

# NO PLACE LIKE HOME

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*A research study of the operations, management,  
and care offered by registered and unregistered residential facilities  
for orphaned and vulnerable children*

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BUILT ENVIRONMENT SUPPORT GROUP

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# **Built Environment Support Group**

## **23 years supporting the urban poor**

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### **No Place Like Home**

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### **Abbreviations**

<b>BESG</b>	Built Environment Support Group
<b>(DR)DSWPD</b>	(Durban Regional) Department of Social Welfare and Population Development
<b>HIV/AIDS</b>	Human Immunity Virus/ Acquired Immune Deficiency Syndrome
<b>OVC</b>	Orphaned and Vulnerable Children
<b>CSG</b>	Child Support Grant
<b>CDG</b>	Care Dependency Grant
<b>FCG</b>	Foster Care Grant
<b>PG</b>	Pension Grant
<b>KZN</b>	KwaZulu-Natal

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# CHAPTER 1



## THE PROBLEM AND ITS SETTING

### 1.1 Rationale for the study

One of the most devastating impacts of the HIV/AIDS pandemic is undoubtedly a vulnerable orphan population. A model developed by the Actuarial Association of South Africa (ASSA) estimates that by 2015 there will be 2.5 million orphans under the age of one (Beresford, 2007). Government and civil society organisations have responded to the ever-looming orphan crisis by devising and implementing various programmes and policy mechanisms. The KwaZulu Natal (KZN) Department of Housing in 1999 issued HIV/AIDS Housing Guidelines as a component of the Transitional Housing Subsidy, which stipulated the following:

1. Cluster homes or children's villages for "AIDS orphans".
2. Transitional housing for adults or children who lose a breadwinner.
3. The provision of facilities for home based care where families are prepared to assist people with AIDS or "AIDS orphans".

The KZN department of housing guidelines have come under heavy criticism for a number of reasons. The mere delineation of orphans as "AIDS orphans" propagates and deeply entrenches stigma into social and housing systems. In addition, the policy has created the opportunity for a new generation of "AIDS orphanages" in contravention of national welfare policy and the KZN's Department of Housing policy not to fund projects that do not have the support of the Department of Welfare. The misalignment of policy has resulted in registered and unregistered institutional homes faced with potential sustainability, management and operational issues. Institutional homes are reported as damaging to psycho-social development as children are removed from a family type environment creating opportunities for impaired psycho-social functioning.

There is an obvious gap in recent national literature on socio-economic and psycho-social implications of institutional housing. Socio-economic implications refer to a spectrum of issues such as the impact on children's development, management of institutions in terms of operational capacity, financial sustainability and compliance with policy, psycho-social support systems, outreach programmes, monitoring and evaluation of institutions. This study will undertake research into these issues as captured in the research problem and sub-problems below.



## **1.2 Statement of the problem**

Policy misalignment between the provincial Departments of Social Welfare and Population Development and Housing has resulted in the establishment of unregistered institutional homes that may have detrimental impacts on psycho-social development of children, and while costly to establish may not be financially sustainable.

## **1.3 Sub-problems**

The following research questions guided this research project:

- A. Are institutional care facilities financially sustainable?
- B. How do institutional care facilities manage the care of orphaned and vulnerable children?
- C. What are the impacts of institutional care on orphaned and vulnerable children?
- D. Are unregistered homes serving a need?
- E. What options are available for unregistered children's institutions?

## **1.4 Study Limits**

The funding secured for this project and time constraints permitted us to case study six institutions. In this light, every attempt was made to secure participation of institutions that were widely representative of child-care institutions in South Africa. The field research was conducted between October and November 2006 and represents observations recorded at the time for the purpose of policy development on OVCs and residential care. It is not admissible for any claimed or alleged breach of any regulations pertaining to the research study reported herein.



## **1.5 Assumptions**

It was assumed that people interviewed (government employees, housemothers, managers of institutions) would be willing to talk openly about their experiences without fear. It was assumed that financial information attained from institutions was accurate and a true reflection of operation and income.

## **1.6 Structure of the report**

Chapter one introduces this study, sets out the context, research questions, hypothesis and conceptual framework that guides this study. Chapter two is a review of national and provincial policy and national and international literature on psycho-social impacts of institutional care on orphaned and vulnerable children (OVCs). Chapter three describes the methodology used. Chapter four introduces the case studies in detail. Chapter five is a comparative group analysis of registered and unregistered institutions. Chapter six summaries key findings and makes recommendations to better align policies impacting on the lives of OVCs in South Africa.



## A simple line drawing of a church. It has a gabled roof with a cross on top. The front wall features a large arched window and a smaller arched doorway. A cross is also visible on the front wall above the doorway. The drawing is done in a sketchy, hand-drawn style.

One is specifically aimed at 'AIDS-orphans' (both maternal, paternal and double), thus only Thabo is eligible.

The other organisation defines 'child' as anyone up to fifteen years of age, and 'orphan' as only double orphans. Thabo's absent father is alive, though the family does not know where. Soon Thandeka will be fifteen and her carer will lose her grant money. Their grandmother is becoming increasingly frail and forgetful. Secretly Thandeka and Nondumiso resent the young Thabo for having so many demands that they must meet, as well as his access to money, something that they must give up so much for<sup>1</sup>."

Clearly Thabo, Thandeka and Nondumiso are in need of assistance. There are many children in South Africa in similar situations. A coherent response to this need requires congruence with:

- The Minimum Standards of care outlined by the South African Department of Social Development (Inter-Ministerial Committee on Young People at Risk, 1998).
- The Constitution of the Republic of South Africa (1996).
- The United Nations Convention on the Rights of the Child (CRC) that has been ratified by the South African government.

The definition of OVCs needs to be (a) well-defined, (b) liberal in the interests of children, and (c) broadly applied by all stakeholders. In this regard several authors (Clark, 2005; Smart, 2003; Giese, Meintjies, Croke & Chamberlain, 2003 Adato et al., 2005; van Niekerk, 2006) have highlighted the following essential points:

- 'Child' should be any person under the age of 18.
- 'Orphanhood' occurs when the child's parents are not present and caring for the child, most often this is due to their death.
- This death should not be required to be of AIDS related causes; indeed separating orphans on the basis of how their parents have died can lead to discrimination and stigma.
- 'Orphanhood' should be regarded as the loss of either parent or both, as any child who is deprived of a parent loses the potential contribution that, that parent can make to their life.
- Providing assistance to any one type of orphan (for example maternal orphans) means that other children who need help are discriminated against unjustly.
- Vulnerability is the potential for disruption in the child's ability to enjoy their rights and obligations as people and as citizens in adulthood.
- Being an orphan (of any type, for any reason, and in any circumstance) is an inherently vulnerable position as a child and person; however, it is not the only cause of vulnerability in children.
- Vulnerability may arise from many local sources, but many arise due to the underlying structure of contemporary societies (such as changing economies, violent struggle, and the HIV/AIDS pandemic) and the position of children in such societies.

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<sup>1</sup> Story written by Graeme Hoddinott, Independent Consultant.

- The responsibility to protect, care for and nurture children is placed primarily on parents. These parents need to be supported by government. Where parents are unable to do so the state must provide substitute care that is at least as good. Various charity, philanthropic, non-governmental organizations (NGOs), community based organizations (CBOs) and faith based organizations (FBOs) are instrumental in assisting the parents and government in this regard.

When considering the above the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), and the United States Bureau of the Census estimates that between ten and fifteen percent of children under the age of fifteen living in South Africa have lost one or both parents (Dennis, Ross & Smith, 2002). The incidence rate is likely to escalate until 2020 (Bell, Devarajan & Gersbach, 2003). There are literally millions of OVCs in South Africa who are entitled to the freedom to become dignified and valued human beings. Upon whom is it incumbent to see that this happens? How may this possibly be achieved? It is the purpose of this report to shed some light on current responses and developments in this field, a process reflection upon what has been learnt, what is being practiced, and the direction future strides may take.

## **2.2 The Needs of a Child**

A logical starting point for this investigation is the consideration of what are the needs of a child. Broadly, this can be thought of as an environment that provides sufficient material sustenance, opportunity for growth as a person within a valued cultural schema, and protection from threats to this growth.

Practically, this means that a child needs:

- (a) Regular, nutritious food and clean water,
- (b) Medical protection and treatment when necessary,
- (c) The comfort and protection from elements in the form of shelter,
- (d) Opportunities to learn social and cultural valued knowledge and skills in preparation to be an active and contributing member of society,
- (e) To be loved and valued as a dignified person in a regular, non-conditional manner.

The primary response to child vulnerability both internationally and in South Africa, is to guarantee children rights (Clark, 2005). According to Clark (2005) there are twenty million children (under the age of eighteen) living in South Africa. Although The Constitution of the Republic of South Africa (1996), is the ultimate legislative control (along with relevant case law) of these rights stakeholders in the field adopt numerous practice guidelines.

The Constitution relates to the rights of children in two ways:

1. By acknowledging that children will one day reach the age of majority and become fully-fledged citizens with the concomitant rights and responsibilities.
2. By providing specific guidelines as to special treatment children should receive, until reaching majority status.

These specific guidelines are enshrined in chapter two section twenty-eight of The Constitution (1996):

28. (1) *Every child has the right*
- a) to a name and a nationality from birth;*
  - b) to family care or parental care, or to appropriate alternative care when removed from the family environment;*
  - c) to basic nutrition, shelter, basic health care services and social services;*
  - d) to be protected from maltreatment, neglect, abuse or degradation;*
  - e) to be protected from exploitative labour practices;*
  - f) not to be required or permitted to perform work or provide services that*
    - i. are inappropriate for a person of that child's age; or*
    - ii. place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development;*
  - g) not to be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12[Freedom and Security of the person] and 35 [Arrested, accused and detained persons], the child may be detained only for the shortest appropriate period of time, and has the right to be*
    - i. kept separately from detained persons over the age of 18 years; and*
    - ii. treated in a manner, and kept in conditions, that take account of the child's age;*
  - h) to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and*
  - not to be used directly in armed conflict, and to be protected in times of armed conflict.*
- (2) *A child's best interests are of paramount importance in every matter concerning the child.*
- (3) *In this section "child" means a person under the age of 18 years.*

A further set of guidelines, the CRC, is guided by four principles (Inter-Ministerial Committee on Young People At Risk, 1998). These are:

- a) Best interests of the child (article 3).
- b) Survival and development (article 6).
- c) Non-discrimination (article 2).
- d) Participation (article 12).

A number of other articles in this document also provide more direct guidelines for treatment of children in specific situations such as with regard to the justice system.

### **2.3 Applying Children's Rights in the South African Context**

It is clear that South Africa has a broad and liberal legislative and policy framework that serves the interests of children. Structural, social and economic realities influence the implementation of adequate care and rights of children in South Africa. These are discussed below. Socio-economic difficulties are frequently co-morbid and work cumulatively in many ways. These are both symptomatic and reinforced by the attitudes of people that regard OVCs as 'problematic'. Orphaned and vulnerable children are frequently viewed as a financial burden and the responsibility shifts from the state to the community or sympathetic care organisations.

## **2.4 Departmental Responsibilities**

Multi-layered interventions deal with multiple needs (Clark, 2005; Inter-Ministerial Committee on Young People at Risk, 1998; Dennis et al, 2002; Giese et al, 2003; Smart, 2003; Williamson, 2004; Adato et al, 2005; Spain, 2006). Every child may benefit from different and multiple sites of assistance, however each must be utilized where most appropriate and in greatest synergy with others to be most useful. The discussion below is intended as a theoretical background that highlights disjuncture in policies, between policy and implementation, and to contrast with this research into practical 'goings on' in assisting OVCs through institutional care.

## **2.5 Department of Social Welfare and Population Development**

The Department of Social Development is guided by the policy framework compiled in 1998 by an inter-ministerial committee on young people at risk; this document is entitled the "Minimum Standards – South African Child & Youth Care System" (Minimum Standards) (Inter-Ministerial Committee on Young People at Risk, 1998, cover page). This report is intended as a coordinating document for all departments. However, Wright (2001) has noted that it serves mainly as a guide to actions taken under the auspices of the Department of Social Development. Wright (2001) raises concerns about the policy environment surrounding HIV/AIDS that may be transposed to the OVC policy environment. These concerns include inappropriate targeting of responses, confounding political issues, financial infeasibility, and administrative inoperability. There is an urgent need to find cost-effective, comprehensive and integrated care systems that may be applied on a national and local scale. In an attempt to do so, the Minimum Standards centers around four principles:

### **2.5.1 Prevention**

The ultimate aim is that "Young people and their families receive services and/or have access to resources which maximize existing strengths and develop new capacities that will promote resilience and increase their ability to benefit from development opportunities" (Inter-Ministerial Committee on Young People at Risk, 1998, pp 2). In order to promote this, both young people and their families require access to basic needs such as food, clean water and shelter, as well as access to health services for 'check-ups' and the education system to seize 'developmental opportunities'. Broadly, it is about minimizing vulnerability in children but also their parents to reduce the incidence of orphans. It is evident how campaigns that minimize HIV transmission fulfil this function. This gives a picture of both the complexity of the needs of OVCs and the wide scope that interventions must take.

### **2.5.2 Early Intervention**

Early intervention strategies aim to protect the child and consist of six elements:

- (a) Preserving the family where possible.
- (b) Rapid assessment and referral of the child if the child is removed from the home.
- (c) Protection and appropriate treatment if arrested.
- (d) Ensuring access to legal representation where needed.

Furthermore early interventions around health and educational crisis need to be considered, such as mechanisms for recognizing when a child is missing meals, or is absent from school, especially for non-sickness related reasons.

### **2.5.3 Statutory Process**

This principle governs the nature and process of any interventions, beyond the immediate, with regard to OVCs. It has five elements: (a) assessment, reporting and referral of needs, (b) court processes that are in the best interests of the child, (c) placement on the continuum of care, or sentencing that is appropriate and empowering, (d) quality legal representation, and (e) transitional care that ensures care, safety, containment, education, and developmental opportunity. It is argued that statutory elements such as the legislation guiding the Child Support Grant (CSG) and Foster Care Grant (FCG) should also fall under this section as they are a legal frame and have a direct impact on the previous two principles.

### **2.5.4 Continuum of Care**

The continuum of care flows from the above principles. It is the idea that residential care is the least desired option for the care of children. Residential care is only an option when the family and community, with the support of government, are unable to protect children from vulnerability, when early prevention strategies have failed, and when transitional care structures cannot return the children to a safe and enriching, non-residential care environment. Residential care refers to care in “Shelters, Children’s Homes, Group Homes, Places of Safety, Schools of Industry, Transitional Secure Care, Reform Schools, Secure Care, and Youth Correctional facilities” (Inter-Ministerial Committee on Young People at Risk, 1998, pp 3).

The Minimum Standards of South African Child & Youth Care System are:

- a. Receiving children into a caring and safe environment that minimizes trauma,
- b. Ensuring the environments are safe from any sort of harm,
- c. Informing the children of their rights and respecting these rights,
- d. Children are free to complain and be heard fairly and quickly,
- e. Children are informed about procedures and policy regarding reportable incidents,
- f. The physical environment is safe, health and well-maintained,
- g. Emergency and safety practices protect children from hazards,
- h. Children are entitled to a transitional plan that facilitates a smooth transition between or out of facilities and harmonizes with their care plan,
- i. Children are entitled to privacy and confidentiality,
- j. Access to legal council and court appearances,
- k. Emotional and social care that enables quality interactions with adults and peers,
- l. Children are provided with the capacity and support that enables constructive and effective social behaviour,
- m. A developmental milieu that is experienced as respectful and nurturing of their spirit, dignity, individuality and development by the child,

- n. A comprehensive, well-assessed care plan that supports re-integration in the community as soon as possible,
- o. An individual development plan compiled within three weeks of acceptance and reviewed at least every six months,
- p. Regular and fair reviews of both the care and developmental plans,
- q. The provision of developmental opportunities and programs,
- r. Access to unconditionally provided therapeutic support,
- s. Education, and
- t. Disengagement with appropriate rituals and procedures facilitating the transition.

This provides a comprehensive framework for residential care ensuring the best interests of the child. Why has the department stopped issuing licenses for such facilities (Wright, 2001)? Perhaps the scale and demand is too great for prospective facility constructors and managers? The reasons remain unclear (Wright 2001); what is clear is that the Minimum Standards Policy is both extensive and offers practical guidelines for implementation.

## **2.6 Department of Housing**

The Department of Housing of KwaZulu-Natal issued the Policy to Cope With The Effects Of AIDS on Housing 1999 (Policy Communique 7/99, 1999). This policy was intended to set certain process-maps and standards for addressing the growing housing problem escalated by HIV/AIDS. It also provides a section on what is referred to as “Institutional Requirements” (Department of Housing in KwaZulu-Natal, 1999, pp. 88); this is to be understood as the requirements for the construction and maintenance of institutional accommodation, including institutional care for OVCs.

The policy outlines how the Provincial Housing Department may subsidize such institutions. Furthermore, it outlines that the Provincial Housing Department can assist with alleviation of the crisis caused by HIV/AIDS through:

- (a) The establishment of cluster homes or children’s villages
- (b) The establishment of transitional housing for children and adults.
- (c) The provision of facilities for home based care.

Two issues may be raised with this outline. Firstly, it differentiates between people affected by HIV/AIDS and those not, a distinction criticised above. Secondly, there is no policy framework for other alternative care methods than home-based care such as community based care models.

### **2.6.1 Children’s Village or Transitional Accommodation**

Children’s village or transitional accommodation requires the construction of infrastructure to house OVCs separate from the rest of the community, where their care and educational needs are met.

- An appropriate institution must be established, most appropriately a section 21 company.

- The land on which it is established must be owned or leased on the long term by the company and the intention is not to transfer ownership to the recipients of the accommodation.
- If a municipality runs the project the members and directors of the company should be councilors and officials of the municipality.
- If it is a charitable project the company's members and directors must be deemed to have the capacity to oversee, manage and implement the project.
- Furthermore in the case of a charitable company running the institution it may only be used for one project. This is only preferred if the municipality runs the institution.
- The Provincial Housing Department will in every instance use its discretion to ensure the arrangements for an institution are suitable for the project.

### **2.6.2 Home-based care**

Home based care entails the implementation of infrastructure that supports the care of OVCs in the home, such as a food allocation point.

- The scale of the project demands that it is not feasible to construct enough institutions or facilities. It is therefore necessary to provide home-based care.
- Non-regulation of such care will likely lead to policy abuses.
- The Provincial Housing Department will therefore investigate suitable organizations in this field on occasion.
- Persons wishing to apply for funding to create home-based care structures must have the endorsement of an approved welfare organization.
- The welfare organization is required to undertake regular monitoring of the provided accommodation.
- Further investigation and consideration is required on the matter of home-based care for children affected or infected by HIV/AIDS.

There is clear disjunction between the two departments' policy frameworks. Not least of these disjunctions is the reason for institutional care. The Department of Social Welfare and Population Development treats institutional care as a last resort, whereas the Department of Housing, in a subsequent policy, treats institutional care as a first option that needs to be supplemented by others due the scale of the need. The Department of Housing's policy is also concerned primarily with logistical and legal requirements for building institutions. The only mention of a standard of care is that the department will in every instance use its discretion that the facilities are appropriate, or that an approved welfare organization will periodically monitor it.

### **2.6.3 The Contributions of other Departments**

As outlined above the needs of children are diverse, and the reasons for their vulnerability multiple. As such, it is argued that more departments should be involved in assisting OVCs directly and indirectly by supporting communities that are home to OVCs. The Minimum Standards are a step in the right direction as it is the result of inter-ministerial dialogue. This policy needs to be taken forward into action to all relevant departments. Primary among these departments are health, housing,



agriculture, arts and culture, education and social development. The involvement of multiple spheres of government as well as the business community and civil society will help to ensure a high level of expertise and skills in meeting multiple challenges that surround the care of OVCs.

## **2.7 Care Models for OVCs**

Whether institutional care is the last or first port of call as a mechanism for assisting OVCs it is certainly not the only care model. In this section six different care models will be reviewed in terms of how well they serve the needs of the children. These needs are conceptualised as both developmental and psychosocial. It is recognised, in accordance with the continuum of care outlined above, that no single model of care will best meet the needs of every child. Each of these models may have a space for providing care. It is the purpose of this review to see where this space is in relation to other care models.

### **2.7.1 Statutory Residential/Institutional Care.**

This model is characterized by the construction of buildings with the exclusive purposes of housing, feeding and educating many children together. This is an area apart from the rest of the community. The children are limited to the area, except when on excursions organized by the institution.

There is a good reason that the inter-ministerial committee addressing how to assist young people at risk found statutory residential care to be a measure of last resort. Numerous studies have found it to be (a) detrimental to the child's developmental needs and psychosocially neglectful (b) prone to abuses, (c) inefficiently regulated, and (d) to lack standardization leading to vast inter-institutional discrepancies (Dennis et al, 2002; Giese et al, 2003; Smart, 2003; Smith & Brisbane, 2003; Williamson, 2004; Gillespie, 2005; Spain, 2006). In order for an institution to provide quality care that nurtures the child, certain elements must be in place. These elements include:

- (a) A low caregiver to child ratio.
- (b) Nutritious food.
- (c) Stimulating opportunities for learning and personal expression.
- (d) Opportunities for the children to establish intimate, loving relationships of care with others.
- (e) Educational opportunities that prepare the child to enter the economy as a productive adult.
- (f) Mechanisms for building a sense of identity and personal history such as family trees, memory boxes and diaries.
- (g) On site medical care.
- (h) Voluntary therapeutic and spiritual counselling opportunities, and
- (i) Regulation of child-caregiver relationships in order to prevent abuses.

Unfortunately, many institutions do not meet these requirements, and there is a lack of monitoring and regulation of them to ensure they do. The lessons learnt in Eastern Europe and Africa especially show institutional care to be detrimental, especially when not tightly monitored (Smart, 2003; North American Counsel on Adoptable Children, (undated); UNICEF Regional Network for Children, 2002). The reality is that

children in institutions are frequently abused, their rights violated, taken advantage of, and their future dashed, as they are not prepared for life outside of the institution. Many never learn to interact with other people. The milieu of institutional care, especially under-resourced institutions, is such that caregivers cannot cope with the needs of the children for attention. One set of caregivers reported a local policy not to show affection to any one child for fear of being physically overwhelmed by the other children so desperate for the same attention (Williamson, 2003).

Another worrying trend that has been reported is that, in the context of poverty, parents are committing their children to institutions in a desperate attempt to obtain a better quality of life for the children (Adato et al, 2005). This deprives children of their parental care, and places an extra burden on structures to assist OVCs.

Despite these flaws, much foreign funding is earmarked for the specific function of establishing residential care units (Olson, Knight, & Foster 2006). Problems arise when there is insufficient regulation of how this funding is used, and long-term sustainability of the institutions should funding dry up.

### **2.7.2 Statutory Adoption and Foster Care.**

Statutory adoption is a legal mechanism by which a child is integrated into the family as the child of an adult, where the adult becomes said child's legal parent. This parent is treated by law and by society as having all the rights and responsibilities of a biological parent, and the child having the same rights and obligations toward the adoptive parent.

Foster care is a mechanism by which adults may take on a care provider role for a child without becoming their parent. The foster parent has specific responsibilities of care for the child equivalent to ensuring the child's developmental, psychosocial and educational needs are met. Foster parents are assisted by the state through the foster care grant (FCG - R590 per child per month in 2006) until the child is eighteen years old.

The obvious benefit for children who are adopted or fostered is that they remain in a family environment with all the concomitant love, care, respect that accompanies a family. Such an environment is shown to have the most beneficial developmental and psychosocial implications for the child compared to all other models of care (Williamson, 2004). This is especially so when the child is adopted/fostered by extended family members and persons who already have a strong bond with the child. An important part of the adoptive/fostering process may begin when sick parents, most notably those who have AIDS, disclose the fact that they are going to die to both their children and their family and friends (Adato et al, 2005). This leaves time for the parent to prepare a suitable placement for the child, and for the child to understand the process and cope with it. This has been shown to have many benefits for the child, but also to be difficult in the context of parent-child relationships in South Africa and the stigma surrounding HIV/AIDS (Adato et al, 2005).

In the circumstances of poverty the Foster Care Grant (FCG) is a significant amount. This can lead to children being fostered as a means for obtaining money (Williamson, 2004; Adato et al, 2005). Such children are made more vulnerable as they are now commodities that are used to achieve the adult's ends. This is controlled to some

degree by the legislated procedures in place to become a foster parent, but it remains an issue that requires monitoring. Secondly, the statutory procedures to become foster/adoptive parents have become a spanner in the process of rapidly assisting OVCs (Adato et al, 2005).

Many children living in rural areas do not have the necessary documents, such as birth certificates, that are required for statutory procedures. This may be because the child was never formally registered, or because the documents were lost, for example in one of the frequent 'shack fires', or in flooding. People often are unaware of how to proceed with formal fostering or adoption due to their remoteness to urban areas where legal proceedings are centred (Adato et al, 2005). When such knowledge exists the time and transport that is required to undergo legal proceedings is too much of a cost to bear for poor families (Adato et al, 2005). Thirdly, when adoption or fostering occurs siblings can be split from each other. This has detrimental effects for their psychosocial development to such a degree that some siblings opt to stay in child-headed households rather than be split among relatives (Foster et al, 1997). Fourthly, some children may not have any willing adoptive/foster parents.

### **2.7.3 Unregistered Residential Care.**

Considering the trepidation with which an analysis of statutory, monitored, regulated residential care was made, unregistered residential care must be viewed as an unviable option. However many such care facilities exist. Three factors may contribute to this trend:

- (a) That the Department of Social Development has put on hold issuing further licenses to potential residential care facilities (Wright, 2001).
- (b) The need to assist an ever-increasing number of OVCs.
- (c) Conventional wisdom, especially among foreign funders, that says constructing residential care facilities is the best way to assist OVCs (Olson et al., 2006).

Having unregistered residential care facilities is simply unacceptable as it places the children housed by them at risk of abuse and neglect, and there is no way of ensuring that the rights and dignity of the children are upheld. It is acknowledged that some unregistered residential care facilities may be excellent at meeting the aforementioned criteria of a quality institution, but how is this ensured? Two recommendations are made regarding unregistered residential care facilities. Firstly, the people who are constructing such facilities need to be assisted in redirecting their funding toward more beneficial care models that are outlined here. Secondly, the Department of Social Development must increase its efforts to identify and monitor unregistered facilities by ensuring they comply with the Minimum Standards, by assisting them to do so, and, if they fail to do so, forcing their closure.

### **2.7.4 Home-Based Care and Support.**

Home-based care and support is a model that is not defined coherently in the literature. Home-based care is commonly used in the context of caring for terminally ill persons at home. In the context of the KZN housing policy, it is a model for housing OVCs in a surrogate family environment in a residential community. It is a model in which OVCs are assisted while still in the home. This may be a home with their parents, foster parents, adoptive parents, informal care providers, elder siblings, or

themselves as the eldest in a child-headed household. Care and support takes the form of financial assistance, food aid, door-to-door counselling, and training of parents in parenting skills and assisting them with post mortality preparations such as funeral arrangements. Selected volunteers are trained as 'home-based carers' who have the responsibility of visiting homes, assessing their needs, connecting with support structures, and providing skilled assistance (Dutton & Madi, 2006).

The FCG is one state-provided means of economic assistance. Two other grants available in South Africa for some OVCs are: (1) the Child Support Grant (CSG-R190 in 2006) that is a monthly cash transfer payable to the child's primary care provider until the child is fourteen and the Care Dependency Grant (CDG-R820 in 2006) which is a monthly cash transfer that is payable to the parent of any child who is under the age of eighteen and receives permanent home care due to severe disability. Currently 'severe disability' does not include HIV infection. The high number of households headed by grandparents (Help Age International & International HIV/AIDS Alliance, 2003) means that the Pension Grant (PG) also contributes to the quality of home-based care. The non-financial support and care is supplied mainly by welfare organizations, NGOs and FBOs.

Home-based care and support occupies a broader position on the continuum of care. Residential care is intended to assist OVCs as a last resort when they cannot be housed anywhere else. The broader position of home-based care is that it deals more with children who are vulnerable, for reasons other than only orphanhood.

The benefit of home-based care is that it builds the capacity of families to care for their children, through, emotional and psychological support, and financial means. This keeps the child in the home and family environment, minimising the trauma of separation, and improves the environment by strengthening the family's capacity to cope. As aforementioned, a loving, caring family environment is a good predictor of the child's development and psychosocial well-being (Smart, 2003; North American Counsel on Adoptable Children, undated; UNICEF Regional Network for Children, 2002). Home-based care keeps siblings together, another predictor of the child's future well-being (Foster et al, 1997). The stress for parents unable to care for their children adequately is alleviated, having better health outcomes for parents and increasing their capacity to nurture their child with support from the home-based carer.

All this is contingent upon one critical variable: that the home and family environment, with the support of home-based carers and resources, is a safe, nurturing and caring one. In the context of poverty, where grants are received for housing children, these children may once again become economic tools. It is a necessary, but not sufficient contingency. Another important contingency is the availability of generous volunteers, and the resources, facilities and skills to train these volunteers (Dutton & Madi, 2006). A worrying trend noted in Adato et al's (2005) study showed uptake rates of only thirty percent for the CSG, and a mere one percent for the FCG. Reasons for slow uptake include lack of appropriate documentation such as birth certificates and identity documents and lengthy court procedures. The reasons for the low uptake are similar to those outlined above in non-application to foster or adopt children (Clark, 2005; Adato et al, 2005). With such low uptake rates the reality of using home-based care as the primary response to assisting OVCs is currently very slim.

### **2.7.5 Community-Based Support Structures.**

As with home-based care, community-based care has been variously defined. Broadly, it is any strengthening of the community's resource base from which members may draw upon. It focuses on mobilising the community on collective dialogue and action (Meyer-Weitz & Mabitsela, 2000). This includes skills training, facility construction, and mobilisation, strengthening the community results in stronger social support. Hence neighbours will share labour, food and care giving. This builds on traditional notions of the community as a site for cooperation and shared responsibility. Examples of how communities may be strengthened are through (a) food gardens, (b) OVC registers, (c) psychosocial support for children, and (d) opportunities for income generation (Giese et al, 2003).

Djeddah, Mavanga & Hendrickx (2005) write on the success and potential of junior field and life schools run for children in the community teaching them agricultural skills. Children also learn valuable cultural knowledge as well as life skills. Community members run the schools with the assistance of NGOs, CBOs, FBO's or government. Such schools build on the earlier success of skills training for adults, building their capacity for subsistence and community growth. OVCs benefit from community-based models both directly - with community initiatives designed specifically to assist OVCs - and indirectly, as the community becomes self-sufficient and food security increases, abuses are exposed, and community consciousness builds. Any new facilities, such as clinics or schools, are also beneficial to OVCs, but cannot be a primary source of care-giving in most instances.

### **2.7.6 Informal, Non-Statutory Foster Care.**

The traditions of many South Africans hold that care of children is not limited to the nuclear family, but rather each member of the extended family may act as a parent to a child. The onus for fostering an orphaned child falls to paternal relatives. This pattern is changing as more and more maternal aunts and grandmothers take in orphaned children (Adato et al, 2005).

Informal fostering, especially in an environment in which it is the cultural norm, carries all the benefits of statutory fostering, without the stressful intervention that legal procedures can inflict.

Many "fostering" arrangements have remained informal (Smart, 2003; Adato et al, 2005). This may be due to the arduousness of legal procedures surrounding fostering. In a social, family system where OVCs are few such a system of fostering may be effective. However, with escalating numbers of OVCs the strain is too great and the social security network stretched too thin. Children are falling through the safety net through lack of action, which may result in economic and social failure (Deininger et al, 2001). A further problem is the difficulty that informal foster parents face in receiving FCGs. This deprives not only the fostered child but also any other children in the care of the carer. The FCG is intended to assist such children, but a large number of them are not receiving this assistance. A final concern with informal fostering is that the lack of involvement of welfare authorities makes it easier for the child's rights to be neglected or abused.

## 2.8 The Cost of Caring

Consider the imperative for the assistance that is provided to be of the highest quality, caring for the child's psychosocial, physical and developmental needs. Consider too the scale the crisis of OVCs in South Africa, and the limited resources to address this crisis. It is imperative that every effort is made to implement the most beneficial and most cost-effective models for assistance. The review above ratifies the Inter-Ministerial Committee on young people at risk (1998) and provided that, where possible, foster or adoptive care with loving, respectful parents is the most desirable option for the child's psychosocial development. Statutory control of the process and regular visits from social workers to offer support are important mechanisms to ensure that the child's rights are preserved. Home-based care and community-based support are bolstering structures that can improve the quality of life for many children and ease the burden on the social security network (Giese et al, 2003; Spain, 2006). Residential care is an option of last resort for children whose social support network is, as yet, not strong enough to hold them, and who have no other safe alternatives. Where residential care is utilised it must be strictly monitored and controlled to ensure the children's rights and dignity are preserved. In order for residential care to be psycho-socially, physically and developmentally adequate, the Department of Social Development's Minimum Standards listed on pages 8 and 9 must be met.



Desmond & Quinlan (2002) and Desmond & Gow (2001) conducted two analyses of the financial requirements of providing care that met the Minimum Standards using the above models. The average monthly costs per child are outlined below:

- Statutory Residential Care: R 3525.00
- Statutory Adoption/Foster Care: R 410.00
- Unregistered Residential Care: R 957.00
- Home-based Care and Support: R 306.00
- Community-based Support Structures: R 276.00
- Non-Statutory Fostering: R 325.00

Dennis et al. (2002) estimate that there will be 2.3 million orphans living in South Africa by 2010, and many more vulnerable children. If residential care is provided for each of the 2.3 million children the costs per month will be around R8, 050 million. This does not count start-up costs. This option is simply not feasible, but neither is compromising the quality of care. Implementing a widespread fostering education and access campaign to find suitable foster or adoptive facilities may be expensive in the short term, but costs R943 million per month should all the children be adopted/fostered. Providing community support would cost R635 million, and home-based care R704 million per month. Therefore, to provide comprehensive foster or adoptive care and additional home-based care, as well as community-support structures is three and a half times more cost effective than residential care.

## **2.9 Conclusion.**

The developmental, psychosocial and physical needs of children are numerous. There is a growing number of OVCs in South Africa. The primary response to their need is a rights-based response. This response faces numerous challenges in the contemporary context, not least of which are HIV/AIDS, the educational context, crime, food insecurity and poverty.

Several models for implementing the rights of the child were considered. This consideration advocated strongly for the minimal use of residential care based on national and international precepts. When residential care is necessary it must be strictly monitored on a regular basis to ensure that Minimum Standards are met. Every effort must be made to thoroughly examine any non-registered residential care facilities.

# CHAPTER 3



## METHODOLOGY

### 3.1 Introduction

This research was an explorative, qualitative investigation into the operations and management of registered and unregistered children's institutions in KwaZulu-Natal Province. This chapter outlines the research approach and methodology.

### 3.2 Research Methods

A qualitative research approach was adopted in this study. In-depth case studies were conducted with three registered and three unregistered institutions. Data was collected using a questionnaire (Appendix A) structured into the following research themes:

- General information of the institution- location, type of institution and services offered, operational capacity, physical structure.
- Management structure, staff and their duties, roles of volunteers and their contribution.
- Sustainability issues: risks to sustainability
  - ✓ Finances: annual budget, primary funding, costs for establishment and operational expenses, self-help projects.
  - ✓ Attempts to register with the Department of Social Welfare and Population Development (unregistered institutions).
- Role of the Department of Social Welfare and Population Development.
  - ✓ Capacity building or training of managers and child care workers/housemothers.
  - ✓ Monitoring.
- Childcare.

Additionally, audited financial statements, NPO registration, annual reports, vision and mission statements, and quarterly reports for the Department of Social Welfare and Population Development were analysed. Observations of hygiene standards and monitoring of children by childcare workers were made. Key informants were selected from service providers or child care institutions, from case studied institutions and non-case studied institutions and government officials from the Provincial Housing Department and Regional Departments of the Department of Social Welfare and Population Development.





Interviews were recorded manually. Key informant interviews were conducted with the following people and organisations:

1. Managers and/ or Directors of the six case studied organisations
  - Mrs. Pam Mqabi, Manager of Agape Orphanage, Waterfall, Durban.
  - Mr. Solly and Mrs. Tobile Mhlongo, Managers of Ekusizaneni Children's Home, KwaMashu.
  - Mrs. Prudence Mwandle, Manager and Director of Khulani Children's Home, Parkhill, Durban.
  - Mr. John Howard, Manager of Mildred Ward Children's Home, Woodlands, Pietermaritzburg.
  - Mrs. Petrosa Mdlala, Mrs. Jabu Biyela and Mrs. Dorris Dladla, Housemothers at Mildred Ward Children's Home, Woodlands, Pietermaritzburg.
  - Mrs. Marelisa Robertza, Director of Social Services, Place of Restoration, Margate.
  - Mrs. Gerty Vorster, Acting Manager, Home of Comfort, Kokstad.
  - Mrs. Manning, Patron, Home of Comfort, Kokstad.
2. Officials from the Pietermaritzburg Regional Office of the Department of Social Welfare and Population Development.
  - Mrs. Larensia Rabe, Director
  - Anonymous from the Statutory Division.
3. The KwaZulu Natal Department of Housing
  - Mr. Peter Woolf, Institutional Subsidy and Product Development (Policy) Components
  - Mr. Suren Reddy, Institutional Subsidy component
  - Mr. Robert Sibiya, Institutional Subsidy component
  - Ms. Shireen Ramlucken, Product Development component
4. Durban Children's Society
  - Mrs. Shelagh Hurford, Director
5. Michelle Shoes
  - Mrs. Sarah Gedy, Co-founder of the Shoes South Africa Charitable Trust and Trustee of Khulani Children's Home
6. Telephone conversations or email correspondence
  - Mrs. Alma Adams, District Social Worker, Durban Regional Office of the Department of Social Welfare and Population Development.
  - Mrs. Julie Todd, Director Pietermaritzburg Child and Family Welfare Society.

The information attained from key informants has been integrated into analysis and acknowledged. The information attained on operations and management of the six institutions has been written up as cases studies in chapter four.

### 3.3 Selection of child care institutions and sampling methods

Registered and unregistered institutions were selected using purposive sampling. Initially, this study aimed to investigate institutions that received an institutional subsidy from the Department of Housing before seeking registration with the Department of Social Welfare and Population Development and who were denied registration. However, attempts to secure such institutions were unsuccessful as institutions were unwilling to disclose their registration status and participate in research. A list of registered childcare institutions was then requested from the Durban Regional Welfare Office to match institutional subsidy recipients and determine which institutions had still not been granted registration.

The delay in attaining this list prompted investigation into institutions that did not receive institutional subsidies and had been denied welfare registration on various grounds. Names of such institutions were attained during key informant interviews. Officials from the Pietermaritzburg Regional Office of the Department of Social Welfare and Population Development recommended registered child care institutions. All registered institutions approached were willing to participate in this study. Unregistered institutions were sought after and were willing to participate in the study once the objectives of the research were clarified. All attempts were made to select geographically representative institutions, in townships and suburban areas around KwaZulu-Natal Province. The following institutions participated in the study:

- Mildred Ward Children's Home, Woodlands, Pietermaritzburg.
- Home of Comfort, Kokstad.
- Place of Restoration, Margate, South Coast of Durban.
- Khulani, Parkhill, Durban.
- Ekusizaneni, KwaMashu Township, North Coast of Durban.
- Agape, Waterfall, Durban Inner West.



### 3.4 Data collection and analysis



Data was collected through a themed questionnaire (see Annexure A) which provided a basis for comparison, with face-to-face and telephonic interviews. Annual budgets, audited financial statements and supporting documents were used to analyse the research questions. For data analysis, themes from the questionnaire were formulated and analysed using supportive information provided by institutions. Three registered and three unregistered institutions were compared to

each other in terms of the Minimum Standards applied by the Department of Social Welfare and Population Development to determine eligibility for registration.

# CHAPTER 4



## CASE STUDIES REGISTERED CHILDREN'S HOMES

### 4.1 PIETERMARITZBURG CHILDREN'S HOMES- MILDRED WARD CENTRE

The name of the organisation is Mildred Ward Children's Centre, owned and managed by Pietermaritzburg Children's Homes. It is situated in Woodlands, Pietermaritzburg. The home was registered as a Non Profit Organisation (NPO) (NPO no. 002-213) on the 26<sup>th</sup> of July 2000 although the organisation has been operating since 1991 when Mary Cook



Children's Home merged with Hilltops Children's Home to form Pietermaritzburg Children's Homes. The mission statement of the home is to '*...provide residential care, management and treatment for troubled and abused children removed from their homes and placed on our custody by recognised legal procedures. PCH also implements programs for the preparation of children to return to parental care, substitute care or responsible and independent adult living. PCH endeavours to meet the needs of these children and youth in an effective and efficient manner, subject only to resource constraints and the preservation of the integrity of the organisation*'. PCHs original jurisdiction was limited to KZN but they have taken in children from all over the country. Children are placed at PCH by welfare agencies. These children are from dysfunctional families and the idea is to provide a safe place for children until parents have rehabilitated themselves. PCH currently have 10 orphans of a total complement of 70 children. PCH is not operating at full capacity (80 children). The home only provides residential care.

The home is built in adjoining units. Each unit has a kitchen/dining area, lounge, laundry, bedrooms and bathrooms. A housemother looks after 10-18 children in each unit. Housemothers work in shifts, day shift and night shift meaning two housemothers are assigned to a unit. To encourage bonding a housemother is required to work 4 consecutive day shifts.



PCH is registered with Department of Welfare as a children's home. PCH has a board of management elected at an Annual General Meeting (AGM). The board consists of 12 people and elects a Chairperson, Vice-Chairperson and Treasurer. Four permanently appointed trustees manage the assets of the home and ensures that Board works within the constitution of PCH. The general manager is Mr. Howard who supervises the secretary, housekeeper, handyman, drivers and social worker. The housekeeper manages the domestic workers. The social worker manages the senior child-care worker, unit managers and general child care workers. The general child-care workers supervise volunteers and domestic workers. There are 12 child-care workers, 2 drivers, 3 administrative staff, 1 social worker (post vacant), 1 maintenance person and 10 volunteers working at PCH. Volunteers perform the same function as child-care workers and usually volunteer for 2 years and are trained in child care courses.

PCH received a capital subsidy from the Department of Housing to renovate existing and build new units. The Department of Welfare provides a grant of R1600 per child per month. The annual income statement reflects a grant value of R1,314,000 from the Department of Social Welfare and Population Development. The Lotto contributes cash and Pick 'n Pay donates canned food each month. The Woodlands community regularly donates clothing. As a registered children's home the Department of Social



Welfare and Population Development requires reports on each child. Reports are required monthly, but dates vary as each child has a date and a report must be handed in on that specific date, failing which the child can lose his/her subsidy.

Children are referred to Mildred Ward by other homes that have children with severe behavioural problems and from social welfare agencies. A medical assessment would be

undertaken by the placing social welfare organisation. Children are taken regularly, and one of the problems experienced is that there is no place for children at local schools when they come in during the year, and children are put in schools that are very far from the home. Sometimes children are kept at the home for 3 months at a time until a school is found.

Regarding discipline, children are usually caught with dagga. The best form of discipline is to 'gate them' or prevent them from going home on weekends and leaving the premises during the weekends. Mr. Howard suggested that housemothers would be more informative than him and 4 housemothers were consequently interviewed.

## **INTERVIEWS WITH HOUSEMOTHERS**

All housemothers have been trained by the National Council of Child Care Workers (NCCW) in basic child care or a high qualification in child care, some have been trained in home based care.

## **Petrosa Mdladla**

Petrosa has been working at PCH for 16 years, since 1988. She states that PCH is like a second home. Children generally don't trust adults because of the physical, mental and sexual abuse they have experienced. She takes care of 18 children in her unit. She cooks with them after school. Chores and responsibilities are designated on the duty roster, each child in her unit has a turn to cook and everyone does his/her own washing as this fosters independence. Her experience and training enables her to identify children who are sad or withdrawn and she attempts to console them by encouraging conversation. Girls are commonly troubled by boyfriends or gossip. She is responsible for the care of all the children in her unit, she takes them to the clinic or hospital and administers medication if needed. Housemothers generally are the primary caregivers of the children in their units. Petrosa reports that she applies the training she received by NCCW with her own children. Her training has enabled her to understand children more, not to use punishing behaviour but to rather listen and understand their behaviour.

Petrosa reported that children play soccer with SOS Children's Villages. PCH is developing a soccer/netball ground on the premises to encourage sport amongst the older children as there are no facilities to alleviate boredom for older children. Regarding religious denomination, all children are Christian. Five to twelve year olds go to church every Sunday; older children go if they wish to.

As a demonstration of bonding, Petrosa left shortly as she was scheduled to attend a prize giving at the primary school. One of the children from her unit received an award and requested her attendance.

## **Jabu Biyela**

Jabu has been employed at PCH since 1999. She has a basic qualification in child-care, HIV/AIDS and Home Based Care. She is the housemother of 17 boys aged 8-15 years. She feels that children in her care trust her easily and generally open to talk about things worrying them. She generally tries to discipline the children on her own by talking to them. She disciplines them twice verbally, the third time the negative behaviour is displayed she reports the misbehaviour to Mr. Howard.

If there is a problem at school, the social worker, housemother or Mr. Howard will attend, depending on the severity of the misbehaviour. Discipline problems are caused by severe trauma at home for example, losing parents at an early age. These children also have a problem concentrating at school. Most teachers question housemothers for the reasons for lack of concentration and poor academic performance. Sometimes the school refers children to a psychologist to assist the child in overcoming mental and academic hurdles.

Children usually demonstrate aggressive behaviour. They hit each other at school and at the home. Some children are HIV positive and bleed, thus HIV/AIDS training is very important to prevent transmission to other children and to the person treating wounds.

Regarding a new addition to the PCH family, Jabu related that the new child is announced in all units. The child is allocated a unit and room. All housemothers are introduced to the child and the child is given a tour of the home.

Jabu and Mr. Howard mentioned that children adjust to the home and prefer to be at the home rather than with their families. Children feel safer at PCH and actually come back during holidays when they should be with their families. Some children actually report that they don't like staying at home and don't want to live at home and Mr. Howard takes them back.

### **Dorris Dladla**

Dorris began her interview by stating boldly that children are better off at PCH and she can see the change that occurs when children first arrive to when they leave. She claimed that low cost houses are not helping families find safety, security and privacy. Low cost houses are too small and sometimes exposed children to sexuality at a young age.

She is a housemother to 18 children aged 12-18. She finds working at the home a little challenging, but draws on her training and the support of her colleagues to solve problems encountered with her role as a caregiver. The greatest problem children face at schools is peer pressure. Children at the home sometimes drink and come to the home intoxicated. She is really disturbed by the outside influence on PCH children. Rather than scolding children she prefers motivating them. Dorris asks problematic children what they want to be when they grow up and leave the home and simply tells them that they won't be able to achieve their dream if they continue drinking, smoking dagga or skipping school. Children admitted at PCH come with drug addictions and alcoholism. PCH takes them to rehabilitation centres and teach addicts a new way of life. Because of outside influences rehabilitated children have to be watched very carefully. Children are disciplined by denying them permission to go on outings or excursions and the reason for the punishment is explained so that they are motivated to change their behaviour.

Children are willing to talk about their trauma and they generally form bonds with other housemothers. Unit meetings take place monthly to discuss how the unit is run. At unit meetings children and housemothers discuss feelings about a range of issues such as change of menu or designated chores. Serious problems are solved with the assistance of the social worker.

### **4.2 PLACE OF RESTORATION**

The Place of Restoration (POR) is in a suburban area at Gayridge, Margate. It is a registered Non-Profit Organisation (NPO no 004-524) and children's shelter. The organisation has been in existence for 21 years and was started in caravans at Bethania Mission in Izotsha. In 1993 POR registered as a place of safety with the Department of Social Welfare and Population Development and as a shelter for 35 children in 2001. POR offers extraordinarily broad community services and for that reason is promoted as a model home by the Pietermaritzburg regional Department of Welfare.



POR offers residential care for 60 children between 0 and 18 years. The residential care component includes children that are orphaned, abused or neglected. Children in the care of POR undergo intensive health and psycho-social investigations from which unique care plans are formulated. Extensive psycho-social counselling is offered based on each child's assessment. Psycho-social counselling includes play therapy, group work, life skills, memory work and family counselling. Case conferences are held each week where a multi-discipline team develops a care plan for each child.

POR has an extensive community outreach component that includes education, give a child a family or 'Khuselani' and sustainable development. POR operates its own school called Happy Days School. The school employs two full time teachers and follows the OBE curriculum. A toddler school is also operating on the premises.

The Give a Child a Family or Khuselani project targets the Ugu District consisting of 6 municipalities. Khuselani aims to place children in residential care with trained foster parents in the Ugu district. In the first phase foster parents are recruited and assessed according to suitability and reasons for wanting to foster. The second phase is an information session in which community facilitators invite interested possible foster parents to an in-depth information session. The third phase is assessment. The community facilitators assess the home, the family and resources. In the fourth phase, a statutory screening occurs. This is a legal requirement and possible foster parents are informed at this meeting whether or not they are successful. The fifth phase is training when successful foster parents are required to attend a 5 day foster care training course. In the sixth stage parents and characteristics of children are matched. In the seventh stage the child is introduced to the foster parents. A gradual relationship is built. After the initial introduction at POR the foster parents have to make several visits to the child at POR. Thereafter the child visits the prospective foster parents home for a day, then for a night and for a weekend.

Once the child is totally comfortable with the foster parents a permanent move is made. The eighth stage, after placement care, is the final stage divided into support groups and sustainable development. Support groups consist of all foster parents in the area who meet other parents and share experiences. The sustainable development component is aimed at training foster parents to meet financial needs by teaching them how to run a small business and manage a monthly savings programme. The Give a Child a Family Project is being replicated in Mozambique.

The Place of Restoration has an extensive international volunteer program. Volunteers are accommodated in a specially built communal volunteer house. Volunteers have job descriptions and engage on various projects. Period of stay varies from mid term (2 months to 1 year), and short term (under two months). In 2005 there were volunteers from 12 nationalities including Holland (14), Sweden (6), USA (1), England and New Zealand (1).

The Place of Restoration has 63 staff. The Chief Executive Officer is Monica Woodhouse who manages three directors: Director of Management Services, a trainee Director and the Director of Social Services. The Director of Management Services oversees human resources, finance, fundraising, administration and maintenance and logistics. The trainee Director manages the "Give-a-Child-a-Family" Programme. The Director of Social Services oversees residential care, housekeeping, psycho-social services, education, health and international volunteers.

POR receives substantial material support for its community outreach and residential care services. The Department of Social Welfare gives POR a grant of R704,000. Local donations amounted to R125,000, international donations to R400,000. The Lakarmissionen contributes R1,312,498 as at year ending 31 December 2006. Their first annual AGM report March – December 2005 reported that Woolworth's Checkers, Coca Cola, Unilever and Pastures Poultry among others who assisted POR with products. Discounts were offered by Mndeni Meats, Royal Bakery and Qualchem. Cash donations were made by various organisations and individuals. As part of its sustainable development program POR produces nappies (about 3000 a month in 2004), sells second hand items and clothing and cucumbers from its cucumber tunnels (sales contributing between R60,000 and R80,000 to costs in 2004). With the donation of the nappy machine, POR produces enough for its own use and in 2004 reported the opportunity to manufacture and sell to existing outlets. POR also receives rent from a donated building that contributes R21,600 to annual income.

The Pietermaritzburg regional Department of Social Welfare makes quarterly visits to POR and requires quarterly reports for monitoring. The Department also provides a subsidy to POR to hire a social worker.

In their 2004 report POR states that sustainability depends on:

- Healthy long-term relationships with partners,
- Ongoing awareness and fundraising at local and national level,
- Ongoing funding from the Department of Welfare,
- Own initiatives at generating funds from sustainable development projects.

Funding for operating costs is an ongoing challenge. The grant from the Department of Social Welfare and Population Development only covered 20% of POR's total cost in 2004, so reliance on additional funding was essential. A second challenge is the lack of government social workers that leads to delays in statutory processing of



foster care. To counter this, POR has appointed its own social workers.

State social workers and the police refer children to POR. Once children are received a detailed physical and psychological assessment is done. A general childcare assessment form is filled and all the information is entered into a computer program called Maximiser.

PORs discipline policy is not to punish children. The main problem experienced at POR is that children often run away. Children sign a contract when they arrive that if they run away twice they will not be welcomed back. Children are disciplined by taking away privileges and not letting them go on outings. Children are given a 'time out' – sent to a corner for a



while. Adults have to be assertive for children to understand why their behaviour is not appropriate and to accept the consequences.

There is one counsellor on site. At the time of the interview there was no Zulu counsellor, but the post had been advertised. At POR, the child care workers are responsible for children's daily care, whereas at Happy Days School, the teachers are responsible for their care. After hours and weekends the "person responsible on duty" oversees the care of children.

In terms of an adjustment program for new children, when children first arrive they are assessed medically and psychologically. An inter-disciplinary task team will determine what the child needs based on this assessment. Traumatized children sleep in the trauma room with the child care worker until the child shows evidence of healing and stability. The child is welcomed at the daily devotional prayer. They create a book called 'a book about me' which is narration of the child's life from his/her own eyes. The child develops a memory box, engages in play therapy and writes a 'hero book' that is linked to the memory book. In the hero book the child writes about him /herself as the hero. The child could attend life skills education and group therapy. The programs the child will undergo depend on the assessment which becomes part of the integrated care plan. All information collected will be entered into the child's Maximiser file. Medical checkups are ongoing. Children with special needs (such as epilepsy) need special medication and constant assessment.

Extra-curricular activities include volley ball, arts and crafts, and swimming lessons (given by a volunteer lifeguard). Children also engage in chores such as washing windows, cars and gardening on weekends. Children clean their own rooms and make up their own beds, this teaches them responsibility.

There is currently no exit strategy for over 18s. POR would like to implement a skills development program in partnership with a skills development organisation to foster independent living.

#### **4.3 HOME OF COMFORT-KOKSTAD**

The Home of Comfort is a registered Non-Profit Organisation (NPO no. 011-916) and has been operating as a registered children's home since 4 December 2001. The home serves the geographical areas of Kokstad, Shayamoya, Matatiele, Harding, Mount Ayliff, and Mount Frere. Children are referred to the home by social workers from the regional Department of Welfare. The home provides residential care for orphans and vulnerable children (abused and neglected children from dysfunctional homes) and does not offer community outreach programmes.



The project initiator was Mrs. Manning who is now Patron of Home of Comfort-Kokstad. The project was conceived from observation of a need to create a children's home for orphaned and vulnerable children. Kokstad and surrounding formal and informal settlements had a problem with the growing number of vulnerable children. Mrs. Manning approached the Mayor of Kokstad at the time for a letter of reference. She then approached Bishop Slattery who was very enthusiastic about the idea of a



children's home in Kokstad. Mrs. Manning formed a committee of people recommended by Bishop Slattery and the Mayor. The first task of the committee was to seek funding for a home and operational costs. The committee approached Natal Lotto that funded the first home. Once the home was registered as an NPO, Goldfields donated R100,000 worth of furniture. On behalf of the Methodist Church, Reverend Abrams donated R30,000 to settle expenses and to purchase food. Once the cluster homes were built Eskom donated R350,000 to furnish the three new homes.

The home continued to operate until they had 40 children. Mrs. Manning realised that she needed to expand as the original family sized home was running out of space and could not accommodate any more children. She approached the Department of Housing for a capital subsidy and was awarded R1.6 m to build cluster homes to accommodate 57 children. New cluster homes were built on land adjacent to the original home and provide short and long term care. Children from families are sometimes reunited with their parents, depending on the progress of parents towards rehabilitation and stability. Some children go home for holidays and return to the home while some are adopted. The home does not have any facilities on site. Ill children are taken to the local clinic and a mobile clinic visits monthly, while some children undergo therapy at the local hospital for trauma experienced, for physical/mental disabilities and for anti-retroviral treatment.



Four full time housemothers and two relief housemothers take care of the children. Four caregivers assist the housemothers. Housemothers cook for their units and generally follow a set menu. The home has one gardener and one cleaner.

The Home of Comfort receives a subsidy of R1600 per child per month. As a registered institution the Home produces monthly reports and submits quarterly reports to the Department of Welfare. These reports contain information of children in the home such as their ages, any illnesses or deaths, information on outings the

children have been on and challenges the home faces such as cash to purchase maintenance equipment and additional furniture.

Several issues threaten the sustainability of the home, not as a shelter<sup>2</sup>. A child accidentally stepped into boiling water and died through severe injuries. This was a serious case of neglect and Mrs. Manning has since been removed as Director and appointed as Patron. There also seems to be a problem with the financial statements and auditing procedure. Another bank account was apparently discovered that auditors were not aware of, so the audit is being re-done. There appears to be a management crisis. The committee disagrees over who should be managing the home. There is a dispute as to the necessity a manager and the management structure of the home is still being decided on. The home has been understaffed, at the time of the interview they were advertising for a social worker and a secretary had been hired recently.

The annual revenue budget for the current year (2007) was not provided. The Home of Comfort reported a problem with their auditors so final financial statements for the current year were unavailable. The income statement dated 31<sup>st</sup> March 2006 highlighted donations to the value of R40,240 and fund income (subsidy) of R726,000. The home of Comfort receives donations from multiple sponsors daily or monthly. Donations include fruit and vegetable, carpet samples, eggs, clothing, and toys.

Children are placed in the home by a placement agency such as an NGO or the Department of Welfare. The agency placing the child is compelled by law to conduct medical assessment of the child. A psychological assessment is undertaken at the discretion of the placing social worker but is costly (at state expense) and usually takes a long time to be effected.

Child-care workers talk to children who misbehave, and set rules and explain what is expected of them. Housemothers generally are in charge of the overall care of children and consoles or counsels sad or upset children. If a child misbehaves at school, the social worker or supervisor will attend and later the child will be counselled and the effects of bad behaviour will be explained.

The home does not employ professional counsellors. The children are not given any type of counselling upon arrival, neither is there an adjustment program. The home accommodates children between the ages of 0-16 years. There is not much opportunity for engaging in extra-curricular activities after school. The children follow a routine every day. Housemothers are in charge of the children's daily care. Each housemother is in charge of the children in her unit. All children at the Home of Comfort are Christian and religious denomination has never been an issue. There is no exit strategy for children over 18.

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<sup>2</sup> The difference between a shelter and a home is based on funding criteria and residential time frames: shelters provide short-term care and homes cater for medium to long-term placements. Shelters get grants on a per child per day basis.

## UNREGISTERED CHILDREN'S HOMES

### 4.4 KHULANI

Khulani is an unregistered children's shelter in Parkhill, Durban North, accomodating 20 children between the ages of 9 and 18. Khulani was established in 1998 in Beatrice Street and operated from the YMCA. Kulani had experienced several problems finding a fixed operational place and eventually settled at the present address with the help of several people and organisations discussed below. The shelter has no mission or vision but aims to care, to the highest possible standard, for orphaned and vulnerable children. Khulani's tax exemption number is 930 012 721.

Khulani was initiated by Prudence Mwandle in 1998. Her passion and determination to run and maintain a children's home stemmed from an observation of the number of un-attended children running around in the Durban city centre. These children belonged to street vendors. Children were running around traffic and exposed to sexual predators. Prudence's determination was fuelled when she saw a child get knocked by a speeding car at the Durban Station. In September 2002 Sarah and Mike Gedye of Michelles Footwear approached Prudence and offered to help her with wages for the staff. This was the beginning of a long, fruitful and sometimes frustrating journey for welfare registration.

In their quest for welfare registration, Sarah and Prudence formed a Trust. The Khulani Children's Shelter Trust was established in October 2003. The Trust broadly manages Khulani whereas Prudence and her staff undertake the daily operational management. The Shelter is meant to provide short-term care until children are placed in foster care or adopted. However, Prudence reported that the children in her care have grown up with her and stay at the shelter permanently.



Khulani had initially applied for registration as a children's home. Shelters provide short-term care, and homes cater for medium- to long-term placements. On application for registration as a children's home, a social worker from Durban's Department of Welfare and Population Development visited the home. She outlined several things the home had to change to meet registration requirements. For example, she requested that the pool be cleaned up and the home purchases a fire extinguisher. The social worker removed 30 children from the home and returned them to their extended families.

Even after adhering to the advice of the social worker, Khulani has not been registered as a children's home. Khulani is still operating as an unregistered home in Parkhill and operates at full capacity (20 children). Most of the children in her care

have been with her since 1998. Khulani appears as a normal family home in Parkhill and does not stand out as a different building. The four-bedroom home provides a normal family-home type of environment for the children.

Prudence and her employees undertake the daily operational management of the shelter. Prudence is the Director/Administrator/Manager and Fundraiser. She has a child-care manager who supervises two child care workers. There is one cleaner, one cook and a part-time driver. A retired social worker is handling the registration application for Khulani. Childcare workers stay at the shelter everyday. They have particular weekends off to visit their families during which other housemothers take care of their children. No replacement housemothers are recruited, even on a temporary basis.

Khulani has had assistance from many donors for capital funding and material support. The Shoes South Africa Charitable Trust was established by Graeme Jenkins and Sarah and Mike Gedye to assist orphans affected by AIDS in South Africa. The Shoes South Africa Charitable Trust budget for Khulani for 2006 to May 07 is R417,127.00. This money is allocated for education and uniforms for children to staff education, wages and housekeeping. Khulani relies on a myriad informal sources of donations in cash and kind from individuals and organisations.



The Shoes South Africa Charitable Trust or Soul of Africa has donated R4m to build 5 cottages, or cluster units, on land donated by the Department of Public Works in Durban. These cottages will only be built when The Department of Social Welfare and Population Development registers Khulani as a Children's home. Currently, the registration process is on hold pending the outcome of civil action brought by Khulani.



Registration was refused on the basis that existing homes in Durban are operating at reduced capacity and that Khulani did not undertake a formal needs analysis to prove that these children are indeed orphans, have no extended family and there is no place in existing shelters and homes. Without registration the cluster units will not be built and perhaps the money will be allocated to another shelter or home.

Prudence reports that the children at Khulani are well behaved as she has raised them and they require little or no discipline. If a child has a learning or social problem then the child care worker meets with the teacher or principal. For major problems, Prudence will visit with the social worker. Prudence also reported that the childcare workers have been on training courses. These include:

1. Child care (1 year Diploma) that covered various modules such as belonging, mastery, independence and generosity.
2. Counselling (3 months).
3. Home Based Care (1 month course at Red Cross).

Prudence is pursuing a 1-year diploma in developmental psychology to better advise and guide the children in her care. The children engage in sports after school. Afrox pays for karate lessons whereas the boys play in soccer clubs. Children follow a specific routine everyday, although this is informal.

Khulani is aiming at skills development for children reaching 18 and leaving the home. Khulani has managed to put one of their children through a secretarial course. In 2007 two children are going to tertiary institutions. Khulani pays for tertiary education with money from the Trust. Khulani has a community outreach program sponsored by Oceanic Import and Export. Vegetables are donated to 30 families infected and affected by HIV/AIDS in the surrounding communities. An overseas benefactor is sponsoring 50 children's school fees in 2007. Prudence is seeking funding to establish a food garden project to continue supplying HIV/AIDS infected and affected families with vegetables once the sponsors cease. The Manager of Khulani believes that her skills and experience gained in running the Barwood Gardens Project in Redhill will make the new project more sustainable.

#### **4.5 AGAPE ORPHANAGE**

Agape is known as an orphanage and a community centre. The children's home is a registered NPO (no. 022/146). The centre opened in 1999 to take in orphans referred by social and health workers at local clinics. The home takes in orphans and children from dysfunctional households. Originally, the intention of the project initiator was to take in orphans only. However, management realised that there were vulnerable children (abused and neglected) within the community who were brought to the home by health and social workers. Gradually the home began to take in all vulnerable children who needed a place of refuge and safety. The mission of the home is to "Care and Support Children Affected by HIV/AIDS". The home takes in children from Nqethu, Nyaswa, Valley of a Thousand Hills, Madimeni, Intshe-Nelimnyama and Folweni. Agape was opened as a response to a need for a children's home to serve these areas as there was no home in the South Coast of



KwaZulu-Natal. Forty-two children between the ages of 3 and 16 live at the home, some of whom are brothers and sisters. The manager explained that she prefers to keep families intact despite the home operating beyond capacity. Agape stresses the maintenance of family ties. Children with traceable family are sent home for holidays and weekends. The maintenance of family linkages are created when the dying mother or father brings their child/children to the home to be cared for.

Extended family cannot afford to take care of the child on a full time basis and take the child home on weekends. A broader service offered by Agape to encourage family ties is providing food parcels to families who take children home for holidays or weekends. ABSA provided food parcels for a year, this contract has ended. Agape is negotiating with a popular fast food chain for sponsorship to run a soup kitchen.

Zodwa Maqadi was initiator of the project. She is a retrenched VCT counsellor of the Valley Trust. She realised that many HIV/AIDS patients she counselled were worried about the welfare of their children once they had passed on. Mrs. Maqadi then decided to open a home to take in orphaned children. No formal assessment was undertaken to establish the home. The home presently provides long-term care. There is no attempt to place these children into foster care within their community of origin.

The home is currently operating from adapted metal containers. The original children's home was funded in 1999 on the present site. However, an electrical fault resulted in a fire that burnt the house down. Safmarine responded to the plight of now homeless orphans and donated a container, which has been adapted as a kitchen/office/dining room; the left and right corners have been partitioned off to be used as girls and boys rooms. Another container was donated by the Church of Christ and is used as a senior girls' room. All children sleep in bunk beds. There is a crib in the junior girls section used for babies. The set-up is very cramped.

Agape has received funding from the Uthando Foundation in the Netherlands to build 5-8 cottages on the same site. Each cottage will be run by a housemother and will contain 6 children. Construction has not begun yet. Additionally, the Keep a Child Alive Association (KCA), in conjunction with a famous US performer are raising funds for a hall, offices and furniture for the new cottages. Hall construction is in progress. Children are also engaged in fundraising. The Director of Keep a Child Alive took some children from Agape to the US for two weeks in April 2005 to raise funds. The reason behind taking children was to ensure that 'children are real' to convince people of the plight of South Africa's orphans. KCA has actually raised and donated \$55 000 already towards building the hall and offices. Agape is an unregistered home. They have applied for registration and were told that the home would only be registered if they changed from being only a "home" to a "multi-purpose centre", incorporating community outreach services. Agape has been operating for 7 years and does not include any other services on site.

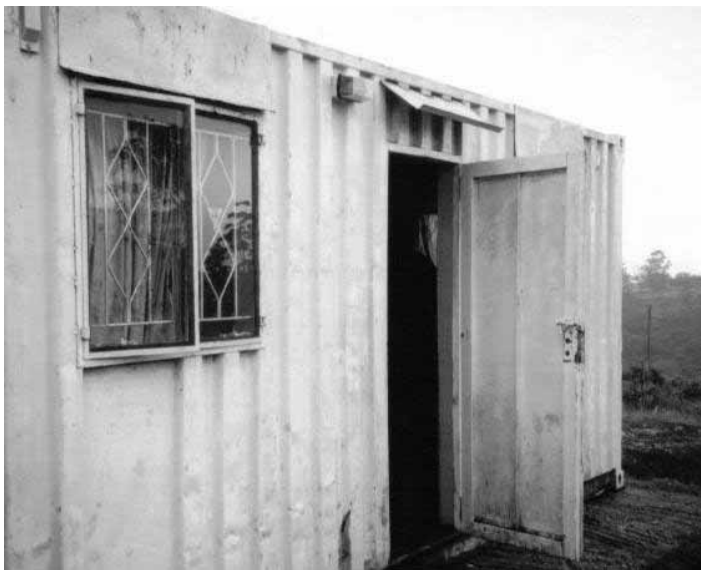


There are six full time employees. The manager lives on the premises and supervises daily operations and management. There are 4 female housemothers and 1 male general assistant. The housemothers are in charge of daily chores- cooking, bathing the children and cleaning. Children are given daily chores. Older girls prepare lunch, usually sandwiches for all school going children. Volunteers from US and the

Netherlands assist with various tasks. Four to seven volunteers stay at the home and assist in activities from childcare to container maintenance, such as putting in windows, flooring and showers. Four female volunteers from the Netherlands painted the boundary wall. In the past, volunteers came from and Lean on Me and Be More which are volunteer and fundraising organisations, linked to the Uthando Foundation. The Uthando Foundation recruits volunteers from around the world to volunteer with “AIDS orphans” in Africa and deploys them to orphanages in need of all kinds of assistance (financial, maintenance and childcare). Uthando is a Dutch Non-Profit organization initiated by former Lean on Me volunteers. Uthando is involved in fundraising and bringing more exposure to needy organisations such as “AIDS orphanages”. Uthando was also funding Agape’s operational costs.

Many influential organisations were involved in maintaining the home and keeping it running on a daily basis. The Department of Agriculture donated three agricultural tunnels for planting tomatoes. Harvested tomatoes were used for cooking and some were sold to a local supermarket as a means of income generation. The contribution of this income generation strategy to the sustainability of the home was not ascertained. Donated clothing is sometimes sold for excess cash to purchase necessities for the home.

No financial information was provided during the interview although repeated attempts to acquire financial statements were made. Since the Agape is unregistered, the Department of Welfare does not monitor them and monthly and quarterly reports are not required.



There are several factors that perhaps may impact on the sustainability of the home. Agape was primarily funded by Be More, a sister project of the Uthando Foundation (see page 33 for explanation). The value of funding and its regularity was not provided by the home. Because financial statements were not provided it is not possible to estimate how much is secured and from which sources. During the interview the manager reported that the Homes total expenses amount to R40,000 a month. The manager reported

that school fees cost the home R12,000 a month as some children have to go to a special school in the area as they have learning disabilities. All children attend a private school. Although the manager reported the 26-seater bus was donated, she also reported that the home was paying R5000 instalment each month and R3000 for insurance.

Children are placed in Agape by health workers from clinics in the surrounding areas. The social worker reported that most of the children were already at the home before she arrived. During her tenure at the home some children were placed by social



workers from a local hospital. The social worker counsels children and if there is a need, they are sent to a psychologist for further counselling and therapy. Conducting a medical assessment, as required by law, is usually done by the placement agency, it is doubtful whether children placed by community members have undergone any medical or psychological assessment. Children are disciplined verbally, they are told that the behaviour is not welcomed and will not be tolerated. Misbehaving children are given extra chores and privileges such as riding bikes are withdrawn.

The manager and the social worker deal with children who are having problems at school. The manager makes herself available to visit the principal regarding problems arising at school such as misbehaviour or aggressive behaviour with the home counterparts at school. There is no adjustment program children undergo. The home accommodates children between the ages of 0 and 18 years old. The manager explained that it is better to take in younger children who have a chance to grow up within the home, form bonds with caregivers and relationships with other children. Older children have adjustment problems and tend to be more disruptive and rebellious.

Boys from Agape have formed their own soccer team and practice after school. Girls play netball as an extra-curricular activity and a coach volunteers at the home twice a month. There is a routine to everyday activities pasted on the wall in the living area that delineates each activity in a time frame. However, from the interview there seems to be an 'anything goes' atmosphere. The housemothers appear illiterate and structured time for homework or study is questionable.

Children are taken to a clinic when they are sick. There are no routine checkups. From the routine roster it appears that housemothers are in charge of daily activities. Housemothers cook the main meals while older girls prepare lunch boxes. It was reported that children are encouraged to behave as they would at home, so older children wash clothes and look after younger children as 'one big family'. The aim of involving older children in care of younger ones and to involve them in chores is to create independence and skills to use once they are living on their own. All children are Christian and Christian principles are fostered in Sunday School and regular prayer prior to commencing meals and at bed time.

#### **4.6 EKHUSIZANENI CHILDREN'S HOME AND OUTREACH CENTRE- KWAMASHU, DURBAN**



Ekusizaneni has a long history dating back to political war zones of the 1980s. The KwaMashu Ekhusizaneni Children's Home is a misleading name as it is a registered place of safety rather than a home. The place of safety is run by Mrs. T. Mhlongo in Section K, KwaMashu, and accommodates 17 abused and vulnerable children. Mrs. Mhlongo was inspired to start the shelter originally for orphans and victims of political violence between the African National Congress (ANC) and the Inkatha Freedom Party (IFP) in the late 1980's.



There are actually two facilities at this site. There is the Ramakrishna Enthembeni Home/Hospice and the children's place of safety. Both organisations have arisen as a consequence of illness and disease- a need for community palliative care and a refuge for orphaned and vulnerable children. Ekusizaneni was registered as a Non-Profit Organisation (no. 005-175) on the 19<sup>th</sup> of March 1999. Ekusizaneni was registered as a place of safety on the 15<sup>th</sup> of February 2001. According to the conditions of registration as a children's place of safety the minimum age of admission is 2 years, maximum age 17 years and maximum number of children to be kept at the place of safety is 15. The certification of registration states that registration is reviewed every 24 months from the date of issue of the certificate.

As a place of safety, Ekusizaneni was meant as a temporary refuge for children until they are placed in foster care or in a children's home. However, Mrs. Mhlongo reports that the children she cares for have been with her for many years, hence her effort to register as a home to provide long-term care and security.

In September 2006 the Ramakrishna Society of South Africa funded construction and operation of a second facility, a hospice consisting of a male ward, female ward and a children's ward which is still to be built. The male and female wards are fully operational and provide meals and palliative care for patients suffering from TB and other AIDS related illnesses. The hospice is staffed by volunteers trained in basic health care. Doctors from the Mahatma Ghandi Hospital come to the hospice and place of safety to provide medical check ups and treatment. The Department of Health has approached the manager of Ekusizaneni to establish the TB DOTS<sup>3</sup>

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<sup>3</sup> DOTS stands for Directly Observed Treatment, Short -Course, and is an internationally recognised health care management system. The DOTS programme is patient-centred and provides support by observing patients while they take their treatment and swallow their TB drugs thus ensuring that they complete their treatment.

medical treatment programme at the hospice. 18 volunteers will be involved in administering treatment. People from KwaMashu community are the target population for the treatment program. Currently the Ramakrishna Society of South Africa is sponsoring a soup kitchen every Monday and Wednesday for food insecure community members. Both the place of safety and hospice serves the communities of Richmond Farm, Inanda, KwaMashu, Siyanda, and Besters. These areas are in the north of Durban and lack facilities for orphaned and vulnerable children.

A five-member committee was established to manage the place of safety. The manager manages the daily operations of the hospice and place of safety. The manager is the Principal who manages the social worker and a part-time nurse. At middle management level a supervisor manages the child minder, domestic worker, cook, security guard, a part time driver and gardener. Ten volunteer health workers cook and care for patients at the hospice. Eighteen community care workers cook for the soup kitchen whereas older children cook for the place of safety. There are no housemothers, older children are trained to cook and wash and take care of themselves. The place of safety presently accommodates 17 children. In total 32 children eat three meals a day at the place of safety; children from the community stop at the place of safety for meals before and after school before going home.



The Ekusizaneni project has a long history. The project started from two “wendy houses” that accommodated girls and boys. Lindi Martin, the former Mayoress of London raised funds to build a dormitory style children’s home that will accommodate 50 children. This building was complete at the end of 2005 but is not fully occupied. It accommodates 17 children. In addition to funds raised by Lindi Martin, the Ramakrishna Society has funded the hospice, the third phase (a children’s ward) is still to be completed. In a remarkable twist, once Ekusizaneni was constructing the place of safety with Lindi Martins funds, the KZN Department of Housing approved a capital subsidy of R2.2 million for construction of a children’s home. Lindi Martin could not

take back the funds she raised as construction was in progress so it was decided to accept the capital subsidy and invest the money for operational costs of the home. However, the money will only be received from the KZN Department of Housing once the place of safety has registered as a children’s home, which the Durban regional office of Social Welfare and Population Development has denied.

The refusal of Durban regional Department of Social Welfare and Population Development to register the place of safety is a major threat to sustainability. Without cash for operational costs the home will always struggle to meet expenses. Initially the Durban regional Department of Social Welfare and Population Development promised to revise registration from a place of safety to a home, once the correct building structure was completed. Now that the building is ready for occupation, registration as a home is still denied. Upon registration as a place of safety, the Department of Social Welfare and Population Development sent the staff of the home

for a course run by the National Council of Child Care Workers. The Ramakrishna Society sent child care workers on a physiology and massaging course.

Ekusizaneni is operating without a primary source of funding. The Department of Social Welfare and Population Development provides grants for detention orders. In the interim many local companies and organisations donate groceries.

After registration as a place of safety the Durban regional Department of Social Welfare and Population Development visited the home and removed 20 children, successfully tracing extended family and placing children in their care. 17 children remained at Ekusizaneni, these were either orphans or children with untraceable family. Mrs. Mhlongo is fostering 3 children, only 1 of whom attracts a grant.

According to the regulations of registration as a place of safety, Ekusizaneni can only accommodate 15 children. If there is place at the home, children will be placed there by state or NGO social workers. The manager stated that state social workers no



longer place children with her; the reason for this is because the place of safety is operating at full capacity. She states that the 17 children she takes care off were placed in her care by community members.

If children were placed in her care by social workers, these children would have undergone a legally required medical assessment. Doctors from Mahatma Gandhi hospital conduct check-ups every Saturday and if children are sick, they are taken to the local clinic.

Misbehaviour is rarely a problem. Mrs. Mhlongo uses the success of her own adult children to motivate her wards to succeed at school and to become productive mentors of society. She does not hit or scold children; rather she talks to them and discourages the negative behaviour. There are no housemothers or child minders presently. Older children wash their uniforms after school; they decide the menu and report what groceries are needed. Children usually do homework after supper and watch TV. Mrs. Mhlongo reported that children 'decide for themselves' what they would like to do and when. She puts the girls to bed and locks the doors to prevent teenage pregnancies. Mrs. Mhlongo is the primary care giver and attends to all issues regarding her wards (academic performance or illness).

# CHAPTER 5



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## COMPARISON AND ANALYSIS OF CASE STUDIES

This chapter compares and analyses case studies presented in the previous chapter. Child care institutions surveyed in this study are grouped into the registered and unregistered group. Agape, Ekusizaneni and Khulani constitute the unregistered group and Place of Restoration, Mildred Ward and Kokstad Home of Comfort fall into the registered group. Comparison and analysis will take place in three phases. In the first phase, unregistered homes will be compared to each other in terms of the categories presented below. Secondly, registered homes will be compared to each other in a similar manner. Thirdly, in chapter six, registered homes will be compared to unregistered homes in terms of the sub-problems in chapter one.

Comparison categories are derived from the questionnaire applied at surveyed institutions. Categories include:

- General information of the institution- location, type of institution and services offered, operational capacity, physical structure.
- Management structure, staff and their duties, roles of volunteers and their contribution.
- Sustainability issues: risks to sustainability
  - ✓ Finances: annual budget, primary funding, costs for establishment and operational expenses, self-help projects.
  - ✓ Attempts to register with the Department of Welfare (unregistered institutions).
- Role of the Department of Social Welfare and Population Development.
  - ✓ Capacity building or training of managers and child care workers/housemothers.
  - ✓ The general registration process and monitoring.
- Child care: discipline, care plans and the role of housemothers as primary care givers.



## 5.1 Within Group Analysis of Unregistered Child Care Institutions

### 5.1.1 General Information

#### Legal Status

Agape, Khulani and Ekusizaneni operate within the Durban district (North Coast of Durban) of the Department of Welfare and Population Development. Although Ekusizaneni is a registered place of safety, the institution will be discussed in this category as it aims to register as a home. Agape operates in Waterfall and serves multiple informal semi-rural areas such as The Valley of a Thousand Hills, Folweni and Mandemeni. Ekusizaneni is in KwaMashu, a township in the north coast of Durban and serves the communities of Richmond Farm, Inanda, KwaMashu, Siyanda and Besters. Khulani operates in Parkhill, (near Redhill), also on the north coast of Durban. Khulani does not serve any particular community as children at the home have been with her since 1998 while the home operated at Beatrice Street in Durban.

#### Occupancy

Generally, Ekhusizaneni, Agape and Khulani are operating as children's homes, offering permanent residential care for children. Ekusizaneni is a registered place of safety and accommodates 17 children between 2 and 17 years of age. Agape reportedly takes in children between 0 and 18 years, and has 42 children between 3 and 16 years; whereas Khulani has 20 children between 9 and 18 years. Agape and Khulani are operating as children's homes, providing long term care. Although Khulani is operating as a home, the signboard advertises the institution as a children's shelter, shelters are designed to provide short-term care. Khulani's manager reported that they were advised by a social worker from the Durban regional office of Social Welfare and Population Development to change from a home to a shelter; this was one of the steps to registration, even though the Khulani is still unregistered.

Ekusizaneni is a registered place of safety and children have been at this institution for a long period of time. Ekusizaneni had applied for registration as a children's home, however in the preliminary assessment the Durban Regional Department of Social Welfare and Population Development had suggested the institution register as



a place of safety with a view to registering as a home once the institution was built. Since the building has been completed, registration has still been denied. Ekusizaneni is limited to 19 children. Khulani, still adhering to requirements for registration, has limited itself to 20 children.

Agape reported that the containers are equipped to accommodate 40 children, on 20 bunk beds. This means that Agape has is operating at maximum capacity.

Compared to Agape and Khulani, Ekusizaneni has a considerable community outreach program and has established itself within the KwaMashu community as a place of safety, hospice for terminally ill, soup kitchen and feeding scheme for children. These programs are made possible by extensive donations and ongoing support of the Ramakrishna Society of South Africa. Funding determines type and scale of community outreach programs. Finances are discussed in detail below.

### **Environment**

The physical structure of these institutions is quite striking. Khulani is an adapted free-standing home within Parkhill and would blend in as a conventional family home if it were not for the sign outside advertising it as a children's shelter. Khulani is neatly organised and typical of a standard family home; there are four bedrooms, bathroom, toilet and extended kitchen to accommodate 20 children at meal times. The atmosphere is relaxed and creates the feeling of 'normality'. There is no formal study area at



Khulani, although the kitchen could be used for homework and quiet time when not in use. Overall, Khulani is clean and neat. The beds were neatly made and the toilets and showers were hygienic. The physical environment was aesthetically pleasing.

At Agape, after the devastating fire that burnt down the original home, children were accommodated in donated containers. The physical structure and atmosphere of Agape is unconventional. There is excessive congestion at the home; there are no chairs or sofas for children to sit in, to watch TV children sit on blankets on the floor. For meal times, mini plastic tables and chairs are brought into the central space of the container for little children to sit. A rapid scan of the premises revealed that older children sit outside the main container where a shelter has been erected over benches and tables (perhaps older children eat and study there). There are no facilities for studying and no private space except within the partitioned sections of the container that are makeshift bedrooms. An unplanned visit also revealed that beds remain unmade and that curtains are falling off the rails increasing visibility. A broken crib on the floor suggested that perhaps a little child was sleeping there. Overall, the bedrooms were in appalling condition. The stench in the bedrooms implied that the linen was not washed regularly and hygiene standards were below satisfactory.

Ekusizaneni is structured as a double story home, not exactly dormitory style, 8-12 children share a bedroom. In total there are four bedrooms. The bedrooms are



stacked with bunk beds and lockers that serve as closets are in the passage. The manager's bedroom /office is on the same floor next to children's rooms. Four toilets, showers and a bath are on the top floor, alongside bedrooms. The ground floor comprises the dining room and kitchen. The dining room provided sufficient space

for homework or study, as there was no formal study area. The bedrooms were clean and neat with toys decorating children's beds. There was a clear indication that children inhabited these rooms.

### 5.1.2 Operational Management

Unregistered institutions have a management structure, partly as this is required for registration as a Non-Profit Organisation. At Agape, the manager lived on site, and went home at month end. Four housemothers were in charge of 42 children, on average 10 children per housemother. Housemothers are primary caregivers and are in charge of all child care activities, from bathing to cooking and cleaning. Older girls prepare lunch for school, whereas housemothers cook supper.

Regarding volunteers, Agape is a unique case compared to Ekusizaneni and Khulani. Volunteers that come to Agape come through 'volunteer conduits' that recruit South African and international volunteers. These organisations are also contributing to operational and construction costs. Volunteers at the home come from the USA and Netherlands. Agape accommodates 4 to 6 volunteers at the home at any particular time. Volunteers that come via Be More (see page 33 for detailed explanation) are required to spend a portion of their stipend towards development of the institution they are volunteering at. In the past volunteers have renovated containers by putting in windows, electrical wiring and even painting the boundary wall with cartoon characters. Volunteers help with child care activities and sometimes purchase food for the institution.

The management structure of Ekusizaneni differs between the hospice and the place of safety. The place of safety is a completely informal institution. There are no housemothers to take care of the 17 children primarily because there is no money to hire them. Community volunteers staff the hospice. Children prepare their own meals and do their own washing. Children even decide for themselves when they eat, and when they do homework. There is no formal routine within the institution. The idea behind lack of formality and routine is to create independence and develop life skills of children. The manager of Ekusizaneni reported that informality was necessary to create a home atmosphere. However, at home parents set boundaries regarding meal times, bedtime and study time. In a conventional family parents guide the development of children. Housemothers are primary caregivers, and lack of these could lead to psycho-social problems. Involvement of children in household chores counters one of the arguments against residential care that children are not prepared for life outside of the institution and cannot do much for themselves (Smart, 2003; North American Council on Adoptable Children, undated UNICEF Regional Network for Children, undated; Williamson, 2003).



Khulani has created a system with a mix of formality and informality. The home has a routine for meals and study time. There are three staff that deal with child care specifically, a child care manager, and two child care workers. Some individuals from the community offer their time and services at Khulani. Unlike Agape, there are no international volunteers at Khulani and Ekusizaneni, the latter consist of local



community volunteers. International volunteers at Agape certainly contribute to the development and maintenance of the institution, but the long-term impact is questionable. International volunteers stay for a specific period, they give their time and skills to the institution and in turn leave with a true sense of satisfaction, perhaps of making a contribution to the plight of our country's most vulnerable. Community volunteers on the other hand are seriously involved with their institutions over a long period of time, developing their skills and enhancing their knowledge of child care and operational systems. Community volunteers at Ekusizaneni hospice are human resources that keep the wheels of palliative care turning even in the absence of financial incentive.

### **5.1.3 Sustainability**

#### **5.1.3.1 Financial sustainability**

##### **Ekusizaneni**

There are stark differences between Khulani, Agape and Ekusizaneni regarding start up capital and even sources of operational capital. From the institutions in the unregistered category, only Ekusizaneni receives a welfare grant from the Department of Welfare per capita (of R19.40 a day) as a registered place of safety for operational expenses. Ekusizaneni received R1 115 730 from the Department of Housing to build a children's home, this money will only be received upon registration as a home. The place of safety was built with funds from Lindi Martin, former Mayoress of London. The capital subsidy will be invested in a fund, the interest will be used for operational expenses. Ekusizaneni is sustaining itself through regular donations from local religious organisations and companies. Only 2004 and 2005 audited financial statements were available, these reflect that the institution has no core funding. The income and expenditure account for 01 April 03 to 31 March 04 reflected a balance of R98,12. The income and expenditure statements for 01 April 04 to 31 March 05 reflected a total income of R30691,82, expenses amounting to R28689,93, a meagre balance of R2001,89. It appears that the institution has sustainability potential, but is presently just making ends meet. Any crisis or withdrawal of donations could seriously jeopardise its existence. Ekusizaneni is fundraising to meet its daily requirements. Registration as a children's home would secure a subsidy of R1600 per child (in 2006) per month. Whether the subsidy can sustain the home is questionable, taking into consideration inflation and other expenses. It is possible that the subsidy together with food/material and financial donations could sustain the institution. Ekusizaneni is certainly rooted within the community. The hospice services to terminally ill patients and the proposed TB DOTS treatment program envisaged by the Department of Health prove that the Ekusizaneni is a community centre. The place of safety should not be seen in isolation; the hospice, soup kitchen and feeding scheme certainly constitute a multi-purpose centre.

Mrs. Mhlongo's contribution to the community has been recognised by multiple awards such as the Eyethu Productions Initiative African Renaissance Awards Certificate of Achievement for 'selfless devotion to the empowerment of others'. Mrs. Mhlongo was also the Finalist of the Community Builder of the Year 2005. It is rather ironical that the KwaZulu-Natal Department of Social Welfare and Population Development gave the Community Builder of the Year Finalist Award to Mrs. Mhlongo. The award was signed by Inkosi N. Ngubane, the MEC for Social Welfare

and Population Development in KwaZulu-Natal in August 2005. Refusal of the Department of Social Welfare and Population Development to register Ekusizaneni as a children's home is the primary threat to its sustainability. Finances are a primary determining factor of sustainability; welfare grants would be treated as core funding. In the absence of secure funding, the home would continue to flounder and the beneficial medical and social services offered to the KwaMashu community would cease.

### **Agape**

Agape is the centre of international attention, and most sources of funding are international organisations. In March 2004, Keep A Child Alive joined forces with another charity, Love Hallie to take the Agape children to New York City to help fundraise. The children met and performed with a popular US performer, raised \$64,000 to begin reconstruction on the new orphanage.

The new Agape orphanage consists of a central building that will serve the children with cooking facilities, washing and shower blocks, dining areas and a number of classrooms. A second phase will contain eight satellite or cluster unit homes that shared by six to eight children and will surround the main centre. The new institution will accommodate 64 children. Be More is providing core funding, and the Love Hallie Foundation is also contributing towards operational costs, the value of funding was not provided.



Repeated attempts for financial statements were made, however the researcher was unable to acquire these. It is doubtful whether the home has financial statements as the manager reported she was not in possession of these. The Director reported that the researcher should leave a list of required documents with the manager which was given on the first visit to the institution.

Lack of financial statements only allows for speculation on the financial sustainability of Agape. The manager estimated R40,000 monthly expenditure, R12,000 of which was school fees, R5000 was installment on the 26 seater bus and R4000 of which was insurance payment on the bus. However, she also reported that the bus was donated by Be More. These are contradictory statements; perhaps the manager is not fully involved and aware of the financial management of the home.

Apart from international sponsorships, Agape was engaged in two self-help projects. Three agricultural tunnels donated by the Department of Welfare were used to grow tomatoes which were sold to a local supermarket for an undisclosed amount. Second hand clothing is sold to raise cash. These methods are not sufficient to sustain Agape. It appears that the sustainability of Agape depends on international funding for operational expenses. The second and very disturbing strategy is using children to

sing internationally to raise funds for operational expenses. Many ethical questions arise from this. Firstly, Agape is unregistered and claims to care for orphans and other vulnerable children. If the children are under age, who is their legal guardian? Who gives permission for the children to sing overseas and who assumes responsibility for harm or injury that may occur during the trip? Do the children give informed consent? Has the implications of their participation in international singing been thoroughly explained to them? If these children have extended family, have they given permission and were they consulted? Even if permission was sought and informed



consent obtained, is it ethical for children to 'sing for their supper'? For people to be charitable is it necessary to put a face to suffering? Surely there are ethical and legal implications to be investigated.

Agape is eager to register as a home. Upon applying for registration the Durban regional office of Social Welfare and Population Development reported that Agape would only be registered if it converted to a multi-purpose centre. Not much has been done by

the home to compel the Department of Social Welfare and Population Development to register the home. The lack of initiative to register is explained by the fact that unlike Khulani and Ekusizaneni, where registration as a home is a prerequisite for funding, Agape's international donors do not require registration. This has many implications. One implication is who monitors income and expenses? Secondly, who ensures that child care is congruent with stipulated legislation such as the Minimum Standards policy? Unregistered homes are not monitored by the Department of Social Welfare, no reports are required and no visits are made by social workers, leaving room for irregularity.

Khulani and Ekusizaneni have strived to register as children's homes. Khulani has begun civil action against Durban regional Department of Social Welfare and Population Development for not registering the institution as a home, despite the latter implementing all requirements stipulated by state social workers. Ekusizaneni has engaged in a support campaign to persuade the department to register it. Mr. Mhlongo, the husband of Mrs. Mhlongo who initiated the project has rallied the support of the following individuals and organisations in writing, motivating for the need of a children's home in KwaMashu:

- Mayor Obed Mlaba, Durban Metropolitan Council.
- The Station Commissioner, South African Police Service KwaMashu.
- A report from District Social Worker Miss B.P Zungu recommending Ekusizaneni for registration as a children's home.

Mr. Mhlongo made a special trip to the national department of Social Welfare and Population Development to speak to Minister Zola Skweyiya regarding his problem

with registering as a home. However, no progress had been made at the time this research was conducted.

### **Khulani**

Khulani is supported financially by the Shoes South Africa Charitable Trust. Money from this Trust provides core funding for operational expenses. The budget for Khulani for 2006 to May 2007 is R417,127,00. The trust provides for all of Khulani's expenses for example, refurbishment (R47,500), education/uniforms and care (R96,136), education stationary (R12,400), wages (R159,960) and housekeeping (R51,036). The money allocated to Khulani from the Shoes South Africa Charitable Trust is sustainable, partly because it is a corporate driven initiative. Funds are raised within the footwear industry of South Africa and its export customers internationally.

The Shoes South Africa Charitable Trust established the Soul of Africa initiative that teaches unemployed women from informal settlements in KwaZulu-Natal the skills needed to hand-stitch a moccasin shoe that is aptly named Khulani (the home is the original inspiration behind this initiative). Michelle Footwear, Shoes South Africa UK and Shoes South Africa USA obtain orders and provide the infrastructure and machinery to produce the shoe. All net profits from the sale of the Khulani shoes are donated and used for the upkeep and schooling of orphans and vulnerable children. The potential market for the Khulani shoe creates sustainable funding, especially since a key marketing focus are the beneficiaries of the proceeds, 'AIDS' orphans and vulnerable children of South Africa. A key question regarding self help initiatives, especially between Khulani and Agape is, is displaying a shoe with a pamphlet of pictures of orphaned and vulnerable children that explains the plight of orphans and vulnerable children in South Africa more ethical than displaying children on stage?



Khulani has had a long struggle for registration as a home. Since 2003, nothing has been heard from the Durban regional office, despite all procedures being followed and requests being implemented.

Core funding from The Shoes South Africa Charitable Trust is not dependent on registration as a home. So core funding is not threatened by the refusal of the Durban regional office to register Khulani as a home. However, to access the capital funding (R4,000,000) set aside by the Trust to build 5 cottages cannot be accessed until Khulani registers as a home. This means that Khulani will continue to operate from the present location, with 20 children until it is granted registration as a home. Khulani's case is not as serious as Ekusizaneni's. At least Khulani has a stable source of funding irrespective of registration status while the sustainability of Ekusizaneni depends on registration, on accessing the housing capital subsidy to invest for operational expenses.

Ekusizaneni, unlike Agape and Khulani, it is not sponsored by international organizations, and does not receive core funding from a particular organisation. Yet in

comparison to Khulani and Agape, it offers much more in terms of community outreach programs, there is a hospice on the premises, a soup kitchen, TB DOTS program (soon to be established) and informal feeding scheme for children from the community. If indeed, the Department of Social Welfare and Population Development is moving towards multi-purpose centres, then there is much incentive to acknowledge Ekusizaneni as a potential “role model” for community-based care.

### **5.1.3.2 Organisational sustainability**

An aspect that is often overlooked when assessing the sustainability of an organisation is the extent to which it is organisationally stable and sustainable. Having a management committee or Board members listed in an annual report does not give any sense of the active participation of those members in the affairs of the institution. Many community- and faith-based organisations have started through the vision and passion of a single person. Those persons frequently go on to play an influential or even pivotal role in the management of the institution. In such instances, questions must be asked about preparedness for succession, should the founder no longer be able to continue in that capacity, through death, illness, relocation of a spouse, etc.

### **5.1.4 Role of the Durban Regional Department of Social Welfare and Population Development in Registration and Monitoring**

The Durban Regional Department of Social Welfare and Population Development is in charge of processing registration applications for Ekusizaneni, Agape and Khulani as these homes are in the Durban district. Officials from the Pietermaritzburg Regional Office were interviewed to inform policy analysis and registration procedure. The Durban Regional Office was contacted for an interview but one could not be secured.

#### **5.1.4.1 The registration process**

Any interested organisation /individual must apply in writing to the regional office of the Department of Social Welfare and Population Development for registration. This department will check if they have conducted a needs analysis that motivates for registration of the home. The needs analysis must contain a thorough assessment of how many children are in dire need of the home, how many children there are in inappropriate foster care, on the streets or in shelters that will benefit from the home. If the applicant has completed the needs assessment proving a need, the Department of Welfare will visit the home and inspect the basic amenities (running water, electricity, and adequate living space). If everything is in order Welfare will register the home. However registration of the home will depend on available finance. Department of Welfare is allocated a budget from the Provincial Government, which is then allocated to currently registered homes and shelters. If a new home is to be registered, registration will depend on available funding in the following financial years. If there is no money to fund the home in the next financial year, registration will have to wait until funding is available. The Department of Welfare will not register a home until it has money to fund the home. Registering a home prior to securing money from the budget creates expectations and could place the Department of Welfare in a legal predicament.

The Department of Social Welfare and Population Development will visit the home prior to registration to deem the place suitable in terms of space, adequate basic amenities and the program offered by the home. To register as a home Khulani, Ekusizaneni and Agape will have to implement the Minimum Standards policy. Guidelines on care plans, privacy and discipline are provided. No handbook is available; only the policy document is in use. Applying Minimum Standards is mandatory for registration.

#### **5.1.4.2 Operational Capacity of registered homes in the Pietermaritzburg Region**

There are fourteen registered children's homes that receive grants from the Department of Social Welfare and Population Development's regional office in Pietermaritzburg (total of 1070 placements for children, vacancy rate 15%). Children are, as far as possible, placed within the community. Placing children with grandmothers, aunts, and uncles is preferred as this maintains the child's social networks and cultural identity. A children's home is the last resort.

Children with behavioural problems who do not fit into the extended family or community are often placed in a home. This questions the theory that the institutional environment gives rise to behavioural and psychosocial problems. Interviews with children's home managers suggest that behavioural problems start in the family home through parental abuse, neglect and alcoholism that either worsens in the institutional environment or subsides, depending on the psychological support available to children in the institutional home. This finding suggests that children's homes have become, unwittingly, a home for children who need urgent psycho-social intervention and healing. The urgency for this type of intervention has to some extent been implemented by registered homes through the Minimum Standards policy, to varying degrees discussed later. Unregistered homes are not required to implement child care policies, perhaps exacerbating psycho-social problems in children.

#### **5.1.4.3 The case of unregistered homes**

Wright (2001) argues that unregistered homes exist for the following reasons:

1. That the Department of Social Development has put on hold issuing further licenses to potential residential care facilities.
2. The need to assist an ever-increasing number of OVCs.
3. Conventional wisdom, especially among foreign funders, that says constructing residential care facilities is the best way to assist OVCs (Sutherland, undated).

This research proved that children are in unregistered homes despite registered homes

operating under capacity. There are several reasons for this. Firstly children are placed in continuum of care (Senior Official, Regional Department of Social Welfare and Population Development, Pietermaritzburg) in the following order:

- Foster-care within the family in an aunt or uncles home, or with an older sibling or with grandparents.
- Foster care within the community, a neighbour or properly screened interested family.

- Institutional home/residential care- usually for difficult-to-place children, where there is no family or there is a history of failed placements and behavioural problems.

Institutional housing is a last resort. Children are usually placed in a family environment first. Children's homes are only considered for registration if there is a demonstrated need, and if the home fits into the budget for the financial year.



This study has shown that unregistered homes exist because communities are unaware of the differences between registered and unregistered homes. People from impoverished communities cannot travel to a district welfare office/ NGO to contact the social worker for their area. Perhaps people find it easier to walk to a home in their community (accessibility) to drop off a child than to take a taxi to town to a welfare agency. Unregistered homes operate within the community and are widely known to community members. These homes have a sign outside advertising their service and attract people in crisis.

Secondly, children may also be in unregistered homes because of a lack of social workers in a particular region. In reality, communities may not know whom their social worker is or how to make contact with one.

Thirdly, it is suggested that parents are opting to place their children in unregistered homes either through poverty or canvassing by home managers that children are better off in their institutions (Adato et al., 2005). Sutherland (undated) reports that the common understanding among foreign funders is that constructing residential care facilities is the best way to assist OVCs. This study has proved that this perception is correct and needs urgent correction.

The unregistered childcare institutions case studied proved that homes were initiated out of a perceived need within the community that was not addressed by state

institutions. Agape started out of a concern dying mothers had over the welfare of their children once they had passed away. Even to this day dying parents bring their children to the institution for care. Agape serves many rural and semi-rural communities around the Waterfall area, many of these people will be unable to identify their social worker or even know where the location of their nearest welfare district office is. Ekusizaneni started in the 1980's, out of severe political violence in the township which left scores of orphans or vulnerable, abused children. Which organisations were there to really take in these children in those turbulent times? Looking back at those dangerous political times, little social services were available in apartheid South Africa, even in the early days of the new democracy. Only a resident of the township could witness harsh human right violations and respond to the crisis that engulfed many families, hence Ekusizaneni was born.

Khulani was established out of observation of unattended children running around the city centre. Day care or crèches within Durban city are available, however many are expensive and sometimes not accessible. Street vendors will set up business near passing trade, mainly corporate areas that may not have day care facilities. In addition, vendors earn a minimal living and cannot afford day care. Once Khulani was established to care for children of working mothers, parents were neglecting to fetch their children and Khulani transformed into a children's home.

Clearly, Agape, Ekusizaneni and Khulani reveal a need within the rural/semi-rural sector (Waterfall), semi-urban sector (KwaMashu Township) and urban sector (Durban City/ Parkhill) for childcare institutions. Even if the Department of Social Welfare and Population Development's policy is to place children within the community, the question remains why are community members not keeping children, and bringing them to these homes? Perhaps people have reached their caring capacity? Perhaps they are unaware of the foster care grant? Perhaps people are unwilling to take in orphans due to stigma of caring for someone associated with AIDS, even in the case of financial incentive?

The other side of the coin has to be considered. A disconcerting issue reported by an official in the Pietermaritzburg regional welfare office is that people start up a children's home with the intention of financial gain. Children are used as commodities to secure funding from national and international organisations. In order to populate their children's home they actually coerce or convince parents that their child is better off in their home, rather than in the family home. By convincing parents that children will receive proper meals, a sound education and a better standard of living, children's home managers populate their homes with children that they have sought out. There is no doubt that children recruited for children's homes are vulnerable as they come from poverty stricken households. However, most of these children are not orphaned or abandoned. Adato et al. (2005) report that parents believe their children will live a better life at institutions and sometimes willingly give them up. When the Pietermaritzburg Regional Welfare Office has stepped in on several occasions, children have been reunited with their families. Dealing with registration applications has become a moral issue, one has to ascertain the intentions behind registration as a home. That is why the Department of Social Welfare and Population Development insists on needs analysis before agreeing on the need for new residential care facilities.



The ability to provide grants to unregistered homes is an issue of concern. Even if a home has carried out a needs assessment and recommended for registration by a district social worker, there may insufficient funds to provide grants to the home in the current financial year. Registration creates expectations of funding. Registration will depend on availability of funds to provide grants to the home, availability of funds in turn depends on the budget allocated to the Department of Welfare.

Needs assessment and funding are more pertinent when considering registration of homes that received capital funding for the physical structure of the home. Homes receive a lump sum for building only and can encounter serious problems of sustainability as they lack daily operating costs and turn to the Department of Welfare for grant funding.

#### **5.1.4.4 Monitoring and training of child care workers**

Unregistered institutions are not monitored by the Department of Social Welfare and Population Development. Registered institutions are required to follow certain policies and procedures which will be discussed in the next section. Lack of monitoring of all unregistered childcare institutions is a serious concern. Monitoring ensures that institutions are providing the best care for children. Agape and Khulani had part time social workers in their employ that liaise with social workers from the Department of Social Welfare and Population Development regarding registration application. Unregistered institutions are advised by Welfare to employ social workers to process registration applications and to set up childcare systems. It is the responsibility of institution managers and social workers to ensure their institution complies with childcare legislation.

Training in childcare courses is crucial for childcare workers to manage the care of children. Ekusizaneni reported that their childcare workers were trained in basic childcare by the National Council of Child Care Workers after registration as a place of safety. The Ramakrishna Society provided training in physiology and massaging for volunteers at the hospice. It is mandatory for registered homes to train their childcare workers. Khulani's childcare workers have also been trained in the following courses:

- Child Care- covering modules such as belonging, mastery, independence and generosity.
- Counselling
- Home based care.

The manager of Khulani is studying for a diploma in development psychology to enhance her capability to care for children in her home. It is unclear whether Agape's housemothers have been on any child care training courses. Ekusizaneni and Khulani reported that training enhanced their capacity to understand children's behaviour and guide them. Training also taught them why children misbehave and how to discipline without punishing. Ekusizaneni and Khulani have complied with registration requirements stipulated by state social workers during the assessment process. These institutions are willing to comply with Minimum Standards and work with the Department of Social Welfare and Population Development to attain registration.

### **5.1.5 Child care and the impact of registration on management of child care**

This study investigated care programs of unregistered institutions in terms of psychological and medical care, training of housemothers/child care workers, and discipline within the institutions.

At Agape housemothers looked after the daily care of children. It is not clear if they had received any type of child care training. Child care workers at Khulani and the manager of Ekusizaneni had received training with the National Council of Child Care Workers. If a child is placed by child care professionals such as social workers, it is mandatory to conduct a thorough medical check up of the child first before placing the child in a registered institution. Unregistered institutions reported that community members bring orphaned and vulnerable children to the institution, in these cases the child may not be taken for a medical examination and some problems such as physical and mental signs of abuse will not be detected, which means that interventions such as regular counselling will not be available for the child to heal.

Agape, Ekusizaneni and Khulani reported that initial medical checkups when children first arrived in their institutions were not conducted. However, these institutions also reported that children were taken to the clinic when they did get sick. A local doctor offers his services free for the children at Khulani. At Ekusizaneni, doctors from Mahatma Gandhi visit the hospice every Saturday and check up ill children at the place of safety. If a child gets sick during the week, he/she is taken to a local clinic.

Medical care is important for physical well being, but psychological care and intervention is equally important, this component of care is provided by housemothers and the role they play in children's lives. Training (covered above) is very important to help housemothers deal with behavioural problems and discipline. Training is also important to help them counsel children in the absence of formal counselling by professionals.

Housemothers are called such because they are primary care givers within child care institutions. They are substitute mothers in an artificial family environment. Establishing bonds depend on the time the child has been in the care of the housemother, the attitude of the housemother to the child, and the background of the child. At Khulani, children have been in the care of the manager since they were very young. She reported that they all call her 'ma' and see her as their mother even though she does not reside at the home. Child-care workers at Khulani work in shifts, there are no replacement housemothers. This arrangement allows the children to bond with three people, two child care workers and the child care manager who lives at Khulani permanently.

At Ekusizaneni, there are no child care workers, the manager and the only housemother and reported that children in her care have a special relationship with her and call her 'ma'. These children consider her as their mother. She reported that older children take care of themselves; older girls cook supper for all 20 children and each child does his/her own washing. The manager plays the supervisory role and makes sure their homework is done and their needs are met.

At Agape, children also take part in preparing meals and wash their school uniforms. At Khulani, children help themselves to meals, but are not made to engage in chores.

Agape and Ekusizaneni reported that involving children in household chores fosters independence; this strategy is also practiced in registered homes.

The care of children at Agape was observed at the time the interview with the manager was conducted. Children live in a make-shift home, a shipping container with insufficient space for the 46 children living there. The care of children is not satisfactory. Agape has an autistic three-year-old boy who is in need of special care. The child is disruptive and removed from other children and put into another section of the container. The manager and the housemothers are not trained to care for special needs children.

Khulani, Agape and Ekusizaneni reported that children are disciplined by removing privileges such as riding bikes (Agape) and by giving children extra chores. All three institutions reported that children are never harmed physically; rather they are spoken to and made to understand why their behaviour is negative. Mrs. Mhlongo of Ekusizaneni reported that she motivates children to think of their future and aspire to be better people.

In summary, children at Ekusizaneni and Khulani have a stable home environment. The managers of these institutions have worked with the Department of Social Welfare and Population Development to do everything in their power to create a conducive, safe environment for these children. There is no answer as to why Khulani and Ekusizaneni are not granted registration, or at least a reason for being denied registration. A telephone interview with a district social worker that processed their applications stated that there was no need for more children's' homes as the homes in the Durban district are operating at under capacity and that Khulani and Ekusizaneni did not conduct a needs analysis, and therefore did not prove a need. This research has shown that Khulani and Ekusizaneni are doing everything possible to provide the best care for children, within their means.

Ekusizaneni is to a large extent dependent on donations for sustainability and for particular childcare provisions such as good school uniforms, stationary, and even clothing. Registration as a home enables children to receive grants that are used to better the care that the institution is providing. For Khulani, registration will give the green light for development of cluster cottages funded by the Shoes South Africa Charitable Trust and enable Khulani to expand to accommodate 30 orphaned and vulnerable children and adapt to the structure of one housemother per 6 children as preferred by the Department of Social Welfare and Population Development.

Agape needs proper engagement with the Department of Social Welfare and Population Development to provide appropriate care. If the Department of Social Welfare and Population Development claims that homes are operating below capacity, children should be removed from Agape and placed in institutions that can provide appropriate care and accommodation until the cluster units have been built and Minimum Standards policy implemented.

Registration is the first step to sustainability and ensuring optimum care for orphans and vulnerable children. Registration is in the best interest of the Department of Social Welfare and Population Development as it enables the department to regularly monitor child care. Registration is also in the best interest of these institutions, as it is the first step to sustainability and ensures that child care services are congruent with

legislation. Ultimately registration is in the best interest of the children whose lives are determined by the type of care available and the environment in which they are raised.

## **5.2. Within Group Analysis of Registered Institutions**

### **5.2.1 General Information**

The Place of Restoration (POR) is in Margate, along the South Coast of Durban and serves the Ugu District of 6 municipalities. POR has been operating as a registered children's shelter since 2001 and offers residential care for 60 children between 0 and 18 years. Home of Comfort (HOC) is a registered children's home operating in Kokstad since December 2001. The HOC provides residential care for 57 vulnerable children, mostly abused and neglected children from dysfunctional families. Children from HOC come from Shayamoya, Matatiele, Harding, Mount Ayliff and Mount Frere. The Mildred Ward Home (MW) a part of Pietermaritzburg Children's Homes is located in Woodlands, a suburb in Pietermaritzburg and cares for 70 (10 orphans) children between the ages of 5 and 18 from KwaZulu-Natal. MW is operating below capacity as it can accommodate 80 children.

Compared to The Home of Comfort and Mildred Ward Centre, POR offers extensive community outreach projects. HOC and MW do not provide community outreach services. POR is promoted as a model institution especially because of the programs offered to the community and psycho-social services provided for children at the institution. POR offers the following programs (discussed in detail in chapter 4):

- Education facilities on the premises for children and toddlers.
- Khuselani or Give a Child a Family Project which places children in screened foster families within the community.
- Sustainable development: skills training for successful foster parents to encourage financial sustainability within the home.
- Self-help projects: cucumber tunnels which contribute to annual income; nappy production which supplies the institution and produces surplus for sale.
- Provision of training and development programs for community based organisations and individuals in:
  - Project management
  - Basic business skills
  - Organic agriculture
  - Voluntary savings and loans
  - Auxiliary social workers training
  - Grief and bereavement counseling
  - Memory work
  - Parenting skills

These extensive outreach services are indeed innovative compared to the HOC and MW. Registered child care institutions are required to place children back into the community by finding suitable foster families. Children's homes are the last resort for children who are orphaned and for whom traceable family cannot be found and for children who have behavioural problems and need institutional care. However, developing the skills of foster parents to earn income from informal enterprises is a self-initiated project that aims to keep children within families, many of whom are

vulnerable to food insecurity. Skills development projects aim to increase access to food for all family members and adds incentive to fostering children. These programs are only made possible by extensive international donors. Grants from the Department of Social Welfare and Population Development is insufficient to cover all projects underway at POR. In fact in 2004, the subsidy only covered 20% of all expenses at POR. This is discussed further under financial sustainability below.

The physical structure of MW and the HOC is the same. Mildred Ward is arranged in 6 adjoining cottages in which one housemother cares for 18 children. The units are



styled as adjoining cottages each with 3-4 bedrooms (bunk beds), toilets, bathrooms, lounge, kitchen and dining room. The HOC consists of one main free standing home and 4 joined units that accommodate a housemother and 18 children. The POR is dormitory style facility.

### **5.2.2 Operational structure**

Again, compared to HOC and MW the POR is much more sophisticated in operational structure. Compared to HOC and MW that have 14 and 23 staff respectively, the POR has 63 full time staff that fall into one of three directorates. The directorate of social services consists of 41 staff in residential care, housekeeping, psycho-social services, education, health and international volunteers. The directorate of management services consists of 9 staff in human resources, finance, fundraising, administration, maintenance and logistics. The third directorate consists of 13 staff in the Give-a-Child-a-Family program and the Give-a-Child-a-Family Liaison. The POR operates on a much larger scale than HOC and MW, demonstrated by its large staff. The POR has 27 child care workers compared to 12 at MW and six at the HOC. The HOC and MW have a similar, basic structure. A board of trustees oversees general management that oversees child care workers, gardeners, drivers, and domestic workers. Comparing management structure also highlights the differences in scale of operation, standard care offered by registered childcare institutions as opposed to innovative broad community based initiatives.

Volunteers are a part of POR, MW and the HOC. Yet again, the scale and management of the volunteer program at POR is larger and more diverse than at MW and the HOC. At POR volunteers are integrated into the programs offered, each volunteer is given a job description and all volunteers are housed on the premises in a special block. Volunteer programs are offered for mid-term stay and short-term stay. In 2005 there were 22 volunteers from 5 countries at POR. The only other institution with international volunteers was Agape. MW had 10 volunteers from Pietermaritzburg. At Mildred Ward, volunteers perform the same function as child care workers and volunteer for 2 years during which they are trained in child care courses, paid for by the institution. The Home of Comfort did not have a volunteer program. One local volunteer was at the HOC and she assisted in child care activities.

Volunteers are an integral operational component of registered and unregistered institutions. At Agape volunteers purchase food, provide child care and maintenance services. At Ekusizaneni, volunteers staff the hospice and care for the terminally ill. At POR, they are integrated into programs and are valuable human resources. At MW, volunteers provide child care and in turn are trained to add to human resource capacity if required.

### **5.2.3 Sustainability**

#### **5.2.3.1 Finances**

The sustainability of registered institutions depends on the financial resources at their disposal and the scale self help projects (if any). Finances also play a key role in the type and scale of services offered. Registered institutions qualify for grants from the Department of Social Welfare and Population Development which is insufficient to cover basic operational expenses, meaning that additional programs and daily operations require fundraising. For example, the POR receives government grants to the value of R584,000 annually. Total expenditure per month is R262,125<sup>4</sup>. Salaries and wages alone amounted to R1,830,000 in 2006. Substantial international funding (R400,000, R75,500 and R1,312,98 respectively from separate donors) and national donations (R125,000) add to the subsidy provided as a cash injection for all operating costs and programs. Total income for 2006 was R3,145,500, allocated to the shelter, social services, training and administration. A document entitled 'The Unheeded Cry of a Child in Crisis is an Accusation Against Humanity by Elize Coetzee of POR (2004) reports that the contribution of "the Department of Welfare to the shelter has increased from 11% to 20% of total our total cost". In 2004 the subsidy actually only covered 20% of total cost of POR, and this money was only for the shelter. Funding for the projects mentioned above was secured through fundraising. The same document reports "the major risk to the programme is a lack of operational funding which will force us to cease our operations and much needed services to our group of beneficiaries".

Funding is a determinant of the scale and services offered by child care institutions, it also determines the type of care available for children and the facilities available on site. International cash donations finance the extraordinary programs offered by POR. The Home of Comfort and Mildred Ward do not offer such programs simply because these institutions have not secured funding to finance outreach programs. Mildred

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<sup>4</sup> Place of Restoration Preliminary Departmental Budgets for Year Ending 31 December 2006.

Ward received a state subsidy of R1,314,000 in 2006. Including donations, the home had an annual income of R1,570,400 in 2006. Total expenditure for 2006 was R1,631,000. Even with additional sources of income to supplement the state subsidy, Mildred Ward's income statement (actual vs budget) reflects a negative balance of R60,600. A critical sustainability issue surfaces, state funding in itself is insufficient to sustain homes. Additional funding supplements the income of registered institutions for daily costs and for any additional projects that the institution offers or aims to offer.

The Home of Comfort's income and expenditure statement of the period 01/03/05 to 31/03/06 reflects grants to the value of R726,240. Additional sources of funding include R40,240, and R12,966 respectively. Total income for this period was R799,206. Total expenditure for this period was R674,393, reflecting a profit of R104,813. Prior year adjustments reflect an additional surplus of R1,470,600 a retained profit at end of period of R1,896,023. This is a staggering figure for a registered home. The information provided here comes from a draft income statement developed by registered accountants and auditors for the 2006 annual general meeting. During data collection at the home the manager pointed out that there were internal problems with the audit. She discovered another bank account that the auditors were not aware of and another audit was commissioned. It is not clear how reflective this information is of the actual financial status of the home.

The HOC was experiencing a mild management crisis. There was dispute as to who should be the manager and whether a manager was required. Understaffing was also a concern, the HOC had recently hired a secretary, and the social worker post was still vacant. A disconcerting finding was that a toddler had wandered into a bucket of boiling water and died from his injuries at the HOC. After this incident, Mrs. Manning was removed as manager and made the patron of the HOC. In another incident two young children were caught engaging in sexual relations on the grounds on the HOC. This raises questions about monitoring and the vigilance of housemothers.

### **5.2.3.2 Self-Help Projects**

Only POR had any type of self help projects underway. Self-help projects are defined as any project initiated by the institution that contributes to financial sustainability by supplementing funding from the grants (if any) and donations. However given the examination of financial sustainability so far and the fact that for some institutions even welfare grants is insufficient for operational expenses, self help projects should be given greater significance. All registered institutions should be encouraged to initiate projects for long-term sustainability to contribute to savings or investments. In an ideal situation, institutions should be self-sustainable, even in the absence of subsidy or donor funding.

POR has cucumber tunnels and produces cucumbers for sale at regional markets that in 2004 contributed between R60,000 and R80,000 towards expenses (the exact figures are unavailable). The POR also capitalises on machinery donated to it. A donated nappy machine produces sufficient nappies for the shelter, and POR reports that it was considering markets to sell nappies. This saves POR additional expenses on nappies. In 2004 POR had a second hand clothing shop and aimed to sell clothing to the value of R2000 per month. The sustainable development programs, aimed at empowering community foster parents to develop income generation projects, earned the institution R21,792, reflected in the preliminary departmental budgets for year

ending 31 December 2006. These figures are not substantial. However it is possible that given greater resources and planning these strategies could help the institution towards self-sustainability in the long term.

Overall, sustainability of registered institutions is anchored by ongoing funding from the Department of Social Welfare and Population Development. This research has shown that a government subsidy may not provide sufficient funds for operational expenses and fundraising is necessary for sustainability and for additional community outreach programs. An official from the Pietermaritzburg regional Department of Social Welfare and Population Development suggested that POR is the model childcare institution because of its extensive community outreach programs. This would not be possible without international donor funding.

Regarding sustainability, registered and unregistered institutions have two things in common, with one important difference. Both registered and unregistered homes:

- Need actively to fund raise and form long-term relationships with national and international donors;
- Need to develop self-initiated projects to generate funds for operational costs and additional programs.

The significant difference is obviously that registered institutions qualify for grants. This is positive as fundraising can focus on raising money for additional programs such as foster care or skills development. Unregistered institutions are in a predicament, as they have to raise sufficient funds for core operational costs and any additional programs the institution may want to offer. There are particular problems with unregistered institutions seeking international funding. For instance, who monitors how this money is used? Who monitors child care practices? How do well-intentioned international donors differentiate between needy organisations that will put the money to good use from those who seek personal gain?

#### **5.2.4 Monitoring of registered institutions**

Monitoring of registered institutions is consistent. POR is required to submit quarterly reports the Pietermaritzburg regional Department of Social Welfare and Population Development and officials also visit quarterly. Quarterly reports are also submitted by the HOC, while Mildred Ward submits monthly reports on each child. Reports contain updates of the children in the care of registered institutions and are a monitoring tool. Reports contain the following information:

- Ages of children, any new additions to the institution.
- Illnesses or deaths, causes.
- Treatment of illnesses and progress.
- Outings the children have been on.
- Challenges the institution faces such as lack of equipment.

Reports keep the Department of Social Welfare and Population Development updated on issues facing the institution, the treatment programme (if any) the child is on and any progress made. The most beneficial impact of regular reporting is that it keeps institutions accountable to children and the state. Registered institutions are compelled to implement the Minimum Standards policy that aims to provide a safe,



stable environment for children. As part of the Minimum Standards policy, institutions have to formulate care plans that outline any behavioural problems, medical and psychological illnesses and treatment of psycho-social problems. The care of the child is of paramount importance.

Unregistered institutions do not submit monthly reports on children or on the operation of the institution; there is no monitoring, except of child care by employed social workers (Khulani, Agape). Children in some unregistered institutions never receive the medical and psychological care they need and slip through the safety nets provided by state institutions.

### **5.2.5 Child care and training of child care workers**

The discipline procedures adopted by registered and unregistered institutions in the study were similar. Explaining to the child why the behaviour is undesirable, removing privileges and motivating the child to improve are strategies used in all institutions surveyed. The Mildred Ward Centre admits children with behavioural problems and deals with children with drug and/or alcohol addiction. Several behavioural problems were reported by housemothers such as children who come home from school intoxicated with alcohol or drugs. Some even smoke cannabis on the premises. These problems are dealt with by housemothers first. Three housemothers interviewed reported that they will talk to the child about the negative behaviour. One housemother reported that she gives two verbal warnings and then hands over the problem to the manager and the social worker. Another housemother reported that she motivates children to aspire to positive role models, especially children on rehabilitative programs as relapse is very common without motivation and support.

Training of child-care workers is central to discipline and general performance as a child-care worker. The Department of Social Welfare and Population Development does not train child care workers. Most child-care workers in this study, from both registered and unregistered homes, were trained by the National Council of Child Care Workers. Child-care workers in unregistered homes reported that training helped them to understand child behaviour. A housemother at the Mildred Ward Centre reported that her training in child care helped her to understand her own children better, not to resort to punishment but to listen and advise.

It is appropriate to conclude that child-care workers/housemothers from Ekusizaneni, Khulani, Mildred Ward, Place of Restoration and Home of Comfort are well trained to perform their duties. This highlights that even Ekusizaneni and Khulani, both unregistered homes, have attempted to train their employees to provide professional care to children. This is a positive element as housemothers and care workers are the primary care givers of children and have a lasting impact on their lives.

The Place of Restoration has a more comprehensive care program for children than the Mildred Ward Centre and the Home of Comfort. Mildred Ward and Home of Comfort reported that children are given the best care available, children see counsellors regularly and problems are dealt with. The Place of Restoration (POR) has gone the extra mile by making childcare and rehabilitation its primary focus. Compared to Mildred Ward and the Home of Comfort, therapy and assessment occur at the premises. Children are not required to attend sessions at the local hospital. POR offers onsite, integrated care. In total there is 1 health worker and two

counselling and therapy professionals at POR. Mildred Ward and the Home of Comfort do not have such services on site. Generally, children at the Home of Comfort await a mobile clinic or are taken to the local clinic to be treated. The impressive services offered at POR are only made possible by international funding discussed earlier. Although Mildred Ward and the Home of Comfort do not offer these services on site, they do have reports on children and send their children for counselling and therapy to hospitals and care centres.

### 5.3 Synopsis

This section compared 3 unregistered child care institutions to each other and 3 registered institutions in terms of management, services offered, type of care provided, sustainability issues, finances, monitoring, training of child care workers, and general child care in terms of discipline and care programs. In unregistered institutions:

- The lack of funds for operational costs creates dependency on local and international donations for various supplies.
- If international donations have been received it is for buildings and not for operational costs (one had funding for operational costs).
- Volunteers (local and international) are important human resources and contribute to maintenance, medical and childcare.
- Management of the institution may be informal in reality; owing to a lack of funding there sometimes are no child care workers. Generally, it was observed that these institutions operated like large foster families (without foster care grants) rather than residential or institutional care facilities.
- Children are involved everyday chores such as making lunch, washing uniforms and cooking.
- Medical care was provided in two institutions.
- There is no monitoring by the Department of Social Welfare and Population Development.
- Children are not placed back into the community with extended family or foster parents.
- Child care workers from two institutions were well trained and provided professional care to children.
- One institution should not be operating as a child care institution as conditions were below satisfactory and neglect was openly observed.
- Unregistered institutions do not have the capacity to care for special needs children.
- One institution had a self-help project to raise funds, which raised ethical questions about using children.

In registered institutions:

- Welfare Grants are received from the Department of Social Welfare and Population Development. Welfare grants are meant to cover the operational expenses of the registered institution, and not other programs.
- Fundraising is essential for sustainability for operational costs and additional programs. The extent of international funding secured determines the scale of operations and programs offered. For this reason, for other registered homes to meet the standards of Place of Restoration, they would

have to fundraise excessively and match the vision demonstrated by this institution.

- Monitoring is consistent.
- Cases of neglect are apparent even in registered homes.
- Care personnel are well trained, but perhaps poorly monitored where cases or neglect have been reported.
- Care plans are formulated and children acquire necessary medical and psychological care.
- Only one institution had a self-help project underway, although income was small compared to general operating costs.
- The benefits of “cluster” type housing as compared to dormitory style buildings are not clearly evident, since cluster units can accommodate up to 20 children.



# CHAPTER 6



## CONCLUSIONS AND RECOMMENDATIONS

This study set out to investigate the new generation of children's homes funded and implemented as part of KwaZulu Natal Provincial Department of Housing HIV/AIDS Housing Guidelines (1999). Six child care institutions, three registered and three unregistered were case studied. This chapter concludes by comparing registered homes to unregistered homes in terms of the sub-problems outlined in chapter one. Some policy recommendations are made and the need for further research is outlined.

### **6.1 Is policy misalignment between the provincial departments of housing and welfare resulting in the establishment of a new generation of care homes?**

The central research question of this study was whether policy misalignment between the provincial Departments of Welfare and Housing has resulted in the establishment of unregistered institutional homes that may have detrimental impacts on psycho-social development of children. This research has shown that this is not always the case. Out of the six surveyed institutions, only two had received a capital subsidy from the Provincial Department of Housing. In one case, a capital subsidy was received for building cluster units, without registering with the Department of Social Welfare and Population Development. Once the institution had been built, the Department of Social Welfare and Population Development was approached for funding and because funds were available and there was a need for a home in the area, registration was granted.

In another case, a welfare registered home was granted a capital subsidy to expand the existing institution. In a third project, a welfare-registered institution secured international funding to expand its facilities. Three projects had received capital funding from national or international sources without attaining welfare registration first.

Policy misalignment in itself is not giving rise to institutional housing. Rather, child-care institutions have arisen in response to a perceived need without the permission or knowledge of the Department of Social Welfare and Population Development. These institutions are usually promoted in the media as in need of donations to care for "AIDS orphans" and vulnerable children and catch the eye of international organisations desiring to make a valuable humanitarian contribution to these children.



Consequently, these organisations raise funds (nationally and internationally) for buildings to house children and operational costs.

The uncontrolled rise of unregistered child care institutions places the Department of Social Welfare and Population Development and the institution in a predicament. The problem is that unregistered institutions have not conducted a needs assessment to prove to the Department of Welfare that there is a need. To prove a need involves identifying how many children are in inappropriate foster care, how many children there are on the street, and how many there are in a local shelter that are not being placed in existing homes or in foster care.

Registration creates expectations of funding. Registration will depend on availability of grant funding. Availability of funds in turn depends on the budget allocated to the Department of Social Welfare and Population Development. Even if a home has undertaken a needs assessment there may insufficient funds to provide grants in the current or even next financial year. Hence begins a long and often frustrating journey to registration. This study has found that unregistered institutions seek registration as children's homes not for the sole purpose of securing welfare grant, but also to give them legitimacy in their pursuit of funds from international donors.

## **6.2 Are institutional care facilities sustainable?**

The common understanding is that unregistered institutions may be financially unsustainable because they do not receive statutory financial support, and have to raise all of their costs independently of the state. In this study only one unregistered institution had secured sustainable funding for operational costs. One institution had secured partial funding and engaged in questionable self-help projects, using the children as a "draw-card" to raise funds. The third institution was dependent on a place of safety grant being supplemented by regular consumable and material donations, which are inherently time-consuming to generate and unreliable on a sustained basis.

This study concludes that unregistered childcare institutions are inherently financially unstable. Unregistered institutions are wholly dependent on donors for their financial sustainability. Active fundraising becomes a core function of the institution's management. To compound the problem, many employed managers of these institutions may not have the capacity to fundraise or develop self-help projects, and do not have the means money to employ fundraising professionals.

While welfare grants contribute towards sustainability, the grant usually does not cover all operational expenses. Even for registered institutions, fundraising is essential to cover costs.

Finance is one component of sustainability. Governance and care issues can also threaten the sustainability of care homes, as evidenced in stories of misuse of funds, and poor monitoring and at worst neglect of children.

### **6.3 How do institutional care facilities manage the care of orphaned and vulnerable children?**

Overall, registered institutions and unregistered institutions aim to provide appropriate medical and psychological care, within their available resources. Two registered institutions provided necessary medical and psychological care for children. One institution provided excellent programs to heal children from trauma, deal with physical problems such as malnutrition, and reintegrate them into the community through foster care. In registered institutions, child-care workers are professionally trained. Discipline is prompt and discourages repetition of negative behaviour. Registered institutions have a rigid organisational structure, employing people for daily activities such as cooks and cleaners and childcare workers, there are clear structures of authority and management.

The management of child care in unregistered institutions cannot be generalised. Two institutions secured voluntary services of doctors to treat children, whereas in one the children were taken to the clinic whenever they were sick. Two mentioned that case reports were kept on each child. One unregistered institution maintained family ties by encouraging extended family to take in children for weekends and holidays. Two unregistered institutions did not attempt to reintegrate children into the community.

Child-care workers were trained in one unregistered institution. One institution did not employ child-care workers -- older children were responsible for cooking and cleaning, and structures of authority and management were hazy. Motivation, explanation of intolerance of negative behaviour, and removal of privileges were common discipline strategies in both registered and unregistered institutions.

Poor monitoring of children and sub-standard care was evident in one registered institution. This is a serious management issue for the Department of Social Welfare and Population Development.

### **6.4 What are the impacts of institutional care on orphaned and vulnerable children?**

This study did not investigate the psychological impacts of institutional care on orphaned and vulnerable children. Instead, this study aimed to investigate the operations, management and care offered by registered and unregistered facilities that potentially impact on children. This study concludes that behavioural problems and psycho-social dysfunction can be provoked either through partial or complete breakdown of the family, due to break-up of long term relationships or death; or can be triggered by physical and/or sexual abuse, parental addictions, and general poverty.

Children's homes in this study are mandated to treat behavioural problems in children through rehabilitative programs. Further longitudinal research would be needed to determine the impact of these programs on psycho-social development of children. Although medical care was provided regularly or whenever there was a need, unregistered institutions in this study did not have rehabilitative programs for children. Instead, social workers in two institutions counselled children and referred them to mental health professionals if needed. Two institutions provided a home environment

with trained caregivers to support and counsel children. This study concludes that unregistered homes can positively influence the psycho-social development of children, depending on:

- The physical environment (physical structure, cleanliness, privacy, space for study and sleep).
- Capacity of child-care workers to counsel and guide children.
- Monitoring of and interest in children.
- Presence or involvement of social worker.
- Nutrition and food security.
- Presence of a motherly figure that children can bond with, irrespective of working hours of childcare workers/housemothers who usually work in shifts.

### **6.5 What options are available for unregistered children's institutions?**

Most unregistered facilities in this study were desperate for registration as children's homes for the following reasons:

- To access funding from national organisations (non-state) to build institutional care facilities or physical infrastructure for housing orphaned and vulnerable children, not for operational costs.
- To access grants from the Department of Social Welfare and Population Development for operational costs.
- To access capital subsidy from the Department of Housing in order to invest in high quality infrastructure and housing for OVCs; although the guidelines for accessing housing subsidy only require a letter of support from the Department of Social Welfare and Population Development.

Whatever the reason for pursuing registration, the Department of Social Welfare and Population Development will not register these institutions until there is funding available, which depends on the annual provincial budget and until it is convinced that they are serving a need. In the interim, Khulani is recommended to register as a shelter or place of safety. Agape should be shut down and the children redistributed pending the completion of the cluster units and implementation of Minimum Standards policy.

### **6.6 Are unregistered homes serving a need?**

This research has shown that children are often placed in unregistered homes because they are accessible to communities who refer them, and who are not aware of official referral procedures and the differences between registered and unregistered homes. Community members are more aware of unregistered homes as they frequently operate within the community. From this perspective unregistered institutions are serving a need as a 'drop off centre'. Homes operating from communities essentially save children from abandonment and abuse that results from living on the street.

Ekusizaneni serves KwaMashu Township and other informal settlements in the north of Durban and makes a tremendous contribution to community welfare. It should be helped by district social workers to meet Minimum Standards policy and registered as a children's home.

Khulani's physical structure should be adopted as the model home. The home is a conventional freestanding house that blends into the community, reducing the negative social effects of living in residential care and the AIDS stigma associated with orphans. Although Khulani is more of a community outreach facility presently, the home has greater potential for sustainability than Agape and Ekusizaneni because it is funded directly and on a sustainable basis by a market driven project. Since children have been raised by the manager (who is the project initiator), rather than uprooting them and risking their psycho-social development, the children should remain there and the home granted registration. Compared to Ekusizaneni and Agape, Khulani has made significantly more progress towards implementing Minimum Standards policy.

## **6.7 Policy Recommendations**

This study makes the following policy recommendations:

- a) Many unregistered homes from communities operate as an informal base or 'drop off centre' for orphaned or vulnerable children. It was observed that unregistered institutions operate more like cluster foster care homes but with many children instead of 6 which is the legal maximum. For reasons discussed above community members take children to the community home first and not to their area social worker.

In light of the likelihood of the number of orphans at some point outstripping the availability of extended family and alternative domestic care, there is case for these unregistered homes to be acknowledged. They could be encouraged to register as shelters, or places of safety as short-term facilities for housing orphaned and vulnerable children. Shelters and places of safety have less rigorous compliance standards than homes. These community homes should link up with the Department of Welfare, or welfare NGOs who have delegates statutory powers, who then place children from the community home into foster care or registered homes. This requires some policy change and could become a long process with implications for increasing welfare funding. However, to ignore the existence of those informal homes

- b) This study showed there was little consistency in the manner in which unregistered homes were recognised and supported by the Department of Welfare. People or organisations that fund the construction of institutional housing, including donors and the Department of Housing, need to be assisted in directing their funding toward more beneficial care models that meet, or are making substantial progress toward meeting, the Minimum Standards set down by the Department of Welfare.
- c) Unregistered homes are a reality, but:
  - Due to a lack of regulation they do not provide adequate provision and support for the rights of children in their care.
  - Due to their reliance on donations for operational costs they are inherently unstable, both in terms of resource adequacy (to meet Minimum Standards) and long-term sustainability.



- d) Unregistered residential care facilities are likely to increase in incidence as a result of the growing number of orphaned and vulnerable children. Therefore the Department of Social Welfare and Population Development is indirectly placing children at risk, given that it does not have resources to undertake comprehensive individual needs assessments of OVCs in unregistered facilities and monitor and regulate a 'spontaneous' industry.
- e) The Department of Welfare needs to be more flexible in its approach to unregistered institution. It should increase its efforts to identify and monitor unregistered facilities, and ensure they move towards compliance with the Minimum Standards policy, assisting them to do so, and, if they fail to do so, forcing their closure. A mentorship system that guides unregistered residential care facilities on criteria and implementation of Minimum Standards policy is recommended. Mentorship by registered institutions will also lighten the burden on the Department of Social Welfare and Population Development.
- f) The Department of Welfare should de-link the process of registration and funding, so that the lack of funding to support new care facilities does not become a reason for ignoring their existence. If necessary, an alternative process of formal recognition should be adopted so that unregistered facilities are brought into the regulatory fold.
- g) The Department of Housing, in order to protect its investment:
  - Needs to be more systematic in engaging with the Department of Social Welfare and Population Development to adopt a demand-driven, rather than a supply-driven, approach to meeting the shelter and care needs of orphaned and vulnerable children.
  - Needs to be more critical of organisational and financial sustainability factors.
  - Needs to simplify procedures for accessing special needs housing subsidy, in order that new institutions given access to adequate levels of investment to provide Minimum Standards in terms of the physical shelter needs of orphaned and vulnerable children.

## 6.8 Avenues for further research

This study is ground breaking research into unregistered child-care institutions and has highlighted many gaps that need further research. Time and funding constraints have limited the scope of findings. The following are possible avenues for further research to answer questions raised in the course of this research:

- Detailed examination of care programs offered by childcare institutions to ascertain congruence with Minimum Standards policy and impacts on psycho-social development of children.
- Skills education on how to start income generation/self-sustainability projects.
- Investigating possible exit strategies for children approaching 18 years.

## 6.9 Conclusion

Numerous studies have found residential or institutional housing to be (a) detrimental to the child's developmental needs and psychosocially neglectful (b) prone to abuses, (c) inefficiently regulated (Dennis et al, 2002; Giese et al, 2003; Smart, 2003; Smith & Brisbane, 2003; Williamson, 2004; Gillespie, 2005; Spain, 2006).

The scale of the crisis of OVCs in South Africa is growing. There are limited financial and human resources to address this crisis. It is therefore imperative that every effort is made to implement the most beneficial and most cost-effective models for assistance. The recommendation of the Inter-Ministerial Committee on young people at risk (1998) that, where possible, foster or adoptive care with loving, respectful parents is the most desirable option for the child's psychosocial development is acknowledged.

However, the reality is that unregistered institutions exist and vary in the type of care given to children and in community outreach programs. Some unregistered institutions provide a conducive, safe environment for children, whereas others openly neglect children. Strict statutory control of all institutions, whether registered or unregistered is required. A regulated process and regular visits from social workers to offer support are important mechanisms to ensure that the child's rights are preserved. When residential care is necessary it must be strictly monitored on a regular basis to ensure that Minimum Standards are met. Every effort must be made to thoroughly examine any non-registered residential care facilities for compliance.

Although residential care is an option of last resort for children who have no other safe alternatives, care in registered homes can be positive in terms of rehabilitation and healing from the trauma experienced through abuse, neglect and being orphaned. Where residential care is utilised, it must be strictly monitored and controlled to ensure that children's' rights and dignity are preserved.

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## **APPENDIX A**

### **Survey Questionnaire**

#### **The organization**

1. Name
2. Type (unincorporated voluntary association, faith based organisation, Section 21 company, etc.)
3. Mission and vision
4. How long has this organization been in existence?
5. What geographical area do you cover?
6. NPO number; tax exemption?
7. Does the organisation only provide residential care or broader services?
8. If you offer broader services, how do they relate to each other?
9. Management and method of formation (project initiator/ champion, membership based, co-opted for expertise, etc.)

#### **The project**

10. How was the project conceived?
11. What form of assessment was undertaken to establish the need for the project?
12. Does the project provide short/medium/long term residential care? Describe.
13. How many beds does it provide?
14. How is the project arranged physically (dormitories/ cluster units/ new building or adapted for the purpose)?
15. Are there other facilities on site?
16. What was the lead time to establish the project?
17. How long has it been operating?
18. Is the project registered with the Department of Welfare, and if so under what designation (children's home, shelter, place of safety, etc.)?

#### **Operational capacity and financial sustainability**

19. How many staff and volunteers are normally engaged on the project?
20. Provide a breakdown of staff – professional, non-professional care support, domestic (catering, cleaning, gardening), administrative, other.
21. What sources of capital funding or other material support (e.g., donation of property) were made available to enable the project to be established?
22. What monitoring reports or processes are required by the Departments of Welfare and Housing respectively?
23. At what frequency are reports required?
24. What is the annual revenue budget for the project in the current year?
25. What are the principal sources of income? Over what period and/ or subject to what review process is funding for running costs provided?
26. Are there any other factors we should be aware of that may impact, or have impacted, on the sustainability of the project?

## Care of children

27. How are the children placed in your care?
28. Do you conduct a psychological assessment of children once they are placed in your care?
29. How are children disciplined?
30. Are there counselors present who the children can talk to?
31. Who do the children turn to when feeling down, for example if they are having difficulty at school or failed an exam?
32. If children are misbehaving at school, and the teacher calls, who would meet with the teacher?
33. What action would be taken?
34. Is there an adjustment program that you run for children when they arrive to facilitate their settlement at the home?
35. Explain the process that the child goes through from the time he/she arrives in the home.
36. What age groups are accommodated in this institution?
37. Are there extra-curricula activities that children can engage in after school?
38. Is there a particular routine the children go through each day?
39. Are there different staff members associated with different daily tasks?
40. Is there an onsite nurse?
41. How often are children taken for routine medical checkups?
42. Who is in charge of the children's daily care?
43. Religious denomination: are children's original religious denomination changed?
44. Do you have an exit strategy for children over 18?





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