

ALTERNATIVES TO INSTITUTIONAL CARE FOR ORPHANED AND VULNERABLE CHILDREN

A sequence of case studies



PART 1

A model for transitional care



Built Environment Support Group

BUILT ENVIRONMENT SUPPORT GROUP

25 Years supporting the urban poor

371 Jabu Ndlovu (formerly Loop) Street, Pietermaritzburg,
3201

P.O. Box 1369, Pietermaritzburg, 3200, South Africa

Tel: +27 033 394 4980

Fax: +27 33 394 4979

E-mail: besgpmb@sn.apc.org

Alternatives to institutional care models

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PROJECT TEAM

Vicki Nott Principal Researcher

Cameron Brisbane Research Manager and Chief Editor

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ABBREVIATIONS

BESG	Built Environment Support Group
CAP	Child Advocacy Project
CINDI	Children in Distress Network
DFID	Department for International Development
DoH	Department of Housing
DSD	Department of Social Development
HIV/AIDS	Human Immunity Virus / Acquired Immune Deficiency Syndrome
OVC	Orphaned and Vulnerable Children
NACCW	National Association for Child Care Workers
NGO	Non-government organisation
CWS	The Child and Family Welfare Society of Pietermaritzburg
RDP	Reconstruction and Development Programme
SASSA	South African Social Security Agency



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Julie Todd - Director

Nalini Naidoo - Adoptions/Special Needs Placement Project
Manager

TABLE OF CONTENTS

The need for quality care.....	6
Rationale for the study.....	9
Defining transitional care.....	11
Alternative models to institutional care for orphaned and vulnerable children (OVCs) – case study	11
eKhaya Lethemba - Place of Safety: A transitional, short-stay residential care model.....	11
Concept.....	12
The rationale for a place of safety.....	13
Pilot project: Redevelopment of cluster foster-care project.....	15
Capital funding.....	17
Physical characteristics.....	18
Tenure.....	23
Occupancy.....	24
Operational management.....	26
Operational funding.....	30
Replicability.....	31
Challenges.....	33
Conclusion.....	34
References.....	35
Appendix A -- operating budget.....	36

The Need for Quality Care

A statistical analysis done by The Child and Family Welfare Society of Pietermaritzburg (CWS) confirms poverty, family breakdown, HIV and AIDS, and drug abuse to be the main contributing factors to the removal of children from their families. Children are left either in the hospital nursery or with relatives. Extended families, especially grandmothers, are finding it difficult to cope with the added burden of additional children to care for, particularly if the children/babies are sick. Cultural traditions of mothers being solely or largely responsible for child raising and nurturing has contributed to an increase in welfare assistance for those mothers that are struggling to survive. It should be noted that there also appears to be an increase in unmarried fathers seeking welfare assistance. The Society registered 290 new cases of such fathers in 2006/7. Delays by the South African Social Security Agency (SASSA) in processing grants adds pressure to the already high demands of care for additional children. Kinship care, which has been the convention for community-based care of orphaned and vulnerable children, is strained and not coping with the level of demand (The Child and Family Welfare Society of Pietermaritzburg, 2007).

Becoming an orphan means, in many cases, losing more than parental care. "Appropriate quality care promotes child protection, opportunity for schooling, nutrition, shelter, health

care and the love, affection and guidance required for growth into responsible adulthood” (Loening-Voysey & Wilson, 2001, p6).

The alternative care of children spans a range of sectors, each with different approaches to care. These range from formal



government institutions to unregistered, unsupervised, unclassified forms of child-care. Kinship care, when defined as

the process that includes the assessment and statutory procedures involved when placing orphaned children in the statutory care of their extended family, is the preferred form of care considered in South Africa as the first option on the continuum of care. However, this preferred form of care is not coping with the increasing numbers of children requiring alternative care. The damaging effect of institutional care on the psychological and social development of children has been well documented. In South Africa, a decision was taken not to register such institutions, as it was not a solution to the orphan crisis (Durban Children’s Society, 2007). However, children’s homes and other institutions clearly have a role to play in the short-term custody of children while social workers look for

families to arrange alternative care within the community. Informal care is regarded as being impersonal and expensive and is therefore not considered the preferred placement for children, young children in particular. “Special needs” housing is a term used to provide housing combined with some form of care support for vulnerable groups. It needs to be developed in the context of children’s legislation and nationally and internationally accepted child welfare philosophy. This places the child’s physical and developmental needs at the core of interventions.

Continuum of approaches to the care of children in need of alternative care:¹

- ***Informal family placement*** – Placement of a child with extended family/kinship care.
- ***Foster care*** – Legal placement of a child with a foster parent.
- ***Formal statutory/ legal placement*** – Formal welfare organisations, long established with developed infrastructure, professional staff, and often receive government subsidies to manage statutory childcare facilities.
- ***Informal NGOs and unregistered homes*** – Often unregistered with the Department of Social Development (DSD), less structured, use more indigenous responses to care, no support from state subsidies, difficult to track.

¹ Loening-Voysey & Wilson, 2001

Rationale for the study

The Built Environment Support Group (BESG) promotes -- through the documentation of various pilot projects -- alternatives to institutional care that support a family orientated environment in which children can experience as-near-normal psycho-social and emotional growth as possible. The projects that are the subject of this series of publications were special needs housing pilot projects, which serve to guide other projects in similar circumstances, and to assist the delivery of much needed social infrastructure for the care of children. The purpose of this series of case studies is, therefore, to assist non-governmental organisations (NGOs) and caregivers working with children with a practical framework of alternative care models - other than institutional care or unregistered homes.

This document is the first in a series of three documents; each describing a specific kind of alternative to institutional care models.

Part 1: (This study) Transitional Care Model

eKhaya Lethemba Place of Safety: Redevelopment of a half-way house for children awaiting placement in foster care (19 beds), in conjunction with PMB Child and Family Welfare Society.

Part 2: Community family homes. Three projects are case studied:

- Cato Manor community family homes: Development of two extended township houses, each catering for a houseparent and 6 children; supported by Durban Children's Society.
- Nedbank/Unilever roll-out:
Supported by Project Preparation Trust – a corporate response to the need for community foster care: Nedbank repossessed homes and Unilever's Thokomala Orphan Initiatives.
- The Isibindi Creating Circles of Care Model:
A case study of child-headed families in Umbumbulu, supported by National Association of Child Care Workers (NACCW) - community-based model for caring for the needs of vulnerable children.

Part 3: Home extensions for carers of children in need:

Save the Children Fund KZN crèche supervisors' home extensions project:

An “add-a-room” project to relieve overcrowding for 8 crèche workers who have been taking orphaned or abandoned children home.

Defining transitional care

Transitional care facilities are generally classified as care facilities with:

- One or several buildings clustered on one site.
- Children cared for by trained caregivers.
- Provides short-term care until suitable permanent placement is found, through either adoption or fostering.

CASE STUDY

eKhaya Lethemba - Place of Safety: A transitional, short-stay residential care model

eKhaya Lethemba (House of Hope) - the first in the series of case studies - serves as a model to guide care facilities or other carers of children in need of shelter with care support.

This model of alternative care is unique in that the key emphasis is on developing an immediate strategy, as soon as the child enters the facility, for onward informal kinship care, foster care, or adoption placement. The Department of Social Development (DSD) has declared the project a ‘Model of Best

Practice' in the care of orphans and vulnerable children. The model has attracted national interest as an alternative model of halfway care for vulnerable children and has since been replicated in other provinces.

Concept

eKhaya Lethemba is situated in the historical part of the Central Business District of Pietermaritzburg, KwaZulu-Natal and accommodates children in need of care, ranging from newborns to pre-school children. The shelter, developed and managed by Pietermaritzburg Child and Family Welfare Society (CWS), strives to meet the holistic needs of children by providing a warm and cosy home during the transitional period before adoption, foster care placement in family care or long-term placement in a children's' home (last option and least preferred).

During the temporary stay at the shelter, the child experiences



a sense of both security and stability by acquiring a sense of self and belonging as well as development through play, stimulation and nurturing.

eKhaya Lethemba is

situated in three ordinary Victorian houses clustered together, rather than an institutional type building. The buildings, when first occupied by CWS, were vandalised almost to the point of dereliction. Through effort, dedication and enthusiasm from the staff, the property was established as a short-life place of safety for children with the first house ready for occupation in October 1997.

The rationale for a place of safety



The ongoing, ever increasing impact of HIV and AIDS and the scarcity of adequate community resources resulted in CWS experiencing problems in placing children. The Society felt they needed a place where they could house children on a short-term

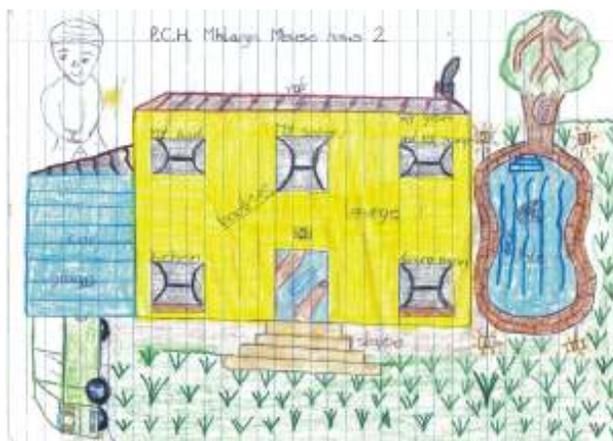
basis until the children could be placed in a more permanent foster care situation. The facility is specific to children in CWS's care. However, child care authorities are currently faced with a growing problem of how to deal with emergency and temporary placements. Because of this, CWS is currently hosting some older children due to a lack of



provision of other local facilities by DSD.

Factors contributing to the need for a place of safety:

- Placing children with foster parents on short notice, particularly in the late afternoons, is difficult. Many emergency foster parents do not have access to telephones, which results in having to go out to these foster parents only to find at times that they are not able to accommodate children when an urgent need arises.
- Child-care institutions will not host children in an emergency. Red tape requires that interviews and process be followed. This process is time consuming and therefore falls short of providing emergency/short-term accommodation for children in need.



- State institutions are reluctant to take in children that may be difficult to place, particularly older children or children with behaviour problems or disabilities. There are currently no facilities available locally.



The eKhaya Lethemba house before renovations

Pilot project:

Redevelopment of cluster foster-care project

The Department of Housing (DoH) launched an HIV and AIDS policy in January 2001. The Department recognised in its HIV and AIDS strategy that a significant number of 'special needs' or supported housing projects rely on established welfare service providers for their development, rather than municipalities who have more general obligations to provide housing for those in need. The DoH Inland Regional Office invited service providers to submit project proposals. CWS's project was identified as a suitable pilot cluster foster-care project, and housing subsidy funds were granted to cover costs for a full rehabilitation and conversion of the existing buildings,

and associated professional technical services. CWS appointed BESG in April 2004 as the implementing agent responsible for the funding application process, management of the project and administration of claims to the Department of Housing.



The project needed to remain in operation at a reduced level of occupancy during execution of the works as

there was no similar facility in Pietermaritzburg to place children at risk. It was therefore proposed to operate a rolling decant programme between three buildings, with works being executed in sequential phases. One of the three buildings was completely derelict and was renovated first to provide the spare building for decanting the children from the main house.

Photographs of the existing building were used to reference the specification of works. The contract sum was R480, 346 and the total project cost was R570, 795. The renovations provided additional sleeping facilities to a total yield of 19 beds with



improved ancillary laundry, office, ablutions and play area.

Work was carried out within national housing subsidy guidelines. Practical completion was done in stages as different buildings were finished. Construction was completed in November 2006.

Capital funding

The project had been in operation since 1997 with short life funding and could therefore demonstrate long-term sustainability, which was a condition for accessing the housing subsidy. BESEG initially approached the DoH Inland Regional Office for a transitional housing subsidy to fund the renovations. An original subsidy amount of R380,133 (R20,007 per bed) was approved in August 2003. However, due to the original tenders being returned at 43 % over estimate, the project was forced to apply for further funding and was granted "special needs" housing subsidy, raising the total subsidy quantum to R570,795, in the following year. This, combined with a more competitive tender return (due purely to fluctuations in the residential property and construction market), resulted in funds being available to do further improvements to the premises. The money remaining was spent on additional benefits such as interior cupboards and fittings, new paving, gates, covered walkways between buildings, landscaping, perimeter security and relocating the play area to the previously derelict house, now used to house older children.

The subsidy quantum was broken down as follows. It should be noted, in terms of replication of the model, that the value of housing subsidy is escalated annually.

Table 1: DOH subsidy application

Milestone	Cost
Institutional set-up & bridging finance	R 11 192
Construction (top structure)	R 480 346
Professional fees	R 79 257
Total contract sum	R 570 795 - R 30 042 per bed (19)

Physical characteristics:

eKhaya Lethemba is structured so as to accommodate babies, a crèche and pre-schoolers. The physical layout therefore meets the diverse needs of the different age groups.

The project comprises three main buildings, two used for residential care (with one central kitchen) and one as a crèche. Other facilities in various converted outbuildings include a laundry, office, play area, and additional ablutions. The project was designed to accommodate 19 children with adult carers.

Children sleep in both houses. The back house accommodates the older children and the infants stay in the front house. The houses are connected through a telephone system and are equipped with alarm systems. Although the back house has basic kitchen facilities, all the cooking is done at the main house. The house has beds for two carers and six



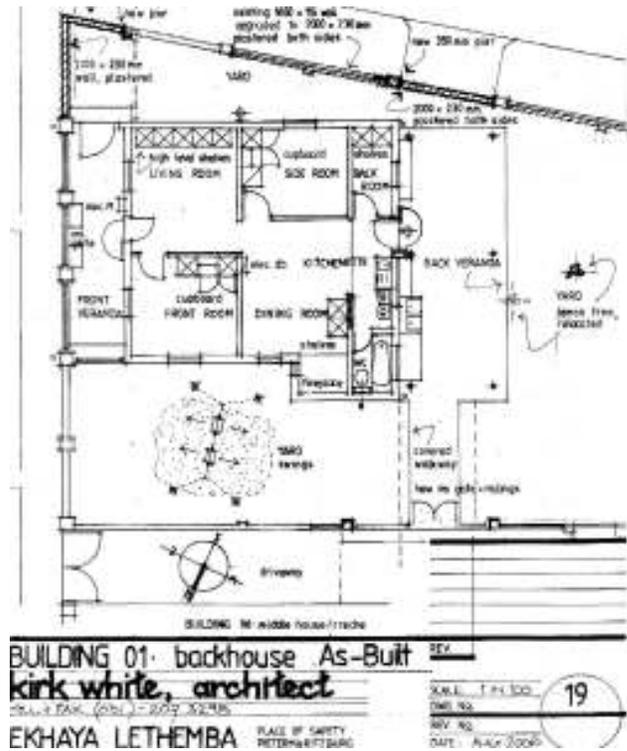
children.

Table 3: Distribution of Floor Area		
Building	Description	Size
1	Pre-school children (back house)	81m ²
2	Change room	18m ²
3	Office	9m ²
4	Laundry	18m ²
5	Infants (Front house – 4 rooms, kitchen ,bathroom)	110m ²
6	Creche (middle house – two offices, playroom, living room, toilet, kitchen) (renovated with separate donor funding)	105m ²
	Total floor area	350m ²

Building 01 –

Back house used to accommodate the older children

The back house is generally not used during weekdays as those children attend crèche until 16h30. The redevelopment



incorporated a separate play facility between the middle house and the back house. The play area divides the older children from the babies in the front house. The play area is equipped with play apparatus such as swings and jungle gyms.

The exterior outdoor play area includes sections of lawn and concrete walkways.

Occupancy

eKhaya Lethemba generally takes children from birth to pre-school. Older children are usually placed in children's homes, but the shelter is hosting some older children, as nearby children's homes are full. Police, community workers and hospitals bring children to CWS, and these children are referred to eKhaya Lethemba. No child is placed directly at eKhaya Lethemba or through any other placement agency.

The house is not restricted to children infected or affected by HIV and AIDS. However, many of the children are affected by AIDS through the loss of parents or carers.

The placement objective is for children to remain at eKhaya Lethemba for no longer than a 6 - 8 week period but the average stay recently has been 10 weeks. Some children

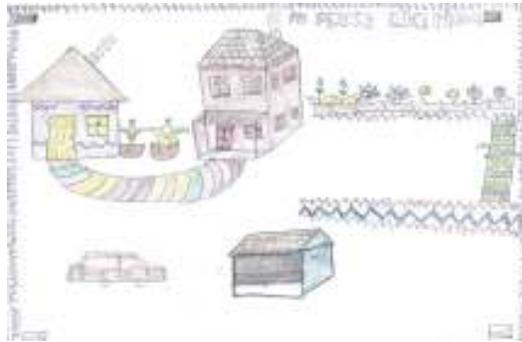


remain for longer periods as children are only moved once suitable placement is found. Those

children that are difficult to place, such as special needs or older children, are at risk of becoming institutionalised. Sixty

eight percent of the children that come into eKhaya Lethemba are re-united into the care of their families, fostered or adopted.

Foster parents are encouraged to visit the children at eKhaya for a period before placement. Placing children in foster care in the quickest possible time helps prevent strong attachment bonds forming with carers. Early placement also alleviates unnecessary emotional stress on the children when they leave the house. Older children often battle with being removed from



their own families. The child-care workers are very sensitive to the children's emotions and assist them positively with their problems. The

child-care workers are usually the people who identify any problems the children are having or have had in the past. Debriefing and counselling are offered to carers on a continual basis. This is especially necessary at very emotionally stressful times, such as the death of one of the children.

The children between the ages of approximately four and six who live at eKhaya Lethemba go to crèche during the day. In 2007, following community requests, 15 additional children from the community attended the crèche. An attendance

criterion for these children is that they come from a vulnerable or disadvantaged family. This would typically be children cared for by a grandparent(s), single parent or if parents are unemployed and cannot afford crèche fees elsewhere. The crèche is consequently in the process of being registered with DSD.

These children are totally integrated in the crèche programme and receive hot snacks and mental stimulation. Attendance at the crèche allows the carers of these children the opportunity to have a break from their caring duties or time to find employment. The crèche runs an aftercare facility for working parents/carers.

Operational management

eKhaya Lethemba is not registered as a separate entity but runs under the auspices of CWS as a project, and therefore reports to the CWS management and board of trustees. Annual reporting of eKhaya is included in CWS's annual report. Trained child-care workers care for the children. The child-care workers attend to all child care responsibilities, such as bathing, feeding, medical care, doctors' visits, visiting sick children at hospital, washing and ironing, cooking, cleaning, and running of the household. When occupancy numbers are low, two child-care workers will be on duty. Increased intake of children usually necessitates calling a relief child-care worker.

Table 4: Management and Staff

	Title	Description and duties
1	Director	Director of CWS
1	Project Manager	Based at CWS, social worker, daily visits, weekly management meetings, management reports
1	Community carer	Based at CWS – visits eKhaya Lethemba 3 times a week, purchases and delivers supplies. Checks progress charts
4	Child care workers	Total care of children and house
4	Child care relief workers	Work on a part-time basis, when needed
1	Crèche teacher	Performs necessary crèche duties
1	Crèche assistant	Assists teacher and substitutes when teacher absent
1	Part time gardener	Outside work

The shelter is permitted to accommodate six children per caregiver. The shelter may be restricted by management to one caregiver per four children, as the intake of babies is quite high and they require more intensive care. The child-care workers do not live permanently on the property. They work shifts and are allocated a bed space in the cottages for their

evening shifts. The shift system works on a rotation basis. Child-care workers are all trained and have an accredited qualification in child and youth care. All child-care workers are registered with the National Association of Child-Care Workers (NACCW) and receive regular updates and literature on childcare.

A part-time nurse is soon to be appointed. Children are often taken to hospital or clinic for minor ailments. This is time-consuming and a part-time nurse could easily deal with many of the children's ailments

Temporary staff or volunteers do additional work. eKhaya Lethemba has a database of keen volunteers who have been screened by CWS who makes use of them on a regular basis. CWS's website draws many international and national volunteers that are keen to do work with vulnerable children. Volunteers not accommodated by CWS are referred to other child-care organizations.

The project manager visits eKhaya Lethemba on a daily basis and has an additional weekly meeting with staff to discuss all operational issues. Daily charts are filled for infants' toilet habits, eating habits and sleeping habits. Detailed record keeping is a way of ensuring all children are cared for equally.



The community worker checks these records regularly. The project manager monitors records on a weekly basis and compiles a monthly report that is submitted to the director. The director adds to the report as she is directly involved in the project. These reports are presented at the management board meetings. Operational detailed reports are compiled for funders.

eKhaya Lethemba is not currently registered with the Department of Social Development (DSD) as a shelter, as it does not fit the definition of a shelter in terms of the existing child care legislation². Registration as a children's home was

² New regulations to accompany the Children's Amendment Act 2007 were in draft at the time of writing the case study.

viewed as inappropriate as the focus of the house is on temporary, short-term placement. CWS is an accredited organization and the project is fully accepted and endorsed by the DSD as a model for transitional housing.

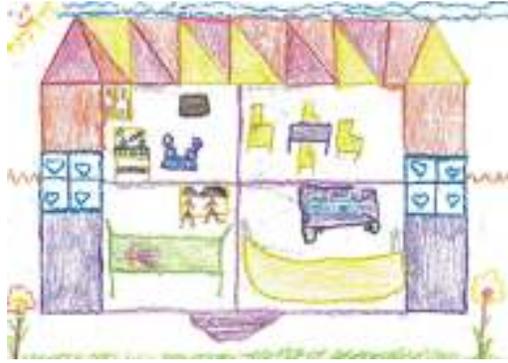
Legislation requires that a child may not be placed at a place of safety such as eKhaya Lethemba but needs to be placed in the care of an individual caregiver. At eKhaya Lethemba each child is placed legally under an individual carer's care, with full knowledge of DSD and of the courts. When a carer goes off duty, the child is placed in the care of another carer. This is not the case with fostering.

Generally, if a carer needs to leave the child in the care of others they need to follow a process where the substitute carer is screened and approved. Although each child is assigned to an individual carer, all carers at eKhaya Lethemba are responsible for all the children as the need arises. However, if a child is in need of individual attention, such as a hospital visit, the assigned carer will perform this duty. The assigned carer refers any problems arising to the social worker.

Operational funding

All projects at CWS are run according to availability of funds. Initial operational funding was obtained from the Reconstruction and Development Programme (RDP). The

Dutch government took over funding but that funding was withdrawn due to a shift in focus. After a difficult year struggling to secure funds a Dutch Foundation, Stichting Kinderpostzegels, came on board as the main funder of the project for eight years. Funding from this source will be phased out by the end of the 2009/2010 financial year and a new funder is currently being sourced.



Carers are paid a “place of safety” fee by the DSD for the children that are placed in their care at eKhaya Lethemba. Place of safety fees

are paid in arrears into each carer’s bank account. The carer pays this money back to CWS and the carers receive a regular monthly salary, medical aid and a 13th cheque from CWS.

Replicability

Key factors in the replicability of this model are:

- The project met all the qualifying requirements, including security of tenure, in terms of a registerable long-term lease.

- The project had secure donor funding to enable it to be sustainable in the long term. There was no loan finance, asset value or other financial risk attached to the project.
- The project was developed and is managed by an accredited organisation, which is able to source sufficient revenue funding to sustain the facility, irrespective of the level of occupancy.
- CWS maintains an occupancy register, which indicates the level of occupancy against the number of subsidised bed spaces.
- The facility integrates with CWS's core functions of foster care placement, ensuring children a permanent placement in family care, where they are unable to be returned to their biological family.
- Place of safety fees are irregular and are paid bi-weekly in arrears. Income for carers fluctuates depending on the number of children assigned legally to their care. It is important when replicating this model to decide beforehand whether staff (carers) should receive a fixed monthly salary or rely solely on their child care grant. Carers at eKhaya Lethemba benefit from receiving a fixed monthly salary from CWS.

Challenges

- The process of securing housing subsidy for capital costs was time consuming. Approval took one year and a further 18 months to obtain top-up funding.
- Delays were experienced from the DoH in terms of processing claims, building inspector verification and communication between regional office and head office in Durban.
- The project experienced delays in confirming the new lease agreement.
- It was difficult to anticipate the scope of works. This is typical of old buildings, which have to be opened up to determine the extent of, for example, water damage to plaster and wood rot. Additional, unforeseen works had to be accommodated in the contract once floors, walls, and ceilings were physically removed. These items were covered from a contingency sum.
- Tender prices were erratic due to construction markets at the time. Tender prices can be over- or under-estimated.
- Funding was only provided for renovations, which included fixtures, but not for moveable furniture and equipment. This has to be fund-raised for separately.
- The renovation period was protracted due to the need to keep the facility open during construction. This resulted in temporary restrictions in the number of children that could be accommodated. A significant part of the delay was as a

result of additional works undertaken to spend savings between the tender price and budget.

Conclusion

CWS has started negotiations with the Department of Housing to fund another short-term place of care for six older children



(12/13 years of age) in Dambuza,

Pietermaritzburg. It should be noted that the application process for special needs funding from the Department of Housing is time consuming. The delayed process often hampers effective implementation and therefore sourcing alternative funding is recommended for replication of this model, at least until such time as the DoH streamlines its approval procedures in keeping with the modest size of most special needs housing projects.

eKhaya Lethemba is not a classic shelter, and is unique in that it does not fall into the traditional “place of safety” category.

However, the new legislation will provide an umbrella category for CWS to register eKhaya Lethemba as a kibbutz style, homely and child friendly short-term care facility.

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The Child and Family Welfare Society of Pietermaritzburg 14th Annual Report. 1 April 2006 – 31 March 2007. Pietermaritzburg

APPENDIX A**eKhaya Lethemba Project Income and Expenditure Budget –
1st April 2008 – 31 March 2009**

EXPENDITURE	TOTAL PROJECT
LINE ITEM	EXPENSES
Administration fees (incl. Audit fees)	18,000
Bank charges	3,000
Computer expenses	2,400
Clothing / Linen / Bedding -	8,000
Distress	2,000
Groceries incl milk formula	63,000
Insurance	3,600
Medical expenses / Blood tests	10,000
Printing & stationery	4,800
Repairs & maintenance	4,000
Security	3,000
Telephone & fax	8,000
Staff training	6,000
Transport costs / vehicle	7,200
Water & electricity	15,000
Salaries	518,954
TOTAL EXPENSES	676,954

Partner in the Child Advocacy Project



55 Jabu Ndlovu Street, Pietermaritzburg 3201

033 -345 7994