

# RAPID ASSESSMENT:

GIVE A CHILD A FAMILY  
MARGATE, KWAZULU NATAL, SOUTH AFRICA

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## **Acknowledgements**

I would like to thank the staff of Give a Child a Family for their time, energy and insights that made this rapid assessment feasible. They provided all information and supports needed to conduct the assessment in a very short period of time. Their dedication to the children of KwaZulu Natal is evident. I would particularly like to thank Elize Coetzee who was the liaison for the assessment and Monica Woodhouse, the executive director of GCF, both of whom enabled the assessment to be such a full, transparent and satisfying process.

## **Scope of Work**

Place of Restoration Trust was established in 1992 to “care for women and children who had been abused and abandoned” in the Ugu District of KwaZulu Natal (KZN), South Africa. In 1996 a shelter was established to care for mothers and their children. In 2002 the Place of Restoration began operating as Give a Child a Family (GCF) “to ensure that children are placed with families as an alternative to long term institutionalised care.” Today the program provides residential care and services for infants, toddler and children up to the age of 12, and long-term, foster care. The program no longer provides shelter for mothers. Place of Restoration/Give a Child a Family is a faith-based Christian social service organization.

The organization is based on the belief “that every child has the right to live in a secure family. The overall goal of the service is to restore children through holistic services with focus on reunification of children with their families or placement in foster care.” GCF operates three primary programs to carry out its goal: short-term center-based care for children through its Children Youth Care Center (CYCC); long-term foster care, through its Foster Care Agency, and training for foster parents and social workers through its Training Program. The program also provides training internationally for replication of aspects of its foster care program.

Initially the scope of work for this consultancy was to develop a methodology to assess whether GCF’s programs meet national and international standards of care. During the review of the program it became clear that the implementation of the new national Children’s Act 38 of 2005 as amended in 2007, and implemented in April 2010, have significantly changed the child welfare environment in KwaZulu Natal, altered the required standards of care for children, and profoundly affected the operations of GCF.

GCF leadership and the consultant therefore agreed that a program evaluation should not be designed at this time. Instead, a rapid assessment of the GCF program should be conducted which would identify steps GCF might take to enable the organization to operate effectively at national and international standard in the current, changed environment in KwaZulu Natal.

## Methodology

The primary field data collection for the rapid assessment was conducted at the offices of GCF between 17-19 October, 2011. The program and administrative staff of GCF was extremely cooperative in making all necessary programmatic and administrative information available. The organization is run in a transparent and accessible manner with necessary data easily available to monitor and assess program performance.

Data were gathered from the following five principal sources:

- A desk review was conducted of reports and other documents prepared by GCF. These include applications for registration of the center-based program, and of the foster care program; the most recent annual report (2010); the most recent monitoring report submitted to the Department of Social Development, Province of KwaZulu Natal, and training evaluation materials.<sup>1</sup>
- The main computerized data systems of GCF were reviewed which include case specific records and aggregate data for center-based care and for children placed into foster care.
- Interviews were conducted and meetings were held with all levels of GCF personnel including members of the Board of Trustees, executive management staff, program directors and social work staff.
- A field visit was carried out to the neighborhoods from which children are placed in the center (Masanege temporary settlement, Gamalakhe Township) and neighborhoods from which foster parents are recruited (Margate Extension, Gamalakhe Township, and Izingolweni, a rural area). Homes of two foster parents were visited. A monthly parent support group meeting was attended which included five parents and two staff from GCF.
- Relevant child welfare legislation was reviewed including the Children's Act of 2005 as amended in 2007, accompanying Norms, Standards and Regulations, and the Guidelines for the Effective Management of Foster Care in South Africa.

A sixth source of information was request—to meet with representatives of the Department of Social Development, KwaZulu Natal. These meetings could not be arranged.

## Program Description

Although a formal evaluation of GCF's programmes was not conducted, Give a Child a Family has a dedicated staff that appears committed to providing exemplary care to children. GCF operates three main programs that were reviewed in this assessment:

### *Child and Youth Care Centre*

Children who have been abandoned, abused, neglected or orphaned between birth through 12 years of age reside and receive services in GCF's Child and Youth Care Centre (CYCC), a residential program providing temporary care for children and a range of services and supports.

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<sup>1</sup> Data from international trainings conducted by GCF staff were not reviewed.

The children are placed in the CYCC by case managers from the community/district Department of Social Development and by case managers from Child Welfare South Africa, a child protection NGO. Pre-school children are housed in a nursery; school-age children are housed in separate dormitories, one for boys and one for girls. GCF reports that the pre-school program has a staff child ratio of 1:6 (two shifts); the school-age program has a staff child ratio of 1:8. In October 2011, 53 children were in the residential program, five of whom had special needs (developmental disabilities). The program has a capacity for 55 children but could expand to 60. The average length of stay in October 2011 was 10.9 months (13.5 months when the five children at CYCC with special needs are included).

The services provided while the children are in the residential program include: accommodation, nutrition and clothing, health services, therapy and counseling, an early childhood development program, a remedial education program, regular education and social work services.

### ***Foster Care***

GCF recruits, screens, assesses and trains non-relative foster parents to provide long-term foster care. Until December 2010, children were placed from the Children and Youth Care Center into long-term foster care, with approximately 150 children reported currently to be in foster placements. The foster homes are generally within an hour's drive of the Centre. Many of the foster parents are widowed grandmothers in their 40s and 50s.

Once the child is placed in a long-term foster home, GCF's primary contact with each family is through a monthly support group meeting. Each of several support group meetings is attended by 4-12 foster families from the same neighborhood. The foster mothers are the main family member who attends. The support group attended by this observer lasted roughly two hours and was a combination of a Christian religious meeting, training on parenting and child rearing issues (in this case grievance and loss), and a social gathering.

### ***Training***

GCF has two training programs, one primarily for social workers and one primarily for foster parents and others. Social workers are trained to screen and assess foster care parents. Foster parents are trained on parenting skills and a range of other parent-related skills.

### **The Changed Environment**

The Children's Act 38 was enacted by the national government of South Africa in 2005 with amendments in 2007 and additional amendments currently being considered. The Act was formally implemented on April 1, 2011. Prior to that date, in October 2010 a representative of the KwaZulu Natal Department of Social Development (DSD) met with the leadership of GCF about GCF's programs and the organization's compliance with the Act. Subsequent to that meeting and following the implementation of the Children's Act significant changes occurred in the relationship between DSD and GCF:

First, case managers from DSD and from Child Welfare South Africa significantly reduced the number of children referred to GCF's Child and Youth Care Centre (CYCC). As shown in Table

I, 53 children were admitted to CYCC in 2009, 40 in 2010 and between January and October 2011 only 28 children were admitted. As shown in Table II, 11 of the children were admitted in January 2011; only 17 children have been admitted since then.

**Table I**  
**Admissions and Discharges from CYCC**  
**2009- 2011**

	<b>2009</b>	<b>2010</b>	<b>2011*</b>
Admissions	53	40	28
Placements into foster care (non-relative)	35	14	0
Discharges/Placements	55	54	11

\*January 1 through October 18, 2011

**Table II**  
**Admissions and Discharges from CYCC**  
**January – October 18, 2011**

<b>Month</b>	<b>Intake</b>	<b>Discharge</b>	<b>Reunification</b>	<b>Kinship</b>
January	11	0	0	0
February	4	0	0	0
March	2	0	0	0
April	0	0	0	0
May	3	3	3	0
June	0	4	1	3
July	5	1	0	1
August	1	0	0	0
September	2	3	3	0
October	0	0	0	0
<b>Total: YTD</b>	<b>28</b>	<b>11</b>	<b>7</b>	<b>4</b>

Second, DSD stopped authorizing placements into foster care for children from GCF's CYCC. Table I shows that no children have been placed into foster care in 2011. The last court approved (finalization) of foster care placement by GCF were for two children in October 2010. The last foster care placements (for two children) that have not yet received court finalization occurred in December 2010. The number of children discharged from the CYCC has also decreased significantly from 54 in 2010 to 11 from January through October 2011.

A third related change in government policy is that GCF no longer has case management responsibility for the children in its centre-based care or for children in its foster care program. GCF reports that in the past, when it had case management responsibility, it worked to reunify children from the centre with their families or with their relatives. Reunification or kinship-placement decisions are now made by the case managers from DSD or Child Welfare South Africa, depending on which agency referred the child for placement. Since January 2011 DSD case managers have approved only 11 children to leave the CYCC—seven were reunified with their families of origin and four were placed into kinship foster care with a relative (Table II).

The result of a) the reduction in referrals of children to CYCC, b) the termination or at least the temporary halt of approvals of placement of children into foster care, and c) the limited number of discharges through reunification or kinship placement, is that children are remaining longer in the CYCC. Whereas in the past, children were reported to remain in the CYCC for approximately six months, in October 2011 the average length of stay was 10.9 months. If the current situation continues, the length of stay in the CYCC will continue to increase.

Before the Children's Act was in force, GCF also had case management responsibility for the children in its foster care program, allowing GCF to monitor the children's well-being while in placement. Currently GCF does not have the authority to monitor and work with foster families because it does not have the responsibility for case management. GCF's primary contact with foster parents is a monthly support group meeting with most, but not all, foster families. Foster children generally are not present at these meetings. Currently case managers from DSD or Child Welfare South Africa have ongoing monitoring responsibility for children placed in long-term foster care by GCF.

Prior to the Children's Act, the Court was not involved in child removal or placement decisions. Children could be placed into foster care by a case manager, a social worker, or when a parent requested placement. The Act now requires Court approval of a child's removal from his or her home. As a result of the increased Court activity, the Court docket is reported by GCF to be backlogged, this potentially contributes to the Court not approving foster care placements into GCF approved foster homes.

GCF reported that the responsibilities of case managers for DSD and Child Welfare include: assessing the safety in a child's home or living situation (the police conduct the investigation of child abuse or neglect), recommending authorization of child removal by the Court, placing of children in alternative care (centre-based care, kinship care or non-relative foster care), reviewing the child's placement, and assessing the conditions in a family for reunification or a kinship placement. The caseloads of the case managers were reported by GCF staff to be approximately 300 - 350. With caseloads that high, workers would not be able to conduct timely and thorough family and child assessments.

Finally, GCF submitted two applications to the Department of Social Development to be certified as a Child Youth Care Centre and as a Foster Care Agency. Although the applications are reported to have been submitted almost a year ago, no action has been taken by DSD. Determination of the reasons for this inaction on the part of DSD is central to understanding the changes in the relationship of DSD and GCF.

GCF is a valuable resource that promotes the well-being of children in KwaZulu Natal. It is important to understand the reasons for the changed relationship between GCF and the government so that the organization can more effectively serve children and families.

### **Possible Reasons for the Changed Relationship between the Department of Social Development and Give a Child a Family**

The Children's Act 38 of 2005 as amended in 2007 has led to many policy, program and procedural changes in the provision of child protective services. In addition, several practices of GCF may be at variance with international best practices.

Several of these policy changes and GCF practices that may contribute to the changed relationship between the Department of Social Development and Give a Child a Family are discussed below. A more formal inquiry is needed to determine whether these or other factors are most salient in contributing to the changed relationship.

- The Children's Act promotes prevention and early intervention programs before a child is removed from his or her family.

The Minister...must include in the departmental strategy a comprehensive national strategy aimed at securing the provision of prevention and early intervention programmes to families, parents, care-givers and children across the Republic (145(1)).

This provision may lead to a decrease in the number of children who are removed from their homes and come into alternative care.

- International best practices and customary practice in South Africa promote kinship care over non-relative foster care placements. GCF does not have a kinship program but uses long-term, non-relative foster care. Although GCF staff does explore family reunification and kinship placement as part of its work with children who are in the CYCC, it does not have a formal program for kinship care. Although the Children's Act does not explicitly promote kinship care over non-kinship care, the absence of a developed kinship care program may diminish referrals to GCF.
- The Guidelines for the Effective Management of Foster Care in South Africa promotes foster care as, among other things, "focusing on rendering reunification services to the biological family" (page 12). Because GCF is no longer authorized by the Department of Social Development to provide case management for the children in its care, it does not have a formal family reunification program though its centre-based social work staff does work toward family reunification and seeks kinship placements. Once children are placed into long-term foster care, GCF generally does not work to reunify children with their biological families or seek kinship placements for the children.
- The Children's Act encourages the use of child and youth care centres.

The Minister... must include in the departmental strategy a comprehensive national strategy aimed at ensuring an appropriate spread of child and youth care centres throughout the Republic...(192(1)).

Nevertheless, international standards encourage the use of alternate forms of out-of-home placement such as kinship care, non-relative foster care, or adoption, especially for very young children, prior to the use of residential centres for the care of children.

The United Nations welcomed international Guidelines for Alternative Care of Children recommend that children under the age of three should not reside in residential placements:

In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings (Guidelines for Alternative Care for Children, Article 22).

Sixty percent of the children in the GCF CYCC residential facility are under the age of three. The average length of stay is 10.9 months.<sup>2</sup>

- International standards generally recommend non-relative foster care as a short-term placement for a child until a permanent placement can be found, either through reunification, a kinship placement or adoption. Long-term foster care can be an appropriate placement, as specified in the Guidelines for Effective Management of Foster Care in South Africa.

The face of foster care is changing, and many of the children placed in foster will in all probability live out their childhoods within this placement...[T]he foster parent must come to terms with the fact that the child will remain with the family until adulthood (page13).

When foster care is a long-term placement, additional legal guarantees should be in place to ensure permanence and the right to inheritance for the child. Guardianship or adoption are means to provide that additional security. Guardianship is not part of the GCF long-term foster care program. Adoption from GCF foster care does occur infrequently. The Children's Act provides for a more systematic and expanded approach to adoption.

- The Children's Act requires that children be placed in a CYCC close to the child's family of origin.

The provincial head of social development must, as a general rule, select a centre offering the programme ordered by the court which is located as close as possible to the child's family or community (158 (4)).

Geographic proximity of placement is intended, among other things, to encourage visiting between parents and their children in centre-based care. Visiting by parents at the CYCC is infrequent. GCF reports that among the 53 children at the centre, only 10 have had visits. Families come to the centre on their own initiative; GCF does not actively encourage parental visits though 90% of the children in the centre are reported to have families.

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<sup>2</sup> This is the average length of stay for all non-disabled children at CYCC. No figure was available for children under the age of three.

- Prior to the implementation of the Children’s Act, GCF had case management responsibility for the children in its CYCC and in its foster care program. The Children’s Act shifted case management responsibility to DSD and to Child Welfare South Africa, and expanded the activities and case load of case managers. The additional workload for case managers has prevented them from being able to carry out all their social service and administrative responsibilities in a timely manner, contributing to a reduction in referrals to GCF’s centre.
- The Children’s Act requires Court approval for removal of children from their homes and placement into alternative care.
  - A children's court must decide the question of whether a child...is in need of care and protection (155(1)).

As a result, the Courts are reported by GCF to have a significant backlog of cases, which may contribute to delays and a decrease in referrals to GCF.

- No satisfactory long-term plans for the five children with special needs who live at CYCC have been developed. The most likely current outcome is that they will be placed in a long-term, governmental residential institution when they are 12 years old, too old to live at the center. Such a long-term placement would be contrary to international best practice standards.
- The Broad-Based Black Economic Empowerment policy of the government requires employment equity, skills development, ownership and management opportunities for Black Africans, Indians and so-called coloreds. GCF has been responsive to these requirements among its staff, middle-level managers and its board of directors. However, the executive management of the organization, which often is the primary point of interaction with government representatives, is exclusively white. GCF leadership is aware of this issue and is exploring how to address it.

## **Recommendations**

- Give a Child a Family should not conduct an evaluation of its program at this time. The implementation of the Children’s Act as amended has already affected, and will continue to affect, the GCF programs. The program should not be evaluated, at least until the long-term impact of the Act is clear.
- GCF should support an inquiry into the reasons that DSD has reduced its referrals to GCF, not authorized GCF to place children into long-term foster care, has not permitted GCF to have case management responsibility for the children in its care, and has not approved its applications for its centre-based program or its foster care program. The research would identify steps that might be taken by GCF to change its programs and policies to be more aligned with the Children’s Act and with DSD’s priorities.

- GCF can become a more forceful advocate for the quality services it provides. It should consider working with other NGOs and the child welfare forums that operate within KwaZulu Natal to develop a coordinated, unified position regarding the Department of Social Development's relationship with NGOs that provide residential and non-residential child care services.
- Give a Child a Family should consider modifying several of its program components to operate in accordance with national and international standards of care. These changes should not be implemented until the reasons are known why DSD has reduced its referrals to GCF and not approved foster care placements.

Possible programmatic changes for GCF to consider include:

- Establish a kinship care program. Such a program would include: active recruitment of kinship families, screening and assessing kinship homes, training kinship parents, and providing ongoing monitoring and assistance to kinship families. These activities might be modified in length, intensity or design relative to its analogous program for non-kinship foster parents.
- Expand its family reunification work. Although GCF staff report working with biological families to reunify children who are in its centre-based program, these efforts should be expanded into a formal program. Some changes such as actively encouraging and facilitating family visiting could be done now. Other changes would require case management responsibility which should be pursued.
- Develop safety homes (individual families) for the short-term placement of children under the age of three until reunification, kinship placement or long-term foster care placements can be arranged. In making such a program shift, the number of children served and the additional staff time and resources required to administer such a program should be weighed against the benefits of having young children in family care versus centre-based care.
- Redesign the facilities that are now used to house young children. This might include creating ways to increase the integration of children into main-stream, non-centre activities; establishing a day program for older children with disabilities; creating a group home for older children with disabilities; or establishing a residential centre for mothers and young children.

Modifications of the GCF program should be based on a well-designed, costed plan, developed in consultation with donors and the government. The implementation of any modifications should be phased in over time, using a pilot project to begin the change process.

- GCF currently has a long list of screened, trained and approved foster parents who have been waiting for relatively long periods of time for a foster child to be placed with them. The recruitment and training of additional foster parents should cease until GCF is authorized to make ongoing foster care placements. Otherwise, potential foster parents will become frustrated while waiting, leading to a decreased enthusiasm for the program.

- Once a program is designed that has the support of the government and operates according to the laws, standards, and guidelines of the Children's Act and the principles established in the international Guidelines of Alternative Care, a two phase evaluation of the program could be conducted. The first phase would determine if the program operates according to national and international standards of care. The second phase would determine the impact of the program on children, assessing the outcomes for children who are served by Give a Child a Family.
- GCF should not undertake a major reorganization (revising the organogram) until its relationship with DSD is clear and it incorporates any significant program modifications.