of the current significant challenges.

Challenges or gaps in service delivery

Backlog in the foster care system: The backlog in the foster care system is well known. In 2017, a court order from the North Gauteng High Court found that DSD's delays in funding and implementing structures and resources to address the backlog to ensure the effectiveness of the foster care system was unconstitutional and unlawful (Western Cape Government, 2022). The court order has been extended in 2014, 2017, 2019, 2020 and the final in November 2022, which is to expire in November 2023. The Western Cape Department of Social Development developed and implemented the Provincial Foster Care Management Plan which highlights the mechanisms, structures, and resources to mitigate the backlog. From November 2020 to September 2022, the Western Cape set a provincial target of 4 272 cases but resolved only 1 626 cases.

Therefore, while there is progress, it is insufficient to meet the targets and a backlog in the foster care system remains (Portfolio Committee on Social Development, 2022).

High foster care caseloads per social worker: Literature has revealed that the South African foster care system is not coping; social workers neglect foster care children because of high caseloads and limited resources or personnel (including social workers, social auxiliary workers and coordinators). Some have argued that the administrative pressure on social workers to process foster care placements is extensive, leaving little room for supervision services for children in foster care. This can lead to neglect and abuse of children in the system (Masha & Botha, 2021).

This was confirmed as a challenge during interviews where respondents highlighted the need to improve the monitoring of foster care placements; although, as one respondent said, "There are not enough foot soldiers to do this work," (SSI, provincial government/WCCC).

Most respondents spoke about how social workers are unable to visit foster placements regularly enough due to the high caseloads and backlogs in the system:

"Foster care is very important, but I think the challenges and the gaps are those foster care environments are often not supported, a child is placed into foster care, and they see their social worker once every two years when the order has been renewed and that is not good, there needs to be more support." (SSI, NGO)

Inadequate assessment, training, and support for foster parents: Research has shown that foster parents are often inadequately assessed and trained and so do not have the capacity or skill to deal with the challenging behaviour of foster children.

During primary data collection respondents said that getting the right people is also difficult; some become foster parents because they get the grant, so it is a risk for the child to be placed in foster care with somebody whose intention is not really to care for the child but rather to get the money. Literature also points to the need for pre-fostering support programmes that focus on trauma, grief, and parenting skills (Masha & Botha, 2021).

During primary data collection, respondents said that foster parents are supported via parenting programmes and auxiliary social workers visit foster families. However, this appears to vary depending on the organisation providing the service. An NGO respondent explained that, in addition to training, foster parents need support and guidance to give the best kind of care to children because they are taking in vulnerable children who need a lot of support. However, a sector expert said that not much work is being done to support foster parents to improve their quality of care and deal with therapeutic issues – access to psycho-social support is very thin. This was verified during the parent/caregiver FGD where one foster mother described her frustration at receiving no training or support for the children in her care:

"We got no training or no brochure and when they placed the children within a week there was just one visit....and after that there was nothing – no support. When we started having difficulty with middle child who did not fit in there was no help except for the time we

went to the (social worker) office – no help was provided – we could not afford a psychologist for this child." (FGD, parents/caregivers)

Lack of permanency planning: The formal protection services in South Africa lack effective permanency planning for children in the alternative care system. This planning may include individual development plans or care plans for children (Department of Social Development, 2019). Furthermore, there is limited planning for youth beyond the foster care system and the lack of guidelines for service providers on preparing youth for leaving the foster care system contributes to this (Dhludhlu, 2021).

Involvement of children: A key gap in service delivery is the adequate involvement of children in the feedback and decision-making on their care experiences (Department of Social Development, 2019).

Management systems: The formal protection services lack information management, quality assurance and monitoring and evaluation (M&E) systems that can effectively monitor and manage the alternative care system (Department of Social Development, 2019).

Evidence of impact/outcomes for protecting children

Foster care is designed to provide a safe environment that should mitigate some of the negative experiences a child in need of protection may have experienced. However, research has shown that this is not being achieved in the current failing foster care system, which is characterised by limited supervision, family reunification services, psychosocial support services and regularly, long-term foster care.

International research has shown that children in foster care or who have previously been in care have disproportionately high rates of emotional and behaviours disorders, including post-traumatic stress disorder, alcohol abuse and dependency, depression, substance abuse and social phobia. This may be because of their experience which resulted in them being placed in foster care or because of their experiences while in foster care (Pecora, et al., 2009).

A qualitative study conducted in the Free State, which included a sample of social workers, found reports of children experiencing physical neglect, physical abuse, emotional neglect, and abuse, as well as sexual abuse and rape while in foster care. The research identified several factors that contribute to abuse and neglect, including misuse of the FCG, poverty and unemployment of foster parents, inappropriate disciplining of foster children, foster parents' own experience of abuse and foster parents' lack of understanding of foster care and foster care child's needs. The systemic challenges highlighted above further contribute to this (Masha & Botha, 2021).

International research that looked at the consequences of long-term care showed that children in long-term foster care had significant behavioural and emotional problems. Furthermore, children in long-term care face significant barriers that result in low educational attainment, homelessness, and lower employment rates than peers. Furthermore, males who age out of the foster care system were six times more likely than their peers to be convicted of a crime (Walsh & Mattingly, 2011).

In terms of post-care outcomes, a study exploring the experiences of youth when leaving the foster care system in

South Africa found that care-leavers reported several challenges, including unemployment and lack of housing post foster care, substance abuse, engaging in risky sexual activities, early unintended pregnancy and dropping out of school. Care-leavers reported a lack of social support services and relied on peers, siblings, or the educational system (Dhludhlu, 2021).

While there is a need for greater longitudinal research on the impact of the foster care system in South Africa, current evidence points to the foster care system not protecting or promoting the wellbeing of children in need of care.

7.4.3 Examples of good practice

Enabling environment for safe and effective foster care

UNICEF (2022), in its guidelines on Supporting Foster Care, has highlighted key components which that need to be in place to establish an enabling environment for safe and effective foster care (see Figure 24). Reflecting on the challenges identified in the literature, the following are most pressing for the South Africa foster care system:

- Detailed guidance on foster care: Social workers and organisations providing statutory social work services need detailed standard operation procedures on recruiting, training, and supporting foster parents, as well as guidance on managing children in the foster care system.

- A social workforce with the capacity to support foster care: The management and monitoring required in the foster care system is extensive, and therefore sufficient social workers are required. The system should make more strategic use of auxiliary social workers or other types of auxiliary workers to support the system.

- Quality service provision: Service providers need the knowledge, skills, and resources to deliver the services necessary for all steps in the foster care process. NGOs that provide these services need to be closely monitored.

Figure 23: Enabling environment for safe and effective foster care (UNICEF, 2022)

Malaika Mulinzi and IZU in Rwanda

The foster care programme in Rwanda highlights the importance of community engagement and building on local solutions, and the need for foster care. Foster care was first established through an initiative called Malaika Mulinzi (Guardian Angels), which comprised community volunteers who had the task of identifying and supporting vulnerable children. This role was then formalised through a government-led initiative but has largely continued to be seen as a local solution based on the value of shared responsibility for the care of children.

As a result, Inshuti z'Umuryango (IZU – Friends of the Family) was established, where identified community volunteers in each community play a key role in the foster care system, including "helping to identify prospective foster carers, monitor children in foster care, provide ongoing support to foster cares and children, and make referrals to professional social workers were necessary" (UNICEF, 2022, p. 14).

7.4.4 Concluding summary

In conclusion, foster care serves as an important alternative care option for children in need of care and protection, aiming to provide them with a stable and nurturing environment while promoting family reunification or long-lasting family relationships. However, the foster care system faces significant challenges and gaps in service delivery, including a backlog in the system, high caseloads per social worker, inadequate assessment and support for foster parents, lack of permanency planning, insufficient family reunification services, limited involvement of children in decision-making and poor management systems. These challenges contribute to negative outcomes for children in foster care, such as emotional and behavioural problems, low educational attainment and difficulties transitioning out of care. To improve the foster care system, it is crucial to establish an enabling environment with detailed guidance, a sufficient and capable social workforce and quality service provision. Additionally, examples of good practice, such as the Malaika Mulinzi and IZU

initiatives in Rwanda, highlight the importance of community engagement and local solutions in fostering care for vulnerable children.

7.5 CHILD AND YOUTH CARE CENTRES

7.5.1 Description and availability of services

Defining child and youth care centres

The National Child Care and Protection Policy (Department of Social Development, 2019, p. 14) defines a child and youth care centre (CYCC) as "a facility for the provision of court-ordered residential care to more than six children outside the family environment in accordance with a residential care programme suited for the children in the facility".

As this description highlights, the objectives of CYCCs are to provide residential care and, importantly, a therapeutic programme that is tailored or suited to the risks and needs of the child. The CYCCs should provide programmes based on the therapeutic and developmental needs identified in the child's comprehensive assessment, care plan and individual development plan. As with all alternative care arrangements, the intention is to return the child, where possible, to a permanent nurturing parental or family care environment, and therefore ongoing developmental support is essential (Department of Social Development, 2019).

Process of care

The process of a child entering alternative care is discussed in Section 7.1. Placement in a CYCC should consider

the best interests of the child and should be considered a last resort only if other alternative care options are unsuitable. If the court decides this, it should consider the following:

- The needs of the child including developmental, therapeutic, educational, etc.
- Permanency plan for the child and any guidance provided by the court
- Distance of the centre from family or community members
- The safety of the child in the centre (Children's Act, 38 of 2005).

Once the child has been placed in a CYCC or residential care programme, several processes should be followed in terms of the case management of individual children/families. These are summarised below in Figure 25 (South African Council for Social Service Professions, 2020).

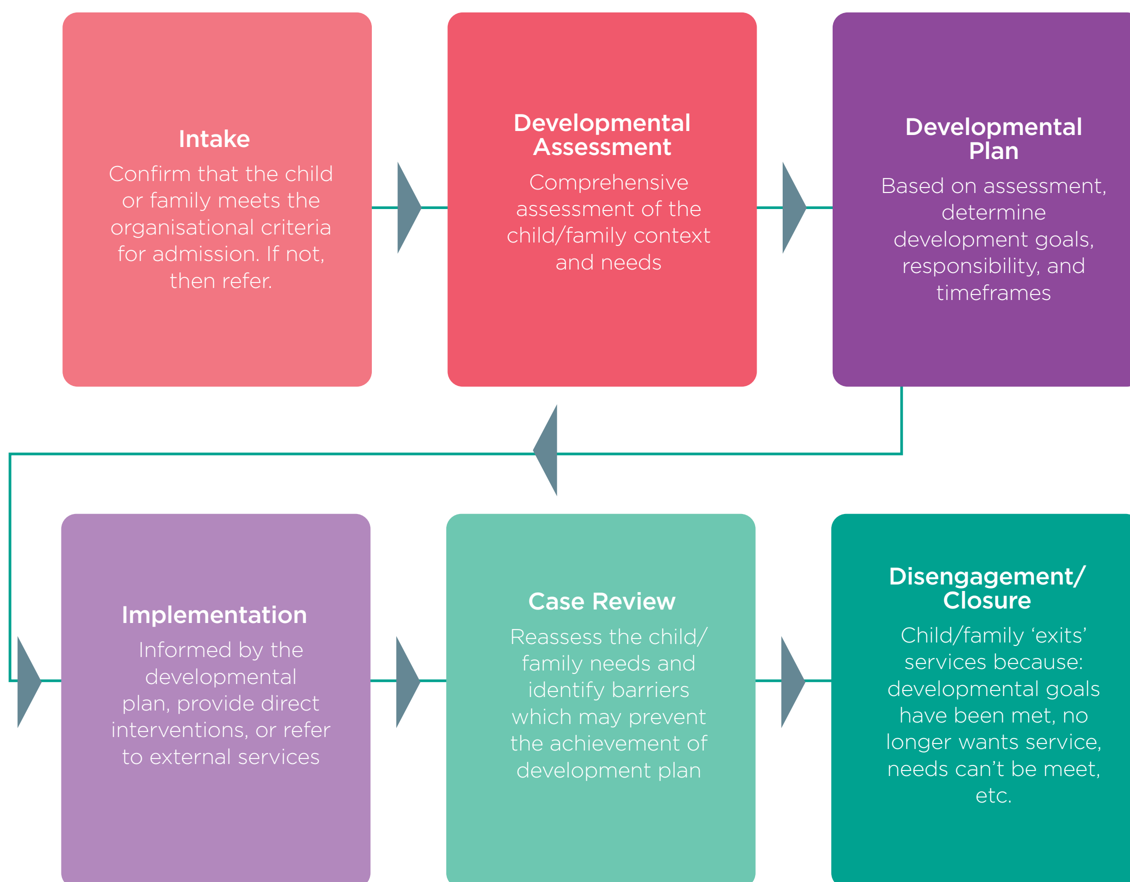


Figure 24: Processes for case management of individuals/families

WHO IMPLEMENTS THESE SERVICES?

Children's Court: The presiding officer in the Children's Court is responsible for making the decision, based on input from the assigned social worker, on whether the child needs care and protection and validate why a CYCC is the best suited option based on the best interests of the child.

Provincial DSD: As per the Children's Act, the provincial head of social development is ultimately responsible for placing the child in a CYCC. The placement of the child must be guided by input from the Children's Court, as described above.

Child and Youth Care Centre: CYCCs must be registered with DSD and should "meet all legally prescribed governance, management, programmatic, structural, health and safety norms and standards. To ensure ongoing quality assurance, every CYCC must regularly undergo and comply with quality assurance assessments after registration. Residential care programmes should be properly resourced, coordinated, managed, and maintained" (Department of Social Development, 2019, p. 91).

Social workers and child and youth care workers: CYCCs should have a multi-disciplinary team that is responsible for the care and support of individual children. This team should include the centre's social workers, who would be the caseworkers for the individual children, CYCWs and other key team members (South African Council for Social Service Professions, 2020).

Geographical location and reach

In 2020, there were an estimated 21,000 children in CYCCs in South Africa (Chimange & Bond, 2020). 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 Western Cape for the year 2022/2023.

7.5.2 Quality of services

This section reports on the quality of CYCCs, specifically looking at the strengths and challenges/gaps in service delivery.

Strengths of service delivery

The Circle of Courage: The South African welfare system has adopted the Circle of Courage as a framework for positive youth development; CYCWs are required to utilise this approach in CYCCs. The Circle of Courage, which is based on resilience and positive psychology, identifies four needs of all children: Belonging, Mastery, Independence, and Generosity (see Figure 26). The idea is that when all four needs are met, children will experience growth and development. It therefore provides a framework to map out the strengths and developmental needs of youth (Brendtro, et al., 2006).

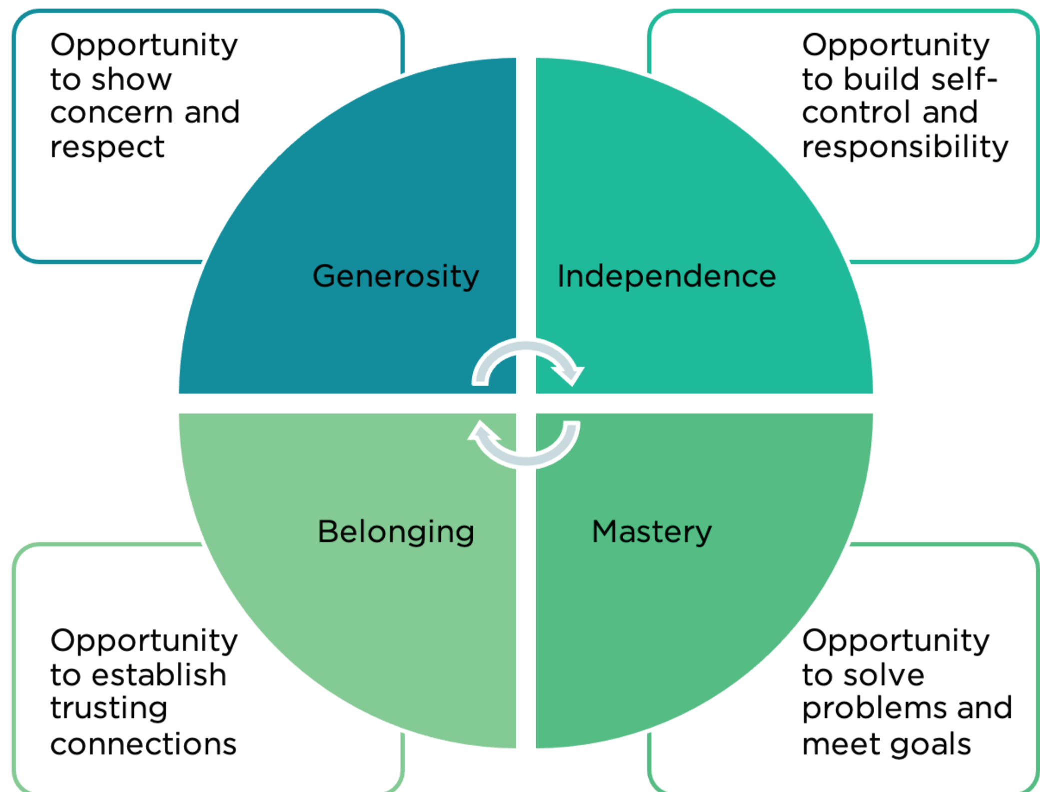


Figure 25: Circle of Courage

Research which reviewed the use of this approach in CYCCs in Tshwane, South Africa, looked at the use of the Circle of Courage to facilitate belonging and attachment. It is well known that the effect of child maltreatment can result in attachment disorders, which have a lasting impact on a child's development and wellbeing of a child. The study found evidence of a range of techniques that CYCWs in four CYCCs used to operationalise the concept of belonging: "Creating a welcoming environment, orientating young people to the child and youth care centre, meeting the child's psychological needs, setting rules and boundaries, verbalising affect for young people in care, physical contact and explaining the circumstance that brough them together" (Chimange & Bond, 2020). The article concludes that these findings should be used to strengthen training for CYCWs.

In terms of the Children's Act, each CYCC need to offer therapeutic care in addition to residential programmes. The CYCCs must follow the norms and standards in terms of programmes offered and personnel available strictly. During data collection for this study, it was noted several times that although the quality of CYCCs can vary, they usually offer better services such as schooling and life skills than those in foster care.

Likewise, alternative care service providers emphasised that the strengths of CYCCs are that children have the opportunity for structured care, their basic needs are met, and they build their ability to trust other people. Other interviewees concurred and reported that children also have access to a therapeutic and healing environment.

Challenges and gaps in service delivery

Budget: The main challenge mentioned by interviewees in the study was lack of sufficient funding to operate the CYCCs according to the required standards, run life skills and therapeutical programmes and to pay their social workers and CYCWs sufficiently.

"The challenge is funding as it is expensive to run a CYCC." (SSI, NGO)

"These centres struggle to pay their staff, pay building insurance and put food on the table for the children." (SSI, NGO)

Human resources and infrastructure: It is well known that the reach and quality of care provided to children in the alternative care system is based on sufficient human and physical resources. There is a significant shortage of personnel in the child protection sector, largely due to retention challenges. Between 2000 and 2014, the number of social workers more than doubled (from 9 072 to 18 213) but only half of those (9 289) were employed by the government or NPOs and only a portion of those work within child protection. There is also limited pre-service and in-service specialised training on child protection and the legislative frameworks and

systems that govern this sector. Limited mentoring, monitoring and continual support is significant due to insufficient management staff, as well as insufficient monitoring mechanisms, quality improvement and systems (Department of Social Development, 2019). Research on social worker experience of working in CYCCs highlights the relationship among inadequate workforce, high workload, and high staff turnover (Dimba-Ndaleni, et al., 2022). These challenges were confirmed by NGO interviewees in the study who said they struggle to find CYCWs and staff who are qualified and well trained. The ratio of children to CYCWs is too high.

Independent oversight of CYCCs: A policy brief published in 2018 highlighted a significant need for independent oversight of CYCCs in South Africa. The brief showcased that children in the sampled CYCCs live in poor conditions with limited educational or developmental input and opportunities. A truly independent oversight system is needed to ensure the compliance of the both the international and national frameworks and policies (Hansungule, 2018).

Inadequate spread and compliance: The National Child Care and Protection Policy (2019) highlights limited or inadequate spread of CYCCs in South Africa. This was confirmed by an interviewee during the study.

"There is a big difference between rural and urban areas in terms of availability of CYCCs." (SSI, government official/WCCC staff)

Two of the interviewees in the study said that many CYCCs have waiting lists and children can wait up to 3 months for a place. Linked to this is the challenge of finding a school for all the children at the CYCC.

"We have a logistical challenge when we have 150 children at a CYCC and now you need to place them at schools. You cannot send them into one school because the school says that these are troubled children, so you end up travelling to 20 schools all over the place." (SSI, NGO)

Furthermore, there is limited compliance by CYCCs with the national norms and standards that are in place, as well as limited closure of non-compliant CYCCs (Department of Social Development, 2019).

Role overload and overlap: Research on the experience of social workers in CYCCs highlighted the impact of role overload and overlap of services for children in care. Social workers in CYCCs are required to play multiple roles at a CYCC (e.g., management, administrative, performing the roles of placement social workers) which impacts on their ability to provide their core professional services such as counselling, etc. (Dimba-Ndaleni, et al., 2022).

Specialist centres: The Children's Act envisaged 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. The purpose of the Children's Act was to establish a network of specialist programmes that could cater to specific needs of children, but according to interviewees, these specialist centres or programmes are not happening. The only exception is specialist programmes for secure care.

Limited family reunification services: Research on the experience of CYCWs in CYCCs highlights that social workers are not rendering family reunification services. This concern has been echoed by young people in care, as well as government and

NPO services providers (Thesen, 2014). This is likely due to the challenge of a lack of human resources and therefore limited time to provide these services. However, family reunification services are essential for a functioning alternative care system which is fundamentally based on permanency planning. This was also confirmed by interviewees in the study who said that not enough is done in terms of family reunification and the success rate is not high.

"If you have been monitoring while in alternative care and you have provided parenting skills then reunification can be successful – otherwise it is difficult." (SSI, government official/WCCC staff)

"The social workers forget about the children once they are placed in a CYCC. They need to work with the family to reintegrate the children, but they forget about them." (SSI, government official/ WCCC staff)

It was suggested that this challenge is linked to the high level of social ills, the limited care plans for children or simply the limited budget and human resources. A suggestion was to use supervised CYCWs for this task.

"We don't have enough people on the ground to do the reunification services and government wants to see social workers doing all the reunification work. I don't think it is necessary. We have seen that CYCWs can do wonderful family work under a social worker who has statutory responsibilities. Why not use a team of people to do the work rather than preserving it for one group and then not do it properly." (SSI, NGO)

Complex behavioural problems of children in care: Children in care experience a range of complex behavioural problems, including truancy, stealing, aggressiveness, absconding and inappropriate sexual behaviour. As CYCWs are the first line of care for children, they are required to deal with this challenging behaviour. CYCWs report a lack of support from social workers/ management in appropriately managing these situations and they report not receiving relevant training (Thesen, 2014).

Alternative care service providers also raised that children get exposure to negative behaviour by other children in the CYCC and that there is a sense of loss for the children, feeling that their family do not care. These are examples of the complex behaviour of children in CYCC.

Evidence of impact/outcomes for protecting children

Using the Children's Hope Scale, Adamson and Roby (Adamson M, 2011) found that children living in an orphanage had slightly higher level of hopeful thinking than their counterparts living with their parents or foster parents in the Eastern Cape, South Africa. Here again, the institution was well funded; children were in cottages with a 'mother' in each and the children had access to many adult staff and a live-in social worker. It is important to reiterate that these selective pieces of localised research do not negate the overwhelming evidence of the damaging effects of institutional care.

7.5.3 Examples of good practice

South Africa has a range of frameworks and guidelines that guide the registration, management, maintenance, and process of care that children in CYCCs should benefit from. For example, the DSD published the Blueprint, Minimum Norms and Standards for Secure Care Facilities in South Africa (Department of Social

Development, 2010b). This guideline highlights norms and standards for CYCCs, including management and leadership, programmes, caring environment, and transitional programmes, and importantly, monitoring and evaluation. Some of these key standards include Department of Social Development, 2010. Norms, Standards, and practice guidelines for the Children's Act. Pretoria: Government of South Africa.

- CYCCs must implement a developmental quality assurance system.
- A team comprising external government or non-government stakeholders must conduct an external and independent quality assurance evaluation of the centre.
- A report and organisational plan must be developed, and a mentor should be allocated.
- This process should take place periodically from 2–3 years.

However, as has been shown, this quality assurance process is not taking place. Therefore, while we have guidelines of good practice in South Africa, they are evidently not being implemented in their entirety (Hansungule, 2018).

7.5.4 Concluding summary

Although there are standards and norms pertaining to CYCCs, limited budget allocation has affected the ability of CYCCs to implement programmes as prescribed by the Children's Act. Furthermore, the demand for CYCCs is higher than the supply and there is sometimes waiting time to place a child in a CYCC. There are also challenges with insufficient numbers of trained social workers, although trained CYCWs can be used as support staff for more effective reunification services subject to supervision by a social worker.

7.6 REUNIFICATION SERVICES

Although not an official 'step' in the continuum of care, family reunification services were mentioned frequently as a critical intervention for the care and protection of children in alternative care. However, research has shown that due to a lack of sufficient resources, such as personnel resources, social workers do not have the capacity to deliver reunification services to support the return of children to their biological parents (de Villers, 2008).

During primary data collection, respondents concur that reunification services are a major weakness in the system. The DSD has a target of 400 children a year for reunification services with programmes being implemented to achieve this, but the number of children reunified is reportedly low (SSI, provincial government official/WCCC). It was explained that reunification is difficult to achieve given the complexity of the problems in households, such as substance abuse, unemployment, gangsterism and poverty.

It was raised that the lack of reunification services is evident by the length of stay of children in alternative care, where they are basically 'aged out':

"There are very few where the work is done, and they successfully reunited with either their own family or an alternative family member." (SSI, sector expert)

One respondent raised that reunification services are poor because the care plans are not being properly developed or updated with relevant information. A further challenge is that these services are provided by different social workers which is confusing for children:

"Why can't the same social worker follow the child from removal into contact during the foster placement through working with the family, why do we have reconstruction services and foster care social workers that are different people? They should be the same." (SSI, sector expert)

It was further noted that the Western Cape has everything up to and including alternative residential care, but rehabilitation services, reintegration services and transition programmes to support children's transition out of alternative care have been thin on the ground, which is a major weakness. During interviews it was noted that DSD is expanding on its exit programme.

7.6.1 Concluding summary

In summary, there is a gap in effective implementation of reunification services. While DSD aims to reunify 400 children per year, the number of children reunified remains low. The complexity of problems in households, coupled with poorly developed or updated care plans makes reunification difficult to achieve. Furthermore, the Western Cape has insufficient transition programmes to support children's successful transition out of alternative care. Efforts are being made to expand exit programmes, but more needs to be done to address this major weakness in the system.

7.2. CHILDREN MOST VULNERABLE IN ALTERNATIVE CARE

7.2.1. Children with disabilities in alternative care

Children with disabilities in alternative care are entitled to the same legal protections and rights as other children, as outlined in the South African Constitution and the Children's Act. There is growing recognition of the importance of inclusive approaches in alternative care settings. This includes promoting family-based care options over institutional care, ensuring accessibility and inclusivity in physical environments, providing specialised support and services, and promoting the participation and empowerment of children with disabilities in decision-making processes (Wyk, 2018).

According to the South African Human Rights Commission, there is a lack of accurate data on the number of children with disabilities in alternative care (South African Human Rights Commission, n.d.). However, it is estimated that a significant number of children with disabilities in South Africa are placed in alternative care for various reasons, including abandonment, neglect, abuse, or lack of appropriate family support.

Challenges

Children with disabilities face several challenges, a few are listed below:

- They often face discrimination and stigma based on their disability and may be viewed as less capable or may experience prejudice and exclusion from their peers or society.

- They may also face barriers to accessing education as many such children encounter physical, sensory, or intellectual challenges that require specialised support, which may not be readily available in mainstream educational settings (Matambanadzo, 2021).

- A lack of awareness or resources related to inclusive education may further limit their educational opportunities.

- Children with disabilities in alternative care require specialised health care and support. They may have medical or therapeutic needs that require attention, such as regular medical check-ups, therapies, or assistive devices. Access to appropriate healthcare services may be limited, particularly in rural or disadvantaged areas (Böning, 2014).

- Caregivers in alternative care settings may lack specialised training and support to adequately care for children with disabilities. This includes understanding the unique needs of children with disabilities, providing appropriate care and support, and addressing any physical, emotional, or behavioural challenges they may exhibit.

- South Africa has low capacity in social workers to effectively address the needs of children with disabilities. Additionally, social workers may not always have the necessary training and expertise in working with children with disabilities, including understanding their unique needs and rights.

- Monitoring and evaluation of programmes and services for children with disabilities in South Africa are inadequate. This results in a lack of evidence-based decision-making and planning for children with disabilities, leading to gaps in service provision.

- Limited financial resources result in inadequate provision of essential services, such as health care, education, and social support for children with disabilities (Western Cape Government, 2023). This can also affect the availability and accessibility of assistive devices and technologies, which are often critical for children with disabilities to participate fully in society.

- Coordination and management of services for children with disabilities in South Africa may be fragmented and ineffective. Inadequate coordination can also lead to challenges in accessing services, particularly for children with multiple disabilities or those living in remote or underserved areas (Matambanadzo, 2021).

In conclusion, children with disabilities in alternative care in South Africa face unique challenges that require specialised attention and support. Ensuring inclusive care options, promoting awareness, and

understanding, providing appropriate education, health care and legal protections, and empowering children with disabilities to participate in decisions affecting their lives are crucial steps towards ensuring their wellbeing and full inclusion in society.

7.2.2. Children on the move (migrant children)

An analysis of literature reviews provides an overview of what we know about the situation of migrant children in South Africa. In summary, most children move across borders because of economic, family, or educational drivers and South Africa is a country of choice because of its perceived economic opportunities.

Family-based care is accepted as the preferred option for any vulnerable child in any context, but in many settings, especially in migration situations where a child is undergoing a best interest determination, this option may not be available and thus group care needs to be considered (UNICEF, 2022). The guidelines for migrant children in temporary care draw upon several well-established sources, notably the 2009 United Nations Guidelines on Alternate Care, and provide a framework for providing temporary care for children, based on minimum standards, for state or non-state actors in charge of these. There are two contexts in which unaccompanied or separated child migrants may need temporary care.

- The first is in countries of transit or destination. The agency that identifies the child and its governmental and non-governmental partners should ensure the prompt and appropriate placement of each newly identified child at risk in a foster family or temporary care facility. In view of their exceptional vulnerability, as confirmed through the completion of a Best Interests Assessment (BIA), it may be concluded that a child needs to go through the Best Interests Determination (BID) process (UNICEF, 2022).
- The second situation relates to temporary care in countries of origin following return. For many migrant children, reintegration with the family in the country of origin may be determined to be in their best interests. In some cases, however, safeguarding, and other issues might be identified at the time of the Family Tracing and Assessment (FTA) that make this solution either not in the child's best interests or not feasible in the short term (UNICEF, 2022).

Process of temporary care for migrant children

This process involves tracing the child's family in the country of origin or other third countries, as well as in the transit/destination country, and assessing their capacity and willingness to reintegrate the child back into the family (FTA). The process of conducting a BIA can take some time, especially for a child who has been abused or traumatised, become addicted to drugs or involved in criminality and so forth. Such a child takes time to build trust with the caseworker before sharing critically important information that can support the BID process. The provision of a safe and stable environment during this process is essential, not only to facilitate communication but also to help the child adjust to life once a sustainable solution in his/her best interests has been determined (United Nations, 2009).

7.3. CONCLUDING SUMMARY

In conclusion, children with disabilities in alternative care in South Africa face various challenges that require specialised attention and support. Discrimination, limited access to education and healthcare, inadequate training of caregivers, fragmented services and limited financial resources are some of the key issues impacting these children. To ensure their wellbeing and inclusion in society, it is crucial to prioritise inclusive care options, raise awareness, provide appropriate education and healthcare, and empower children with disabilities to participate in decision-making processes.

Regarding migrant children, family-based care is preferred but is not always feasible in migration situations. Temporary care options, based on minimum standards,

Minimum standards of temporary care for migrant children/children on the move

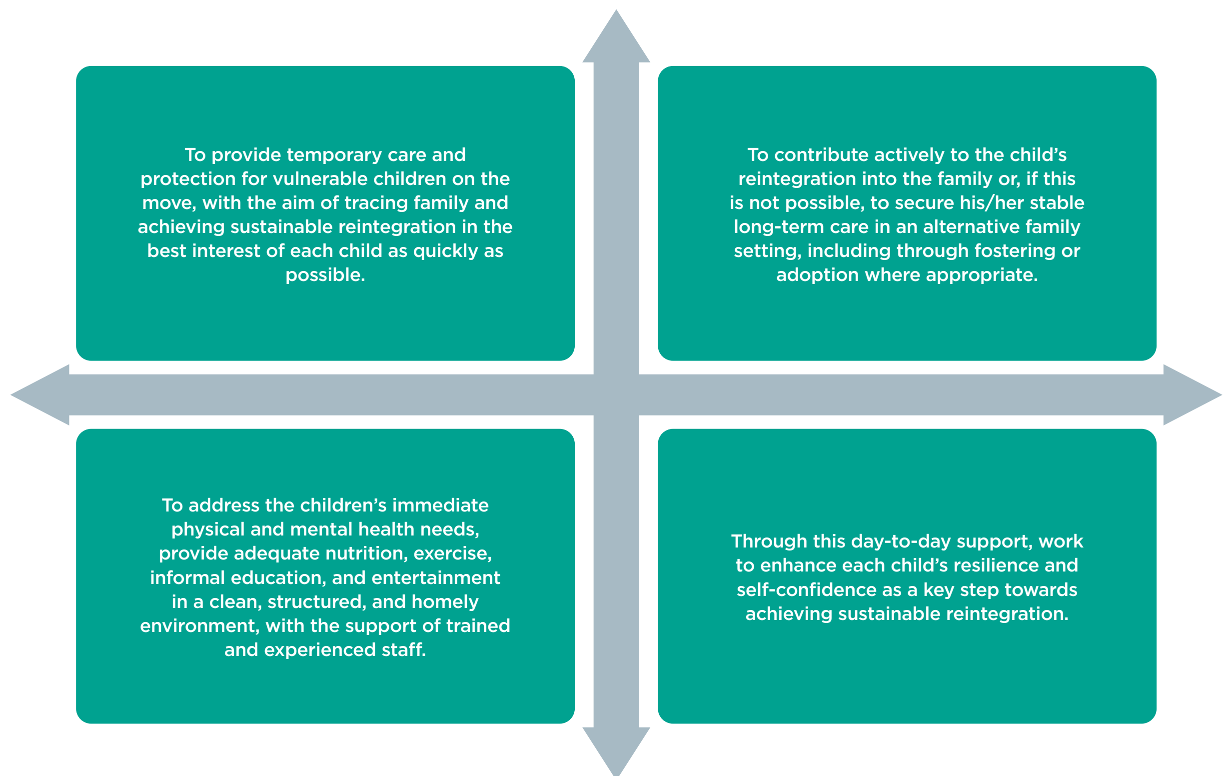


Figure 26: Minimum standards for children on the move in temporary care

should be considered for unaccompanied or separated child migrants. Prompt and appropriate placement, BIAs, FTA, and reintegration processes are essential for their wellbeing. Ensuring a safe and stable environment during these processes is crucial for effective communication and adjustment.

7.4. COMPARISON OF CARE ARRANGEMENTS WITH OTHER PARTS OF THE WORLD

During primary data collection, respondents were asked how the alternative care arrangements in South Africa compare to alternative care arrangements in other part of the world.

When asked to compare with more developed countries in the global north, it was mentioned that although South Africa has similar child protection systems and processes to countries in the north, we do not have the resources to run them as effectively. Social work caseloads are much lower in the north; they are also paid more than South African social workers and are more likely to receive ongoing training and mentoring. There is also better infrastructure, better access to resources such as well-paid safety parents and foster carers, and stronger monitoring of services in the north.

However, one respondent warned that comparing ourselves with more developed countries in the north is problematic because our systems were designed around northern-based models, and the reality is that we do not have the resources to implement them. Furthermore, our context is unique because of the South African and Western Cape context which has multi-problem, dysfunctional families and high unemployment levels requiring unique and innovative interventions.

The issue of resource constraints is a common one when you compare South Africa's alternative care arrangements to other developing contexts. What is unique in Southern Africa is the large number of orphans who are the result of the HIV/Aids epidemic. South Africa is an outlier because we have a grants system and most of our children are cared for by members of their family – the kinship care system. In other countries such as Mozambique and Malawi, children are placed in orphanages which mushroomed across the region and were typically unregulated. However, South Africa did not create new orphanages but rather placed children in foster care with relatives and provided the FCG which not only stops children from going into alternative care but also stops them going deeper into the system.

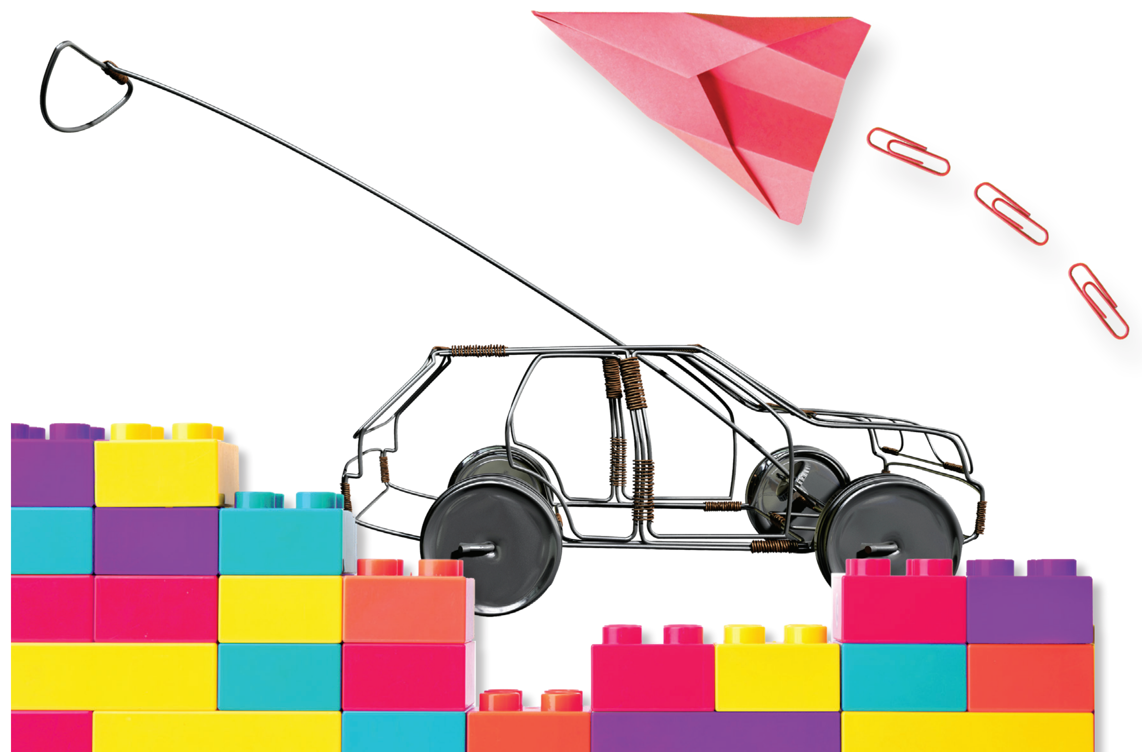
In summary, while South Africa shares similar child protection systems to countries in the north, it lacks the necessary resources to effectively implement them, highlighting the need for innovative interventions tailored to the South African context, where kinship care and the FCG have played crucial roles in preventing children from entering alternative care.

8. Conclusion

In the context of South Africa, the risk factors outweigh the protective factors for many families and children. The adequate implementation of the continuum of care for at-risk families and children is essential for the wellbeing and development of children, and the long-term socioeconomic context of the country. All forms of care should prioritise the best interests of the child and emphasise permanency planning and family reunification, if it is in the best interest of the child. Although it is in the best interest of a child to stay with parents or extended family, there will always be children in need of alternative care, unless the root causes of South Africa's social ills are addressed.

The alternative care system is essential for providing protective services for children in need of care. The bulk of these services are provided by NPOs along the whole continuum of care, and they take the lead in providing the skills, training and supervision required for good quality of care. However, NPOs operate in a highly resource constrained environment with limited staff and resources. Thus, their capacity is limited to provide the services at the volume or rate that is needed to meet need or bring about effective change.

Given the significant challenges and gaps in these services, given the guidance provided in the legislative frameworks, and given that family- and community-based care positively contributes to a child's development and wellbeing, there is a significant need for these types of services to be further resourced, implemented, monitored, and maintained within the care and protection sector. In this process, it is important to listen to the child and ensure that the child's needs are addressed. It is also important to work closely with the biological parents to prepare for reunification.



9. Recommendations to improve service effectiveness

9.1 STRENGTHEN PREVENTION AND EARLY INTERVENTION PROGRAMMES

- Develop targeted early intervention programmes that address issues such as neglect, substance abuse, and parental support. These programmes should involve collaboration among service providers, treatment centres and substance abuse programmes (for example).

- Scale up community-based early intervention programmes with well-paid and trained professionals which will significantly prevent children from entering alternative care.

- Increase the accessibility of parenting training programmes, including specific programmes for teenage parents.

9.2 INCREASE THE AVAILABILITY OF EMERGENCY SAFE CARE

- Strengthen the recruitment and training of safety parents to ensure they can effectively meet the needs of children in their care.

- Provide information about emergency safe care services to communities to increase awareness and accessibility.

- Develop standard operating procedures for recruiting and vetting safety parents and for payment of the Safety Fee based on DSD guidelines.

- Conduct further research into effectiveness of temporary safe care in South African context.

9.3 ADDRESS CHALLENGES IN THE FOSTER CARE SYSTEM

- Create an enabling environment for safe and effective foster care (UNICEF, 2022) including:

  - Strengthen the selection and training of foster parents and provide them with psycho-social support whilst they have children in their care.

  - Social workers and organisations providing statutory social work services need detailed standard operation procedures on recruiting, training, and supporting foster parents, as well as guidance on managing children in the foster care system.

  - Make more strategic use of auxiliary social workers or other types of auxiliary workers to support the foster system.

  - Strengthen monitoring of all service providers in the foster care system to ensure quality of service provision.

- The inclusion of all persons involved in the child's life is essential when the care plan (permanency plans) for children is being discussed, with parents and children included when possible and appropriate.

- More detailed sharing of a child's and family's history with foster parents and child and youth care workers is required. Confidentiality is important but care workers need to know what they are trying to deal with. To protect confidentiality, they can sign oaths of confidentiality but sometimes a child's behaviour is not understood in the light of the past context and responses to it then become inappropriate.

- It is furthermore important to ensure social workers are held accountable for implementation of care plans for children in foster care.

9.4 STRENGTHEN CHILD AND YOUTH CARE CENTRES

- Improve the ratio of CYCWs to children in CYCCs.

- Invest in the professional development and training of CYCWs.

- Facilitate family days and maintain family contact to prevent a sense of loss for children and staff.

- Smaller cottage systems should be considered in CYCCs that run 'cluster foster care cottages' in which there might be six to eight children, all of whom have some kind of negative experience precipitating their move into care.

9.5 STRENGTHEN THE REUNIFICATION SERVICES

- Provide adequate resources and support for successful reunification of children with their families.

- Improve aftercare support for families to ensure a smooth transition and long-term stability.

- Mentoring programmes should be developed for children who return to the community/age-out of care/are in the community but are considered vulnerable in some way.

10. Recommendations to improve system effectiveness

Overall, the support needed by service providers includes adequate funding, training and qualifications, supportive work environments, collaboration, and coordination, mentoring and support structures, access to resources, targeted early intervention programmes, and a focus on self-care and therapeutic support. These system elements can contribute to strengthening services targeting children in need of care and protection and their families.

10.1 ADEQUATE BUDGET AND RESOURCES

- Ensure service providers have the necessary resources and funding to carry out their work effectively. Many service providers emphasise the need for adequate financial support. This includes having budgets allocated for different service areas, such as PEI, informal alternative care (kinship care), and formal alternative care.

- Focus on sustainability and continuity of funding to ensure the provision of consistent services. Service providers, particularly NGOs, express the need for equitable funding. They emphasise the importance of receiving a fair share of funding to cover operational costs and staff salaries.

10.2 ADEQUATE AND SKILLED WORKFORCE

Improve remuneration and incentives for social workers:

- Allocate adequate funding to appoint more social workers and psychiatrists.

- Review remuneration and incentives to attract and retain social workers.

- Provide professional development opportunities for managers and supervisors to ensure effective supervision and management.

- Recognise and reward social workers through initiatives like social work awards.

Training and qualifications:

- Provide ongoing training and development programmes to address emerging challenges. Specialised courses in child protection can be beneficial, including pre-graduation courses to better prepare individuals for the realities of practice.

- Service providers highlight the importance of social service professionals' qualifications to keep up with the evolving needs on the ground. Training should be inclusive of legislation pertaining to child protection e.g. Children's Act and other intersecting legislation.

- Training of social, social auxiliary workers and CYCWs on the impact of trauma on the developing brain and how some simple interventions with children can assist with trauma containment would also be valuable.

Use of trained volunteers:

- The use of trained volunteers is necessary for cost effectiveness purposes. Home Start International

Schemes has a promising model where trained volunteers assist families struggling to cope because of trauma or adverse circumstances. The volunteers need ongoing support and mentoring.

Work environment and support:

- Ensure care for carers is provided including for volunteers. Develop strong support systems for service providers to ensure they can provide quality care to children and families. Service providers require a supportive work environment. This includes adequate supervision, manageable workloads, and resources to carry out their duties effectively.

Mentoring and support structures:

- Develop mentorship programmes and support structures to benefit service providers. Mentoring can help social workers, volunteers and other professionals working with children and families enhance their skills and receive guidance. Supportive supervision and emotional debriefing are also crucial to ensure the wellbeing of service providers.

Self-care and therapeutic support:

- Prioritise self-care and provide therapeutic support to service providers, ensuring they have the necessary tools to cope with the challenges they face in their work. Service providers working in child protection are exposed to severe trauma, which can have an impact on their wellbeing.

10.3 MEANINGFUL COORDINATION AND COLLABORATION ACROSS SECTORS

- Working together, sharing resources, prioritising needs, and coordinating efforts can lead to more effective and impactful services. Improve collaboration among different stakeholders involved in child protection services. This includes service providers, government departments such as DBE, DOH, DSD, police, local government, and community policing forums, NGOs, and community organisations. Interdepartmental working together at community and district level should happen in every district.

- Engage communities in finding solutions and utilise their knowledge and resources. Child and caregiver participation should be encouraged so that children and parents can identify where children appear to be most at risk and develop solution focused action plans.

10.4 RESEARCH, MONITORING, AND EVALUATION FOR EVIDENCE-BASED PLANNING

- Identify all prevention services across all departments that deal with children and families at provincial, regional and especially district levels, with a focus on the needs of children and families in that district.

- A prevention implementation plan should be developed that focuses on allocating most resources to the most vulnerable to prevent removal. This safety net plan needs

a baseline in terms of numbers of children in conflict with the law, early, unintended pregnancy, school dropouts, numbers of abuse reports etc. to enable a meaningful M&E plan.

10.5 AWARE AND SUPPORTIVE PUBLIC AND LEADERSHIP

- Raise public awareness about the importance of child protection services.
- Highlight the critical nature of child protection and emphasise its importance in comparison to other areas of expenditure.
- Advocate for political prioritisation of child protection and allocation of sufficient funding to designated NPOs to ensure effective service delivery.

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Annexure 1: Research questions

The review will answer the following key questions:
Modalities of alternative care in South Africa and the Western Cape:

1. What are the alternative care modalities that exist in South Africa and the Western Cape and how does they compare to alternative care arrangements in other comparable parts of the world?

2. What approaches are used to ensure that children are prevented from entering alternative care as a last resort?

3. Sociological phenomenon of parental care in the Western Cape:

4. What is known about the nature and state of parental care in the Western Cape, and how does it compare to the rest of the country?

5. What is known about the protective patterns within the parental care context preventing children from entering the alternative care system South Africa? Are there nuances in the Western Cape ?

6. What is known about the harmful patterns within the parental care context that drive children into the alternative care system in South Africa? Are there nuances in the Western Cape?

7. What is known about state (nationally and provincially) support to families so that caregiver capacities are built?

Annexure 2: Study sample

STAKEHOLDER	PURPOSE OF THE INTERVIEW/ JUSTIFICATION	METHOD	NUMBER
Western Cape Children's Commissioner and staff	To gain a deeper understanding of the objectives of the study and their understanding of the context of alternative care.	Key informant interviews (virtual)	1
Government Officials provincial – Department of Social Development	To understand the content and scope of child's right care and protection and to understand alternative care modalities.	Semi-structured interview (virtual)	2
NGO/CSO leaders in South Africa and the Western Cape	To understand the content and scope of children's right to care and protection, the modalities of alternative care in SA and WC, and the sociological phenomenon of parental care in WC.	Semi-structured interview (virtual)	6
Academics or sector experts (international and national)	Understand the scope of children's right to care and protection within the SA and international space.	Semi-structured interview (virtual)	2 x South African
Alternative care and family strengthening service providers	Understand the modalities of alternative care in the community, the nature and state of parental and kinship care in the community, and protective factors that are in place to support families, as well as the risk factors which family and children face.	1 focus group with children (in person) 1 focus group with caregivers (in person) 1 focus group with service providers (in person)	3 (1 per community)
Total	12 semi-structured interviews and 3 focus group discussions		

Annexure 3: Ethical principles and guidelines

This section outlines the key ethical principles and guidelines which were followed throughout the study process to protect study stakeholders as well as to safeguard and protect children. The plan also presents practices for protecting participants, including informed consent, anonymity, and confidentiality, as well as outlining any ethical considerations and mitigation strategies.

ETHICAL PRINCIPLES

The study team's conduct and work were guided by and aligned to various ethical guidelines, principles, and professional standards, these are highlighted here. The study team followed the guidelines provided by the UNEG (United Nations Evaluation Group) in the Ethical Guidelines for Evaluation (2020).[8] The focus of the team was to balance the goal of the study with the interests of the diverse study participants. Therefore, the following principles guided our study approach, conduct and decision making.

[8] *http://www.unevaluation.org/document/detail/2866*

Figure 27 Principles of Evaluation (adapted from the UNEG Ethical Guidelines for Evaluation (2020))

In adopting these key principles, the study team pledged to:[9]

- Practice integrity by actively adhering to the moral values and professional standards of evaluation practice as outlined in the UNEG Ethical Guidelines for Evaluation and following the values of the United Nations. Specifically, the team will be:
    - Honest and truthful in my communication and actions.
    - Professional, engaging in credible and trustworthy behaviour, alongside competence, commitment, and ongoing reflective practice.
    - Independent, impartial, and incorruptible
- Be accountable and answerable for all decisions made and actions taken and responsible for honouring commitments, without qualification or exception; will report potential or actual harms observed. Specifically, the team will be:
    - Transparent regarding study purpose and actions taken, establishing trust, and increasing accountability for performance to the public, particularly those populations affected by the study.
    - Responsive as questions or events arise, adapting plans as required and referring to appropriate channels where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified.
    - Responsible for meeting the study purpose and for actions taken and for ensuring redress and recognition as needed.

[9] Reproduced from the UNEG Ethical Guidelines for Evaluation Pledge of Ethical Conduct in Evaluation (2020)

- Be respectful and engage with all stakeholders of the study in a way that honours their dignity, well-being, personal agency, and characteristics. Specifically, the team will ensure:

  - o Access to the study process and products by all relevant stakeholders – whether powerless or powerful – with due attention to factors that could impede access such as sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity, and ability.

  - o Meaningful participation and equitable treatment of all relevant stakeholders in the study processes, from design to dissemination. This includes engaging various stakeholders, particularly affected people, so they can actively inform the study approach and products rather than being solely a subject of data collection.

  - o Fair representation of different voices and perspectives in study products (reports, webinars, etc.)

- Practice beneficence by striving to do good for people and planet while minimizing harm arising from study as an intervention. Specifically, the team will ensure:

  - o Explicit and ongoing consideration of risks and benefits from study processes.

  - o Maximum benefits at systemic (including environmental), organizational and programmatic levels.

  - o No harm – the team will not proceed where harm cannot be mitigated.

It should also be noted that the Southern Hemisphere study team is guided by the ethical and professional guidelines and requirements of the South African Monitoring and Evaluation Association (SAMEA), which are a highly regarded set of ethical principles based on respect for the individual, the participants right to self-determination, and the right to make informed decisions regarding participation in research.

ETHICAL APPROACH

The study team approached the task, participants, and all study stakeholders in the following way:

- All participants in the study were fully informed of the research process, knowledgeable of their right to participate or withdraw from the study at any point, and the confidentiality of information collected was always maintained.

- The study team will do no harm. The team ensured that ongoing risk assessments clarify and mitigate potential and actual harms that may arise and that go beyond what participants have consented to. This risk assessment was ongoing, and the study did not proceed where mitigation (through, for example, use of alternative methods) is not possible and harm will ensue. Where unanticipated harm has been identified, redress channels will be triggered.

- Contribute to ensuring safety and security of participants, including having zero tolerance for sexual harassment, abuse, and exploitation; and adhering to social distancing requirements, etc. Ensure proper security protocols are followed and necessary training is completed prior to field data collection.

- The study team will empathize and work collaboratively with all stakeholders and treating participants in a way that honours their professional expertise and personal dignity.

- Relevant physical, psychological, and medical support will be provided for any vulnerable or at-risk populations identified during the study.

- Stakeholder engagement will be supported to maximize potential benefits to the study and those involved in it.

- The study process will be empowering for participants (e.g., questions are asked in a way that is pitched at the right level, interviewers are appreciative of information provided by participants, participants benefit from reflecting on the program and/or their lives).

- Facilitators and fieldworkers will be equipped with the right skills and background (e.g., language and experience in HIV, gender, diversity, etc.) to facilitate interviews or focus group discussions with the sampled group.

- The team will ensure equitable participation and treatment of all participants and their opportunity to voice their perspectives. Differences in culture, local customs, religious beliefs and practices, personal interaction, gender roles, ability, age, and ethnicity will be respected, and the team will be mindful of the potential implications of these differences when carrying out and reporting on studies.

- The team will ensure the voices of the most vulnerable are heard, including when data collection is remote. The team will recognize, report on, and attempt to address or mitigate potential power imbalances within the study approaches adopted.

INFORMED CONSENT

All study participants were properly informed about the nature of the study and what it means to participate therein. They will understand what they are being consulted on and why; what the intended outputs are; and have sufficient and adequate information for informed consent. This information will be shared prior to each interview and will be made available in the languages most frequently spoken in the selected study sites.

Information was shared via information and consent forms (for participants older than 18 years) and information and assent forms (for participants younger than 18 years). These forms were provided in an accessible, typed format. In addition, information regarding the study was communicated verbally to each respondent by the allocated fieldworker and extra time will be spent with those participants who require or request it to ensure that they understand the information being given.

With the aim of respecting the autonomy of study participants, the fieldworkers ensured that the participants understand that they can withdraw from the study or skip any questions at any time without any repercussions. In addition, all participants will have the opportunity to ask the study team questions ahead of and following the interviews either per email, phone or in person (where the field team members are still on site).

ANONYMITY AND CONFIDENTIALITY

At the beginning of each interview, it was important to establish a safe space where participants feel comfortable. Thus, it will be emphasised that only the fieldworker and study team members will have access to the data and that no references will be made to the study participants, either by name or by any other means of identification, in data notes, interview transcripts, and any resulting reports or publications. Thus, all input will remain anonymous.

ETHICAL IMPLICATIONS AND MECHANISMS FOR CONTROL OR MITIGATION

ETHICAL IMPLICATIONS	MECHANISMS FOR CONTROL OR MITIGATION
Community members (male, female, adolescents) may not be willing to participate in focus groups or interviews due to sensitive nature of the topic being discussed.	We will work closely with WCCC when setting up interviews and focus groups on the community. All beneficiary participants in the study are fully informed of the study process and are knowledgeable of their right to participate or withdraw from the study at any point. Confidentiality of information will be always maintained, and this will be clarified at the outset in the focus groups and interviews. Separate groups will be run with male and female participants to encourage openness and disclosure when needed.
Community members and particularly adolescents may be reluctant to open up and discuss their perceptions and experiences about sensitive issues in a focus group setting.	Fieldworkers are equipped with the right skills and background (e.g., language and experience) to facilitate workshops with community members and minors. Group-work methods that include creative techniques will be used in the group to encourage participants to open up and share their perceptions and experiences.
Due to the sensitive nature of the topic study participants may be exposed to secondary traumatization	Back up counselling support will be made available in each community being visited and will be offered to all beneficiaries who may require further support after the interviews/focus groups. This will be in the form of a list of referral organisations which will be made available to all participants in the focus groups and interviews.

Notes

Commissioner for Children
OF THE WESTERN CAPE

#littlevoicesMUSTcount
#kleinstemmetjiesMOETsaakmaak
#amazwiamancinciMAKAVAKALE