Child Protection Care Reform and Deinstitutionalization in South Africa: Insights from an External Evaluation Research Study

Lourenza Steytler Foghill, Ndangwa Noyoo, Minenhle Matela, and Chance Chagunda

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L. S. Foghill
Senior Programmes Lead Global, Hope and Homes for Children, Johannesburg, South Africa
e-mail: Lourenza.Foghill@hopeandhomes.co.za

N. Noyoo (✉)
Southern African Policy and Development Nexus (SAPDN)/Department of Social Work, University of the Free State, Cape Town, South Africa
e-mail: ndangwa@sapdnafrica.co.za

M. Matela
Chief Operations Officer (COO), Southern African Policy and Development Nexus (SAPDN), Cape Town, South Africa
e-mail: minenhle@sapdnafrica.co.za

C. Chagunda
Southern African Policy and Development Nexus, Cape Town, South Africa

Research, Southern African Policy and Development Nexus, Cape Town, South Africa
e-mail: chance@sapdnafrica.co.za

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Abstract

This chapter critically analyzes the findings of an external evaluation study which was commissioned by One Child One Family-Hope and Homes for Children South Africa (OCOF-HHCSA) and conducted by the Southern African Policy and Development Nexus (SAPDN). Prior to the study, the Gauteng Province Department of Social Development (GDSD) was implementing the deinstitutionalization of children from residential care to family and community settings, while being supported by OCOF-HHCSA, which provided the technical framework, training, and monitoring and evaluation. The rationale for the external evaluation was inter alia to serve not only as a learning tool to ensure relevance, effectiveness, usefulness, and sustainability of the care reform in Gauteng Province and five other provinces of South Africa that could create a potential critical mass for systemic change nationwide, but to be a valuable mechanism to assist OCOF-HHCSA and GDSD in achieving maximum impact and benefit to target groups. The chapter analyzes how the evaluation functioned not only as an accountability mechanism but also as a catalyst for policy learning, institutional change, and systems reform. Informed by the study, OCOF-HHCSA and SAPDN gathered information and perspectives from stakeholders to arrive at a new policy perspective.

Keywords

Care reform · Children · Deinstitutionalization · Family-based care · Residential care · Evidence-based policy decision-making

Introduction

This chapter critically analyzes the findings of an external evaluation study which focused on child protection care reform and deinstitutionalization in South Africa. It was commissioned by One Child One Family-Hope and Homes for Children South Africa (OCOF-HHCSA) and conducted by the Southern African Policy and Development Nexus (SAPDN). This chapter is presented from a social work perspective, bearing in mind that child protection is a key facet of social work practice. Even though it is statutory in outlook, it is still underpinned by social work theories and methods. In executing the evaluation research study, there were some unanticipated developments that emerged as well as challenges. For starters, the provinces which were supposed to have participated in the evaluation became resistant and

somewhat hostile to the idea of the GDSD leading the deinstitutionalization initiative in the country. In this regard, SAPDN had to collect information from the respective provinces, by proxy and using other means, such as anonymous key informants in provincial departments of social development and some Nongovernmental Organizations (NGOs). Furthermore, Annual Reports and other government documents were referred to. In the larger evaluation report, which informs this chapter, information pertaining to the other provinces was gathered from a desktop analysis and augmented with few interviews.

Even though this chapter focuses on South Africa, globally, child protection systems are undergoing a paradigm shift, away from residential institutions, toward family and community-based alternatives. This transition is driven by robust interventions and a body of interdisciplinary evidence demonstrating that residential institutions, even when well-resourced, are associated with adverse developmental, emotional, and social outcomes for children. Evidence from developmental psychology, neuroscience, social work, and public health consistently demonstrates that institutional environments are associated with harmful outcomes for children's cognitive, emotional, and social development (Browne et al. 2020; McCall et al. 2022). It can be argued that in contexts shaped by poverty, conflict, disease, and social disruption, institutions were sometimes perceived as spaces of safety, stability, and opportunity, while providing shelter, education, and access to basic services. For example, in sub-Saharan Africa, major social, political, and economic changes in the last three decades changed the character, ability, and capacity of families and communities to care for children. Many families are weakened by endemic poverty, HIV and AIDS, armed conflict, political instability, natural disasters, financial crises, and family breakdown (Milligan et al. 2017).

It can be noted that international agencies such as the United Nations Children's Fund (UNICEF), regional networks like EUROCHILD, and continental bodies such as the African Union (AU) as well as the high-level policy document and framework, the Global Charter on Children's Care Reform—which was launched in September, 2025, by the United Kingdom (UK) government and global partners to end institutionalization—have advocated for the systematic reduction of institutional care and the expansion of family and community-based alternatives (EUROCHILD 2022; UNICEF 2020). Deinstitutionalization, in this sense, refers not simply to the closure of institutions but to a comprehensive reform of child protection systems to prioritize prevention, family preservation, and alternative care arrangements rooted in children's rights. Yet, despite growing consensus at the global level, the translation of deinstitutionalization principles into practice remains uneven. It is worth noting that abrupt or poorly planned closures of institutions risk exacerbating children's vulnerability, especially when families and communities lack adequate support. Wulczyn et al. (2020) therefore caution that sustainable care reform requires a systems approach that addresses governance, financing, workforce development, and service integration. South Africa exemplifies these tensions. The country's postapartheid legal and policy framework strongly affirms children's rights and emphasizes the primacy of family care. However, residential institutions are embedded in practice, particularly within provincial child protection systems. This paradoxical progressive policy commitment alongside persistent institutionalization

raises critical questions about implementation capacity, professional cultures, and the use of evidence in policymaking.

It is within this context that OCOF-HHCSA, in partnership with the GDSD, initiated a pilot program aimed at reducing reliance on institutional care and strengthening family and community-based alternatives. To assess the relevance, effectiveness, and sustainability of this reform, OCOF-HHCSA commissioned SAPDN to conduct an external evaluation, covering the period from December 2019 to November 2023 across six provinces of South Africa, namely, Gauteng and five other provinces: Eastern Cape, Free State, KwaZulu-Natal, North-West, and Western Cape. This chapter is informed by evidence emanating from the evaluation study.

Global Trends on Deinstitutionalization

Across the world, it is estimated that more than five million children live in residential care settings, including small group homes and large institutions (Wilke 2025). Countless more children live on the streets, endure exploitative labor, and face human trafficking and other tragic circumstances (Wilke 2025). The trend shows that high-income countries had the highest average prevalence of institutionalization, while South Asia had the largest estimated number, followed by Europe and Central Asia, East Asia, and the Pacific, and then sub-Saharan Africa (Desmond et al. 2021). It is worth noting that in all regions, children with disabilities are disproportionately overrepresented. Nowadays, literature increasingly conceptualizes deinstitutionalization as long-term system transformation rather than a discrete intervention (Cantwell et al. 2021). From this perspective, reducing institutional care requires co-ordinated changes across multiple domains, including policy and legislation, financing mechanisms, service delivery models, workforce training, and data systems.

Critically, deinstitutionalization has been gaining momentum in the last two decades globally and is grounded in a rights-based approach to children's well-being and articulated in international covenants and protocols primarily those of the United Nations (UN). The UN is at the forefront of an international thrust aimed at deinstitutionalizing children from residential care:

> The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role. (UN 2009: 2)

Furthermore, the UN Convention on the Rights of the Child (UNCRC) affirms that children have the right to grow up in a family environment and that separation from parents should occur only when necessary and, in the child's best interests (UN 1989). Also, empirical research has reinforced these normative commitments

to the extent that studies demonstrate that prolonged exposure to an institutional environment is associated with attachment disorders, delayed cognitive development, emotional deregulation, and difficulties in social functioning (McCall et al. 2022). More recent neuroscientific research further indicates that early deprivation in institutional settings can have lasting effects on brain development, particularly when children are institutionalized during critical periods of early childhood (Dozier et al. 2023). Institutionalization also increases harm to children in the 0–3-year age groups. Evidence of harm is disproportionately borne by children with disabilities and older adolescents, who face higher risks of long-term exclusion and "cliff-edge" transitions on exit from care (van IJzendoorn et al. 2020).

Comparatively, while residential care continues to be widely used and often delivered by nonstate providers in Asia, several countries began making structured efforts to expand family-based and disability-inclusive alternatives. Reform initiatives in countries such as Cambodia and Vietnam have focused on transitioning children—particularly children with disabilities—from residential facilities into strengthened kinship, foster care, and community-based services (Flagothier 2016). Although there were some major challenges to implementing effective childcare reforms in the same period, there were also promising and positive examples across countries of Central and South America (CSA) in terms of political will, capacity, and aims to provide the best possible care for children. With regard to formal alternative care, the use of residential facilities remained the most dominant form of placement (Gale 2016). It is noted, however, that the numbers of children and the percentage of the child population in care in other parts of the globe were low in comparison to, for example, Central and Eastern Europe (Gale 2016). In addition, steps were being taken, albeit slowly, to develop alternative formal care provision through such family-based and family-like environments as foster care and small group homes, which could eventually negate the need for large and unsuitable residential facilities (Gale 2016).

In Latin America and the Caribbean, care reform has generally been framed within broader social protection and rights-based agendas (UNICEF 2024a) countries aligning legislation with care reform and UN guidelines. This region is prioritizing family strengthening and prevention services, although ongoing drivers of separation—including high levels of inequality, migration, violence, and post-pandemic shocks—continue to place pressure on systems and sustain the use of residential care in several countries (UNICEF 2024a). In Africa, there is notable momentum toward care system reform, with countries such as Rwanda implementing a long-term, government-led transition away from institutional care toward family-based alternatives, supported by legislative reform, a strengthened social service workforce, and targeted reintegration and foster-care development (Hope and Homes for Children 2025; Government of Rwanda and UNICEF 2019). Kenya has adopted a National Care Reform Strategy (2022–2032), which sets out a co-ordinated framework for prevention, family-strengthening, and structured transition from institutions, while Ghana's 2024–2028 Care Reform Roadmap prioritizes social welfare workforce strengthening, regulation of residential homes, and family reintegration (Government of Ghana 2024; Government of Kenya 2022).

Meanwhile, Central and Eastern Europe (CEE) have undergone extensive reforms. Countries such as Bulgaria, Romania, Georgia, and Moldova have reduced reliance on institutional care and expanded family-based alternatives following sustained investments in prevention and foster care (UNICEF 2024b). However, UNICEF's regional analyses indicate that the Europe and Central Asia Region (ECAR) continues to have institutionalization rates significantly above the global average, with children with disabilities remaining disproportionately represented in residential facilities (UNICEF 2024b). It seems families are disinclined to look after children with disabilities. According to UNICEF (2024c), institutionalization of children with disabilities is fueled by deep-rooted social norms and the persistent stigma around disability which reflects public attitudes that hamper both the return of children to their families and efforts to recruit suitable foster parents. Also, social norms support a "medical model" of disability across the region that focuses on children's conditions, rather than their potential. This feeds into the view that institutions—rather than families—are the best option for children with disabilities, a view reinforced by a lack of community-based services that can support them and their families (UNICEF 2024c). Taken together, these regional trajectories illustrate a global shift toward strengthening families, diversifying family-based alternative care and reducing reliance on residential care, due to political will and mindset shifts, albeit at different speeds and starting points.

In studies which focused on orientations for reforming alternative care systems in Africa, Asia, and Latin America almost a decade ago, it was established that residential care options predominated in all countries of all regions for children deemed to need formal alternative care Chaitkin et al. 2017). In the countries studied by Chaitkin et al. (2017), it was ascertained that direct state provision of residential care was very much the exception. It was also left in the hands of the nonstate sector, even though this is not an exception. Many countries, especially in Africa but also in Asia, saw a vertiginous rise in the number of residential facilities operating, particularly during the 1990s and early years of the present century (Chaitkin et al. 2017). In gathering data for the cited studies, researchers lamented that there was scanty information related to alternative care and deinstitutionalization in all the regions featured in their documents. Nonetheless, this situation could have changed in the last few years although verifiable data remains negligible. However, the real systemic barrier to reform can be found in the lack of standardized definitions, consistent data systems, and comparable indicators which significantly impede countries capacities to plan, fund, or monitor care reform (Shawar and Shiffman 2023). It may also be argued that precisely the lack of consistent data systems and comparable indicators lead to reactive childcare and protection systems, driving these to become rescue-and-remove oriented, residential institution reliant, and harmful in practice. One of the biggest global challenges in understanding and reforming alternative care systems is the sharp lack of reliable, comparable information. Children in alternative care are largely missing from official national statistics and global indicator frameworks. Data on institutionalization and alternative care remains inconsistent, incomplete, and in many cases absent, even in regions where large numbers of children remain in residential care settings. Most countries collect only basic administrative

"stock and flow" data, and there are currently no internationally accepted statistical definitions or classifications for different forms of alternative care—although work is underway in this regard. South Africa presents its own unique challenges and opportunities in this arena.

Deinstitutionalization in the South African Context

South Africa's child protection system operates within a complex social environment characterized by high levels of poverty, inequality, unemployment, and violence. Children face multiple risks, including abuse, neglect, gender-based violence and femicide, substance misuse, and community insecurity. While institutional care has historically been positioned as a protective response to these challenges, evidence suggests that many children placed in residential facilities could be supported within families if appropriate services were available (Meintjes and Hall 2018). The legal foundation for child protection in South Africa is robust. The Constitution of the Republic of South Africa Act No. 108 of 1996 enshrines children's rights to family care, protection, and social services. The Children's Act No. 38 of 2005 operationalizes these rights and establishes a continuum of care that prioritizes prevention, early intervention, and family preservation. Institutional care is explicitly framed as a measure of last resort. Despite this progressive framework, institutional care remains prevalent in practice. This trend is illustrated in Fig. 1.

The persistent phenomenon of children being institutionalized reflects systemic challenges, including limited availability of family-based alternatives, resource constraints within provincial government departments, fragmented budgeting, planning and service delivery, and professional risk aversion. Moreover, while several policies implicitly support deinstitutionalization, such as the White Paper for Social

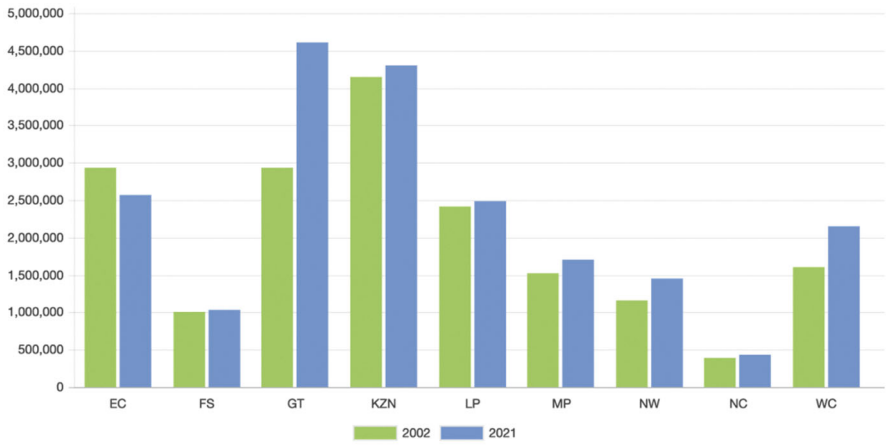

Fig. 1 Number of children in institutional care across the nine provinces of South Africa 2002–2021. (Source: Statistics South Africa 2021)

Welfare (1997) and the Revised White Paper on Families (2023), South Africa lacks a dedicated national policy or implementation plan explicitly guiding deinstitutionalization. Also, the Children's Act 38 of 2005 codifies the principle that residential institutions should be a last resort, to be used only when family-based alternatives are unavailable or inappropriate (Republic of South Africa 2005). The Act establishes mechanisms for family preservation, foster care, adoption, and community-based support services. The White Paper for Social Welfare (1997) prioritizes family strengthening and prevention of institutionalization (Ministry of Welfare and Population Development 1997).

As earlier stated, despite these frameworks, South Africa currently lacks a dedicated national policy on care reform for a deinstitutionalized childcare and protection system. Consequently, provincial departments rely primarily on the Children's Act and informal guidance from civil society initiatives such as OCOF-HHCSA's, thus leading to variations in practice and uneven implementation. According to SAPDN, the external evaluators, there are implementation gaps arising from multiple sources. The first one is the fragmented governance, whereby coordination across sectors such as social development, health, education, and local government remains inconsistent. The second point relates to resource constraints in the sense that insufficient funding for family support programs limits the availability of viable alternatives to institutional care. Third, professional cultures impede the adoption of family-based approaches, for instance, in the way that social workers become risk averse and rely on established institutional routines. Fourth, social workers and workers in residential institutions such as Child and Youth Care Centres (CYCCs) fear job losses. Lastly, national guidance seems to be missing in the sense that there is no formal deinstitutionalization policy or its implementation, thereof, resulting in uneven practice and reliance on localized pilot programs. It must be noted that residential institutions, while protective in some circumstances, cannot address the full spectrum of social risks. Moreover, reliance on residential institutions leads to systemic failure, with the bulk of resources, both human and financial, concentrated on a relatively smaller population of children "at risk," thereby defeating the core principles and intent of the policy environment in childcare and protection. Therefore, care reform for a deinstitutionalized childcare and protection system requires integrated approaches that combine social protection, education, health, and community development interventions. Undoubtedly, strengthening families and communities is not merely a moral imperative but a strategic necessity for addressing the root causes of vulnerability. It is also a national development imperative.

Conceptual Framework

Research in South Africa and comparable contexts demonstrates that a significant number of children in residential institutions / CYCCs could remain safely with families if adequate social and economic support services were in place (Meintjes and Hall 2018). Desmond et al. (2021) emphasize that family- and community-based

care is not only socially and developmentally superior but also more cost-effective over the medium and long term. Cost savings arise from reduced institutional overheads, enhanced educational and health outcomes, and a lower incidence of long-term social service dependency. Indeed, as noted earlier, the UN Guidelines for the Alternative Care of Children outline the necessity of family and community-based care as a normative standard (UNICEF 2020). These instruments have shaped policy discourses worldwide, encouraging governments to prioritize family preservation, kinship care, foster care, and adoption over residential placements. South African studies echo global findings.

The evaluation of OCOF-HHCSA's programs was underpinned by a systems-oriented conceptualization of deinstitutionalization (Cantwell et al. 2021). Systems theory emphasizes interdependencies between institutional actors, policy frameworks, financing, and community-based supports. From this perspective, care reform for a proactive, child-in-family-in-community-focused childcare and protection system is taken as a continuous, adaptive process requiring co-ordinated reform across multiple domains rather than isolated interventions. Care reform is not purely technical; it is inherently political: Shifts from institutional to family-based care redistribute power among stakeholders; also, from institutions to families, from professionals to caregivers, and from placement-focused solutions to preventive approaches. Pierson (2021) highlights that institutional inertia often manifests as overt and subtle resistance, including selective interpretation of policies, delayed implementation of family reunification plans, and continued preference for residential placements.

Risk aversion among child protection professionals exacerbates these challenges. Social workers frequently fear professional sanction if family placements fail, leading to overly cautious decision-making and excessive reliance on institutions (Featherstone et al. 2020; Gupta et al. 2022). Structured supervision, reflective practice, and shared accountability, as emphasized by OCOF-HHCSA, can mitigate risk-averse behaviors by providing "safe spaces" for professional judgment. Evaluation theory increasingly recognizes that assessments of social interventions can serve dual purposes: accountability and learning (Højlund and Bredgaard 2023). Developmental evaluation frameworks, in particular, are suited to complex social reforms that are dynamic and context dependent. In the case of OCOF-HHCSA, the external evaluation by SAPDN functioned not only as a measurement tool but also as a mechanism for iterative policy learning. Evidence was mobilized strategically through validation workshops, policy brief dialogues, and dissemination events, thereby enhancing uptake and influencing decision-making.

Research Methodology

The study that informs this chapter employed an external evaluation research design, and it was commissioned by OCOF–HHCSA and conducted by SAPDN. In line with international guidance, the evaluation methodology was designed as a structured approach to clarifying the purpose and scope of the evaluation, articulating the

intervention logic, formulating evaluation questions, identifying methods and data sources, and allocating resources to support robust implementation (Wieners 2022). Given the complexity of deinstitutionalization reforms characterized by multiactor co-ordination, shifting institutional practices, and heterogeneous child and family pathways, the evaluation adopted a mixed-methods design (Odendaal et al. 2016). This enabled the integration of quantitative (QUANT) and qualitative (QUAL) evidence to assess measurable outcomes alongside experiential, institutional, and contextual explanations. Much of the qualitative data, in terms of verbatim accounts of the respondents, are not included in this chapter. However, they are encompassed in the larger evaluation report. This chapter is a summary of sections of the larger study.

Evaluation Criteria and Evaluative Framing

The evaluation was anchored in the Organisation for Economic Co-operation and Development (OECD) evaluation criteria (OECD 2020). These criteria were applied thoughtfully rather than mechanistically and were chosen because they resonated with the South African child protection system and the objectives of deinstitutionalization. The components of the OECD evaluation criteria are the following:

- Relevance
- Coherence
- Effectiveness
- Efficiency
- Impact
- Sustainability

Contextualization was achieved by arriving at questions that aimed to establish whether certain issues existed at the provincial level. For instance, in practice, the contextualization informed core evaluation questions such as:

- *To what extent are care reform interventions aligned to provincial child protection needs and legislative/policy mandates (relevance)?*
- *How well do program activities fit and co-ordinate with existing provincial systems and actors (coherence)?*
- *To what extent are intended outputs and outcomes being realized (effectiveness and impact)?*
- *How well are resources, capacities, and processes mobilized to deliver results (efficiency)?*
- *What enabling conditions support sustained family-based care and reduced reliance on institutionalization over time (sustainability)?* (OECD 2020)

Together, the above criteria strengthened analytical consistency across provinces and supported findings that were both credible and usable for implementers and stakeholders.

Formative and Summative Approach

The evaluation combined formative and summative elements (US Department of Education 2023). Formatively, the evaluation emphasized monitoring, learning, and adaptive improvements during implementation, particularly where institutional readiness, practice norms, or co-ordination bottlenecks constrained progress. Summatively, the evaluation assessed longer-term outcomes pertaining to reforms and deinstitutionalization, the relevance of interventions, and system-level effects on child protection governance across Gauteng and five additional provinces (Eastern Cape, Free State, KwaZulu-Natal, and North-West and Western Cape). This hybrid approach enabled the evaluation to produce both improvement-oriented insights and outcome-focused evidence suitable for broader policy learning. Substantial data were gathered in the Gauteng and Western Cape provinces, where Care Reform had been recorded extensively. The additional provinces had minimal data and will be evaluated over the long term.

Theory of Change

According to Rogers (2014, p. 1), a "theory of change" explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. It can be developed for any level of intervention—an event, a project, a program, a policy, a strategy, or an organization. It can be developed for an intervention:

- Where objectives and activities can be identified and tightly planned beforehand; or
- That changes and adapts in response to emerging issues and to decisions made by partners and other stakeholders (Rogers 2014)

Consistent with the United Nations Development Group (UNDG) (2017) guidelines which, inter alia, acknowledge that development challenges are complex and are typically caused by many factors and layers that are embedded deeply in the way society functions, and that a theory of change provides a framework for learning both within and between programming cycles, the ToC was used to address the complexity of child protection reforms. It also focused on support-iterative learning and course correction, alignment of stakeholder assumptions and partnership expectations, and strengthening coherent communication regarding how change was expected to occur (UNDG 2017). SAPDN did not develop the ToC in isolation; it was canvased, discussed, and refined collaboratively with the GDSD and OCOF–

HHCSA. Based on the foregoing, the ToC was crucial in guiding the authors to arrive at a conceptual framework for this chapter which theoretically anchored it. The authors had also relied on the ToC to present their arguments in a cogent, systematic, and logical manner. While writing the chapter, the ToC proved helpful to the authors as it made them conscious of the fact that readers should not be confused or misunderstand the chapter's rationale.

Rationale for the Evaluation Method and Mixed-Methods Design

SAPDN's choice of a mixed methodology was guided by (i) the evaluation purpose and scope (December 2019—November 2023), (ii) the Log Frame activities and indicators, and (iii) the need to triangulate institutional processes with child and caregiver outcomes. The Log Frame required evidence on policy and practice change (e.g., document review of legislation/policies, standard operating procedures, and institutional transformation), resource shifts (e.g., budget shifts toward prevention and early intervention), and implementation conditions (e.g., readiness assessments, emergency response capacity). It also required evidence from lived experiences of both the children and professionals in the child protection sphere, and frontline practice (e.g., interviews, focus groups, and participant observation/ethnographic elements), as well as administrative and legal trace data (e.g., tracking and reviewing of Children's Court Orders). Mixed methods were, therefore, appropriate because the evaluation was needed for the reintegration of children into families and communities, schooling, and health status, among others, while also explaining mechanisms, barriers, and enabling conditions shaping the foregoing issues (De Vos et al. 2011). An exploratory sequential mixed methods design was adopted beginning with a QUAL phase to surface contextual explanations and refine constructs, followed by a QUANT phase to assess patterns and magnitude, and concluding with integration across strands to produce coherent inferences (De Vos et al. 2011).

Sample, Data Sources, and Quality Assurance

Data collection focused on children transitioning from institutional care into family-based placements and their caregivers, complemented by institutional stakeholder perspectives to strengthen contextual and policy interpretation. Overall, the study engaged 122 child respondents (CR) aged 6–18 across the provinces, 174 caregiver respondents (CGR) (including foster parents, kinship carers, and community-based social workers), and 45 institutional staff to provide implementation and system-level insights. Social workers are the key actors in statutory services that form part of the child protection sector. Even though they are not care givers per se, their roles are crucial in securing the well-being of children. The institutional stakeholder component drew on multidisciplinary child protection practitioners and leaders (e.g., heads of institutions/managers/directors, social workers, child and youth care workers,

psychologists, social auxiliary workers, social work supervisors, and occupational therapists). Provincially, the sample included the Western Cape sample of 116 respondents across six towns (Cape Town, Clanwilliam, Saldanha, Swellendam, Paarl, and Beaufort West) and a Gauteng quantitative component representing 52 institutions in the NGO child protection sector. Response rates were high (89.9% among targeted respondents), supporting robustness, while triangulation across children, caregivers, institutional staff, and documentary sources, together with integrating qualitative interpretation alongside quantitative trends, strengthened validity and reliability by reducing single-source bias and enhancing credibility (Bamberger 2019). In Gauteng and the Western Cape, respondents had participated in both the qualitative and quantitative aspects of the study given the fact that it was premised on a mixed methodological approach. Furthermore, 89.9% of the targeted respondents engaged in the interviews. The 45 respondents from the Western Cape were contacted for a follow-up prior to the data collection round, which focused on tracking and assessing the readiness of institutional conditions for a significant shift from institutionalization toward deinstitutionalization.

Research Findings: Institutions and Nongovernmental Organizations (NGOs) in Gauteng and the Western Cape

In the Western Cape sample, racial self-identification ($n = 116$) was distributed as 53.4% Colored (mixed race/ biracial individuals), 25.9% Black African, 18.1% White, and 2.6% Indian. This reported profile added interpretive depth to the data gathered, which centered on institutional population patterns (with older adolescents most represented), those who exited from care. The research had attempted to track the whereabouts of children and young people as well as those who could not be traced. Also, it tried to ascertain postexit pathways such as family reunification, foster care, and independent living, as well as those who had progressed to higher education. The data gathered from respondents provide a grounded picture of the scale, composition, and movement of children and young people through institutional care, while also revealing strengths and gaps in postexit support and accountability. In Gauteng province, responses from 52 institutions indicate that institutional care remained a sizeable system: Over 3700 children were reported as being in care within participating institutions and using the reported average (71.43 children per institution) across 140 active institutions; the estimated provincial total reached roughly 10,000 children, or about 0.22% of the child population. Beyond scale, the age profile was particularly revealing; both provinces showed a clear concentration in the 14–18 category, suggesting that institutional care was functioning, in practice, as a major site for adolescent care, perhaps due to social and economic challenges that manifest in this age cohort. This situation suggested direct policy implications for care reform because older adolescents typically face more complex reintegration and education-to-work transitions, as well as higher vulnerability when they reach adulthood, meaning that the system's effectiveness must be evaluated not

only by placement numbers but also by the quality and continuity of preparation for family reunification, foster placements, or supported independent living.

Patterns of exits and tracking further illuminated how effectively the system managed continuity of care beyond institutional boundaries. In Gauteng province, institutions reported over 1600 children leaving care, with a relatively high reported ability to track outcomes (86.4% whereabouts known), while the Western Cape recorded 2002 youths leaving care, but at a lower rate (78% whereabouts known). In both contexts, reunification with families emerged as the dominant pathway, alongside meaningful proportions moving into independent living and foster care, while adoption and progression into higher education remained comparatively marginal. The consistent presence of "lost contact" (15.4% in Gauteng; 12% in the Western Cape) is a critical finding: It signals points where safeguarding and aftercare systems may be weakest, and where young people may be most exposed to homelessness, exploitation, or disrupted education. Finally, the Gauteng data on implementation experience adds an institutional change lens: Perceptions of care reform shifted from predominantly "average" at inception toward more positive sentiment over time, yet work routines reportedly changed minimally, and readiness was uneven (with roughly 22% not ready). Taken together, this suggests reform may be gaining legitimacy at the level of attitudes. However, decision-making practices, and resourcing for aftercare, may still be lagging and require targeted support.

Outcomes for Children

Data collection focused on children transitioning from institutional care to family-based placements and their caregivers, and it was complemented by institutional stakeholders' perspectives to strengthen contextual and policy interpretation. Response rates were high (89.9% among targeted respondents), supporting robustness, while triangulation across children, caregivers, institutional staff, and documentary sources, together with integrating qualitative interpretation alongside quantitative trends, strengthened validity and reliability by reducing single-source bias and enhancing credibility (Bamberger 2019). Figure 2 illustrates the number of respondents per province, divided into Caregiver Respondent (CGR) and Child Respondent (CR) categories in Gauteng and the Western Cape provinces. This is followed by Fig. 3 which demonstrates the age brackets of the child respondents who participated in the evaluation of children's outcomes, with ages ranging from 10 to 21 years of age.

Summary of Research Findings from Children

The research was able to establish that family support—both in terms of material and emotional support—is a pivotal aspect of the children's lives. This finding was substantiated by 75% of the children who highlighted the importance of their families. However, a major challenge that emerged post deinstitutionalization is

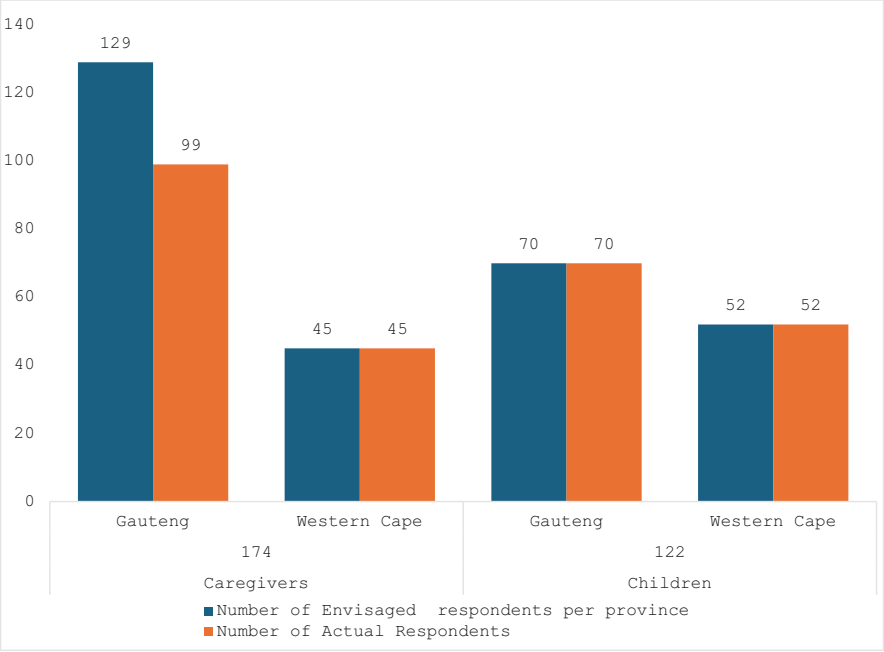

Fig. 2 Respondent category

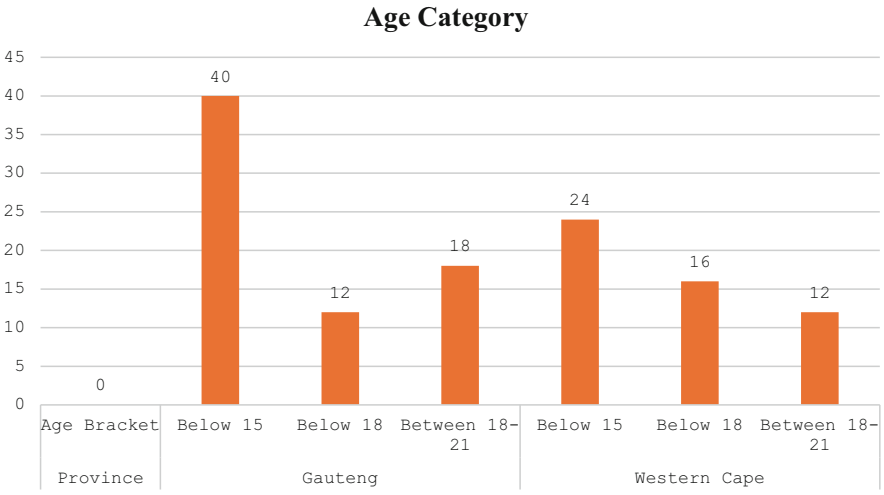

Fig. 3 Age category of child respondents

the maintenance and cultivation of friendships. Over half of the children found it difficult to sustain their friendships with peers from their previous care institutions. Despite this, it is important to acknowledge that the children managed to form new

bonds and friendships outside the institutional setting, which is a positive development in their social adaptation. Furthermore, it was ascertained that education held immense significance in their lives. A significant number of the respondents, 80%, were full-time students, who indicated the priority given to academic pursuits. A significant number of the children were satisfied with their school environment, suggesting that educational institutions played a constructive role in their lives. They were successful in building a strong social network within the school environment. However, 11% of children did not enjoy their school experience and only continued with their education due to parental pressure. The data revealed a concerning near-equal split between children who had sufficient food (42%) and those who were struggling with food insecurity (58%). Also, it was discovered that a decent percentage of children had access to their parents' phones for various activities. Sixty per cent of them used them for school-related activities, and 38% used them for leisure activities.

Responses from the Caregivers

The caregivers observed that the fundamental importance of family and social relationships among individuals could not be overstated, and 72% shared that they spent a substantial part of their day actively engaging with the children in a wide array of activities. The caregivers shared experiences which encompassed a broad spectrum of activities such as cooking together, reading, participating in outdoor sports, jointly watching television, and even shopping together for food and various household essentials. In terms of health, over 70% of caregivers had diligently ensured that their child consumed meals that were balanced and nutritious. They also emphasized the importance of practicing a healthy lifestyle. Nevertheless, approximately 37% of caregivers had reported challenges in accessing clinics. The reasons cited for these difficulties varied, but they often revolved around the remote locations of the clinics and the added complexity of managing a child's ongoing health issues. Regarding child participation, a significant number of caregiver respondents, precisely 89%, reported that children contributed to household chores and were encouraged to voice their opinions on various matters. On a brighter note, a significant proportion (85%) of the caregiver respondents had demonstrated an exceptional level of vigilance regarding the environment of their foster children.

Discussions of Deinstitutionalization

Apart from the presented findings above, the larger study had more findings which could not all be summarized in this chapter. For instance, even though the evaluation study had not conducted a full cost-benefit analysis, qualitative evidence suggested that family-based care models were perceived as more cost-effective in the medium-to-long term compared to institutional care, particularly when factoring in social outcomes. This finding aligned with international literature demonstrating the

economic and social inefficiencies of institutional care (Desmond et al. 2021). Beyond measurable outputs, the evaluation documented important normative shifts within child protection institutions. For instance, in the larger evaluation report, stakeholders described a gradual move away from "rescue-oriented" models toward family preservation and reintegration. One government official had mentioned that they (government officials) had begun to ask different questions, such as not where to place the child, but how to support the family. Although Gauteng province was the primary focus, the evaluation found evidence of spillover effects in other provinces involved in the initiative. Lessons learnt were shared through three policy briefs, dialogues, and at a care reform summit held in November 2025. These are processes that emanated from the larger evaluation study. This contributed to a growing community of practice around care reform in South Africa. A distinctive feature of this evaluation was its evolution into a policy enrichment process. Rather than treating findings as an end point, OCOF-HHCSA and SAPDN used evidence as a catalyst for structured policy engagement. This process included validation policy brief dialogues/workshops with stakeholders and the dissemination of evidence-informed policy briefs.

The presented findings demonstrate measurable progress in advancing deinstitutionalization within Gauteng province and selected provinces in South Africa. However, these outcomes must be understood within broader theoretical, institutional, and political contexts. Deinstitutionalization is not merely a technical reform, but a social and political process that challenges entrenched beliefs about care, authority, and child protection. It can be discerned, therefore, that the evaluation findings align strongly with international evidence calling for a paradigmatic shift from institutional care toward prevention, family strengthening, and community-based support (Better Care Network 2023; UNICEF 2020). These findings resonate with a political economy type of analysis pertaining to welfare reform, which highlight how institutions protect established interests and routines (Pierson 2021). A recurring theme in the evaluation was risk aversion among child protection practitioners. Social workers expressed fear of blame and professional sanction, should family placements fail. This phenomenon is well documented in international child welfare literature, where defensive practice often leads to overly cautious decision-making (Featherstone et al. 2020). OCOF-HHCSA's approach, emphasizing supervision, reflective practice, and shared accountability, appears to mitigate this dynamic by creating "safe spaces" for professional judgment.

Evaluation as a Catalyst for Policy Change

Rather than producing a static report, the evaluation evolved into several activities that put some of its conclusions and recommendations into action. Some of them were characterized by iterative feedback loops, stakeholder cointerpretation of findings, and active translation of evidence into policy dialogue. Crucially, the former processes culminated in the *Johannesburg Inaugural Care Reform Summit*, which was held between 12 and 13 November 2025 and had brought together

government leaders, civil society, and experts committed to transforming South Africa's childcare and protection system. At this Summit, delegates codeveloped a unified roadmap to universalize family care to ensure that every child grows up in a safe, nurturing family environment and in so doing, to end institutional care by 2030 (National Department of Social Development [NDSD], Gauteng Department of Social Development [GDSD], and OCOF-HHCSA 2025). While being guided by the shared vision which states that by "2030, South Africa will have a strengthened developmental child-care and protection system that ensures universal access to nurturing family care and as a result, the elimination of institutional care," delegates made the following commitments:

- Endorsement of the Global Charter on Care Reform
- Development of a national policy and costed strategy and 5-year implementation plan for achieving universal, nurturing family care and the elimination of institutional care
- Introduction of an immediate moratorium on the placement of children under 3 in institutions
- Expansion of promotive, preventative, early intervention, and family support services as per the commitments in the National Child Care and Protection Policy, the National Integrated ECD Policy, the White Paper on Families, and the White Paper on the Rights of Persons with Disabilities
- Strengthening the availability of access to and the quality of family-based alternative care, including specialized support for children with disabilities
- Establishment of a national multisectoral co-ordination structure to develop, oversee, monitor, and report on the policy, strategy, and plan
- Development of a robust outcomes-based monitoring and reporting framework (NDSD, GDSD, and OCOF-HHCSA 2025: 2–3)

Limitations

Finally, it is important to note that while the evaluation yielded valuable insights, several limitations must be acknowledged including a lack of longitudinal outcome data for children postplacement, limited quantitative cost-effectiveness analysis, and context-specific findings that may not be universally generalizable. Future research should explore long-term child outcomes, comparative provincial analyses, and the intersection between care reform and poverty reduction strategies. The evidence suggests that care reform is most effective when approached as a long-term, systems-level transformation supported by learning-oriented evaluation and strategic partnerships. Also, due to the fact that this chapter is based on an evaluation study on care reform and deinstitutionalization, it falls short of a nuanced and deep coverage related to comparability, care-leaving and aftercare, and workforce capacity and specialist family-based support.

Policy Recommendations

Based on the foregoing issues, care reform for a deinstitutionalized childcare and protection system should be located within the purviews of building the capacities of families and communities as well as fostering active citizenship—as envisaged by the government and organs of civil society—so that the former can raise children in safe and fulfilling environments. Such capacitation should not only be based on psycho-social support, but it must be driven by strong economic empowerment programs, as articulated in some government policies and the country's National Development Plan (NDP). When such a strong family-community-based agenda is implemented across the country, many of the country's social ills would have been prevented, as the building of families and communities would also be anchored in a preventative approach, where societal challenges are anticipated and addressed before they blossom. Hence, this chapter recommends that South Africa should have a policy on the deinstitutionalization of children, in the context of alternative childcare. It is further recommended that the guidelines for implementing the deinstitutionalization of children should mainly be drawn, but not exclusively, from the work that has been undertaken, thus far, by the government and civil society organizations (CSOs) and recommendations included in national policies, such as inter alia the White Paper for Social Welfare (1997), National Child Care and Protection Policy (2019), Revised White Paper on Families in South Africa (2023), and the Draft National Community Development Policy (2021). During the evaluation study, a critical gap was identified by the researchers, which pointed to no policy or plan that could guide stakeholders in implementing the deinstitutionalization of children in South Africa. Indeed, during data collection, some of the respondents pointed out that they relied on the Children's Act 38 of 2005, which they said did not provide enough guidelines to implement the deinstitutionalization process.

Further Recommendations

1. Twenty-six per cent of the caregiver respondents reported a lack of visitation to the caregiver to assess the living standards of the child. Thus, this gap suggests that civil society and government departments should collaborate and co-ordinate data harvesting and collation, to feed into a national monitoring and evaluation system that will enable rational planning, budgeting, and collaboration between civil society and government departments. Collaborative planning and service delivery between civil society organizations and government departments is key to opening and sustaining developmental pathways for children and young people who have transitioned out of institutions and those who have aged out of foster-care placements.
2. There are certain children who need continued emotional support and someone to talk to. Thus, 33% of the child respondents wanted to find out if one of the field researchers would continue phoning and chatting with the child respondents. This

might indicate that the child missed spending some quality time with the caregiver. This finding supports the imperative to implement the OCOF-HHCSA's AFS-KHUSELA Community-based Prevention Model programming, which has yielded positive long-term well-being outcomes for children and families participating in both Gauteng and Western Cape Provinces.

3. Most of the caregiver and children respondents indicated the hardship of life due to the dwindling household economy. Therefore, income generation or referral systems to other organizations that train and support small businesses with small capital should be considered and included in the coordinated planning led by government departments.
4. There were a few households where the caregiver depended on the child's grant and social relief grant, but the amounts of such interventions are below the poverty line or minimum food basket requirement per individual per month. Therefore, there is a need to focus on resourcing households, including strengthening the capacity of caregivers and food security initiatives, inter alia, as key accelerator objectives.
5. More work is needed to make people aware of care reform for a proactive, family-focused, free childcare and protection system, as a key element of sustainable care reform in South Africa.

Conclusion

Several issues need to be reiterated in closing this chapter. First, deinstitutionalization is a normative, political, and social process that is not merely technical. Second, family-based care yields better developmental, emotional, and social outcomes compared to institutional care. Third, effective reform requires multilevel engagement: government, civil society, caregivers, and communities. Fourth, evaluation and evidence are crucial tools for systemic transformation, beyond accountability, thus shaping policy and institutional culture. Therefore, sustainable deinstitutionalization requires economic, social, and psychosocial support, integrated with on-going monitoring and adaptive strategies. This chapter sought to demonstrate that deinstitutionalization presents an opportunity for systemic reform: integrating child welfare, social protection, health, education, and community development policies to strengthen the broader social safety net, among others. In addition, the experiences documented in this chapter reveal that deinstitutionalization is both possible and essential. While the process is complex and fraught with challenges, including risk aversion, institutional resistance, and socioeconomic vulnerabilities, the costs of inaction are far higher: inter alia, lost childhoods, fractured identities, and diminished life chances. The work of OCOF-HHCSA, in partnership with government, NGOs, and communities, offers a blueprint for systemic change. In this regard, it can be argued that evaluation played a central role, not merely as a tool for accountability, but as a mechanism to guide learning, inform policy, and reshape institutional norms.

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