

# Foster Care in Namibia

## Recommendations for the Framework



Ministry of Gender Equality  
and Child Welfare

2009

## **MINISTRY OF GENDER EQUALITY AND CHILD WELFARE**

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# **Foster Care in Namibia**

## **Recommendations for the Framework**



**Ministry of Gender Equality and Child Welfare  
GOVERNMENT OF THE REPUBLIC OF NAMIBIA**

**2009**

# Acknowledgements

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The Ministry of Gender Equality and Child Welfare would like to thank the following people and organisations for their contribution to the Foster Care in Namibia study:

- The foster and kinship care parents and the children who gave their time and shared their knowledge and experiences as participants in focus group discussions.
- UNICEF, for financial and technical assistance to finalise the study.
- The Legal Assistance Centre for guidance on accommodating foster care models within existing and new legislation.

It is our hope that this study will result in better outcomes within a family environment for all Namibian children in need of care and protection.

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# Acronyms and Abbreviations

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ACRWC	African Charter on the Rights and Welfare of the Child
CAA	Catholic Aids Action
CAFO	Church Alliance for Orphans
CBO	community-based organisation
CCCW	community child care worker
CCPB	(Draft) Child Care and Protection Bill
DAPP	Development Aid from People to People (in Namibia)
DHS	Demographic Health Survey
ECD	Early Childhood Development
ELCAP	Evangelical Lutheran Church Aids Programme
FBO	faith-based organisation
FGM	Family Group Meeting
FGD	focus group discussion
IGA	income-generating activity
JCK	Joint Compassion Keepers
JLICA	Joint Learning Initiative on Children and HIV/AIDS
LAC	Legal Assistance Centre
M&E	monitoring and evaluation
MGEWCW	Ministry of Gender Equality and Child Welfare
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
NDHS	Namibia Demographic Health Survey
NDP	National Development Plan
NGO	non-governmental organisation
NPA	National Plan of Action for Orphans and Vulnerable Children in Namibia 2006-2010
N\$	Namibia Dollars
OVC	orphans and vulnerable children
RAP	Rhenish Aids Programme
RCCF	residential child care facility
RSA	Republic of South Africa
TWG	Technical Working Group
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

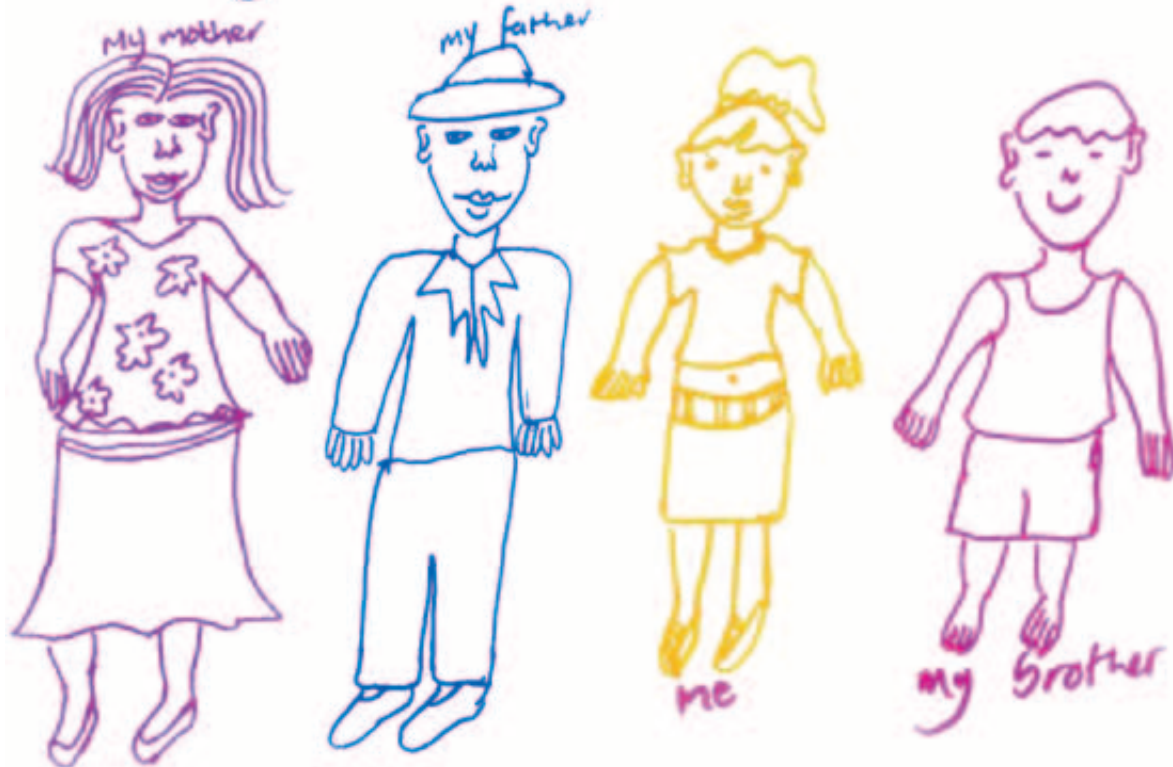
# Glossary of Terms

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<b>alternative care</b>	The provision of care to children by someone who is not the birth parent of the child.
<b>child</b>	A person who is under the legal age of majority.
<b>child in need of care and protection</b>	An abandoned child, a neglected child, a child without adequate supervision, a child whose needs are not being met, or a child living in circumstances not conducive to his or her welfare or interests.
<b>child with special needs</b>	A child with one or more disabilities, a child infected with or affected by HIV/AIDS, a refugee child, a returnee child, a child in conflict with the law, a displaced child, a marginalised child, an immigrant child or any other vulnerable child.
<b>children's court</b>	The children's court referred to in section 1 of the Children's Act, 1960 (Act No. 33 of 1960).
<b>Commissioner</b>	The Commissioner of Child Welfare referred to in section 1 of the Children's Act, 1960 (Act No. 33 of 1960).
<b>continuum of care</b>	A range of services which should be available to meet the individual needs and preferences of children and their families.
<b>foster care</b>	Care of a maximum of six unrelated children in their own home by individuals or couples who are registered as foster carers.
<b>foster care service provider</b>	A governmental or non-governmental organisation which is registered to provide foster care services such as recruitment, assessment, support, supervision and monitoring of foster carers and children in foster care.
<b>kinship care</b>	Care provided to a child by the extended family, friends or within the community network, in the home of the caregiver/s.
<b>place of safety</b>	A children's home or foster carer authorised to care for a child for a specific period on the basis of a court order.
<b>primary caretaker</b>	A person other than the parent, whether related or unrelated to the child, who takes primary responsibility for the daily care of the child with the express or implied permission of the child's custodian.
<b>reintegration</b>	The process of empowering and supporting parents, extended family members and children in care, with the aim of enabling the children's reunification with their family and/or community of origin.



# My family



# My Family





# Executive Summary

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This report prepared for the Namibian Ministry of Gender Equality and Child Welfare (MGE CW) with financial support from UNICEF Namibia assesses the existing framework for foster care in the light of the realities of Namibian foster care in practice. Based on information about foster care frameworks and guardianship legislation in other countries, recommendations are provided for new approaches to foster care and foster care grants which could be incorporated into Namibia's forthcoming Child Care and Protection Act (CCPA). The assessment of the existing framework for foster care in Namibia is carried out in close cooperation with the Directorate of Child Welfare Services of the MGE CW and based on focus group discussions and key informant interviews at national and regional level.

## Assessment findings and recommendations

The assessment shows that Namibia is putting much energy into addressing the issue of the growing group of orphans and vulnerable children (OVC) in the care of people who are not their biological parents. The MGE CW has established a grants system and has set a target to provide support to 50% of the OVC in 2010.<sup>1</sup>

### Kinship care

Families in Namibia make their own living arrangements for children who are no longer living with their birth parents. They seek placements in the extended family, with friends or within the community network. The common international terminology for this group of caregivers is 'kinship carers'. The natural coping mechanism of kinship carers is, according to African tradition, to absorb the children of relatives who have died, or have migrated to cities where there are labour opportunities, or are missing for other reasons. This coping mechanism is now overstretched due to poverty and the high numbers of orphans.

Because many kinship carers struggle to make ends meet, they need financial support from the government to ensure that they can continue to provide care and education to the children. Kinship carers also express the need for emotional support and training in parenting skills to help children overcome the trauma of the death of their parents and other difficult experiences. To give foster care grants to this group, eligibility application regulations set by the Children's Act (Act No. 33 of 1960) require a court order in which the Commissioner of Child Welfare approves the placement. This delays access to the grant, and the court procedure mainly entails approving an already established family arrangement. Families who have lost many relatives often depend on older siblings (mainly girls) and grandparents to take full caring responsibility for the children. Ageing kinship carers and sibling households headed by teenagers or young adults deserve special attention so that their own needs and those of the children in their care can be met.

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<sup>1</sup> *National Plan of Action 2006-2010 for Orphans and Vulnerable Children in Namibia: Annual Progress Report for 1 April 2007 to 31 March 2008.*

## **Recommendations**

- Draw a clear distinction between the caregivers hereafter referred to as ‘kinship carers’ and the non-related, trained caregivers hereafter referred to as ‘foster carers’, and incorporate this distinction into the new legislation.
- Formalise the parental roles and responsibilities of kinship carers with a family agreement – a ‘kinship care contract’ – administered by the Clerk of Court and signed by the MGECW to access financial support.
- In case of dispute about the appointed kinship caregiver, offer the family support for reaching an agreement by introducing the Family Group Meeting (FGM) methodology.
- Where the family cannot reach an agreement, even with support and mediation, allow for a court order application to be made through the MGECW Regional Social Worker.
- Give specific attention to heads of sibling households and ageing caregivers.
- Provide financial support to kinship carers as soon as the parental responsibility is transferred to them, and bring the administrative process of application in line with the application for a maintenance grant.
- Develop monitoring mechanisms to ensure the safety and wellbeing of all children in kinship care.
- Develop support groups to provide social and emotional support to children and kinship carers.

## **Foster care**

The definition of foster care is ‘looking after children who are not related to the carers’. Foster carers are recruited, approved and trained before children are matched and placed with them.

Children currently in foster care have different backgrounds, and very few are double orphans. They are abused, neglected or abandoned children, given up by their parents or removed from them by social services. In many cases the biological parents are still alive and some would like to play a role in their children’s lives even though they are no longer their primary caregivers. This means that foster carers have a different role and responsibilities to those of biological parents, and need more and different support. The experience of the current project providing foster care in Namibia is that the set of approval criteria for foster carers has to be different to that for kinship carers, and should include training. The recruitment, assessment and training must be well organised, standardised and supported by specialised workers. To develop this work, specialised foster care service providers (government department or NGOs) must be developed and a registration system implemented. For children in foster care, a court order is needed to ensure that the caring roles and responsibilities of the birth family and the foster carers are clear and legally sound. The group of children in need of foster care is growing and this need cannot be met by the existing available foster parents.

## **Recommendations**

- Lay down special provisions for foster care and foster care service providers in legislation and registration regulations.
- Require a court order for the placement of children with foster carers.
- Further develop foster care as a professional service, building on the experiences of current practitioners.

- Develop standardised assessment and training tools, building on materials already available in Namibia.
- Set up support services to provide both individual and group support for children and foster carers.
- Set up a working group, including current foster care service providers and foster parents, to work on these recommendations and to develop a handbook with guidelines and standards.
- Raise awareness among the general public to explain the new structure and to encourage more people to come forward as foster carers as soon as the new legislation is enacted.

## Continuum of alternative care

According to the provisions of alternative care for children in Namibia, placement in kinship care is and should continue to be the preferred option. This view was expressed by everyone consulted in the study, and is supported by international good practice and research. If kinship care is not in the best interest of the child or is not available, a choice will be made between foster care and family-type residential care. This choice will be based on a needs assessment of every individual child and the availability of provision in the region. At present this choice is not yet possible in all regions of Namibia, with the result that children are placed far from their relatives and in most cases in a residential child care facility (RCCF) when foster care would be a better solution. Kinship care, foster care and placement in family-type residential care can all be temporary solutions, but the majority of placements in Namibia have a permanent character. In kinship care and foster care, the children become full members of their new family, and this relationship continues into adulthood.

### *Recommendation*

- Roll out family-based care programmes (i.e. foster care and small family-type residential group homes) across the country to ensure availability for all children for whom such a placement would be the best option.

## Adoption

Adoption in Namibia is rare. Inter-country adoption is the absolute last resort and is regarded as undesirable and unnecessary for Namibian children. In line with Articles 20 and 21 of the United Nations Convention on the Rights of the Child (UNCRC) and Article 24(b)<sup>2</sup> and 25 of the African Charter on the Rights and Welfare of the Child (ACRWC), in-country solutions, including placement in a family-type RCCF when this is assessed as suitable for meeting the needs of the child, prevail over placement outside the borders of Namibia. The great emphasis on the improvement of national alternative care for OVC will ensure that, just as in receiving states, there will be no need for inter-country adoption, because in-country solutions are in place and the State will be able to care for its own children. During the consultancy the MGEWC was debating this issue and studying international instruments.

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<sup>2</sup> Article 24, paragraph b: "... recognize that inter-country adoption in those States who have ratified or adhered to the International Convention on the Rights of the Child or this Charter, may, as the last resort, be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin; ..."

## **Recommendations**

- Continue the debate on international instruments relating to adoption, and seek further advice on domestic and intercountry adoption in order to take an informed and clear position which is also communicated internationally.
- Regulate intercountry adoption to guarantee that the child will acquire full citizen rights in the new country in the exceptional case that intercountry adoption is assessed to be in the child's best interest.
- By law, restrict intercountry adoption to situations where it is a last resort, accompanied by clear proof that national options have been sought but are not available (subsidiarity principle).
- Approve intercountry adoption only if the receiving country has ratified both The Hague Adoption Convention and the UNCRC.

## **Grant applications and workload of the MGECW**

The application process for obtaining foster care grants, currently similar for both kinship carers and foster carers, puts considerable pressure on staff. In particular, the regional offices are overwhelmed by the time-consuming process for the foster care grant. The focus on providing financial support consumes energy and encroaches on the time that social workers could be investing in providing social and emotional support to carers, and in monitoring the progress and wellbeing of children.

Kinship carers have difficulty accessing all the support available and use most of the grant for school fees, uniforms and School Development Fund contributions. This results in their spending their own income, including their old-age pension, on basic needs such as food and clothing, which places an extra burden on families already living on or under the poverty line.

Writing recommendation letters for fee waivers is placing unnecessary additional constraints on the workload of MGECW social workers.

## **Recommendations**

- Introduce a special kinship care grant that is means tested with a sliding scale related to the size of the household and the number of children in the care of one primary caregiver.
- Allow for grant eligibility to be conferred either by the kinship care contract (i.e. family agreement) or by the court order.
- Provide a foster care allowance in addition to the child care grant (if chosen) to cover the costs of fostering the child.
- To determine the amount of the foster care allowance, assess the costs of caring for a child in Namibia (in both rural and urban settings). If such an assessment is not feasible, the amount currently paid to RCCF providers could be paid to foster care providers to pay foster carers.
- For children placed with disabilities, chronic illness and/or special needs, provide an additional sum or insurance to cover the extra costs of medical aid and other disability-related costs.
- Make the grant application process administratively comparable to that currently applied for the maintenance grant, and involve social workers only when other support or investigation is needed.

- Arrange with the Ministry of Education for an automatic waiver of school fees and School Development Fund contributions for children receiving maintenance, kinship care and foster care grants.

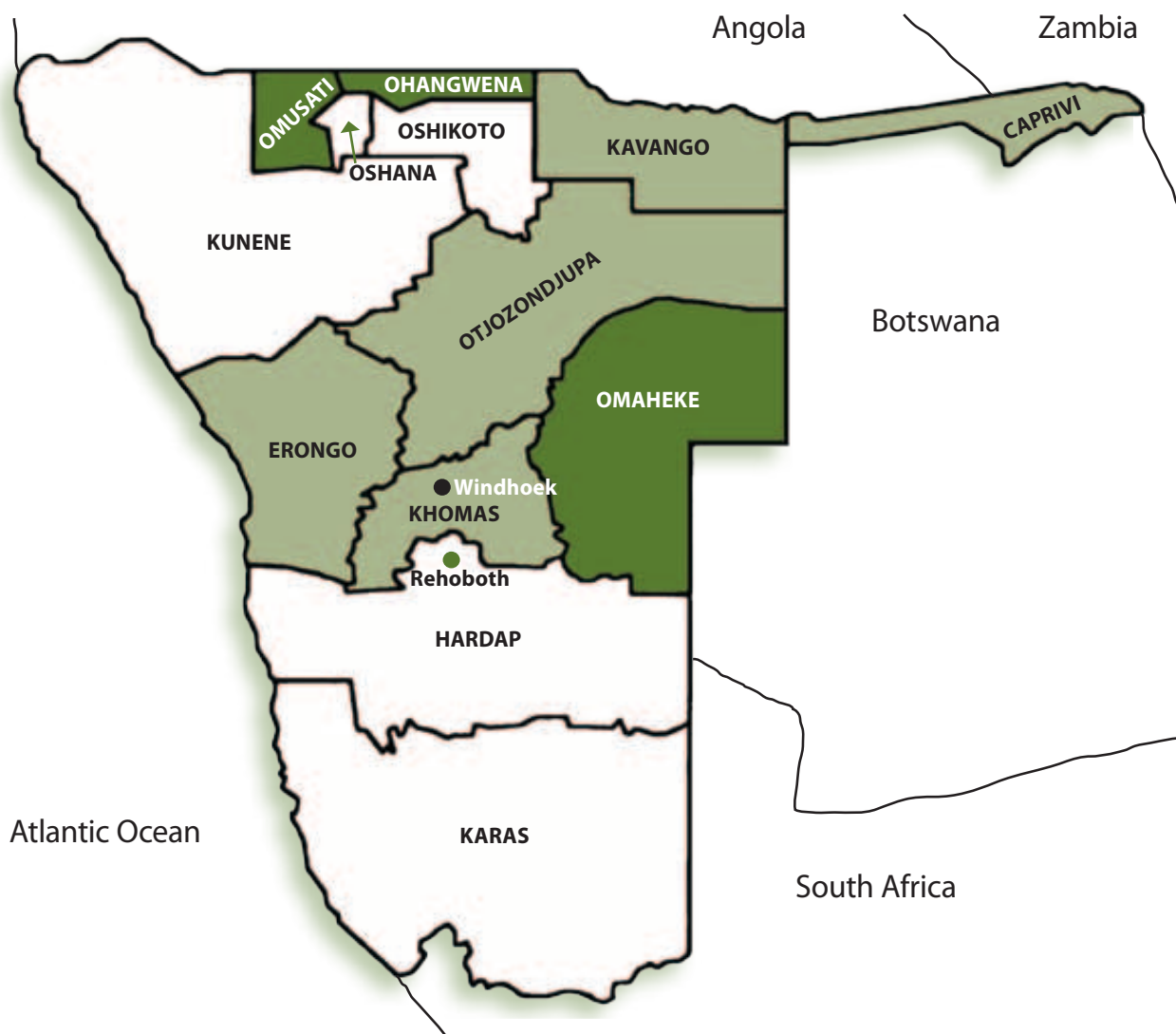
## **Co-operation with NGOs and FBOs**

Many NGOs and faith-based organisations (FBOs) in Namibia are well organised and contribute well to the support of OVC. Data relating to the children and families they support show that there is little overlap with the grant recipients supported by the MGECW. Cooperation occurs in individual cases, but organised cooperation and monitoring by the MGECW is missing. OVC Forums can be a good tool for coordinating and monitoring support, but they are not yet functioning well in all regions. Organising the MGECW and the NGO sector together could ensure that there are safety nets and that services to all families in need complement each other more effectively. Together with the traditional authorities and the volunteers of NGOs, the MGECW Community Child Care Workers (CCCWs) could monitor progress and report to the social workers who could then direct attention to the more complicated cases which need social workers' involvement.

## ***Recommendations***

- MGECW social workers could assess regionally how they can give more attention to their coordination and monitoring role. To this end, every region could produce a social map of all services (governmental and non-governmental).
- Explore potential outsourcing opportunities for decentralised coordination of community services provision.
- Evaluate the Omaheke pilot project, with a special recruited staff member to oversee and support the OVC Forums. If it is found to be successful, replicate it in other regions.

# Study Regions



## KEY

- Regions visited for the study on Residential Child Care Facilities (RCCFs) in 2008
- Regions visited for this study on Foster Care in 2009
- Additional location of interviews for this Foster Care study
- Additional location of interviews and a workshop with children for this Foster Care study

# 1. Introduction

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## 1.1 Background to the consultancy

Over a quarter of children (26%, DHS 2006) in Namibia are orphans and vulnerable children (OVC), with over 250 000 children struggling to access critical services. According to the Demographic Health Survey (DHS), 16,5% of OVC are accessing free basic external support. There are 155 000 orphans in Namibia. The majority of the children (approximately 98%) are cared for in the extended family. Apart from residential child care facilities (RCCFs) which provide a continuum of care for the most vulnerable children, there are limited alternative care options, including placement in foster families. Foster families are families not related to the child and recruited, assessed and trained by foster care service providers.

The Ministry of Gender Equality and Child Welfare (MGECW) developed the multi-sectoral National Plan of Action (NPA) 2006-2010 for OVC. Recognising its limited capacities to respond to the crisis affecting children, the MGECW undertook a Human Resource and Capacity Gap Analysis in 2007. As a result, 100 social workers at national and regional level and 112 community child care workers were approved.<sup>3</sup>

The framework for the current foster care system comes from the Children's Act 33 of 1960 which is expected to be replaced by the current Children's Status Act of 2006 and a new Child Care and Protection Act in 2010. The current model is premised on the Western notion of the short-term care of an unrelated child. However, in reality, foster care in Namibia often involves long-term arrangements amongst extended family members – not only to cater for a child in need of care, but sometimes as a mechanism to improve the child's life opportunities such as access to education, or in situations where the child's parents live apart from the child: they might be involved in migrant labour or trying to access improved job opportunities in urban areas. The current legal model does not cater effectively for the Namibian paradigms.

A challenge pertaining to the foster care grants is that they are not means tested, whereas the child maintenance grants are. This could lead to foster care – in 98% of the cases kinship care – being abused as a means to securing an income for taking care of a child. In addition, the long court process currently in place for approving foster care and kinship care placements is slowing the system and delaying access to grants in worthy situations.

Foster care is central to the entire system of alternative care (which includes temporary places of safety, residential care, kinship care and foster care) and is therefore in urgent need of overhaul.

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<sup>3</sup> The Ministry has taken real responsibility, and by July 2009, 41 social workers and 40 community child care workers had been appointed. Recruitment is still underway in late 2009.



## 1.2 Related projects and developments

In 2008, UNICEF provided support to the MGECW for an alternative care assessment study which:

- assessed the volume and quality of alternative care provision and informal care;
- assessed the capacity of the MGECW to manage alternative care systems for children;
- critically analysed policy, law, standards and practice in the provision of alternative care; and
- made recommendations for development.

Amongst other suggestions, the assessment recommended that child care legislation should be changed to accommodate foster care as a formal alternative to institutional care and that informal arrangements should be classified as 'kinship care'. It also recommended the development of minimum standards for residential child care facilities (RCCFs), and investment in social welfare systems to strengthen the management of alternative care systems.

As a result, the MGECW supported by PACT Namibia (USAID) developed minimum RCCF standards. This was a participatory process designed to assist stakeholders to establish, maintain and manage high-quality care services for children. These standards were launched on 17 July 2009, and a network of RCCFs has since been established to support their implementation. In line with the spirit of the standards towards de-institutionalisation and family-type care, the cases of all children currently living in these facilities will be assessed. This will ensure permanent placements through reintegration of the children into their (extended) family or, when this is not possible, placement in foster families or small family-type group homes.

The MGECW is undertaking a comprehensive review of the Child Care and Protection Bill (CCPB). The Child Care and Protection Act will replace the Children's Act of 1960, and will legislate for many aspects of child care and protection, including adoption, foster care, kinship care, alternative care, child trafficking and children's court procedures. During this consultancy on foster care, national consultations on the Bill were held among professionals and the general public. It is foreseen that the Bill will be submitted to Cabinet and tabled in Parliament in 2010.

A review of the child welfare grants (conditional cash transfers), which include maintenance and foster care grants, is also underway. This review is exploring the effectiveness of the grants to improve the access of OVC to critical services in order that the Government takes measures to ensure that all vulnerable children benefit.

This foster care study feeds into the process of the aforementioned developments. The study was carried out by the consultant who was also involved in the assessment of the RCCFs and the development of new RCCF standards in 2008. The foster care study was able to build on data from field visits in 2008 to the Khomas, Caprivi, Erongo, Kavango and Otjozondjupa Regions, and on what emerged from the national workshops held on the new RCCF standards. The regions thus selected for the foster care study field visits in 2009 were other than those visited during the RCCF study and did not have any residential facilities. With few exceptions, the children placed in alternative care in the three regions visited in 2009, namely Omusati, Ohangwena and Omaheke, were in the care of relatives or community members.

## 2. Assessment of the Existing Framework for Foster Care in Light of the Realities of Namibian Foster Care in Practice

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### 2.1 Methodology

The consultancy took place between June and September 2009 and was divided into three phases:

- A: Assessment of the current status of foster care in Namibia.
- B: Literature research to examine international practice.
- C: Feedback on A and B and report writing.

To oversee consultancy activities and to advise and direct the consultant, a Technical Working Group (TWG) was set up which met several times during the consultancy. The TWG was composed of the following members: Director of Child Welfare Ms Helena Andjamba; Control Social Worker Ms Amelia Musukubili; MGECW Data Warehouse consultant Mr Jay Haase; and UNICEF Child Care Specialist Mr Matthew Dalling.

#### A. Assessment of the current status of foster care in Namibia

The first mission to Namibia took place between 7 June and 4 July 2009.

##### *Methodological choice*

The consultant deliberately chose a “social action methodology”, based on consultation and cooperation with all stakeholders involved. This methodology enables the active involvement of all actors and beneficiaries related to foster care: children and young people (boys and girls), kinship carers and foster carers (men and women), social workers at national and regional level, other related staff members in the MGECW, Commissioners of Child Welfare and managers and staff of NGOs and FBOs in the regions. Traditional leaders, chiefs and headmen and women were also consulted and visited in their communities.

## ***Participation in the National Consultations on the Child Care and Protection Bill (CCPB)***

The consultant participated in the National Consultation workshop on the CCPB in June and August, and presented foster care models from other countries as a contribution to the discussion.

### ***Workshop with regional social workers***

To ensure input from all regions in Namibia, a one-day workshop attended by MGECW social workers from all 13 regions in Namibia was held in which the workload of social workers was discussed against the needs of children, parents and foster parents. Models of working from other countries were presented, and the social workers on the ground contributed ideas about what model/s might work well in Namibia.

### ***Field visits***

Two full-day field visits per region were organised to Omusati, Ohangwena and Omaheke. These three regions were selected in cooperation with the TWG on the basis that they have the highest proportion of children on foster care grants and no registered RCCFs. The Omaheke population consists of a Herero and Tswana majority, and a large but marginalised San minority, and it was thought that a visit to that region might provide useful insight into whether a new national model would benefit these specific groups. NGOs and support services and two facilities (for disabled children and children living on the streets) were also visited. Where possible, traditional authorities and regional councillors were visited.



**Participants in the consultation of traditional leaders in Ohangwena Region**

### ***Focus group discussions***

Focus group discussions (FGDs) with foster parents and children were organised in the regional offices of the MGE CW. The majority of foster parents participating were women, and one or two men participated in every group. This is in line with the statistics which show that 90% of grant recipients are female.

To facilitate discussion and engage the participants (social workers, foster parents and children), the consultant worked with cards on which were written a selection of “needs”. The participants then ranked the needs in order of importance and urgency. This ensured that a holistic view of support was discussed, and it showed clearly that although foster parents approach the MGE CW for the grant, there are many underlying additional needs, relating especially to the social and emotional problems of carers and children, which are not yet addressed appropriately. In the group sessions, children also produced drawings of their family, explained their family relations and discussed their ideas and concerns about their future.

### ***Key informant interviews***

During the field visits, key informant interviews were held with stakeholders from NGOs and FBOs and Commissioners of Child Welfare. Information was also gathered through key informant interviews in Windhoek, during the National Consultations on the CCPB and from the Legal Assistance Centre in Windhoek.



**Participants in the focus group discussion with foster parents in Omaheke Region**



Individual key informant interviews were also held with heads of sibling households who were visited in their home or workplace. Some also participated in the FGD. At the end of the two-day visit, a concluding meeting was organised with the MGEWC staff team.

## **B. Literature research to examine international practice**

Following the field work, international research studies, legal and policy documents and good practice from other countries were scrutinised for the purpose of providing sound evidence to underpin the study recommendations. This research was carried out in the home country of the consultant in July and August and throughout the consultancy.

## **C. Feedback on A and B and report writing**

The second mission to Namibia took place between 17 and 29 August 2009.

The assessment and the recommendations were discussed in a one-day workshop with the MGEWC Director of Child Welfare, Control Social Workers and social workers of the Khomas Region. Feedback from this workshop was taken into account and the new proposed model for kinship care and foster care was developed.

Following the workshop, a visit was made to the foster care project of Hope's Ministries in Rehoboth in order to gauge their opinion on the further development of foster care as a specialised service. The consultant held a long interview with three foster parents (one couple and a foster mother), the director and two donors. In the afternoon, a workshop was organised for a group of 8 children (both foster children and the children of foster parents) between the ages 10 and 17. There were 3 boys and 5 girls. One of the activities consisted of the children drawing the ideal foster family, which not only provided an opportunity for them to express their views about the selection of foster families, but also revealed their feelings. Their input has also been incorporated into this report.

The recommendations in this report reflect the discussion at the workshop with the MGEWC. Following consultation with the Legal Assistance Centre, this organisation's legal comments have also been incorporated.

At the end of September 2009, these findings and recommendations were presented to and handed over to the MGEWC for consideration and follow-up.

## **2.2 SWOT analysis**

### **2.2.1 Strong points and opportunities**

- A very strong point in the existing approach to foster care in Namibia is that the MGEWC shows concern for all children who are living with people other than their own parents. The Ministry has set up a grants system and puts considerable effort into informing the public that they can apply for a grant. It is also appointing a growing number of staff in its regional offices and head office in Windhoek.

- The processing of the grant applications has been made easier by the appointment of extra volunteers and community child care workers (CCCWs) at the regional offices. This has contributed remarkably to speeding up the process of registering for maintenance and the administrative registration of applications for foster care grants (files to be followed up by social worker investigation).
- The MGECW has set up a Data Warehouse which provides data on the numbers of OVC and percentages of these OVC receiving grants and other support services. It was obvious that the regional social workers currently find it difficult to estimate the number of children receiving grants and those in need of grants.<sup>4</sup> The Data Warehouse, which also holds data from a number of NGOs working in the regions, is evolving rapidly. Comparative reports of beneficiaries show that there is little overlap in recipients of support and this may lead to the assumption that NGOs also target vulnerable children still living in their own families. It would be helpful to develop detailed social mapping of the services available in every region. This would enable the coordination of support to all families and children in need of assistance.
- The MGECW has invested in comprehensive directorate planning done at national and regional level in 2008 based on the NPA for OVC and the ministerial strategic objectives. In addition, the Monitoring & Evaluation (M&E) team developed data collection tools and reporting formats against the plan. The team has been undertaking data verification visits in all regions. The Ministry is receiving reports from the regions based on the plan.
- The MGECW Directorate of Child Welfare Services has spent much time in 2009 on running training workshops for staff members, including training for social workers on the RCCF Handbook and the Child Status Act, capacity-building workshops for volunteers and for Chief Clerks and CCCWs, and training for all staff members on planning and reporting.
- Families in Namibia absorb the majority of OVC into their own extended family or community and friends network. Most placements are decided upon by the family or community who then approaches the MGECW for financial assistance. They say that caring for OVC is not easy, but they are willing to invest energy and accept the children as their own. Many families, and particularly elderly family members, spend their own income (often their old-age pension) to care well for the children of relatives. Precise data are lacking on how many families foster in this way, but everyone knows someone who does. The number of OVC in residential care or on the street, especially in the age group 0-12, is relatively small compared with other countries.
- NGOs addressing the needs of children are well organised. The Society of the Red Cross, Project Hope, Catholic Aids Action, the Church Alliance for Orphans and Development Aid from People to People (DAPP) have widespread networks of regional offices and operate professionally in many communities. Smaller NGOs, churches and FBOs targeting specific areas or groups like the San Trust contribute well to the support needed. MGECW social workers are familiar with the work of all these organisations and cooperate with them in individual cases.
- RCCFs are in the process of reform. Some larger NGOs, such as the SOS Children's Villages, have changed their operation and are putting efforts into family strengthening programmes instead of taking children out of their communities. Some facilities, such as the Ark Imkerhof (near Okahandja) and Christ's Hope in Rehoboth and Okahandja, are transforming their residential facilities into service centres and have started to institute foster care. The Ark

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<sup>4</sup> See the comparison in Annex 1 between the estimated figures provided during the workshop with regional social workers and the actual figures from the Data Warehouse on caregivers receiving grants.

Imkerhof develops cluster foster care in cooperation with Hope's Ministries. Until recently, these types of foster care have been very scarce.

- His Promise Ministries<sup>5</sup> has developed the first foster care programme in Namibia with families who are recruited and trained by the organisation before a placement is made. Families care for up to four foster children each. His Promise provides the individual families with free housing (electricity and water costs inclusive) and a financial allowance of N\$375 per child. The organisation supports the families with counselling and assistance on demand. In Rehoboth the families live as individual foster families. In Arandis and Okahandja the organisation organises "cluster foster care" with the families providing mutual support. This cluster foster care model foresees a group of foster families living in individual houses in the community within walking distance of each other. They know each other's foster children and provide mutual support (i.e. respite care, joint transport, emotional support). Their approach to children's needs is holistic: they focus on health, education, social and emotional development and good housing, care and protection. This model would set an example for the development of Namibian foster care, especially where cooperation with the MGECW worker is good with clearly allocated tasks and roles.
- Private social workers have small lists of foster carers whom they have recruited, often in church communities where there appear to be opportunities for recruitment.

## 2.2.2 Weaknesses and opportunities

### *Lack of coordination of support*

- The most fundamental weaknesses of the system are that it is reactive and support is not coordinated. Kinship carers themselves have to approach the offices of the ministries and other support-providing organisations in the regions. Entrance into the system is thus delayed. It is not based (as it ideally should be) on a care plan constructed together with the family and its natural supporters, the extended family, the community and the traditional authorities. It also leaves the MGECW unaware of many family arrangements. Some of the families might be in need, or children may not be well cared for, or they may be suffering abuse and exploitation.
- OVC Forums set up to organise the coordination of service providers in the region are not yet functioning sufficiently in all regions. There is cooperation between organisations but it is based on individual contacts. Policies and coordinated projects are not organised through the Forums. The regional reports of the Data Warehouse which map out data from different NGOs are an important tool to improve the coordination of service provision by the MGECW.
- Information dissemination to the target group is incomplete and it takes the kinship carers considerable time to access available services or benefit from grants, free uniforms, medical aid, school fee exemption and food supplies. Application processes are long and need speeding up to prevent children from dropping out of school or families failing to access safety nets.
- Due to their training, MGECW regional offices are starting to understand the importance of planning and control, monitoring and evaluation. Current practice is not yet based on this system in all regions, although all regions have started to provide data at the end of

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<sup>5</sup> Formerly named Hope's Promise Ministries – renamed in 2009.



every month and to implement action plans. During our visits we could see that there is regional variation which also has to do with the work experience of the social workers and the number of social workers (in Omusati only one at present). In reality their work is mainly reactive and based on the people lining up at the office, waiting for their attention. Due to the overwhelming number of people in need and the limited number of trained social workers, there is no time for other tasks including coordination and cooperation with the NGOs and FBOs, and it is understood that the social workers, instead of making plans and hold meetings, put their energy into cases that need their immediate attention, such as cases of rape and abuse and those of people who have travelled long distances to reach their offices.

### ***Assistance focused on material support***

- Government assistance for children in kinship care is focused on material support such as grants, fee exemption and free medical aid, and not on social and emotional support. Not all social workers understand what the latter types of support are and how they could organise to provide them. This is particularly true of social workers who have just completed university and are new to the task. They also lack time to explore the options because they immediately take on too much work and too many responsibilities. Their commitment in difficult circumstances is impressive. The subject of foster care and related issues such as the psychological impact of separation and loss on children are not covered in the basic Social Work curriculum. These aspects have to be learned in practice. Training on these aspects is needed, and the social workers and CCCWs are keen to have it. Most NGOs



**Waiting in line to see the social worker in Omusati Region**

also focus only on material support to meet basic needs, but some implement social and emotional support programmes. The children and caregivers whom the MGECSW finds to be in need of such support could be enrolled into the existing programmes. If well trained, the CCCWs could contribute to organising kinship carer and child peer support groups, and be alert to other families in the community who are in need.

- A huge problem encountered with the provision of grants is that only children with the necessary documentation can access this support. Without the parents' death certificates or the children's birth certificates, kinship carers and foster parents cannot access any support. The actual number of children completely missing from the system is unknown, but reportedly it is high. Intake record clerks and volunteers say that they would like to receive training on how to handle difficult cases and provide comfort to desperate people, particularly those with disabled children and those lacking the required documentation.
- Although some extra staff have been recruited, social workers lack time to follow up on the administrative intake work done by the record clerks and volunteers. The procedure for obtaining the court order for placement requires that an assessment and home visit be carried out by a social worker qualified to testify in the court hearings. Most Commissioners of Child Welfare praise the social workers' reports. They also note that in most cases, existing foster (kinship) placements are confirmed by court decisions not because they are necessarily the preferred option, but because they are the only available option. Were other options in the form of trained foster carers, small family-type homes and treatment centres for children with special needs (particularly juvenile offenders) to be made available in the regions, it would be easier to guarantee that the best interests of the children are met.
- Social workers lack time to follow up on cases after the court has made a decision. There is no time to monitor progress, except for the review of the court order after two years – a process which is also often delayed. This lack of monitoring is the root cause of the reported abuse of both grants and children in kinship care. Monitoring is essential, especially since research on family placements shows that the chances of children being abused or exploited in their new family is significantly higher than the chances for children who grow up with their birth parents.

### ***Vulnerability of support networks around foster care***

- Data show that the majority of kinship carers are in the age group 31-70, with a growing number of children being looked after by caregivers above the age of 51.<sup>6</sup> Many kinship carers are ageing. This means that they will gradually grow weaker while caring for up to 10 or even more children. Research<sup>7</sup> shows that the average number of OVC in the care of a single caregiver in Namibia is high compared to the averages in surrounding countries.

<sup>6</sup> For the ages of caregivers and children in foster care, see the report from the Data Warehouse, Annex 1.

<sup>7</sup> K. Beegle et al., "Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa", policy research paper, World Bank Development Research Group, March 2009:

"When orphans live with an "other relative" and especially if they live with a non-relative, the households often have more children as compared to living with a grandparent or a surviving parent. The difference can be quite large: double orphans living with a non-relative in Namibia live in households with an average of 5.6 children, while those who live with a grandparent live in a household with 3.9 children on average. These differences are consistent with orphans residing with caregiving relatives or non-relatives who have their own children as well as the fostered children. To some extent, the disadvantage that might exist for orphans cared for by grandparents as opposed to younger relatives might be offset by the smaller number of children in the household."

For double orphans the average in Namibia is 5,6. The statistics on grant recipients show that the average number of children on grants per family is 1 or 2, with exceptions of up to 6 (the maximum number of grants allowed per recipient). A number of foster parents stated that they receive grants for only some of their children but are caring for more. Support is not automatically available, and when children are living with older relatives, the middle generation is more and more likely to be missing and therefore unable to assist with income generation and housekeeping tasks, especially in the regions with a high prevalence of HIV/AIDS in the north of the country.

- In urban areas such as the capital, Windhoek, nuclear families live more individually and not in communities as in rural areas. This means that the safety nets normally provided by the extended family and community do not exist. We were also told that traditional leaders feel that they have lost influence and authority among the younger generation, and that community support is not automatically present in the rural villages.
- The support available is not sufficient to meet the needs of the overwhelming number of OVC in the care of kinship carers. The grant is too low to provide for basic foods and clothing as well as cover education and medical costs. Additional support is hard to come by: NGOs have differing eligibility criteria and their databases are not yet coordinated to assess the real needs of the families. The Data Warehouse is making progress in addressing this issue, but it requests training for MGECW staff so that its data can be transformed into policy, and policy into practice.

## 3. Assessment in Detail

### 3.1 Kinship care and foster care in the continuum of alternative care options

The majority of foster carers in Namibia are family and friend carers<sup>8</sup> or kinship carers. In Africa as a whole, it is common practice for children to be raised by relatives for reasons of education or behaviour, or because labour opportunities take parents away from home, or because parents are absent or deceased. In most countries, and this is no different in Namibia, this informal care happens without government intervention and is decided upon by the family itself or, in some tribal communities, by the traditional leaders.<sup>9</sup> In Namibia, only when people face problems or are in need of financial and other support will they approach the MGE CW. The grants contribute to the income of families living in poverty so that they can address the needs of the children.

Kinship care is defined as the care provided to a child in a family other than with his/her birth parents. The child is related to the kinship carers through family, friends or community ties. In kinship care, the living arrangements for the child in the new family are made prior to approaching the MGE CW for support.

Foster care is defined as the care provided in a family other than the birth family of the child. In foster care, the foster family and the child are matched according to an assessment of the child set against the profile of the foster family. The family is recruited, assessed and trained prior to being matched with a child, and the child placed is seldom related to his/her foster parents.

Kinship Care	Foster Care
Family arrangements made by the (extended) family and reported to the MGE CW regional office for support.	Developed by a specialised foster care service provider (GO Department or NGO) as an organised and supported service.
The family decides who the primary caregiver (kinship carer) will be.	The foster care service provider matches the child and family in cooperation with the MGE CW social worker.
	Foster carers are recruited, assessed and trained prior to the matching and placement of the child.

In Namibia, kinship care and foster care are still (in terms of legislation and regulations) inappropriately regarded as temporary rather than permanent solutions for children in need of care and protection. Internationally there is growing awareness that many children in

<sup>8</sup> Terminology recently introduced in the United Kingdom, providing a better explanation of what was formerly termed “kinship care”.

<sup>9</sup> Reported by several traditional leaders in the villages in the north and by the San Trust.

kinship and foster care cannot be reintegrated into their own family, nor can they (nor do they want to) be declared adoptable. Foster care trends show that where parental rights and responsibilities are transferred to the foster carers to give them more legal rights (such as guardianship<sup>10</sup>), the foster family becomes a permanent solution.

Adoption is not widely practised in Namibia, and particularly when children are placed with kin, people do not see any added value in adopting the child. This has to do with respect for the biological parents and the fact that in adoption, all legal ties with the parents and the parental family are cut. In some tribes in the north, when people foster children who are not related to them, their reluctance to adopt is associated with the belief that one is also bringing the children's ancestors into one's family tree without knowing anything about them or the spirits that may accompany them. It could not be determined whether the reluctance also had to do with the fact that once a child is adopted, the caregiver no longer qualifies for the foster care grant. It is unlikely, however, that a shift from foster care grants to a more general basic income or child care grant would encourage more people to adopt.

Kinship care is providing a permanent placement and there is little transfer of children between family members. The new proposed legal provision for a permanent court order is sufficient guarantee that the child will legally and emotionally become a permanent full member of the kinship family. The foster carers whom we met said that they provide an eternal ("forever") family for the child, and the child would always be welcome in the family. It is therefore recommended that both kinship care and foster care be identified in the legislation as both a temporary and a permanent measure. This follows the increasing international trend towards transferring parental legal responsibilities to new primary caregivers. The current Child Status Act already provides an administrative court registration process where, in cases of both parents having died, guardians can be appointed with family agreement.

Kinship care and foster care are also compared with residential care in Namibia. Even now, many children who might be better off in a foster family are living in residential care. The majority of these children are not double orphans and they do have relatives – although these relatives do not want to or cannot care for them. At present the number of available recruited and trained foster carers is too limited to cater for all these children. The experience of the only organised foster care programme, Hope's Ministries, is that children placed through the programme still have one or both parents, but the children have been removed from home due to abuse and neglect. Most of these children are severely traumatised. The number of children growing up in dysfunctional families in Namibia is growing. To help these children, it is recommended that foster care be developed as a specialised service with strong support structures and continuous training and support for parents, foster carers and children.

## 3.2 Age of kinship carers and foster carers

The data in the MGE CW Data Warehouse<sup>11</sup> include the age range of recipients of the foster care grant and the ages of the fostered children. While it is clear that the majority of the grant recipients are 31-50 years of age, over the past years the group aged over 51 has been

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<sup>10</sup> In the United Kingdom referred to as "special guardianship", in The Netherlands "*verschoven voogdij*".

<sup>11</sup> See Annex 1.



slowly increasing – particularly the male recipients. The data also show that within Namibia's current grant system, there are very few households headed by minors. There is a growing group of young people in their 20s caring for their younger siblings and children of their siblings. This group needs special attention considering that those consulted during the field visits reported a dropout from education to attend to caring tasks, and difficulty in providing an income for their family. These young people, many of whom are girls, need special attention to prevent their being forced into prostitution and/or work in a shebeen. Day care for younger siblings and scholarships especially targeting this group of young people would make a huge difference in efforts to enhance their future opportunities and ensure proper employment for them when their siblings grow older.

The older, ageing group of foster carers are also cause for concern, and it is important that when family agreements are made, the MGECW, through its CCCWs, ensures that there is sufficient support to assist them in their caring tasks. This will prevent the children in their care from being forced to take on over-burdensome household tasks which hinder their education and limit their time for homework and leisure.

### 3.3 Grants and the grant application process

As in many other countries, foster care grants in Namibia are not means tested. All people appointed by the court as custodians and carers of children who are not their own qualify for the grant. The high number of deceased parents translates into high numbers of children needing foster care grants, with a corresponding increase in the number of applications. The applications are thoroughly assessed before the grant is approved.



**A grandmother with her grandchild and a young household head in Ohangwena Region**

The application process varies and can be time-consuming. This is due to the high volume of applications that resulted from the community mobilisation campaign on child welfare grants, combined with a limited number of regional social workers. The social workers affirmed that kinship carers are especially in need of the grants. They also recognised that the grants play an important role in meeting living costs, but the amount though insufficient is essential.

Regarding abuse of the grant, there are cases of kinship carers not looking after the children in their care properly. Schools, community members and traditional leaders know of foster parents who spend the grant on alcohol and on things for themselves while the children suffer. In most countries, receiving a grant forms part of a support and monitoring system. This provides a way of legitimately controlling how carers care for their children.

With limited staff and large workloads, social workers have no time to control or monitor the progress of the children in foster care, and thus depend on community members to report any abuse of grants or abuse or neglect of children. This problem will be addressed when the support to families is better coordinated, and when NGOs working in the community as well as CCCWs and volunteers invest further in establishing the safety net around families. We witnessed the trusting relationships that CCCWs have established with local people and traditional leaders, which form the basis for the further development of their function. In the recommendations we will highlight the proposed integrated support systems practised in other countries to provide an example of this approach.

The grants are not sufficient to fully maintain the children and also cover school fees and uniforms. Most people apply for the grant to get free access to medical care, and approach NGOs for uniforms and school materials. Many report that they are not aware that they can apply for school fee exemption and scholarships for Grade 12 students. Amongst foster children are children diagnosed as HIV-positive and those receiving anti-retroviral treatment (ART), all of whom need nutritious food which cannot be covered by the grant alone. Some carers pointed out that family members are not always willing to take responsibility for the children on ART or children with disabilities because they fear that the children may become ill and die and their resources will not cover the costs of private hospitals and funerals.

The grants assessment study currently underway will look in particular at the range of grants referred to in Part VI of the Children's Act of 1960. Based on the findings of the Joint Learning Initiative on Children and HIV/AIDS (JLICA), an international working group assessing provisions for children affected by HIV and AIDS in six African countries,<sup>12</sup> it is recommended that the grants system be viewed from a poverty perspective and encompass all children without distinguishing between specific groups. This would imply a simple grants system for which all children qualify, irrespective of where they are living. When access to grants is no longer linked to court orders, children in kinship care could benefit sooner. An important requirement for receiving the grant is the obligation to be enrolled in the educational system. When used appropriately, schools are important access points for aid, and also for monitoring the wellbeing of children.

The situation is different for foster parents who are recruited and trained before placement. At present the number of children placed with people unrelated to them is relatively small,

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<sup>12</sup> JLICA, *Home Truths: Facing the Facts on Children, AIDS, and Poverty*, February 2009.



but is expected to grow in the future. It is therefore important to establish a system of foster care that includes an appropriate grant and support system that motivates people to come forward and ensures appropriate support and monitoring mechanisms. This is explained further in section 4 of this report.

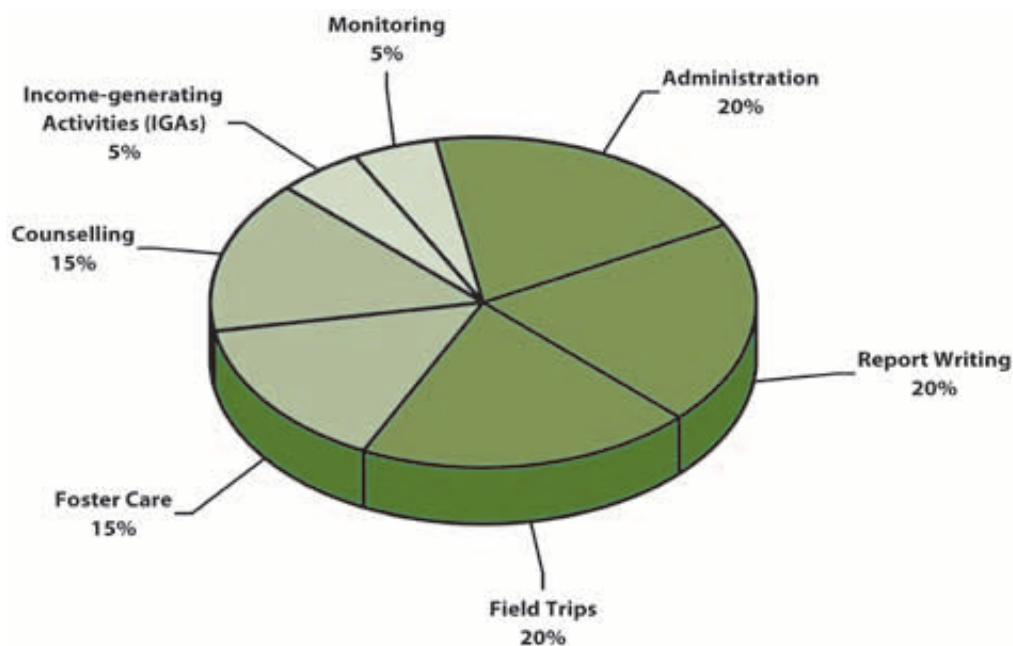
### 3.4 Workload of the social workers

In the workshop with regional social workers, their tasks relating specifically to foster care were visualised through an exercise entailing writing all the different tasks on balloons. The exercise showed clearly that one person cannot possibly hold or cope with all the tasks, and that they need either assistance or a reduction in their workload. Field visits revealed the enormous piles of files waiting for social worker follow-up such as investigation of the family, report writing or court applications. One social worker working solely on fostering applications can follow up on a maximum of five routine cases per week. This estimate was made by a social worker in Khomas Region who has been appointed specifically to work on foster care. Most cases are complicated and thus require more time for investigation. Social workers in regions with remote villages and limited means of transport can do even less. When set against the estimated 2000 cases waiting in Omaheke where there are two social workers, this means that it will take years for the backlog to be processed. Social workers report that in order to focus on report writing, they take laptops home and work over the weekend or in the evening. In most regions the social workers cannot devote their time solely to foster care as they have many others tasks and emergencies to attend to.



**Files awaiting follow-up by social workers**

#### Estimated time breakdown of social worker activities



©CW workshop 7 May 2009.

In the workshop with social workers, we asked the participants to estimate the number of foster care cases in their own region. This exercise (see the results in the table on the next page) revealed that social workers feel the burden of the case backlog to be heavier than it may be in reality, but nonetheless they experience the burden as pressing. It is extremely important to reduce this burden both to prevent burnout and to retain staff in the service. It is necessary to ensure that the social workers' skills are used appropriately. They did not enter the social work profession merely to carry out administrative procedures, crucial as these may be to the foster care system. The system has to guarantee sufficient support to the children and their carers, and reducing the burden on the social workers is one key means to achieve this.

It is important to ensure that all children are safe wherever they are living, but the court procedure does not give the necessary guarantees. Monitoring of families by the CCCWs would give a much more certain guarantee, in particular when they establish cooperative links with schools and traditional authorities, and agree on a reporting mechanism. If it can be agreed that kinship carers sign a contract with the MGECW, which will be recommended in this report, home visits and court procedures would become unnecessary. This would radically decrease the workload of both social workers and the court, and social workers would then be able to direct their attention to complicated cases needing their specific competencies, and provide the necessary social and emotional support to traumatised children and families.



**Workshop with social workers: exercise reflecting the impossibility of carrying out all tasks alone**

### Number of foster care cases per region as estimated by social workers in the workshop

Region	Total number of foster cases	Cases on court order	Cases pending	Number of social workers
Caprivi	7 500	3 500	4 000	3
Erongo	5 000	2 000	1 000	4
Hardap	2 000	1 800	200	1
Karas	NP	–	–	–
Kavango	5 500	2 500	3 000	4
Khomas	2 500	500	2 000	9
Kunene	600	400	200	2
Ohangwena	2 000+	NK	2 000	3
Omaheke	7 000	5 000	2 000	2
Omusati	9 800	8 000	1 800	2
Oshana	1 300	1 000	300	2
Oshikoto	2 500	2 500	NK	3
Otjozondjupa	2 700	NK	NK	2

NK = not known

NP = not present at workshop

## 4. International Trends in Foster Care

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Because the consultations on the Child Care and Protection Bill are well underway and the Legal Assistance Centre (LAC) and the team of South African consultants have studied the legislation of different African countries thoroughly, this consultation focused on examining comparative research studies in the region. There have been many studies relating to HIV and AIDS, and the care of the growing group of children in need of alternative care. The consultant also focused on seeking consensus among stakeholders on an approach to foster care that would ensure quality and holistic care. A new approach to kinship care and foster care would include safety nets around families, and a shift of the task of social workers from court procedures towards real social work and social and emotional support for families. At the same time, the safety and wellbeing of children and their carers must be ensured – a task which requires a multi-sectoral approach.

The report entitled *Home Truths: Facing the Facts on Children, AIDS, and Poverty* produced by the Joint Learning Initiative on Children and HIV and AIDS (JLICA)<sup>13</sup> in 2009 states:

“The well-intended but misdirected efforts have drained resources that could have been invested more effectively for children and young people. Responses to date have not been sufficiently grounded in either evidence about children’s circumstances, or a clear understanding of the root causes of children’s vulnerability.”

The report identifies failures in existing approaches to children and families affected by HIV and AIDS (which are relevant also for children in need due to other factors), and calls for fundamental shifts in policies, programmes and funding in order to refocus the response along four critical lines of action:

- Providing support for children to and through their families.
- Strengthening community support for families.
- Reducing family poverty.
- Delivering integrated family-centred services in health, education and social welfare.

Namibia is well on track in following these recommendations with the early intervention programmes, birth registration pilot project<sup>14</sup> and the work of the CCCWs. The implementation of the grants assessment study will feed into this process once an approach is chosen that targets all children rather than only those who have lost one or both parents (due to death,

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<sup>13</sup> JLICA is an independent, time-limited alliance of researchers, implementers, activists, policy-makers and people living with HIV. Its goal is to improve the well-being of children, families and communities affected by HIV and AIDS by producing actionable, evidence-based recommendations for policy and practice.

<sup>14</sup> This includes the scaling up of birth registration facilities from 1 to 12 hospitals in 2009 and to 34 in 2010.

imprisonment or removal from child care). Family strengthening is essential to combat poverty, and it is important not to target one specific group of children but rather to reach out to all children irrespective of their living arrangements. Internationally people even speak of “lucky AIDS orphans” as they fulfil the eligibility criteria of many international donors and can access support which children still having both parents cannot. It is particularly important for the government to ensure that all children in Namibia are supported so that they can grow up to be healthy adults who, having completed their education and found employed, are able to “pay back” through their income taxes the investment which the State has made. Children have high expectations for their future, and new developments will hopefully help them to fulfil their dreams.

In this description of the assessment, some international trends relating to kinship care and foster care have already been mentioned. In terms of developments in Namibia, some topics will now be highlighted in light of the drafting process of the Child Care and Protection Bill.

## **4.1 Continuum of care for OVC including alternative care**

Internationally, alternative care encompasses all children not living with their birth parents. In African countries the approach tends to be more pragmatic: families still take responsibility for arranging care for the children of relatives. This is confirmed by the internationally held view that instead of looking first at recruited foster carers when care is needed for a child, the wider family network is the first and preferred option. The experience<sup>15</sup> of countries with developed foster care systems confirms that psychologically this option is preferable to children growing up in a family of ‘strangers’. It was interesting to see that in their drawings, the carer whom children called “mother” was in fact their aunt or grandmother. For children it is extremely important to be “normal” and not “children in alternative care”. This is confirmed by a recent study<sup>16</sup> in the United Kingdom which shows that 50% of the interviewed children in care fear that they will be stigmatised and treated differently in schools, in employment and by their peers. Discussions with the group of young people in Grades 10-12 in Omusati, Namibia, confirmed this finding.

However, it is important to consider alternatives if a ‘kinship family’ has a dysfunctional history of abuse and neglect, or discriminates against the children of relatives and favours the family’s own birth children. It should be possible for OVC to live with a foster family and, if it is in their best interest, maintain contact with their birth family. It is therefore recommended that this option also be made available to children in regions which do not presently have a formal foster care organisation or family-type RCCF. It is also preferable for children to remain in their own community rather than be placed far away, such as in Windhoek or in the SOS Children’s Village in Ondangwa which serves the whole northern region. It is thus important to develop this service more widely and in all regions.

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<sup>15</sup> B. Broad, *Kinship Care: Providing positive and safe care for children living away from home*, Save the Children UK, 2007.

<sup>16</sup> Dr Roger Morgan, *Care and Prejudice: A report of children’s experience by the Children’s Rights Director for England*, Ofsted, 2009.





Young people in Grades 10-12 after the focus group discussion in Omusati Region

## 4.2 Foster care and kinship care with different provisions

In other countries in Africa, legislation on foster care operates in a similar manner to the current Namibian law. South Africa's new Act provides for a more up-to-date system than the Namibian system still applying under the Children's Act of 1960. The LAC is studying the new Act to learn from it and prevent the mistakes made in South Africa. However, in South Africa the legal regulations for kinship care and foster care are undifferentiated. In the workshop with the MGECW, social workers discussed the models of some European countries, in particular the Dutch model. In The Netherlands' Youth Care legislation there is a clear distinction between "voluntary" and "juridical" placements. Voluntary placements are based on an agreement between parents or guardians, foster parents and social services and laid down in a foster care contract. With this contract, day-to-day caring responsibilities are transferred to the foster carers while all parental and legal parental responsibilities remain with the parents or, when limited by the court, with the Youth Care agency. In this case, no court procedure is needed to confirm the placement. Social workers in Namibia expressed their hope for this model to be implemented in an 'African way' in Namibia. The flow chart in the recommendations chapter of this report shows this new proposed model.

# Why in foster care?

HIV/AIDS  
Orphans

unknown parents  
prostitution

neglect

unfit parent

alcohol

drugs

irresponsible

mentally challenged  
parents

abandonment

extended family care

sexual abuse

poverty

abuse of grants system

70-90%

→ 65%

→ 40%

50%

Children in foster care are always multi-problem cases.



Most kinship care arrangements could be regulated according to this model. A court procedure would be necessary in cases of a family failing to reach an agreement and for placement with recruited foster parents.

For this model to be clearly understood, it is important that the new legislation makes an unambiguous distinction between kinship care and foster care.

### 4.3 Domestic adoption and intercountry adoption

As mentioned earlier, adoption is not common practice in Namibia. The common view is that permanent foster care is likely to prevail as the preferred option. Internationally, however, in the field of intercountry adoption, there is growing pressure from receiving countries to use foster care solely as a *temporary* measure, and to regard residential care (including family-type group homes) as a poor solution and last resort for a specific group of children. If these views were to gain support, they might result in Namibia being pressurised to turn to international adoption as the ‘best’ way to ensure permanence for children – thus serving the interests of prospective adopters in the receiving countries rather than the best interests of Namibia’s children. It was good to see that Namibia is studying international instruments such as The Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention) and articles relating to adoption in the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The Hague Convention has been developed to protect children and their families from the risks of illegal, irregular, premature or ill-prepared adoptions abroad. The need for intercountry adoption does not exist in Namibia. This was discussed both in a workshop with the MGECW (facilitated by Robert Johnson) and in the consultations on the Child Care and Protection Bill (CCPB). A few adoptions through private social workers have been approved in recent years but the MGECW wonders whether this was more in the interest of the prospective adopters than in the best interest of the children. In some instances perhaps an adoptive family could not be found in Namibia and thus the principle of subsidiarity, a key feature of The Hague Adoption Convention, was applied.

It is important to hold further discussions aimed at regulating adoption and intercountry adoption effectively in the new CCPB, and to stand firm against intercountry lobbyists from countries with long waiting lists of adopters which target Africa as a continent that can fulfil the needs of adopters. In the workshop with the consultants from South Africa and Lesotho it became clear that it is extremely important to regulate adoption effectively in national legislation to prevent children from falling prey to profit-making adoption agencies and practitioners (including lawyers and social workers) even when the country is a signatory to The Hague Convention. If intercountry adoption is assessed to be in a child’s best interest (and no national solutions like permanent foster care or domestic adoption can be found), it is recommended that guarantees be given that the child will acquire all the citizen’s rights of their new country. This is why it is recommended that, should an intercountry adoption from Namibia take place, the child is sent only to a country which has ratified both The Hague Convention and the UNCRC. Current improvements in the alternative care system in Namibia will ensure that, just as in receiving states, there will be no need for intercountry adoption because in-country solutions are in place and the State is able to care for its own children.

## **4.4 Guidelines for the appropriate use and conditions of alternative care for children without parental care**

Draft UN Guidelines<sup>17</sup> have already been studied and applied in the Namibian standards for RCCFs. It is hoped and expected that the guidelines will be adopted by the UN General Assembly in late 2009. For the development of kinship care and foster care, this instrument explains clearly that provisions made for children are family-based and apply to all groups of children in need of alternative care. This includes children in prisons (young children with their imprisoned mothers and children found guilty of committing a crime) and child justice centres, children living on the streets and children with special needs. These specific groups do not presently receive sufficient attention and it is important that new legislation and grants apply to them. Special attention is required for children with disabilities, children with chronic diseases (including HIV), and children with special needs such as psychiatric and behavioural disorders. Namibia is one of the countries in sub-Saharan Africa which has ratified both the UN Convention on the Rights of Persons with a Disability and the Optional Protocol that requires states to work towards giving people with disabilities full and equal enjoyment of human rights and participation in society. The condition for this is that grants be given to all children, with special legal provisions included to ensure appropriate care for children with disabilities, preferably in their own or extended family, foster family or family-type residential care.

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<sup>17</sup> “Draft UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children Without Parental Care”, placed by resolution of the UN Human Rights Council on the autumn 2009 adoption agenda of the UN General Assembly.

# 5. Recommendations

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Given the importance and urgency of the reorganisation of foster care and the large number of families in need of support in Namibia, it is recommended that a special post under the Directorate of Child Welfare Services in the MGECW (comparable with the Control Social Worker appointed for the RCCFs) be approved for kinship care and foster care in order to focus on the outcomes of this foster care study. Based on this study, the following recommendations are proposed.

## Ministry of Gender Equality and Child Welfare

1. Under the Directorate Child Welfare Services, appoint a Control Social Worker for kinship care and foster care, and allocate sufficient time to work on the further development of kinship care and foster care.

## Kinship and foster care

2. Draw a clear distinction between the caregivers referred to as ‘kinship carers’ and the non-related trained caregivers referred to as ‘foster carers’, and incorporate this distinction into the new legislation.

## Kinship care

3. Due to the large number of kinship families, make special provision for kinship care in the Child Care and Protection Bill and in social work practice. In doing so, formalise parental roles and responsibilities, and introduce an agreement/contract<sup>18</sup> between the kinship carers, parents or guardians and the MGECW in which roles and responsibilities are laid down. Co-signatories of this contract, if any, would be the additional supporters (family/community members and NGOs) and children over 12 years of age.
4. Pilot the Family Group Meeting<sup>19</sup> as a methodology (with an ‘African title’) to assist families to reach a family agreement in instances where they have difficulty doing so, and train community child care workers or community volunteers (possibly through an NGO) to facilitate these conferences.
5. In cases of dispute between family members over the primary caregiving task, or where there are multiple family member applications to become a child’s guardian, follow court procedures to agree on the primary caregiving task, to appoint a guardian and to administer the guardianship. Follow up on these cases with monitoring safeguards including mechanisms

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<sup>18</sup> See explanation on page 31 of this report.

<sup>19</sup> See explanation on page 32 of this report.

for reporting abuse so as to ensure that the child is safe and well cared for, that grants are used properly and that the child's possessions and inheritance rights are respected.

6. Give special attention and support to heads of sibling households and ageing caregivers. Bring the applicable children to the attention of the Ministry of Education to support their applications for scholarships and day care, and provide training initiatives to assist these caregivers in their child care task. The Isibindi model developed by the Association for Social Workers in South Africa serves as a good example of such training initiatives.
7. Provide a child care or kinship care grant to kinship carers as soon as the primary caregiving responsibility is transferred to them. For this purpose, reorganise the administrative process and develop new regulations. This could even be done under the current legislation. Proof of appointment as the primary caregiver can be provided along with the signed agreement so that eligibility for the grant is no longer blocked by inability to provide death and birth certificates.

## **Monitoring<sup>20</sup> and creation of safety nets**

8. Find ways for the MGECW to be more proactive in creating safety nets around families including kinship carers. In this regard, provide special training to enable community child care workers to recognise the signs of abuse and neglect, and to cooperate effectively with other stakeholders including NGOs, FBOs and traditional leaders.
9. Enable the MGECW to offer peer support groups for the kinship carers and the children in the first years (at least two years) after placement. The groups would contribute to monitoring the children's wellbeing and act as fora for parenting skills training related to children in alternative care.
10. In cases where there are concerns about the coping mechanism of the appointed caregiver, lay down in the foster care agreement the obligation to participate in a peer support group.

## **Reporting and complaint mechanisms**

11. Create a reporting structure to enable communities and children to notify the MGECW of any abuse of grants and, even more importantly, insufficient or abusive care on the part of kinship carers. It would also be necessary to create the culture in which this reporting can happen. As part of the kinship care agreement, agree on the reporting mechanism and procedures for the CCCWs to continually request feedback from schools, community leaders, volunteers and NGOs in the community. To this end, the CCCWs could be given a list of kinship carers in their respective communities to enable them to report regularly on cases to the social workers.

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<sup>20</sup> See explanation on page 33 of this report.

## Cooperation with NGOs and FBOs and OVC Forums

12. Assess regionally how the MGECW could give more attention to its coordinating and monitoring role. Mapping all services in each region and comparing the beneficiaries' databases in the Data Warehouse would be a good starting point for the development of a social map of each region.
13. Explore potential partnerships with NGOs for decentralised coordination and provision of community services. For example, DAPP is presently providing secretarial services for OVC Forums in Ohangwena Region.
14. Evaluate the Omaheke pilot project and, if desired and where possible, replicate it in other regions. (This project recruited a special person to support the OVC Forums and assist them in developing projects together.)

## Support groups for children and kinship carers

15. Consider setting up support groups for children and kinship carers. For this purpose, find out in each region if there is an NGO or FBO already skilled or willing to facilitate these groups so that the task can be outsourced or delegated to others. Where no such organisation exists, consider setting up the groups with the CCCWs as facilitators.
16. Develop a toolkit consisting of existing and new materials to work with the support groups. In projects that focus on early childhood development, much material already exists to guide, among other things, parental skills training and efforts to enhance youth participation. There may be a need to develop specific material on kinship care, covering, for example, attachment, separation and loss, bereavement counselling and behaviour management. Provide training to social workers and community child care workers on how to use the toolkits and how to facilitate the support groups.

## Foster Care<sup>21</sup>

17. Develop foster care as an organised and well-supported service in Namibia.
18. Draw a clear legal distinction between kinship care and foster care in the new legislation. (A flow chart setting out the proposed new approach is attached to this report. It should be translated with particular attention to legal issues.) Placement in foster care should always be based on a court order, and foster parents should receive financial support from the moment that the children are placed in their care.
19. Assess the foster care grant amount in light of the fact that children placed with foster parents require full-time attention. Generating income to cover the costs of the children is difficult for primary caregivers who need to stay at home on a full-time basis.

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<sup>21</sup> See further information on page 33 of this report.



20. Develop standardised assessment tools, criteria for foster parents based on competencies, and training packages for this specific group. Collect, assess and use the effective materials used by His Promise Ministries and the private social workers.
21. Set up support structures, including peer support groups, for children and foster parents.
22. Further discuss whether it is feasible for the MGECW to take the responsibility for implementing this service (for which extra specialised staff are needed) or whether it would be better for the service to be outsourced to an NGO that specialises in foster care. Register foster care organisations with the MGECW as a special category of welfare organisation, and develop clear guidelines and standards (similar to those developed for NGOs providing residential services) to monitor their work. To this end, set up a working group including the NGOs and private social workers already active in foster care to work on these recommendations and to develop a handbook with guidelines and standards.
23. Raise awareness among the general public on the differences between kinship care and foster care so that the new terminology and procedures become clear when the new law is enacted. This awareness may encourage more people to apply, and may help people to better understand why different procedures, grants and proper assessment and training are needed.

## Adoption

24. Continue the debate on international instruments relating to adoption, and seek further advice on domestic and intercountry adoption in order to take an informed and clear position which is also communicated internationally.
25. Regulate intercountry adoption to guarantee that the child will acquire full citizen rights in the new country in the exceptional case that intercountry adoption is assessed to be in the child's best interest.
26. By law, restrict intercountry adoption to situations where it is a last resort, accompanied by clear proof that national options have been sought but are not available (subsidiarity principle).
27. Approve intercountry adoption only if the receiving country has ratified both The Hague Adoption Convention and the UNCRC.

## Children with special needs

28. Develop foster care also for children with special needs, including those who are ill, disabled or traumatised, and ensure that legislation makes it possible to provide the extra support and additional finance that carers need to look after these children adequately. The government could assist willing NGOs in setting up small family-type group homes or cluster foster care programmes to cater especially for children with special needs.
29. Create legislation to support initiatives for family-type care for children currently on the streets and children who have conflicted with the law. Presently, the needs of these groups

are being addressed only by some local initiatives (Jabez YOJ Centre in Otjiwarongo and the initiative of Ben Maklaka in Omaheke).

## Grants

30. Though final recommendations on grants will come from the grant effectiveness study, it is recommended that the grant system is strengthened to support the development of an informal kinship and formal foster carer system. This will facilitate the process of placing children in families. Options considered could include the following:
  - *The potential provision of a special kinship care grant for kinship carers.* If assessed as feasible, this could be means tested with a sliding scale related to the size of the household and the number of children being cared for. The grant could potentially follow the child, with the eligibility criteria based on either the kinship care agreement or the court order.
  - *The potential of a child grant that reaches children in kinship and foster care.* The draft Child Care and Protection Bill has included grants, but a cost analysis and feasibility analysis is needed to inform the most cost-effective and locally appropriate option(s).
31. Revise the current amount in light of the real costs of caring for a child. Consider relating the amount to an accepted definition of the poverty line and an objective notion of the living costs to be covered in raising a child.
32. Consider the feasibility and local appropriateness of providing a foster care allowance (of a higher amount than the kinship care amount) to the foster carer for children placed in foster care. This would help foster carers to care for non-relatives by covering the additional costs. The amount could be the same as the amount given to a child in an RCCF, and could facilitate RCCFs becoming foster care service providers.
33. Given the additional costs associated with caring for foster children with special needs, consider exploring ways to provide additional funds or insurance above the disability grant. This could cover the extra costs of medical care and other disability-related costs, such as wheelchairs and other special equipment.
34. Discuss the possibility of entering into an agreement with the Ministry of Education for an automatic waiver of school fees and School Development Fund contributions for children receiving maintenance grants, foster or kinship care grants and disability grants. This may reduce the costs associated with the grants from one Ministry (MGECW) being used to cover the costs of the other Ministry (MOE), and may remove the social worker burden of writing letters of application for waivers. The Ministry could also explore cooperating with NGOs to provide free school uniforms to children receiving grants.

## 6. Explanation of the Proposals Laid Down in the Recommendations

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### Foster care agreement/contract

A foster care agreement or contract can be made in all situations where kinship care is agreed. This means that when families agree between themselves to care for each other's children, the arrangement can be given a more formal character. A formal agreement should not be obligatory when families do not ask for or need government support, but for those who do apply for government support, a formal agreement should be mandatory to ensure that people do not make arrangements just to access grants or other free services. The signatories would be the parents/guardian/custodian or kinship carer and the MGECW (social services).

In The Netherlands a contract is made when social services are convinced that the family has a valid support request (*“hulpverlenings vraag”*). This contract is regulated by law and the format is laid down in regulations. Financial support in the form of a kinship grant is only provided when a contract is agreed.

As in The Netherlands, the new CCPB contract has the status of a special legal document that does not require court approval. If this approval is needed, in line with Namibian regulations, the agreement can be administered by the Clerk of Court in a similar manner to that applying for guardianship. In The Netherlands, if the biological parents, having signed the agreement, decide that they would like their child returned to them, they are eligible to take them back. Even when the child is in somebody else's care, the biological parents continue to hold legal parental rights and responsibilities. Parents can thus continue to make the important decisions concerning the child. This is particularly important in Namibia when it comes to situations such as marriage.

However, if the kinship carers have cared for the child for more than one year and believe that returning to the birth parents is not in the child's best interest, the kinship carers can question the reunification plan and approach the social worker to ask the court to take a decision (this being a “blockade right”).

The agreement reached becomes the access point for support services. It is recommended that in principle the procedure be carried out by Clerks of Court and CCCWs, and supervised and signed off by the applicable social worker on behalf of the MGECW. In complicated cases the social worker can become directly involved and meet with the family. In such cases the social worker can also propose organising a Family Group Meeting.

## Proposed new schedule

Kinship Care	Foster Care
Family arrangements are made by the (extended) family and reported to the relevant MGE CW regional office for support.	The arrangement is developed by a specialised foster care service provider (government department or NGO) as an organised and supported service.
The Family decides who the primary caregiver (kinship carer) will be.	The foster care service provider matches the child and family in cooperation with the MGE CW Social worker.
Financial support is provided on request after a kinship care contract has been signed by the MGE CW social worker and administered through the Clerk of Court. Only when a family cannot reach an agreement is a court order needed.	A foster care grant is provided at the time of the child's placement once a court order has been issued. If immediate placement is needed, the grant is based on a place of safety order.
Kinship carers receive support from the CCCW who also cooperates with NGOs. Support is provided by the social worker only when needed.	The MGE CW social worker is the case manager, while the foster care service provider provides day-to-day support.
Kinship carers and children participate in support groups (mandatory in the first two years after the kinship grant is provided) organised by CCCWs.	Foster care and child support groups are organised by the foster care service provider.
The birth family makes its own contact arrangements with the extended family unless the social worker's assistance is needed.	The MGE CW is involved in making contact arrangements with the birth family.

## Family Group Meeting

The topic of Family Group Meetings (FGMs) was introduced during the consultations on the new Child Care and Protection Bill. The FGM methodology, created and practised in traditional Maori communities in New Zealand, involves families and their wider network making their own arrangements to care for a family child. In fact this is currently happening in Namibia, but without the support of an external facilitator – the feature that characterises the FGM. Nearly all children are already living with an extended family member when they are brought to the attention of the MGE CW. It is important that the Ministry respects the arrangements made by the family, but also that it reassures itself, as the responsible body, that the children receive all necessary support and are not subjected to abuse, neglect or exploitation. What is missing at present is the “care plan” which emerges formally through an FGM. In a care plan, based on the needs of the individual child, the family sets out what they can provide and who will provide it. This reveals the gaps in the family's support network and shows what support the MGE CW and/or other organisations should make available. Research in The Netherlands has proved that the FGM is very successful as a mechanism for solving the problem of a long waiting list of families in need of social welfare support. Through the FGM, families discovered more resources amongst themselves and came to understand that the child in need of care was their responsibility and they could not just rely on external support. It is recommended that this methodology be piloted to find out whether it would be useful in the Namibian context. There is a recommendation in the chapter on kinship care in this report which pleads for a special kinship care decision-making process managed by the family itself. This process shows whether there are disputes (and thus whether court involvement is needed) or whether the family can reach a clear agreement and sign a contract between themselves and the MGE CW without court intervention.

# Monitoring

As explained earlier, monitoring the wellbeing of children in foster care is essential. The new draft law provides for a court order, renewable after two years of placement, which is an effective mechanism for determining whether the family is able to care appropriately for a child. It should be clear after two years with the same caregiver whether the child is doing well, and therefore the review mechanism becomes an effective way to oversee the placement. Following a positive review, a permanent court order can be made to cover the period up until the child turns 18 or completes his/her education. Whether placed via a court order or an agreement contract, monitoring is needed during the first two years. Monitoring can take place in different ways.

## 1. Foster parent and child support groups

During the first two years it is recommended that foster parents be encouraged to participate in foster parent support groups and their children in child support groups. These groups, if well facilitated, can provide valuable information on how to care for the child and how the child experiences the care received. All of the foster parents and children who participated in the focus group discussions during this assessment expressed interest in attending more such meetings, and foster parents also wanted to receive parenting skills training. Foster parents reported that their children displayed difficult behaviour, easily became angry and agitated, and some seemed severely depressed – there was concern for their future. The groups serve a variety of purposes: they provide social and emotional support, parenting skills training and opportunities for monitoring. In particular, through the children's groups, trusting relationships can be established that enable children to make complaints if they are experiencing abuse or neglect, or if their relationship with their caregiver is problematic.

## 2. Care plans

Care plans are currently not common practice in Namibia. The RCCFs are starting to look at this issue as one of the requirements for complying with the new standards. Care plans could be introduced for foster care and for kinship care when extra support (over and above financial support) is needed. For kinship care, if the family can show that only financial support is needed to supplement the proposed living arrangement, an extensive care plan would not be needed. When the grant system is simplified, the involvement of the MGE CW can be limited to writing financial support into the contract. In cases of dispute in the family, or if the family demands more extensive external support, drawing up a care plan would provide a way of resolving many issues. Care plans can also assist in the case of an application for a court order as they provide a good assessment of the family situation and the living arrangements made for the child. The court order then stands as a confirmation of the care plan, which can be enforced to ensure that caregivers and other appointed supporters fulfil their tasks.

## 3. Complaint mechanisms

At present there is no official complaint mechanism other than the opportunity provided by law to make statements at a police station and in court. The assessment found that people hardly ever complain in this way about the decisions of the government. Foster parents who



do not qualify for the grant may complain, but they do not make use of the procedures for making statements or bringing complaints to committees. Children and youth said that they can talk to the school counsellor about their situation, but that they also want to be able to see and speak with the social workers. Some spoke clearly about being abused by their carers or feeling unwelcome in their family during holidays when the school hostel closes. One social worker offered older youth a special afternoon session each week in which they could speak with him. It is a good idea to allocate a regular afternoon office session in which a social worker is available exclusively for children and youth. Through the CCCWs, other ways should be found for children to have access to a trusted person to discuss their needs.

#### **4. Community members**

The traditional leaders and other strong figures in the community, who already help children and families whom they see to be in need, could assist in being the MGECW's eyes and ears. Coordinated by the CCCWs with the social worker available in the background, these people could be recruited to help voluntarily in situations of concern. The Cluster Care model developed by SA Cares for Life based in Pretoria, South Africa, includes reporting systems which Namibia could study as an example for the regions. During the conference in Nairobi, the representatives of this organisation stated that they can be approached and information can be exchanged. A study visit to this and other projects in South Africa is advised.

### **Foster care as an organised service**

In Namibia, foster care as an organised service is presently found only in His Promise in Rehoboth, Arandis and (under development) in Okahandja. The foster parents in Rehoboth demonstrated what fostering can do to help children. It was clear that all the children were happy in their new family, but also that they have a special need for sound support and safeguards, especially when their own parents and relatives visit them or if they meet them in the street.

Foster care services are based on the following structure:

- Recruitment
- Assessment
- Training
- Matching
- Support based on a care plan for each individual child
- Preparation for leaving care and after-care support

To develop these services in an African and Namibian context, models from other countries could be collected. For this purpose, the Nairobi conference provides a good opportunity to make contacts and arrange for members of the recommended special working group to undertake a field visit to a project abroad. It is also recommended that two experienced foster parents (male and female) be incorporated into the working group, and that the children are also consulted – those in foster care and those who foster (own children of foster parents). Their contribution is extremely valuable. The working group can also determine the best possible option: whether these services should be outsourced to an NGO or developed as a ministry department as is the Namibian Children's Home in Windhoek.



Above and below: **Children drawing their family**



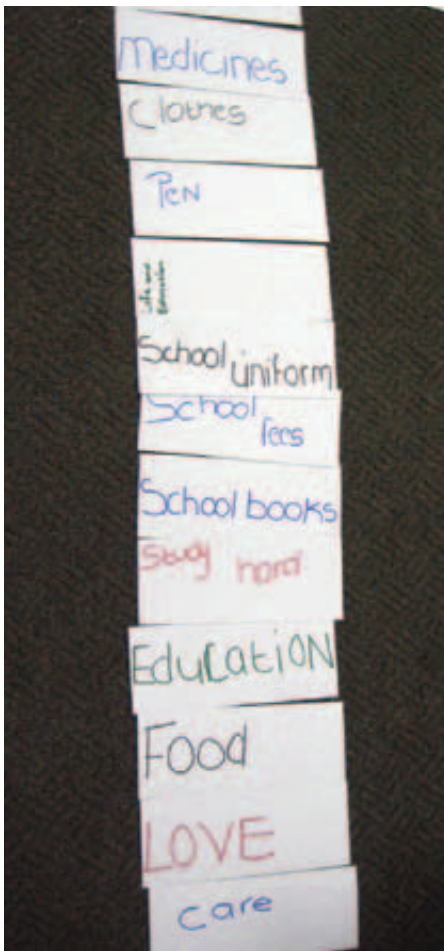




Above left and right: **Children introducing their family in the focus group discussion in Omaheke**



**Children ranking their needs**



**Needs cards made and ranked by a group of children**



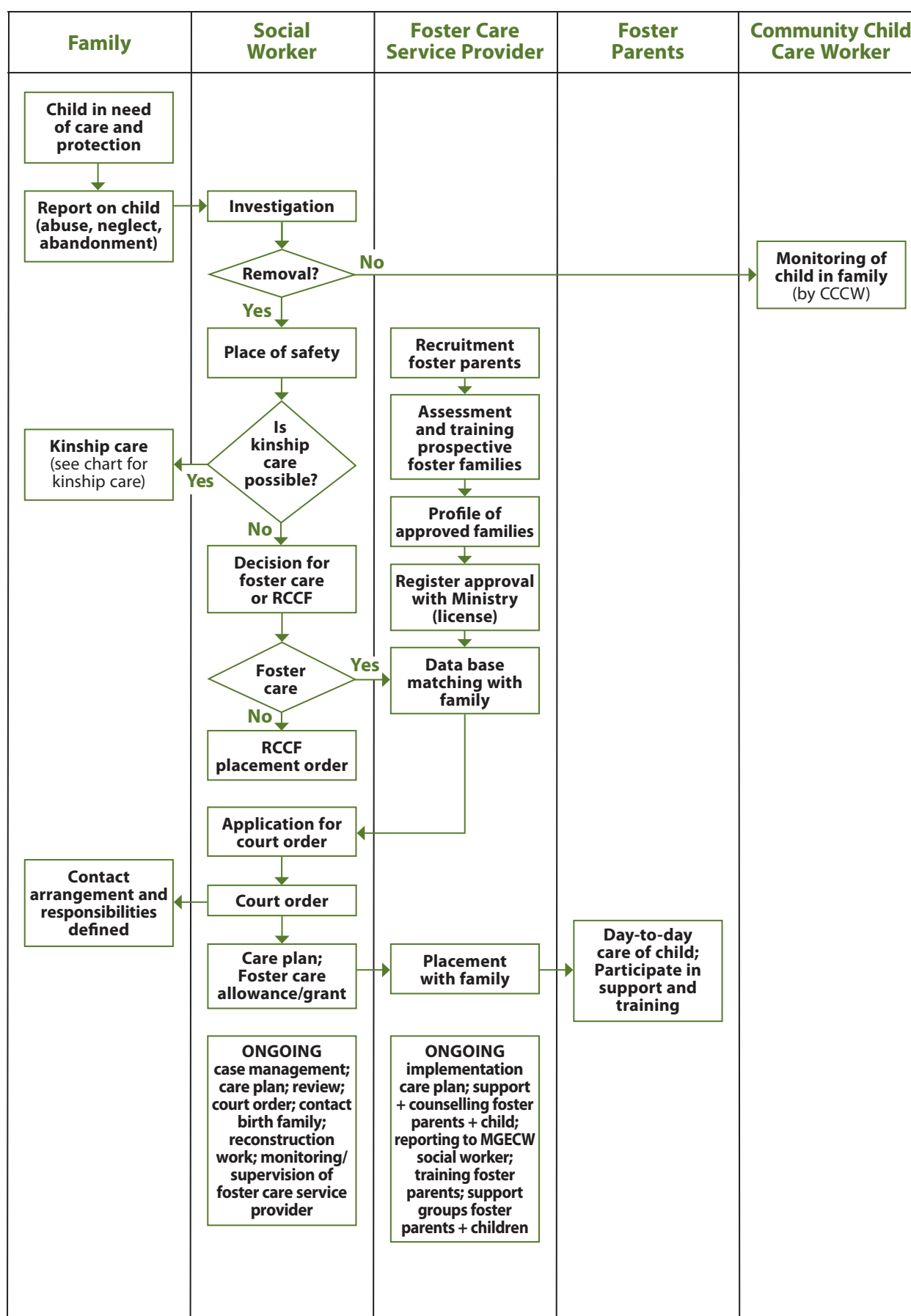
**Above top and bottom: Children discussing the needs cards in Ohangwena Region**



**Grandparents discussing the needs cards in Ohangwena Region**

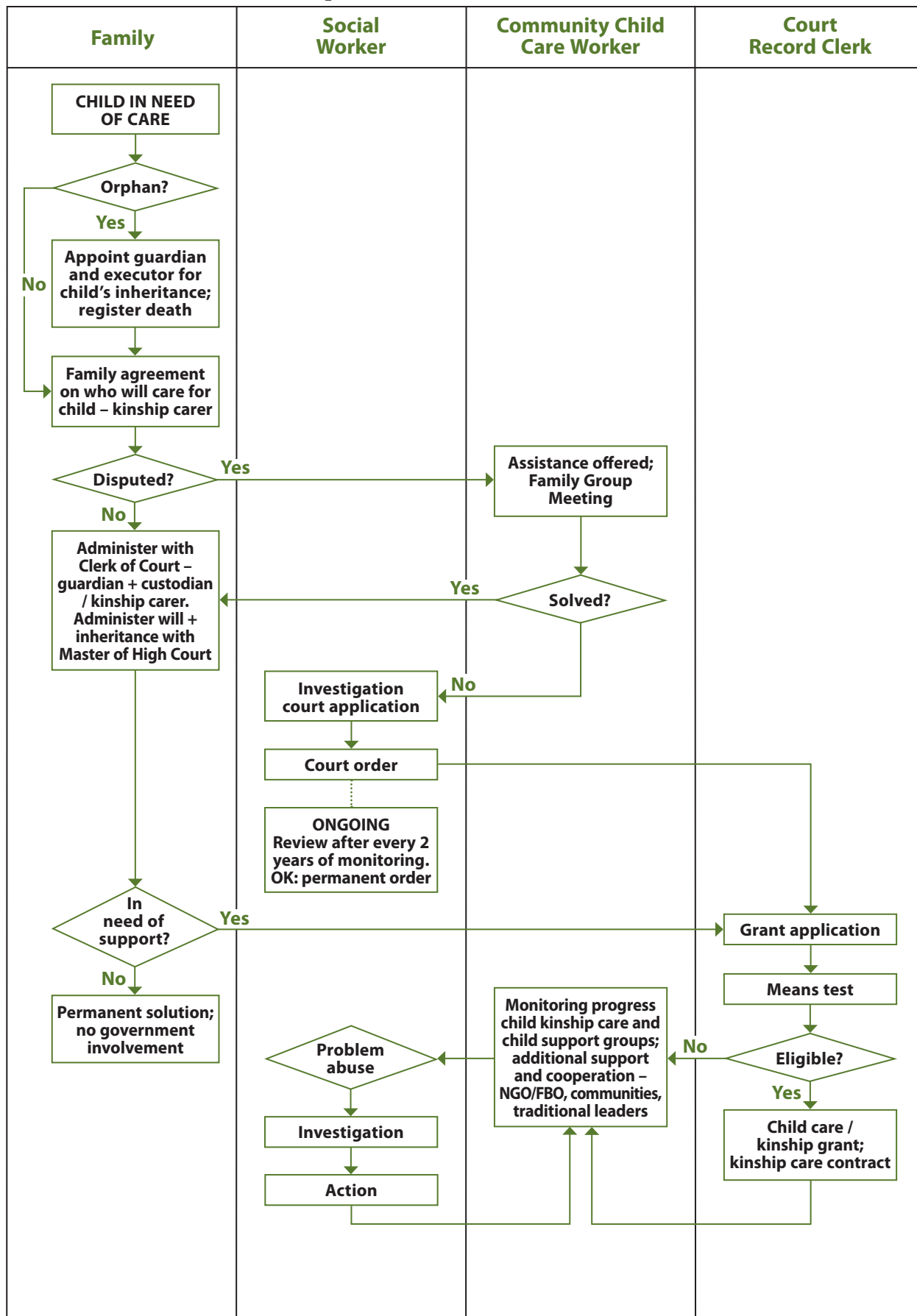


## Flow Chart: Foster Care



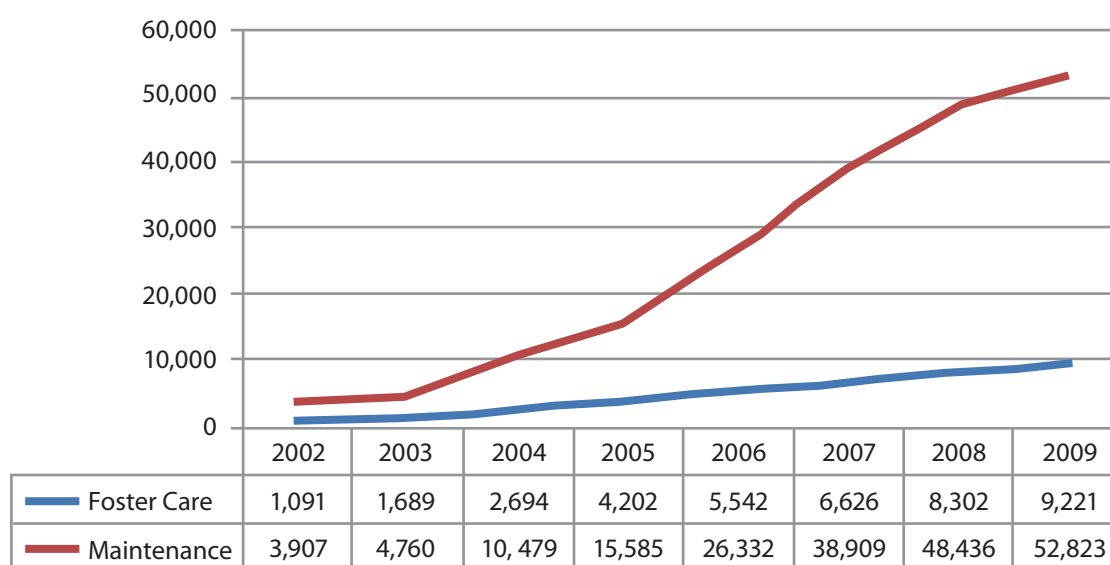


## Flow Chart: Kinship Care

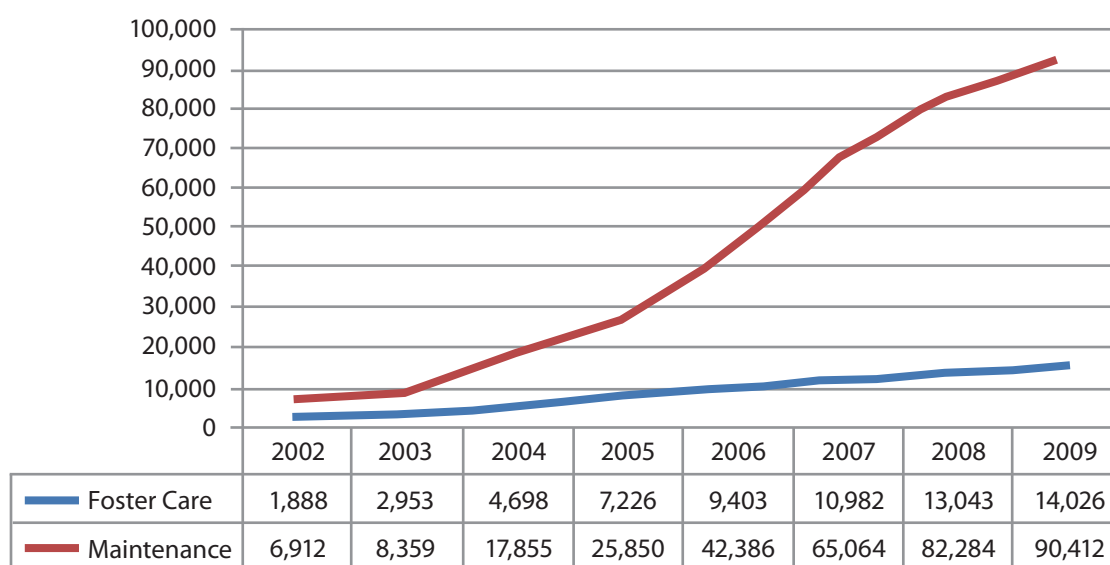


# Statistics from the MGECW Data Warehouse

## Number of Grant Recipients – Foster Care and Maintenance

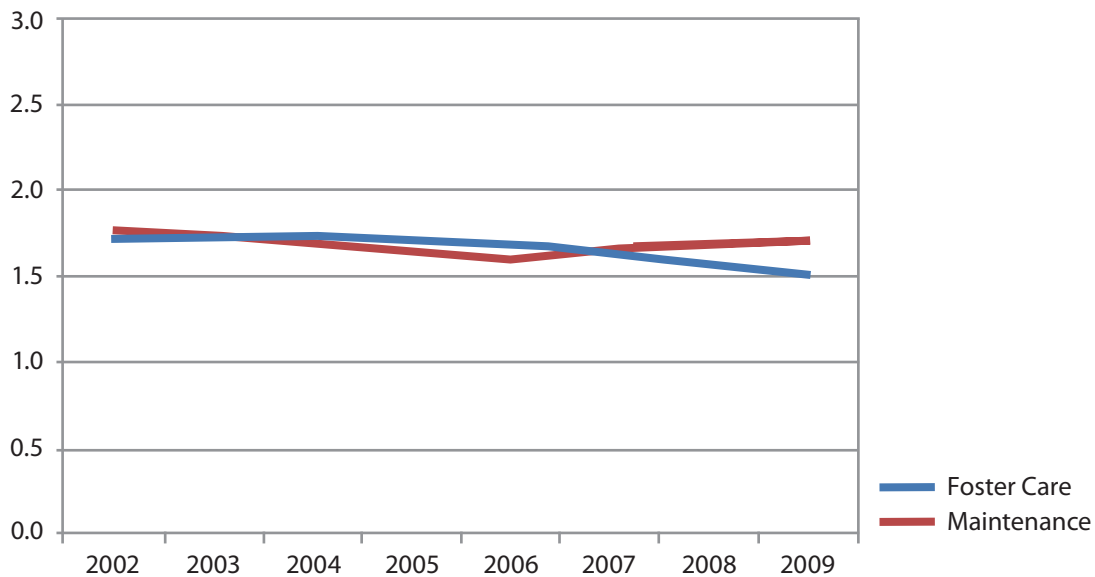


## Number of Grant Beneficiaries – Foster Care and Maintenance



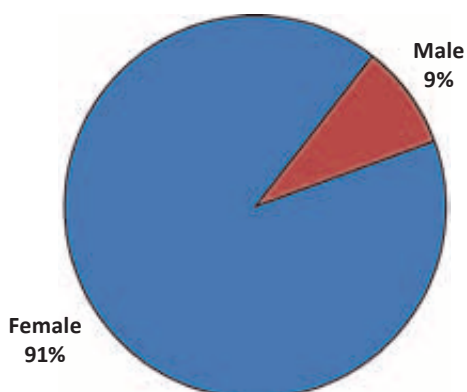
## Registered Dependants per Recipient – Foster Care and Maintenance Grants

The average number of registered dependants per recipient has changed very little over the last seven years.



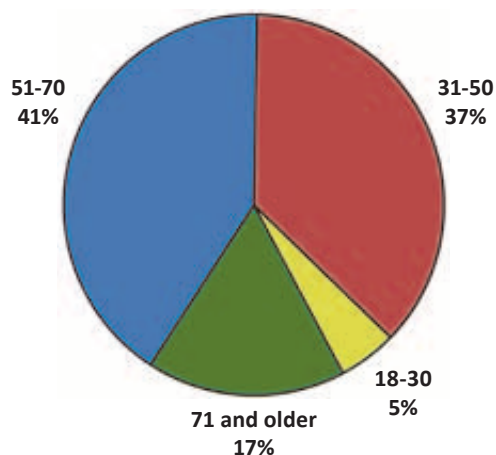
## Recipient Sex – Foster Care Grant

This pie-chart shows the sex of all recipients (caregivers) in the MGE CW Social Grant Database.

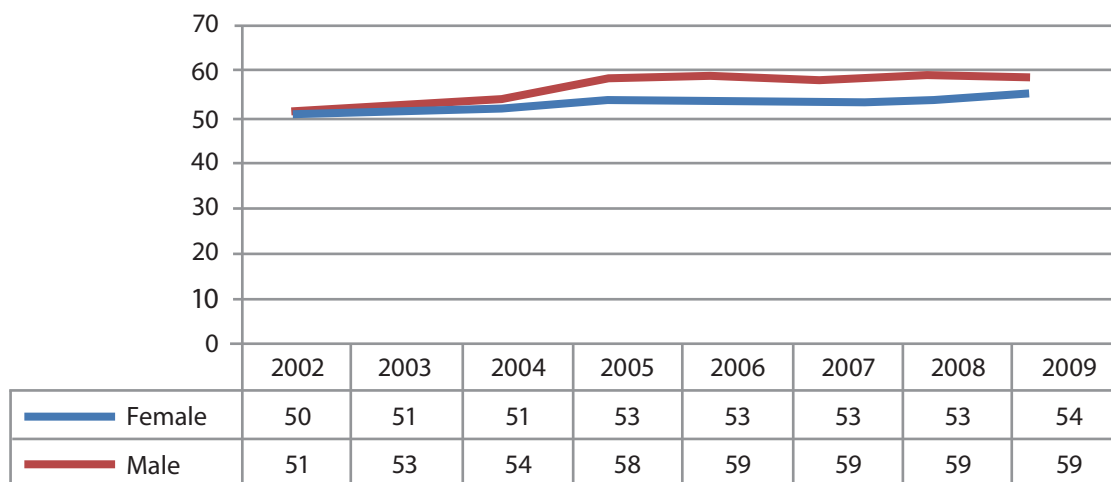


## Recipient Age – Foster Care Grant

This pie-chart shows the ages of the caregivers of all children served by the organisations that provided data for this report.



## Recipient Age – Foster Care Grant

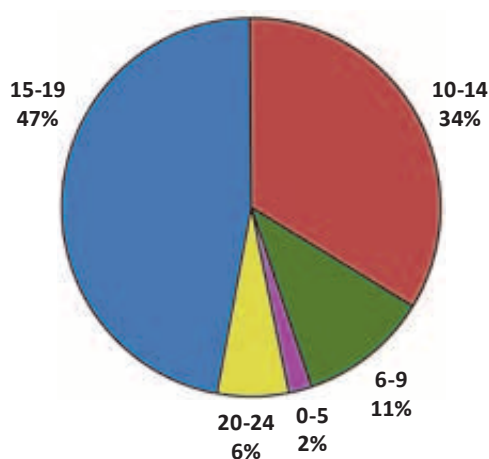


## Recipient Age – Foster Care Grant



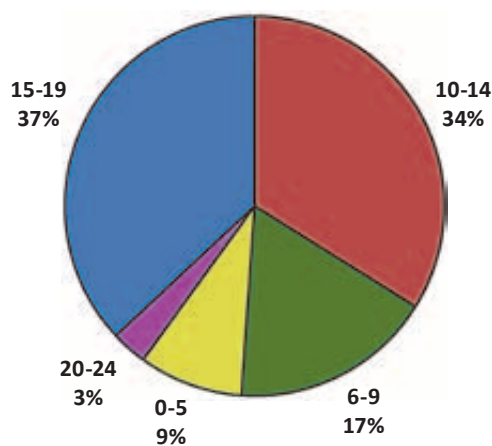
## Dependant Age – Foster Care

This pie-chart shows the ages of all children registered in the MGE CW Social Grant System.

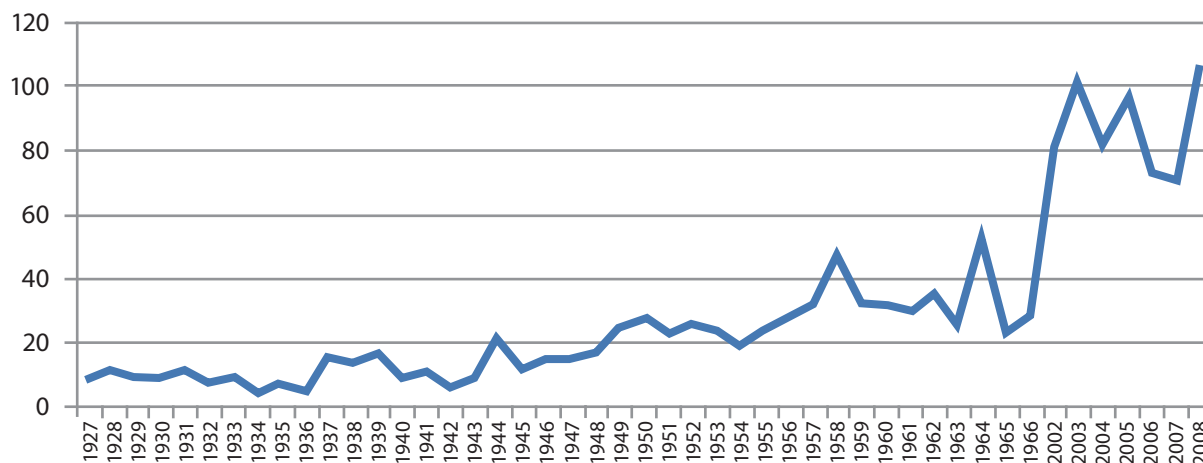


## Dependant Age – Maintenance

This pie-chart shows the ages of all children registered in the MGE CW Social Grant System.



## Number of Adoptions



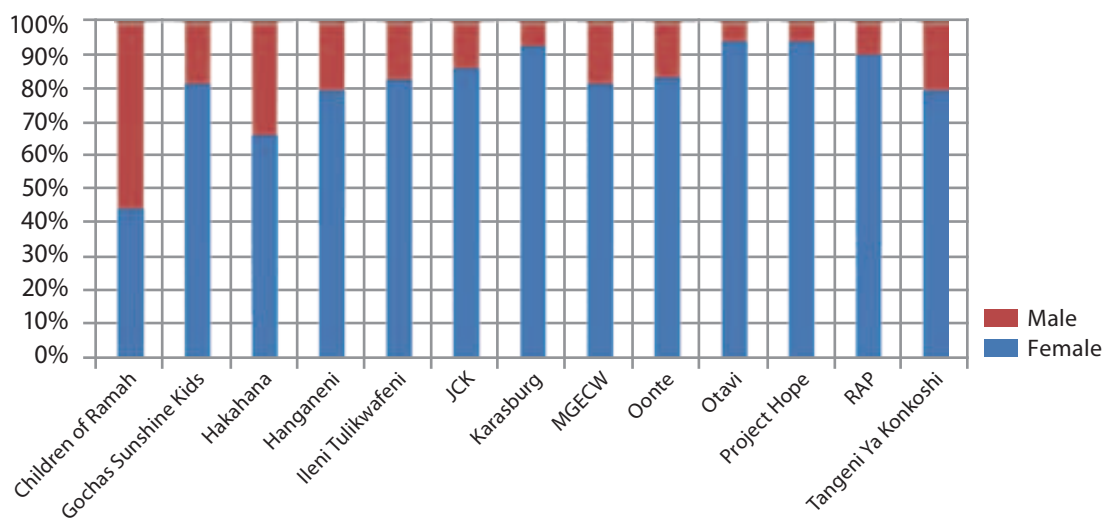
## Other Data Sources

The Ministry of Gender and Child Welfare is building a national Data Warehouse of OVC-related information. The Data Warehouse currently contains data from a number of organisations. The data has been used in some comparative charts. This additional data is provided as a mechanism for comparing the demographics of a MGE CW social grant client to the clients of NGOs.

Umbrella Organisation	Organisation	Child Records
Catholic Aids Action	Anamulenge	1,835
Catholic Aids Action	BNC	558
Catholic Aids Action	Erongo	421
Catholic Aids Action	Karasburg	564
Catholic Aids Action	Keetmanshoop	612
Catholic Aids Action	Mariental	634
Catholic Aids Action	Nyangana	950
Catholic Aids Action	Okatana	3,100
Catholic Aids Action	Omaheke	698
Catholic Aids Action	Oshikuku	2,577
Catholic Aids Action	Rehoboth	553
Catholic Aids Action	Rundu	1,669
Catholic Aids Action	Tonateni	305
Church Alliance for Orphans	Children of Ramah	144
Church Alliance for Orphans	Gochas Sunshine Kids	132
Church Alliance for Orphans	Hakahana	111
Church Alliance for Orphans	Hanganeni	181
Church Alliance for Orphans	Ileni Tulikwafeni	400
Church Alliance for Orphans	Joint Compassion Keepers (JCK)	401
Church Alliance for Orphans	Karasburg	148
Church Alliance for Orphans	Oonte	273
Church Alliance for Orphans	Otavi	93
Church Alliance for Orphans	Tangeni Ya Konkoshi	269
Evangelical Lutheran Church Aids Programme	ELCAP	334
Ministry of Gender Equality and Child Welfare	MGE CW	104,412
Ministry of Education	MoE	577,290
Project Hope	Project Hope	3,514
Rhenish Aids Programme	RAP	328
TKMOAMS	TKMOAMS	564

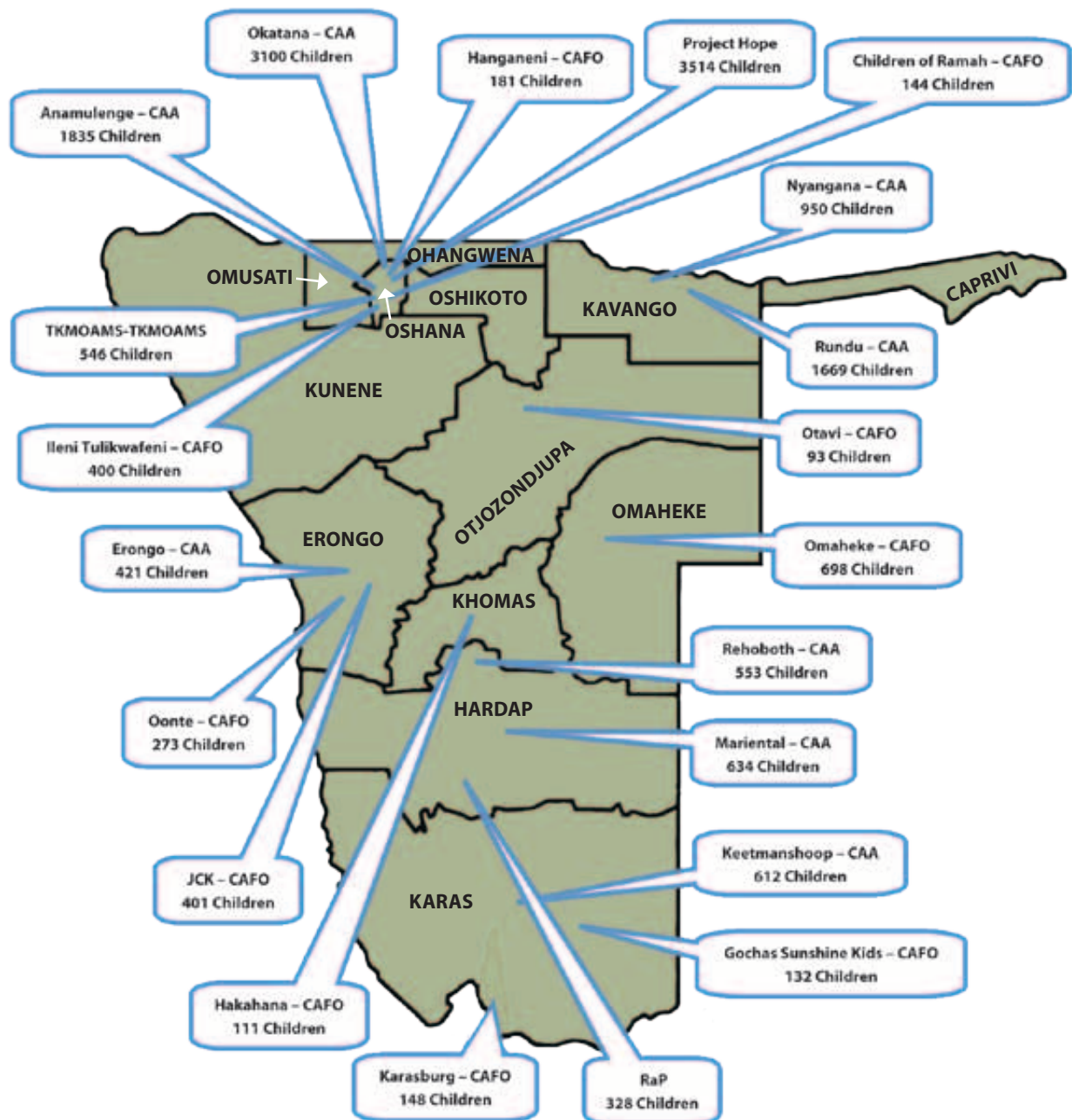
## Caregiver Sex Across Data Sources

This chart shows the sex of caregivers (of orphans only) across three data sources. This data helps to provide a comparison of the MGE CW grant demographic with the client demographics of NGOs.





# NGOs and FBOs that Provided Data for this Report



# Persons who Contributed to this Assessment

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## NATIONAL

### Workshop with MGECW Regional Social Workers 18 June 2009

- 21 MGECW Regional Social Workers
- 1 Record Clerk
- 1 Control Social Worker
- 1 UNICEF Staff Member

### Key Informant Interviews MGECW Head Office

- 4 Control Social Workers
- Consultant and Head of Data Warehouse Team
- Consultant OVC Technical Advisor
- Control Child Allowances Officer
- Legal Assistance Centre
- RCCF Network Members

### Feedback Workshop 20 August 2009

- Director Child Welfare
- 5 Control Social Workers
- 4 Social Workers
- 1 UNICEF Staff Member
- Consultant OVC Technical Advisor
- Consultant Adoption

## REGIONAL

### KHOMAS

#### Key Informant Interviews

- MGECW Principle Social Worker
- Commissioner of Child Welfare

### OMUSATI

#### Key Informant Interviews

- Caregiver Cheshire Homes Amulenge (in charge of disabled children)
- RCYD Coordinator

- Chief and 3 Traditional Leaders
- Head of Sibling-headed Household (female)
- Magistrate Outapi
- Control Magistrate

### **Focus Group Discussions**

- 2 Groups of Foster Parents – total 8 persons (7 women, 1 man)
- Group of Foster Youth (Grades 10-12, age 18-22) – total 19 persons (13 girls, 6 boys)
- MGECW Regional Office Team – total 6 persons: Acting Principle Social Worker, Record Clerk, Chief Clerk, 3 Volunteers

## **OHANGWENA**

### **Key Informant Interviews**

- Coordinator HIV/AIDS Namibia Red Cross Society
- Headmen and Headwoman Edimba Village
- Headwomen Ohaihana Village
- Kinship Carer, Child and Head of Sibling-headed Household
- Commissioner of Child Welfare

### **Focus Group Discussions**

- Group of Foster (Kinship) Parents – total 11 persons (all women)
- Group of Foster Children (Grades 1-12, age 7-18) – total 17 persons (11 girls, 6 boys)
- MGECW Team – total 7 persons: Principle Social Worker, 2 Social Workers, 2 Record Clerks, 2 Volunteers

## **OMAHEKE**

### **Key Informant Interviews**

- Principle Magistrate
- Governor Regional Council
- Deputy Chair Management Committee Gobabis Town Council
- Organisational Community Coordinator
- Pastor/Community Worker
- Volunteer Namibia Red Cross Society
- SAN Trust Coordinator

### **Focus Group Discussions**

- Group of Foster Parents – total 12 persons (10 women, 2 men)
- Group of Foster Children (age 8-14) – total 10 persons (6 girls, 4 boys)
- MGECW Team – total 5 persons: Principle Social Worker, Social Worker, OVC Forum Coordinator, 2 Volunteers

### **Field visit to project serving children on the street**

## **REHOBOTH**

### **Key Informant Interview**

- Director His Promise Ministries (NGO)

### **Focus Group Discussions**

- Group of Foster Parents – total 3 persons (2 women, 1 man)
- Group of Children Living in Foster Families (age 10-17) – total 8 persons (3 boys, 5 girls)

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# My Family

Paulina



Natalia



My Father



My small brother



My Mother



Gran Mother



Me

My Sister



My Sister





# My family



my sister



my sister  
Brother



my sister's child.



Grandmother



Grandfather



myself

# My Family



Father



mother



mo



Brother



sister



sister.

UNICEF technical and financial support in the preparation and finalisation of the Foster Care Study facilitated the contributions of the following persons:

- Bep van Sloten who conducted the study and compiled the report.
- Jennifer Cousins and Perri Caplan who edited the draft report.
- Perri Caplan who laid out the final report.



**Ministry of  
Gender Equality  
and Child Welfare**