

ASSESSMENT OF CAPACITY TO MANAGE ALTERNATIVE CARE

UNICEF ESARO Consultancy Report South Africa

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3 Introduction

This assessment was organised at relatively short notice and it is acknowledged that it is not possible to understand the full complexity of OVC and care and protection issues in South Africa as they relate to alternative care in a short period. The Provinces visited were Western Province, KZN and Western Province which provided time for a snapshot of South Africa's strong capacity to manage alternative care.

4 Context

There are 18+ million children in South Africa as of July 2005 and they form 39% of the population. 68% of children live in four of South Africa's nine provinces:

- KwaZulu-Natal (21%),
- Eastern Cape (18%),
- Gauteng (15%)
- Limpopo (14%).

32% in live in Free State, Mpumalanga, North West, Northern Cape and Western Cape¹. 38% of children under 14 live with mother only in single parent households and 31% live with neither parent but both parents are alive. Historically the patterns of child care have been disturbed; there are many absent fathers because of migration for employment. There is a pattern of movement of children between extended family members to improve well being, opportunity, education and because of illness or death. Poverty affects 60% of households and ethnic groups differentially. There are poor housing conditions with an estimated 4.8² million children living in overcrowded conditions. 96.2% of children between 0-17 are attending an education facility.

4.1 HIV and AIDS

There is a comprehensive policy framework for OVCs in South Africa which pulls together many of the policy papers and strategy documents written on HIV/AIDS, OVCs and child protection/social development over the last decade. This plan has been costed³

¹ Facts about 'Invisible' and Excluded Children (2006) Children's Institute Source: General Household Survey 2004. Analysis by Debbie Budlender .

² 2006 Children's Institute, University of Cape Town accessed at: www.childrencount.ci.org.za

³ Building a Caring Society: National Action Plan For Orphans And Other Children made Vulnerable by

The six key strategies, which will assist in developing comprehensive, integrated and quality responses for orphans and other vulnerable children at programmatic level are;

- Strengthen and support *the capacity of families* to protect and care.
- Mobilise and strengthen *community-based responses* for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS.
- Ensure that legislation, policy; strategies and programmes are in place to protect *the most vulnerable children*.
- Assure access for orphans and children made vulnerable by HIV and AIDS to *essential services*.
- *Raise awareness and advocate for the creation* of a supportive environment for OVC.
- *Engage the civil society sector and business community* in playing an active role to support the plight of orphans and children made vulnerable by HIV and AIDS.

Within the National HIV/AIDS/STD Strategic Plan⁴ the Department of Social Development, as the lead Department for children, was allocated a number of functions:

- To develop alternate models of care and design marketing strategies to promote acceptance from communities around new forms of care.
- To de-stigmatise those suffering from HIV/AIDS
- To investigate legislation to ensure legal recognition or status for CHH
- To encourage/subsidise private fostering of children.

HIV prevalence rate⁵ in the 0-5 year range is 3.6%, 6-12 years is 1.0% and 13-17 years is 1.1%. ART is available for 30% of these children though there are provincial variations.

There is a National Integrated Plan (NIP) for Children infected and affected by HIV and AIDS. The three components of this plan are:

- Life skills programme delivered by education
- VCT through Health
- Home and Community based care and support delivered by Health and Social Development.

4.2 Orphans⁶

In 2005 the percentage of children with neither parent alive was 3.4% (increase of 0.7% in one year) across the whole population and 4.0% for African children

- Double Orphans = 3,4%
- Maternal Orphans = 3%
- Paternal Orphans = 12%
- All Orphans 19% average rising to 25% in Eastern Cape

4.3 Violence and Abuse

HIV and AIDS, South Africa 2006-8

⁴ The National HIV/AIDS/STD Strategic Plan for South Africa 2000/2005

⁵ 2006 Child Gauge Children's Institute from Actuarial Society of SA

⁶ Figures Sourced from Child Gauge, Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

There is reported widespread violence against women and abuse of children especially sexual abuse of girls. 25% of children live in households where there is violence. This is frequently exacerbated by alcohol abuse.

Crimes against Children

Crimes against children under 18 years ⁷	1999	2000	2001	2002
Sexual: rape, sodomy, indecent assault, sexual offences	24 456	24 228	21 227	21 388
Assault: attempted murder, assault with grievous bodily harm, common assault	9 989	9 366	7 747	6 362
Removal: kidnapping, abduction	2 359	2 264	1 866	1 636
Other : Child Care act, crimen injuria, public indecency, etc	6 558	6 398	5 211	4 811
TOTAL	43 362	42 256	36 051	34 197

Indicators for child Protection have been drafted for the Western Cape⁸

5 Alternative Care

5.1 Informal Care

Many children do not live with both parents; probably due to historical, economic and social factors rather than HIV/AIDS. As of July 2005, 22% of children live away from their parents even though both parents are alive. 39% live with mother only and 35% live with both parents⁹. It seems that some of the extended family care for children is now formalised through foster care¹⁰.

5.1.1 Child Headed Households¹¹

An analysis of the *General Household Survey (GHS) 2005* indicates that there were about 118,500 children living in a total of 66,500 child-headed households across South Africa at the time of the survey. This is equal to roughly 0.7% of all children (0 – 17-year olds) and to 0.6% of all households in the country. The proportion of children living in child-headed households relative to those living in households where adults are resident is therefore small. 68% of children living in child-headed households are 12 years and older. 5% children living in child-headed households are five years old or younger. Three-quarters (75%) of all children living in child-headed households were located in only three provinces at the time of the GHS 2005: Limpopo (39%), the Eastern Cape (23%), and KwaZulu-Natal (13%). (Limpopo has only half the number of orphans of either the Eastern Cape or KwaZulu-Natal.) Research suggests that child-headed

⁷ Source: SA Police Service, 2003 – from CRC Report

⁸ CHILD YOUTH FAMILY & SOCIAL DEVELOPMENT HSRC REPORT FOR THE RESEARCH DIRECTORATE DEPARTMENT OF SOCIAL SERVICES & POVERTY ALLEVIATION PROVINCIAL GOVERNMENT OF THE WESTERN CAPE 2006

⁹ 2006 Children's Institute, University of Cape Town accessed at: www.childrencount.ci.org.za

¹⁰ See Below

¹¹ See - Statistics South Africa (2005; 2006) General Household Survey 2004; General Household Survey 2005. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT

households are frequently temporary transient households, existing for example after the death of an adult and prior to other arrangements being made to care for the children (such as other adults moving in or the children moving to live with other relatives¹²) Under the new legislation these households are able to receive the child support grant

5.2 Residential Care¹³

There are several types of residential care placements for children:

- Registered Children's Homes (State and NGO)
- Unregistered Children's Homes (NGO)
- Places of Safety (State and NGO). These establishments are used for assessment and emergency placements before court orders can be obtained.
- Secure Units mainly used for children in conflict with the law.

The figures for the State and registered homes are compiled by DoSD for their homes and registered homes and for places of safety. The number of unregistered homes appears to be increasing and the number of children in them is as yet incomplete. Some of these homes are used by DSW social workers for placement of children¹⁴. However from available figures the number of children in residential care for the population does not seem excessive.

In 1997/1998 there were 144 registered children's home in South Africa with 10 700 beds and 37 places of safety with 2 179 beds.¹⁵

An unrepresentative sample¹⁶ of Children's Homes from 4 study sites gives the following figures; 57% of the children had been in homes for over two years, and 35% for over four years. 7% had been in homes for more than 10 years. Abuse, neglect and abandonment appeared to be the major reasons for admission though HIV and AIDS and poverty are "part of the causal pathway rather than dominant factors." HIV+ status was 16% of children as against 1.9% in the general population. HIV infected children appear to be form a larger proportion of children in residential care than they do in the general population.

¹² Hill C, Ardington C, & Hosegood V (2005) Who is looking after children in the era of HIV and AIDS? Poster presented at the South African AIDS Conference, Durban, 6 – 8 June 2005.

¹³ The up to date figure for the number of Children and Youth Centres is incomplete as is the figure for the number of children residing in the homes. DoSD has the data which will be included in the final report.

¹⁴ Home Truths: The Phenomenon of Residential Care in the time of AIDS, Children's Institute UCT 2007

¹⁵ State of the Nation's Children Report: 2001.

¹⁶ Home Truths: The Phenomenon of Residential Care in the time of AIDS. Children's Institute UCT 2007

NUMBER OF CHILDREN'S HOMES¹⁷			
PROVINCES	NUMBER OF CHILDREN'S HOMES GOVERNMENT	NUMBER OF CHILDREN'S HOMES NGO	MAXIMUM CAPACITY
EASTERN CAPE	0	32	1923
FREE STATE	2	30	1103
GAUTENG	0	62	3792
KWAZULU-NATAL	0	58	3154
LIMPOPO	2	6	445
MPUMALANGA	0	5	590
NORTHERN CAPE	0	6	495
NORTH WEST	1	2	412
WESTERN CAPE	0	37	2070
TOTAL	5	238	13984
PLACES OF SAFETY			
PROVINCES	NUMBER OF PLACES OF SAFETY	MAXIMUM CAPACITY	
EASTERN CAPE	3	150	
FREE STATE	3	110	
GAUTENG	6	592	
KWAZULU-NATAL	7	450	
LIMPOPO	1	178 boys and girls	
MPUMALANGA	6 NGO based places of safety. No Govt places of safety	121	
NORTHERN CAPE	0		
NORTH WEST	2 children's homes provide space for children placed in place of safety	1 Govt. children's home Accommodate space to 10 children as a place of safety	1 NGO children's home Accommodate space to 20 children as a place of safety.
WESTERN CAPE	8	947	
TOTAL	36	2 578	

Apart from some children in unregistered homes all the children are placed by designated government or NGO social workers. These children have been assessed, there are care plans and court orders and the placements are reviewed. The material conditions and facilities in the homes appear good. General impression that some children are overstaying in the homes and the responsibility for further placement/reunification appears to be undertaken either by DSW/child Welfare or the home. One of the most important features of the system in South Africa is that the Government pays a substantial amount of money towards the placement of each children with a court order in residential care. The following homes were visited:

¹⁷ Dorothy Van Der Spuy: Focal Person: Child And Youth Care Centre

5.2.1 Polokwane Place of Safety,

Capacity is 173 children, currently placed are 77 of which 21 are 0-3 years, 56 from 4-18 years. There are 21 girls admitted for sexual abuse within the family. 14 UACs are resident. These children are from outside South Africa and IDTR is required. It is acknowledged that some children are overstaying the 2 to 6 month assessment period.

5.2.2 Polokwane Children's Home.

Capacity = 200. There are presently 50 children accommodated in 5 houses with 10 children each.

5.2.3 Nazareth House: Capetown

Caters for children abandoned and those who are HIV+ or severely disabled. It has gained a good reputation for the care of HIV+ children over the years.

5.2.4 Leilibloom Children's Home. Athlone, Capetown

NGO managed. 84 children, 10 are HIV+. 28 boys the rest are girls. There are a further 8 children's homes in walking distance. Their current intake consists of sex abuse, abandonment, neglect, street children and foster placement breakdown. They have 29 staff and run their own reunification programme.

5.2.5 Umlazi Place of Safety:

Serves the whole of Durban and Umlazi. Capacity is 94. It accommodates boys and girls up to 6 years then 6 years and above just girls. There are currently 57 girls. Officer in charge reported that the majority of the children go on to children's homes. Finance very often prevents relatives from visiting. Reportedly very rare that the abandoned babies are traced and reunified.

5.2.6 St Vincent's Children's Home. Marianhill, KZN.

Church managed. Presently accommodates 103 children but has a capacity of 110. The home is accommodating 20 babies. Placements are made by DSW and NGO designated social workers equally. Children stay from 1 to 10 years. Home said that further residential care placement and case review is not coordinated by DSW

5.2.7 Othanweni Children's Home, Stanger, KZN

NGO home registered to accommodate 20 children 0-10 years. Currently housing 6 boys and 14 girls. 6 are HIV+. Referrals by Child Welfare and DSW. Looking to expand size of home by turning garage into accommodation.

Department of Social Development has introduced a pilot monitoring system, "the Developmental Quality Assurance Programme" for the residential care facilities under its control.¹⁸

¹⁸ Office of the Status of the Child, 1999b.

5.3 Foster Care

Foster care is a formal placement determined by a social work assessment that the child is in need of alternative, care plan and a court order. Every child who undergoes this process is then entitled to a foster care grant (FCG) of R620 per month paid to the foster parent. Foster care appears to be used to support care given to orphans by relatives.

Analysis of FCGs¹⁹ reveals that care is provided by:

- Grandmother 41%
- Aunt 30%
- Other relative 12%
- Non relatives 12%

The number of foster care grants paid out is considerable and is increasing every month

Foster Care Grants

Province	2004 ²⁰	2005 ²¹	2006 ²²	Sept 2007 ²³
Eastern Cape	39,772	53,383	77,110	84,122
Free State	25,140	33,653	42,322	46,800
Gauteng	28,281	34,647	47,075	54,428
KwaZulu-Natal	49,462	57,351	102,250	116,940
Limpopo	18,718	25,615	40,756	46,139
Mpumalanga	7,642	12,662	20,295	23,008
North West	14,154	19,000	31,537	33,348
Northern Cape	8,693	9,480	11,693	15,010
Western Cape	23,903	26,026	27,465	29,214
TOTAL	215,765	271,817	400,503	449,009

Recently cluster fostering has been introduced whereby adults willing to care for children under foster care can receive grants for up to 6 children

- 5.3.1 Home of Hope and child protection service Capetown – Cluster fostering – 6 children looked after by international volunteers.
- 5.3.2 iThemba, Hillcrest, KZN Longterm Cluster Foster Care. 3 Foster homes grouped together in compound. Additional resources for care and education provided by NPO

Managing the need for care and foster care applications is proving a considerable workload for DSW staff and child welfare organizations. Staff say it takes up 75% of their time. In Western Cape DSW there are 49 social work supervisors and 441 social workers plus 1216 social work posts funded by Government at Child Protection organizations²⁴. (Limpopo has 286 social workers) The foster care cases number over

¹⁹ South Africa; the first profile of social security grant beneficiaries. Jan Forster 2007

²⁰ Child Gauge Children's Institute Figures

²¹ Ibid

²² SAASA <http://www.sassa.gov.za/>

²³ Ibid

²⁴ Email Shirley Davis

27,000 and need to be renewed every two years until the new children's legislation comes into force when after a two year period the court can renew the order for over two years or up to the child's 18th birthday. Social workers from all areas reported caseloads of 300+. There are difficulties in fulfilling the administrative requirements for the grant, grants and orders are lapsing and processing times can be considerable. A further issue is that magistrates/commissioner are differentially interpreting the "need for care;" some magistrates feel that it is the duty of family members to care without orders or grants.

General consensus appears that this is a positive scheme to provide care and cash for orphans. The concern from the Children's Institute²⁵ is that children may become commodities as relatives are more interested in the grant than in providing good care. There is also the issue of whether the formal court order with supervision, is overburdening the child protection system.

5.4 Adoption

Precise figures on the number of national and international adoptions in South Africa are being made available by DoSD and the figures below are taken from NGO publications. According to CWSA - 727 Children were adopted during 2003. 390 adoptions were where the identities of the birth parent/s and adoptive parent/s were known to one another. 337 were adoptions where the identities were not disclosed. According to CWSA figures Child Welfare Services 1,280 children were adopted in 2005²⁶

Observations on adoption:

- Babies and young children usually in demand for adoption are being abandoned and can be found in children's homes. There appears a sizeable number of children remaining in homes that are not offered for adoption.
- According to DSW staff in KZN adoptions procedures are undertaken at a national level and they would wish to have more input into adoptions at Provincial level..
- There is a reported apparent reluctance by some to adopt because an order would end FCG payments.
- It appears that there are not yet figures available on supply and demand
- People interviewed thought that the "marketing" of adoption ought to be improved to increase the supply of adoptive parents for all ethnic groups.

6 Prevention

6.1 Family and Community Based Services²⁷

The two facilities listed below were visited:

²⁵ Children "in need of care" or in need of cash? Social security in the time of AIDS. Children's Institute, UCT

²⁶ Child Welfare at a Glance – Child Welfare South Africa

²⁷ There was insufficient time during the visit to South Africa to fully have an overview of all the types of family, home based and community care provision by govt, faith based groups and NGOs

- Ubumbano Drop in Centre, Umlazi, KZN – based in the second biggest township in SOUTH AFRICA with a population of 1.7 million,
- Enduzweni Drop in Centre, Stanger, KZN

They are operated jointly by Health, DoSD and Education and are formed into a NPO with a community management committee. The one in Stanger appeared to operate with less resources due to registration difficulties as an NPO with central government and had a less committed management committee.

These centres are designed to provide:

- VCT or referral for VCT
- Provision of food parcels, Hygiene Kits and washing for children
- Home Based Care for terminally ill. One centre was next door to a palliative care/drop down care facility
- Provision of meals for selected school pupils (Breakfast, Lunchbox and tea.
- Referral to DSW social workers for grants

Once children are receiving the CSG or the FCG then they are not provided with the food. However some NGO are continuing to feed these children. Considerable backlogs in processing the grants due missing birth certificates or ID etc and workload were reported.

Apparently mothers in the community are still dying from HIV related causes and children are being orphaned. Staff and volunteers at these centres stressed the need for continuous support from within the community and from these centres for people to go down the pathway of VCT and then onto ART. There is considerable societal pressure for women to conform to norms and not to declare HIV status. There is no route for women and children to take when they are abused in terms of sheltered accommodation or economic empowerment.

6.2 Poverty and Social Protection

6.2.1 Child Support Grant

The child support grant which is means tested is paid at R200 per month per eligible child. 8 053 545²⁸ children are presently receiving this grant. The take up of the grant is estimated to be 71% to 90% of eligible children depending on Province. There are difficulties in fulfilling the administrative procedures for some families without ID cards or birth certificate. There is the view²⁹ that the grant is insufficient and some argue that it should be amalgamated with the foster care grant resources and universally targeted at poor children up to 18 years. (66.2% of children (11.9million) live in income poverty in households that had an income of less than R1.200 per month. 84% of these children between 0-13 receive child support grant.)

²⁸ SAASA Monthly Report September 2007

²⁹ Children “in need of care” or in need of cash? Social security in the time of AIDS. Children’s Institute, UCT

Child Support Grant

Province	Number of children as at Sept 2007
Eastern Cape	1 511 947
Free State	445 846
Gauteng	935 144
KwaZulu-Natal	1 990 085
Limpopo	1 261 711
Mpumalanga	651 017
North West	617 530
Northern Cape	177 382
Western Cape	462 883
TOTAL	8 053 545

Please see also Foster Care Grant under Foster Care.

There are also child dependency grants to help families care for children with disabilities. There are also non contributory pensions and payments for people with disabilities. A low CD4 count can give entitlement to this benefit.

7 Policy, Law and Plans

7.1 Policy

During the last decade South Africa has produced a significant amount of policy papers and strategies in the field of child care and protection and alternative care. It has not been possible to comprehensively study them all for the purposes of this report. Suffice to say that most areas of personal social services with children appear to have been covered in a rights based and responsive manner. The challenge, acknowledged by many people is to get these policies and laws implemented equitably nationwide

Below is a selected list of policies. The White Paper for Social Welfare (1997) and Population Policy (1998) provide the policy framework for the Department's work.

7.1.1 The White Paper for Social Welfare 1997³⁰ sets out the principles, guidelines, proposed policies and programmes for developmental social welfare for the era post 1994. Developmental social welfare policies and programmes are guided by the securing of basic welfare rights, equity, non-discrimination, democracy, improved quality of life, human rights, people centred, sustainability, partnership, inter-sectoral collaboration, quality of services, accessibility, appropriateness and ubuntu. However in order to establish these changes it was necessary to look at employment, economic growth and development and access to social services.

7.1.2 The White Paper on Population Policy for South Africa (1998)³¹ aims to promote sustainable human development and quality of life for all South Africans through the

³⁰ www.polity.org.za/govdocs/white_papers/social971.html.

³¹ Ibid

integration of population issues into development planning in all spheres of government and in all sectors of society. The policy mandates the Department of Social Development to monitor the implementation of the policy and its impact on population trends and dynamics in the context of sustainable human development. Government departments and their counterparts in civil society should be capacitated and supported to understand the critical linkages between population and development, and to integrate population issues in development planning, through research and the dissemination of data and information.

7.1.3 Guidelines for Early Childhood Development - May 2006

7.1.4 Policy on Financial Awards for Service Providers: The policy was approved by MINMEC in October 2004 and is aimed at the transformation and streamlining of social welfare services provided by civil society organisations funded by the Department. The policy provides guidelines for the delivery of efficient and effective services and ensures the accountability of service providers to the Department and the community.

7.1.5 The Service Delivery Model³² identified the following problems with the previous system and seeks to rectify them:

- poorly developed protection services;
- inadequate numbers of social service practitioners to deal with high caseloads and deepening poverty;
- large numbers of children who have to await trial in prison because of inadequate numbers of probation workers and lack of infrastructure such as places of safety and secure care facilities in communities;
- an almost non-existent information management system which greatly hampers planning;
- very poorly developed prevention and early intervention services;
- loss of skilled personnel due to poor salaries and working conditions;
- an increase in social pathologies and problems, for example, the high number of street children, sexual exploitation of children, HIV and AIDS, increasing incidence of substance abuse and a multitude of other problems;
- the inability of service providers in the NGO sector to render services because of inadequate remuneration for these services and difficulty in fund-raising, resulting in services reverting to the state or collapsing.

7.1.6 Policy for People with Disabilities within the Social Development Context

7.1.7 Family Policy

7.1.8 Department of Social Development Strategic Plan 2006/7 – 2009/10 is a comprehensive document that follows the developmental approach to child care

³² Service Delivery Model for Developmental Social Welfare Services - January 2006

and protection. Its analysis of both community development and the voluntary sector shows considerable insight and appears valid. There are considerable similarities with situations in other sub Saharan Countries.

“It has been noted that community development is understood differently by agents of development and this situation has impacted negatively on service delivery and resulted in incoherence in community development work. This situation is worsened by the fact that there is no policy in place for community development. Many community development practitioners have operated without any guidelines, norms and standards or forms of accountability. This situation demands that the practice be professionalised.”

“There is no doubt that the voluntary sector within civil society plays a critical role in the development of this country, particularly in the mobilisation and provision of services to most vulnerable groups within poor communities. However, coordination of civil society input into national policy has proven to be a weakness in South Africa and within the continent. The government consults with the sector as and when there is an event or need for policy input. This is further manifested in the current relationship between government agencies and the NPO sector that is managed through a loose legal policy framework, only aimed at facilitating the inclusion of NPOs in State-funding and delivery of development projects in line with the public policy agenda.”

7.1.9 The final Draft Strategy on Child Abuse and Neglect is now called the Draft Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation.

7.2 Laws

The National Department of Social Development currently administers the following laws and guidelines in its work with children

- Fund-raising Act, 1978 (Act No. 107 of 1978)
- Social Service Professions Act, 1978 (Act No. 110 of 1978)
- Child Care Act, 1983 (Act No. 74 of 1983) as amended
- Probation Services Act, 1991 (Act No. 116 of 1991)
- Social Assistance Act, 1992 (Act No. 59 of 1992)
- Social Assistance Act, 2004 (Act No. 13 of 2004)
- South African Social Security Agency Act, 2004 (Act No. 9 of 2004)
- Non-Profit Organisations Act, 1997 (Act No. 71 of 1997);
- National Development Agency Act, 1998 (Act No. 108 of 1998)
- Advisory Board on Social Development Act, 2001 (Act No. 3 of 2001)

After 9 years in the making the Children’s Bill has been passed by the assembly and is sent to the National Council of Provinces for consideration and should finally be passed by Parliament in December 2007 and is likely to be in force by May 2008. This law is

important as it modernizes child care and protection practice. The legislation will deal with the provision of:

- Partial care
- Early Childhood Development
- Child Protection System with emphasis on prevention and early intervention

Important facets of the legislation are the obligations placed on National and Provincial Governments to write strategies, report and monitor and ensure provision. For all provision the government must put in place norms and standards. The status of Child Headed Households is legalized.

8 Service Delivery

Services are operated by both Government and NPOs. Government service delivery is managed provincially through staff at regional and district level.

8.1 Human Resources

Both DoSD and NGOs are struggling to retain designated social workers. This is of concern to government and is being monitored. Generally NGO/NPO social workers say they are paid less than those in government employ.

8.2 Role of NGOs and NPOs

In a short period it was not possible to assess NPO best practice and learning. Perhaps up to 75% of the care and protection work is being undertaken by child welfare agencies but this is not easy to quantify. CWSA and NACCW act as umbrella/coordination and support organizations that represent NGOs. They are involved in discussions on law, policy and service delivery standards.

In 2005³³ Child Welfare organizations gave services to 108,393 children considered under the Child Care Act as children in need of care. The breakdown is as follows:

- Abused Children 11,637
- Neglected Children 19,187
- Adopted Children 1,280
- Foster Care 34,360
- Abandoned Children 10,830

Observations:

- NPOs play a crucial role in service delivery particularly in child abuse and child protection
- There are issues of distribution of NPO services and coverage. Sometimes an NPO establishes a facility like a children's home or a protection service and expects government to fund it

³³ Child Welfare at a Glance – CWSA 2005

- Anecdotal evidence is that some of the services provided are based on the NPO assessment of need and may not always fit exactly with DoSD policy and planning. The new legislation and the demand for Provincial strategy and plans should help overcome this problem
- There is a major difference from other African countries in that NPOs can operate by raising funds in country and by seeking/competing for government funds.

9 Summary and recommendations

South Africa is a diverse country undergoing transformation in the provision of services. Policies, laws, strategies and standards are being put in place to achieve a more equitable and improved delivery of services. There are grants being paid to reduce the effects of poverty on poor children and to encourage extended family care. Social service and social security expenditure is significantly higher than neighbours as a middle income country. There is strong evidence of capacity to manage alternative care for children evidenced by:

- Transition and transformation Processes
- Public and Private/NGO sector partnerships
- Policy and strategy developments
- Social cash transfers, FCG, CSG
- Law reform with guidelines/regulations
- Service delivery model plus standards for casework and care
- Best interest decision making is being applied through legal authority Court Orders, assessments, care plans and reviews. and casework
- Staff are qualified and committed with skills knowledge and enthusiasm
- Research, documentation + M&E taking place

In discussions with DoSD field and residential staff a list of issues has been developed that they would like to see worked on:

- There is a need to retain staff many feel overstretched; particularly by foster care work
- They would like to see improvements in workload management and case management. This could improved by more training for first line managers?
- Creating a specialisation in Child Protection where there are larger teams.
- Improving and extending drop in/community care capacity
- Training for residential care staff
- Data collection and knowledge management; monitoring tools

In view of the short period for the assessment and time constraints in looking at any issue in depth the areas below are suggested as having merit for further exploration and potential cooperation between UNICEF (ESARO and SOUTH AFRICA) and South Africa. It is suggested that the UNICEF Country Office and DoSD begin discussions regarding the areas where cooperation may be most useful to DoSD.

1. Residential Care: A more comprehensive review of residential care processes; reasons for admission, length of stay; outcomes for children. What to do with

- unregistered facilities? There does not appear to be the need to look at material conditions or facilities.
2. Prevention, service delivery and coverage at local level: looking at best practice in keeping children in communities with their family. What works? Keeping mothers alive.
 3. Protecting children from violence and abuse; best practice. Are there methodologies of safeguarding women and children from violence and economically empowering them to move from abusive households?
 4. Methodologies for reducing use of residential care for under 5s. In Eastern Europe studies have revealed lack of brain development in under stimulated babies. Are there ways of improving fostering services, adoption, family support to young mothers and preventing abandonment?
 5. Planning processes for services at Province and Regional level – Are there templates and spatial design factors that can improve stakeholders – equity, coverage and , prioritization of services according to local demand from Govt. NPOs, NGOs