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Families, Not Institutions

Reforming Child Protection
systems from Reactive to Proactive
.

The Importance of Measurement
in Care Reform in South Africa

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South African legislation

- **THE CONSTITUTION OF SOUTH AFRICA, SPECIFICALLY SECTION 28 (B).**
- **Guarantees the right of the child to a family.**

- **CHILDREN'S ACT NO 38 (2005) AS AMENDED NO 41 (2007).**
- **Very progressive child protection legislation, aimed at keeping children in families, with institutionalisation as the absolutely last resort.**

- **Well established child protection system in place.**

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Project Evolution

- **Children Count National Assessment** (July 2015 – Mar 2016)

- **One Child One Family Pilot Project** – Gauteng Province in partnership with Gauteng Department of Social Development. (June 2016 –July 2019)

- **National DI Summit** – November 2019.

- **One Child One Family II: Scaling Up South Africa** (December 2019 – November 2023). Gauteng Department of Social Development implements care reform with the support of One Child One Family HHCSA as knowledge partner. 175 Institutions.

➢ Working in 5 additional provinces to create enabling conditions for change.

➢ Set up of new pilot project in Hanover Park, Western Cape province **in partnership with Horizon Initiative (US) faith-based org. Pilot will provide the evidence-based model for reform of Horizon's projects in LAC and Kenya.**

Achieved to Date: July 2015 – August 2021

- Gauteng Department of Social Development leading on implementation of Care Reform – 175 institutions, approximately 12450 children.

- National Department of Social Development endorsement of Care Reform, with Gauteng Province to provide the evidence-based, documented model.

- Care Reform part of the Gauteng Department of Social Development programming; included on the Annual Performance Assessment for government.

- Test-moratorium on placement of 0 – 3's into institutional care achieved and implemented in Gauteng Province – 39 children aged 0 – 3 years remaining.

- Jointly developed Care-leavers Programme and Budget developed in Gauteng Province.

- Design and implementation of the ground-breaking, internationally recognized One Child One Family HHCSA AFS-KHUSELA Community Prevention Model.

Achieved to Date: July 2015 – August 2021 (continued)

- Inclusion of the One Child One Family HHCSA child-centred indicators on the M&E platform of Department of Social Development.

- Developed a bespoke Performance Management / Case Management platform which tracks children and families from first point of contact with the care system.

- Developed contextualised joint case management tools and process flows which is in use by all professionals.

- Developed Temporary Safety Parent + Long-term Foster-care + Specialist Foster-care Banks, managed in the heart of communities.

- Recognised as 'Friend of the Court' by the Children's Courts in 7 Provinces – called upon to oversee and mentor management of complex cases, including trafficked children.

- Working in 5 Provinces of South Africa, creating enabling conditions for change.

STRATEGY – AN EVIDENCE-BASED APPROACH TO NEGOTIATE, INITIATE AND SUSTAIN CARE REFORM IN SOUTH AFRICA.

Children Count National Survey 08/2015 – 03/2016 – 3125 children

- **172 CYCCs across 9 Provinces. 68 viable.**
- **General Assessment of NGO managed CYCCs.**
- ➢ Questionnaires, interviews and Round Table Discussions.
- ➢ Management, staffing, premises, children / age groups.

- **Intensive Assessment of 9 CYCCs across 9 Provinces.**
- ➢ Questionnaires, interviews with children and staff.
- ➢ Each resident child individually assessed.
- ➢ Focus on age, reasons for entry, duration of stay, benefit to child, contact with family, statutory process, exit and post-exit management.

MAIN FINDINGS – INTER ALIA

- 74% REMAINED IN CYCC 2 – 10 YEARS.

- 66% IN 0 – 12 YEARS RANGE.

- 9.2% ORPHANS

- MAIN PUSH FACTORS LINKED TO FAMILY BREAKDOWN – NEGLECT, ABUSE, POVERTY, ABANDONMENT.

- TEMPORARY SAFE CARE PLACEMENTS DE FACTO LONG-TERM RESIDENTIAL CARE PLACEMENTS.

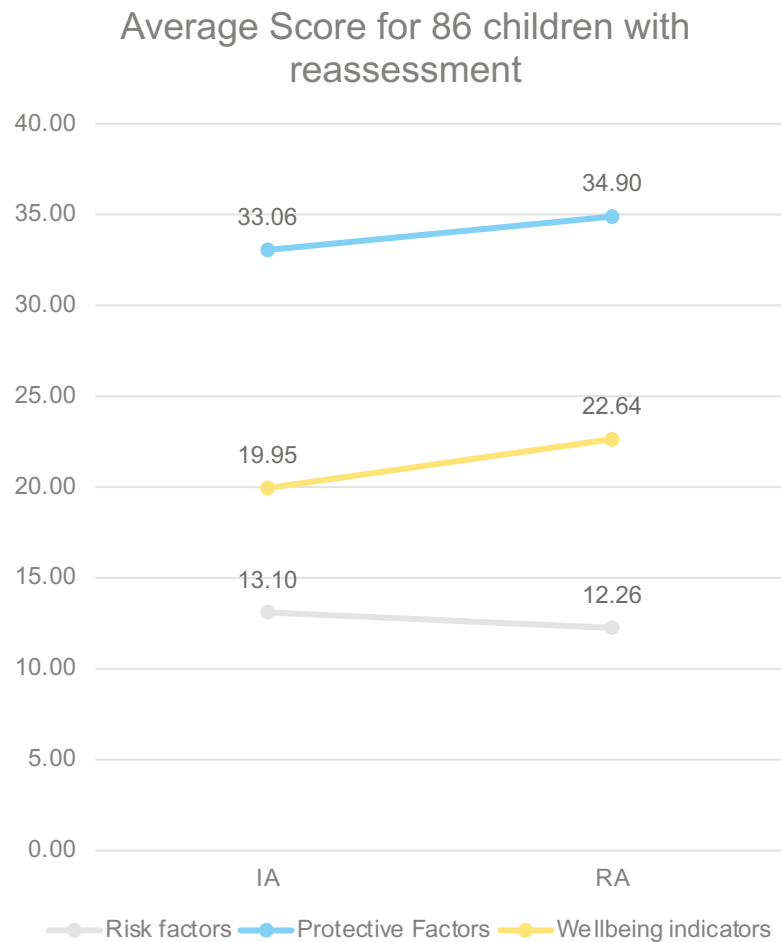- 3% HAVE SOME CONTACT WITH FAMILIES.

# Reduction or Reliance on Institutional Care – Pilot

Rate of admission per Year

	2016	2017	2018	2019
IGU	112	73	55	6
STF	34	9	8	6
DMT	71	44	41	16

IGU   STF   DMT
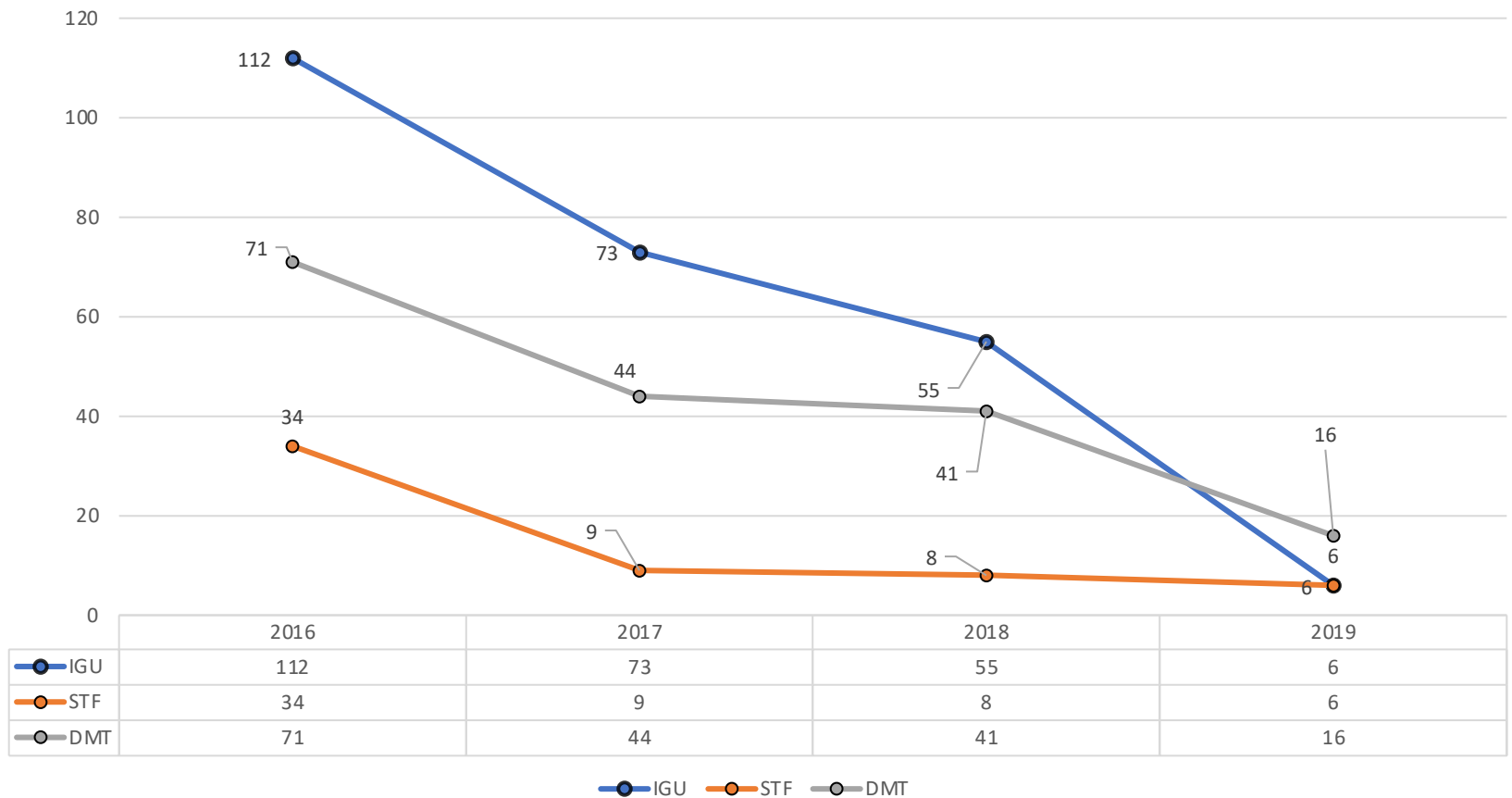
Outcomes for 86 Children on Reassessment

Average Score for 86 children with reassessment

- 86 most vulnerable children for longitudinal tracking.

- 0 – 3 = 3 male and 5 female.
- 3 – 7 = 14 male and 7 female
- 7 – 9 = 6 male and 3 female
- 9 – 12 = 8 male and 9 female
- 12+ = 9 male and 22 female.

- Graph demonstrates slight decrease in Risk Factors from IA to 1st RA and increase in Protective Factors, with increase in overall well-being of the 86 children post-placement.

- **IA is Initial Assessment
- **RA is Reassessment.

Outcomes for 62 more complex case-histories

Average Score for 62 children with two reassessments
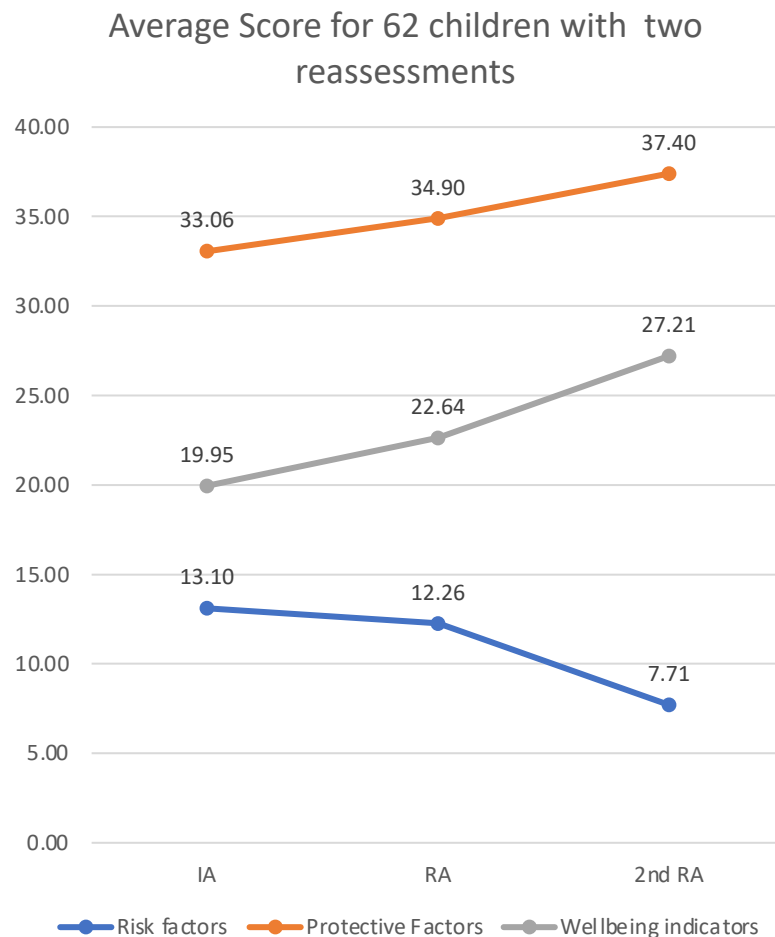
- 62 children with more complex case histories, requiring more intensive work from professionals.

- Historically, this group would have remained in institutional care for up to 10 years and longer, due to difficulty of reunification processes.

- This graph demonstrates impact of improved case management &process flow, comprehensive assessment of whole eco-system of child and intensive monitoring of therapeutic and linkage interventions.

- **IA – Initial Assessment
- **RA – Reassessment.

Outcomes for children and families

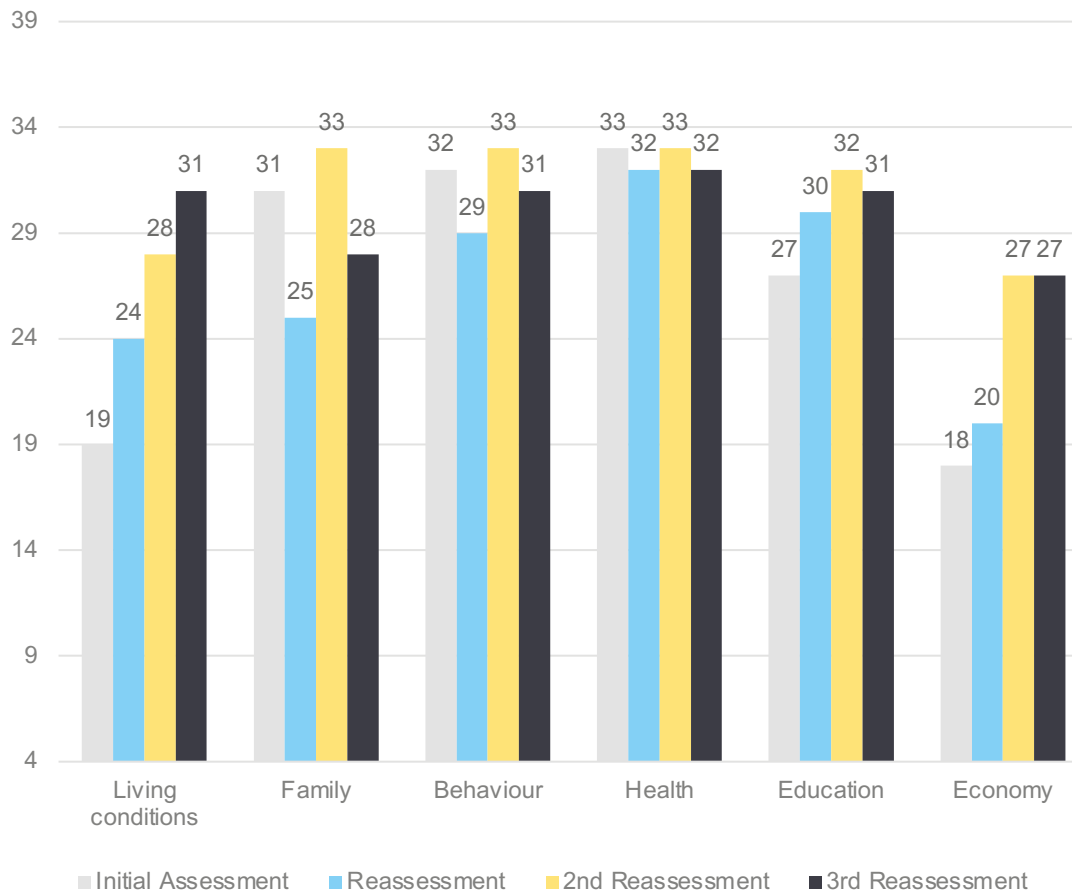Average Score for 34 children with three reassessments
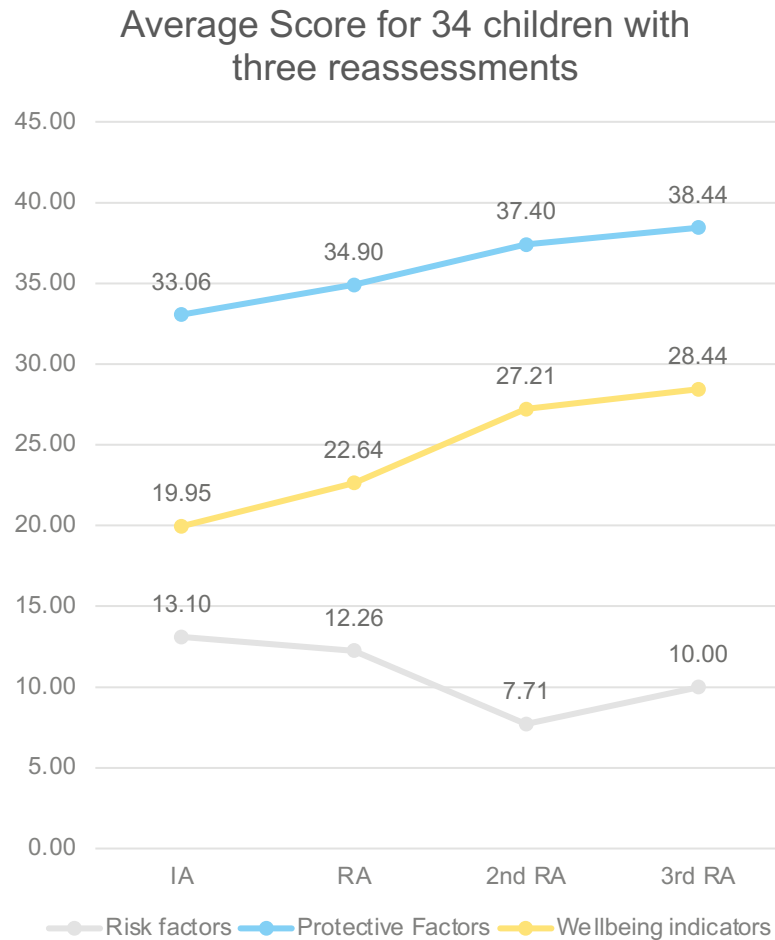
- Reassessed in March 2021, during COVID pandemic.

- Increase in Risk Factors demonstrates the impact of increasing poverty and political unrest in communities affected by COVID lockdown regulations.

- A great testament to the quality of the approach is the corresponding increase in the protective and wellbeing factors, despite the impact of COVID.

- **IA is Initial Assessment.
- **RA is Reassessment.

Outcomes per well-being domain

of children having positive impact per domain having 3 reassessments

	Living conditions	Family	Behaviour	Health	Education	Economy
Initial Assessment	19	31	32	33	27	18
Reassessment	24	25	29	32	30	20
2nd Reassessment	28	33	33	33	32	27
3rd Reassessment	31	28	31	32	31	27

Domains Assessed Are:

- Living Conditions
- Family and Social Relationships
- Behavior
- Health
- Education
- Household Economy

- New Domains added in 2021 are:
- Child Participation
- Technology
- Eco-Culture

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Key Tools utilised to measure outcomes / eco-system of child and family

One Child One Family HHCSA Community Mapping Tool

One Child One Family HHCSA Community Service Plan

ACTIVE Family Support tools : Assessment and Reassessment; Measuring Change tool to assess change across domains, well-being and protective factors.

Child Protection Risk Assessment Tool

Tools of Performance Management System

i. Salesforce –
      CRM tool for data collection

ii. Power BI –
      Data management & visualization tool,
      a) Power BI Desktop b) Power BI Services

iii. Instiglio –
      Evidence Based system to develop funding   models
      Development of impact bonds

Use of Performance Management System

i.   To monitor the real time outcomes in terms of pre-defined dashboard reports and user defined reports

ii. To monitor impact of project based on evidence.

iii. To compile the evidence based datasets to monitor child and family's wellbeing indicators

iv. To monitor the efficacy of intervention taken by OCOF HHC SA team & external stakeholders

v.   To flag systemic gaps and lack of critical data on existing system

vi. To provide evidence based conceptualized model of practice which will help in care system reform

Benefits of tracking child and family outcomes

- **Children Count National Assessment** provided the necessary evidence of a reactive, 'rescue and remove' child protection system in practice.

- **Outcomes of One Child One Family Pilot project** (July 2016 – June 2019) provided capacity to: conduct systemic gap analysis and design solutions, develop contextualised case management tools and process flows, demonstration that care reform is possible underscored by improved outcomes for children and families.

- **Enabled service design** of the AFS-KHUSELA Community Prevention model.

- **Enabled partnership with government** and the building of a strong trust relationship = full political will for care reform.

- **Enabled case managers** to effectively case manage, with better outcomes for children and families.

- **Provided impetus for change** – supported full buy-in and support from key gatekeepers, the Children's Courts.

How Outcome Measurement Work Feeds into efforts at national level to measure / track care reform progress

- **Comprehensive data on all elements** of the child protection system (prevention, alternative family-based care options, push factors for family breakdown, numbers of children at risk, community dynamics and service-delivery gaps) will mitigate current gaps in planning and budgeting – enabling proper implementation and accountability from key stakeholders.

- **Enables data-sharing between government departments** – multi-sectoral.

- **Enables data-sharing between government departments and NGOs**, which will improve service delivery and provide capacity for government-level coordination of services to families in communities.

- **Will drive implementation of existing legislation** and allow for promulgation of meaningful policy and SOPs to improve service delivery and support to children-in-families-in-communities.

- **PROOF OF BETTER OUTCOMES FOR CHILDREN** AND FAMILIES WILL change negative mindsets of professionals in the face of high levels of violence and decreasing socio-economic well-being.

National Department of Social Development at the joint OCOF-HHCSA & GDSD DI Summit (November 2019):

"The evidence-based model of care reform as implemented in Gauteng Province will provide the blue-print for national care reform"

INSTITUTIONAL CARE VS HOME BASED CARE

Research continues to show that the benefits of home-based care outweigh those of institutional care [Integrity foster care, 2019]:

Cost-effectiveness

There is a reduction of 50% in expenses when institutional care is compared with home-based care. The cost of institutionalized care has never been proportionate with the level of care it delivers, nor the outcome of such care.

More choices for clients

Institutional care of anyone significantly reduces that person's ability to make their own choices and interact with others. This is because most continuing care facilities structure their operations and activities around staff rotations rather than client's schedules. Clients spend more time lying in bed alone rather than interacting with others or receiving care.

Home care services allows individuals to remain independent and have more control of their daily schedule. This way, they can maintain desired relationships with family members and friends while getting the daily assistance they need. Home care providers take the time to give their clients the emotional and physical support they need in contrast to the understaffed or underfunded institutions housing large numbers of people.

Long stays in CYCCs

Findings:

Some extended families are disconnected from the children and some children are in a 'comfort zone' in CYCCs and do not want the CYCCs

Challenges faced by teachers who teach children from CYCCs

Preliminary findings:

Some children do not mix well with other children from mainstream society and there is lack of support with school-home work supervision

INSTITUTIONAL CARE

Staffing requirements
Staff-child ratio [influenced by the age-group of children]
Training and experience
Attributes and skills
Language and culture competency

Facilities and accommodation requirement
Ratio of the facilities must be in line with the number of children
Bathroom, Toilets, Hand-washing basins, Kitchens, Laundry, Indoor-outdoor space requirements, Sick-bay

Average budget of a CYCC looking after 75 children = R31m per year
R413,333 per child per year
R34,444 per child per month
Therefore, it costs about 500% more to care for a child in an institution than at home

THINGS TO CONSIDER IN DE-INSTITUTIONALISATION

❑Profiling of families to identify appropriate attributes, competencies, strong and functional

❑The concept of 'diamond families' who are 'givers and not takers – culture entitlement'. Families who are willing to contribute to society

❑Monitor and evaluate the process to ensure that we do not experience unintended consequences

To measure is to know. If you can not measure it, you can not improve it.

– Lord Kelvin