



SANCRC SOUTH AFRICAN NATIONAL
CHILD RIGHTS COALITION

Submission: Day of general discussion on children's rights and alternative care

2 July 2021



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Introduction

The South African National Child Rights Coalition (SANCRC) is a network of 130 civil society organisations and activists. The SANCRC hereby makes a submission on children's rights and alternative care highlighting issues, causes and recommendations for strengthening systems to:

- Prevent the unlawful removal of children from families because of poverty;
- Ensure families receive adequate support to enable them to provide nurturing care;
- Where removal into alternative care is necessary, ensure it is lawful and children are placed in the most appropriate, family-like setting;
- Ensure that all alternative care providers are supported and monitored for providing nurturing care and protection.

The submission is made up two sections. The first is the substantive formal submission limited to the prescribed word count. The second section is comprised of a number of annexures for further contextual reading for those who require more background to the submission.

Part A: Formal substantive submission

A system's strengthening imperative

South Africa is obligated, in terms of its treaty obligations, to develop an effective, developmental child-care and protection **system** to secure universalised realisation of the rights of all children to survive, develop and participate, including children in alternative care. The system must enable families and alternative care providers to provide the nurturing care required to realise children's rights.¹ The system must be operationalised through the following building blocks:

1. Appropriate **policies and laws**
2. Adequate family support, alternative care options, reunification, and after-care **programmes**
3. Adequate **human resources** to plan, implement, monitor and report
4. Adequate, safe, and enabling **infrastructure**
5. Adequate **financial resources** to ensure sustained provisioning
6. **Information** management, monitoring, reporting and quality improvement systems
7. **Leadership and coordination** to ensure a coherent and effective system.

South Africa has taken legal measures to give effect to its international implementation responsibilities. However, a significant gap remains between policy commitments and the reality on the ground that result in the failures to, inter alia:

1. Identify all vulnerable families and children and underlying risks
2. Provide family support to overcome risks and enable the provision of nurturing care, including the failure to provide community based care for parents with children with special needs to prevent institutional care placements
3. Historically vulnerable children remain trapped in a resulting inter-generational cycle of poor family care that fuels poverty, inequality and child rights-transgressions



4. The unnecessary routing of the many socio-economically vulnerable children into the formal statutory protection system and their removal from families
5. The provision of poor quality nurturing care and protection to children in alternative care
6. To transition from institutions to exclusively family-based or family-like alternative care
7. To ensure that alternative care is temporary, to move children into permanent family-based care, and provide after-care programmes mentoring programmes for independent living.

The SANCRRC would like to draw the Committee’s attention to critical, underlying systemic failings summarised in the table below. These are driven by a lack of clarity and limited accountability mechanisms for ensuring implementation of relevant treaty responsibilities. In this light, the SANCRRC recommends that the Committee:

1. Consider the development of clear and unambiguous guidelines (General Comment) on the system’s strengthening measures across all 7 systemic building blocks that must be taken by State Parties to fulfil their implementation responsibilities to:
 - a. Strengthen families to enable the provision of nurturing care and protection;
 - b. Protect children from unnecessary alternative care;
 - c. Increase the availability, accessibility, and use of family and community-based alternative care options, including foster care, kinship care and adoption;
 - d. Where necessary ensure all children in alternative care are placed in family-based or family-like settings where they will receive the nurturing care and protection they are entitled and would ordinarily receive from their parents.
2. Provide clear definitions on core, undefined critical terms and concepts such as family-like and family-based care, and institutions.
3. Develop clear guidelines for progressive national deinstitutionalization strategies that secure the best interests of children and ensure the identification, provision of support and oversight of all alternative care providers to secure the progressive establishment of family-based, and family-like alternative care settings that provide all children with nurturing care and protection.
4. Institutionalize monitoring, reporting and follow-up on the specified guidelines through treaty reporting guidelines and regular visits and progress reports by a special rapporteur on family strengthening and progressive deinstitutionalization.
5. Appoint a dedicated special rapporteur on the subject of family support, alternative care and deinstitutionalization.

Summary of systemic gaps and recommendations

Enabling policy and legislative framework	
Systemic weakness / gap	Recommendations
<ul style="list-style-type: none"> • The commitments made in the National Child Care and Protection Policy have not been enacted into an enforceable law. • The Children’s Act predates the Policy and does not give 	<ul style="list-style-type: none"> • Ensure that the National Child Care and Protection Policy (NCCP) is legislated to create enforceable mandates • Ensure the Children’s Act Amendments align with, and advance the objectives of the NCCP and international responsibilities



<p>adequate effect to the system’s strengthening commitments made.</p> <ul style="list-style-type: none"> • The Children’s Act does not obligate / mandate the provision of family strengthening programmes to all families in need to include critical services, such as parenting for responsive caregiving. • The Children’s Act does not make the provision of after-care mandatory. It remains at the discretion of provinces. • The proposed amendments to the Children’s Act make adoption even more difficult and costly than is currently the case. • There is no evidence-based, clearly articulated progressive deinstitutionalization strategy to guide the transition to family-based care. • The policy commits to a simplified administrative process to identify and provide family support to kinship caregivers – thus keeping children in families and out of formal care. This has not been legislated or operationalised. 	<ul style="list-style-type: none"> • Develop and adopt a national deinstitutionalization strategy with clear time frames, targets, and definitions of core terms such as family-based, family-like and institutions • Ensure that laws revised and adopted address gaps in the enabling framework by explicitly mandating and holding government accountable for the provision of essential support and services that are not currently mandatory, including: <ul style="list-style-type: none"> ○ Provision of parenting support / education programmes starting in the ante-natal period and continuing across the life course to empower them to provide nurturing care and protection ○ Provision of specialised parenting support / education for nurturing care to families caring for additionally vulnerable children, including: <ul style="list-style-type: none"> ▪ Children with disabilities ▪ Very young children ▪ Children who have been orphaned or abandoned ▪ Children who have experienced trauma ▪ Children with substance abuse problems ▪ Children in humanitarian crises such as COVID 19 ○ Mandatory work with families before removal, unless there is a risk of harm to the child, and a duty to document and provide evidence of such work in all pre-removal court proceedings • Ensure the laws are revised to scale up the availability, accessibility, use of, and support for family and community-based alternative care options, including foster care, kinship care, and adoption • Legislate and systematise the administrative process for the identification, registration and provision of material and any required additional material support for children in kinship care as provided for in the NCCP • Enable a national identification system by developing a standard set of indicators, screening mechanisms and referrals protocols and mandate and obligate their use by all community-based programmes providing services to vulnerable families and children. For example, primary health care outreach and clinic workers, community development workers, War Rooms on Poverty, social workers, child care and protection worker etc.
<p>Programmatic gaps</p>	
<p>Systemic weakness / gap</p> <ul style="list-style-type: none"> • There are no comprehensive family support programmes in place, rolled out at scale, that provide: 	<p>Recommendations</p> <ul style="list-style-type: none"> • Develop an evidence-based, adequately resourced family-support programme that provides cash plus care • Develop specialised family support programmes for additional vulnerable families caring for children with special needs



<ul style="list-style-type: none"> ○ Comprehensive cash plus parenting education and support for responsive, nurturing care ○ Specialised support for additionally vulnerable families ● Are inadequate numbers of adequately trained foster families to enable placement of children in family-based settings in their communities ● Are no systemic after-care programmes ● No clearly defined deinstitutionalization programme with targets ● Inadequate programmes in alternative care settings / poor quality care in many alternative care settings 	<ul style="list-style-type: none"> ● Develop transformational programmes to build human capital for child care and protection. For example, by including a mandatory course on child development and parenting in the school curriculum ● Roll out a programme to ensure adequately capacitated foster families in sufficient numbers to enable placement in home-based rather than residential care for children who must be removed ● Develop, cost, resource and roll out an affordable, effective after care programme using existing community-based resources <p>Develop a national, evidence-based progressive deinstitutionalization programme that sets clear targets for increasing family support, increasing family-based alternative care options, and reducing the need for and availability of residential care facilities with an institutional culture</p>
<p>Examples of effective practices remedying gap</p> <ul style="list-style-type: none"> ● There are many successful pilot community-based family support programmes providing cash plus care developed and implemented by organisations such as Give a Child a Family and the NACCW – to name a few. For example, NACCW’s Isibindi Programme and Child and Youth Care Centre -Temporary Safe Care, Safety Parents, and Back2Family programmes; community-based parent support groups ● Community-based child and youth care workers (that are readily available and accredited child protection workers across the country in the most vulnerable communities) have been trained by the NACCW and deployed to provide effective after-care mentoring. 	
<p>Human resourcing gaps</p>	
<p>Systemic weakness / gap</p> <ul style="list-style-type: none"> ● Inadequate leadership, planning, management, and monitoring capacity at national and provincial levels of government with the required knowledge, mandate, and support to address policy, legislative and programming gaps ● Inadequate numbers, knowledge, capacity, and accountability amongst key implementing staff – such as social workers – to provide preventative family support, to remove children as a last resort, provide after-care, 	<p>Recommendation</p> <ul style="list-style-type: none"> ● Develop a human resources development strategy to support the operationalisation of the NCCP ● Build the rights- and evidence-based planning, provisioning, monitoring, and reporting capacities and competencies of all relevant role players to deliver on their treaty and policy responsibilities ● Ensure that office bearers, community leaders are skilled in identifying families at risk, give assistance for child friendly and appropriate referral mechanisms ● Build capacity of key role players in all ministries and departments that deal with families, parents and children, not only social workers ● Finance, fund the roll out, the development and training and mentoring of all social services of all social services



<p>and monitor and address poor quality alternative care</p> <ul style="list-style-type: none"> • Inadequate and ongoing training of social service professionals to deal with the challenges presented. 	<p>professionals in developmental family care and support in risk assessments of current families at risk prior to removal.</p> <ul style="list-style-type: none"> • Conduct an audit of successful capacity-building programmes provided by CSOs across the country and knit these together within a guiding capacity building strategy to accelerate capacity in vulnerable communities.
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Examples of effective practices remedying gap

Many organisations have developed quality capacity-building programmes to address the very gaps that weaken the system. For example, training for social services professionals in assessing the risk of families pre – removal, referrals, provision of services and ongoing follow-up care and reintegration; protective behaviours programmes; etc.

Infrastructure gaps

Systemic weakness / gap	Recommendation
<ul style="list-style-type: none"> • Infrastructure inadequacies hamper planning, delivery and monitoring and reporting against fulfilment of the state’s responsibilities and the improvement in the situation of families and vulnerable children • Planning and management infrastructure, such as computers, software to support electronic systems and case management; implementation infrastructure such as vehicles and child-friendly courts prevent delivery of services. 	<ul style="list-style-type: none"> • Develop infrastructure norms and standards for effective and equitable implementation of policy commitments in all provinces and local governments • Develop an infrastructure development strategy to ensure the progressive and effective implementation of the NCCP and deinstitutionalization strategy.

Financial resourcing gaps and challenges

Systemic weakness / gap	Recommendation
<ul style="list-style-type: none"> • Inadequate funds severely hamper implementation of quality programmes at scale across the care and protection continuum • Resourcing inadequacies are aggravated because of discretionary, and resulting inequitable, funding of family support and statutory services for children • A significant proportion of funds are allocated to grants – to provide material support – leaving very little for parenting 	<ul style="list-style-type: none"> • Develop a costed, comprehensive programme to operationalise the NCCP • Develop an evidence-based developmental resourcing strategy to mobilise adequate financial resources to implement the NCCP through national and provincial strategies for the provision of the required suite of services and a developmental deinstitutionalization strategy • Set targets for the ratio of budget allocations between promotive, preventative, and statutory or formal protection services that ensure progressive correction of the current bias / imbalance • Develop funding norms and standards to ensure equity and consistency between provinces in the allocation of adequate funds for family support and development programmes and strong protection systems for children at high risk of violence, abuse, neglect, and poor development outcomes



and related family support programmes	<ul style="list-style-type: none"> For effective deinstitutionalization to take place funding should be given to organisations to transition their work from institution to community family-based work (as they all have or should have child and youth care workers that could easily with a bit of capacity building help with working with their families, this would initially require double funding until all are trained and sorted. Institutions should not just be closed without strengthening the community, but there needs to be a deliberate moratorium for adding institutional care facilities and much more effort is needed to develop better family systems in the community.
Information management, monitoring and reporting gaps	
Systemic weakness / gap	Recommendation
<ul style="list-style-type: none"> There are no uniform, scaled-up mechanisms in place for identification of all vulnerable families and children to develop evidence-based plans and referral mechanisms to address risks There are no systems in place to ensure the identification and registration of all alternative care settings making it impossible to <ul style="list-style-type: none"> Develop and resource provincial and local plans for ensuring availability of adequate, suitable community and family-based alternative care Assess progress in progressive deinstitutionalization Inadequate systems and human resources cause weak monitoring of alternative care settings for quality and review of placements of children and with a view to reunification with families or alternative permanent family-based settings. 	<ul style="list-style-type: none"> Develop a national monitoring, reporting and quality improvement framework and supporting systems that will ensure the collection, documentation, analysis and use of disaggregated data on: <ol style="list-style-type: none"> The number, nature and location of vulnerable families and children The number of registered and unregistered alternative care settings (family-based and residential care settings) The number of families and children receiving family support The number of children removed into alternative care and the type of setting moved to The duration of their alternative care The quality of care provided The number of children in care accessing reunification services The number of children / young adults exiting and receiving after care support information on transitional services to children aging out of residential care The frequency, findings, and outcomes of Quality Assurance processes for Child and Youth Care Centres. Establish an independent oversight mechanism for regular monitoring of conditions and services in Child and Youth Care Centres.
Examples of effective practices remedying gap The National Preventive Mechanism established within the South African Human Rights Commission offers a viable mechanism, if scaled up, for independent monitoring.	
Leadership and coordination gaps	
Systemic weakness / gap	Recommendation



- Currently there is inadequate leadership and coordination of the required multi-sectoral responses across the different levels of government (national – provincial – local) to support the required system.
- Coordination is hampered by capacity, resourcing, and legislative / policy gaps that result in high levels of discretion and vast differences in approaches and adequacy of responses by different role players.
- The lack of coordination is aggravated and perpetuated by the lack of a shared national programme of action that is uniformly applied by role players, and against which all role players are required to account for fulfilment of their international and national child rights and alternative care responsibilities.
- Establish a national leadership and coordination mechanism – replicated at national, provincial, and local levels – with adequate authority, technical expertise, resources, systems and human resources – to ensure state- and government-wide prioritisation and implementation of the developmental family-support based system of child care and protection envisaged by the NCCP to ensure fulfilment of international treaty and national policy commitments.



Part B: Annexures - context, background, data, and implications

The preceding substantive submission is supported by a number of annexures for further reading for those who require additional contextual information and understand the impact of the situation on children in South Africa.

Annexure A: Children's rights and alternative care in South Africa and impact of COVID

In 2020, prior to the devastation wrought by COVID 19, 6 out of 10 children were multidimensionally poor.ⁱⁱ Families lacked the material means, knowledge and opportunity to provide them with the health, nutrition, quality education and basic services they need. This impacted on the quality of parenting and care provided, resulted in large numbers of vulnerable children at risk of poor development outcomes, and increased unwarranted routing of children into the formal protection system and placement of children in alternative care.ⁱⁱⁱ

COVID 19 has increased risks, and in the absence of effective support programmes, further weakened the ability of parents and families to provide nurturing care and protection,^{iv} increased the numbers in need of/ placed in alternative care and weakened the capacity of alternative care providers to meet the demand.^v

COVID 19 has increased risks, and in the absence of effective support programmes, further weakened the ability of parents and families to provide nurturing care and protection,^{vi} increased the numbers in need of/ placed in alternative care and weakened the capacity of alternative care providers to meet the demand.^{vii}

- Between February and April 2020, 3 million jobs were lost. The largest job losses were experienced by poor, rural, female, and unskilled people – the very households caring for the largest number of vulnerable children.^{viii}
- The closure of schools deepened educational inequality. Children lost an estimated 40% of the teaching year in 2020 with poor children in no-fee schools most deeply affected.^{ix}
- A whole cohort of young children have lost crucial early childhood education. In 2020 only 13% of under 5's attended ECD programmes – the lowest figure in 18 years.^x
- Hunger and food insecurity increased to compound already alarming malnutrition statistics. Pre-COVID, close to 30% of children under 5 were stunted. In 2020, 32% of households reported running out of money for food. Access to food through schools dropped from 80 to 25% of children.^{xi}
- There is little data, but much anecdotal evidence that the mental health and caregiving capacity for nurturing parenting, care and protection has been deeply compromised in families and child care facilities. As a result, children in lockdown are at a high risk of violence, abuse and poor care and education in homes where adult caregivers are under stress. Between 2017 and June 2020, depressive symptoms doubled from 12 – 24%.^{xii}
- Similarly, the health system's diversion of resources to COVID 19 impacted hugely on children's access to essential preventative and health promoting services, including immunisations, well-baby visits and developmental screening and support.^{xiii}



- Lockdown “restrictions [placed] additional strain on children in care; with care facilities either shutting down and releasing children prematurely, or keeping children in-care, without access to family and friends.”^{xiv}
- Research conducted in selected Child and Youth Care Centres show the following:
 - Facilities received limited support from government, particularly the Department of Social Development.^{xv}
 - Children experienced a wave of emotional and psychological responses including frustration, anger, concern for families and/or communities, uncertainty about education and future.^{xvi}
 - The facilities, particularly child and youth care workers, had to be creative and responsive to the children’s needs in a completely unknown climate.^{xvii}

The scale and increasing severity of families and children at risk will, unless it is addressed urgently through an effective scaled-up, sustained and strengthened system of family support, deepen the pre-existing alternative care crisis in South Africa.

Realising this commitment requires a state-wide shift in prioritisation of promotive and preventative interventions – supported by appropriate programming and resource allocations – to ensure near a suite of family support services to reach at least 60% of children and their families who continue to live in multi-dimensional poverty in 2020.

It also requires the development of clear and coherent strategies to strengthen family and community-based systems of alternative care through stronger laws, increased allocation of resources, improved human resources, and better evidence-based planning to make quality foster care, kinship care and adoption readily available, accessible as an integral building block of the country’s deinstitutionalization strategy.

It further requires that we be more pro-active and prepared to ensure country-wide readiness for the provision of support to prevent the disruption of nurturing care and protection through the development of a national emergency response strategy.

Annexure B: Government’s response

South Africa has adopted several progressive policies and laws that give effect to its commitments. It adopts a developmental, family-strengthening approach.

The National Child Care and Protection Policy (NCCPP) (2019) commits to a developmental approach to childcare and protection. It recognises parents as the primary duty bearer tasked. The Policy commits to establishing the required systemic building blocks to support families at risk to provide nurturing care, and where they are absent or unwilling to do so, to provide quality family-based, temporary alternative care.

The focus of the policy is to prevent children’s removal from families through the provision of services and support to overcome risks and enable the provision and receipt of nurturing care and protection. Where it is unavoidable, the Policy commits to ensuring that children are placed in short-term, family-



like alternative care settings that are registered and monitored for provision of quality care, and ultimately placed permanently in families. The Policy is supported by the Children's Act No. 38 of 2005 (as amended) and accompanying regulations which are currently being amended to ensure better alignment, given that it was enacted prior to the Policy. The Act calls for prioritisation of preventative family support services to prevent the removal of children. It identifies specific, limited categories of children who may be in need of care and protection, and allows for their removal, subject to a judicial inquiry, court order and review of their placement with a view to reunification or permanent placement in a family-based setting. The Act further provides details as to the quality of nurturing care required, processes for registration of all alternative care settings and monitoring of their compliance with prescribed standards, and routine monitoring of placements with a view to transitioning of children out of alternative care to permanent home-based care as early as possible.

Despite the relative legal clarity, there is inadequate implementation of the prescribed responsibilities by government, notably with regard to promoting family resilience through preventative measures, resulting in:

1. The unnecessary separation of children from their families primarily for social and economic reasons.
2. An over-burdened formal protection system that is unable to accommodate children who need urgent protection and administer the large volumes of cases coming in because of the weak prevention system.
3. And an over-burdened and under-resourced child protection system that is unable to ensure adequate regulation, monitoring, and oversight of the number, appropriateness, availability, and quality of alternative care settings and ensure children are transitioned as early as possible into permanent family settings.
4. The failure to stem the growth in the number of vulnerable children and disempowered families fuels the need for a large number of alternative care settings, and this frustrates South Africa's pursuit of the deinstitutionalization agenda.
5. Once in the system the lack of routine and sustained family reunification / effective processes for placement of children in permanent care results in children spending lengthy periods in alternative care. For many, alternative care becomes their permanent care arrangement and there is limited after-care support for their integration and transition to independent living as young adults, or there is the premature return of children to families who, without support, are unable to sustain improvements in the care of their children.

The lack of preventative support, the over-burdened formal system and the lack of effective reintegration and reunification / permanency placement procedures fuels the cycle. It has impacted on the ability of implementing role players, including social workers, the judiciary and CSOs to provide the required and appropriate services and support. This in turn results in wide-spread violation of the rights of vulnerable children to family and quality alternative care and protection. Please see Annexure B: Susan's story which provides insight into the impact of the systemic weaknesses on the rights of vulnerable children in alternative care.



Annexure C: Critical challenges

1. Families in South Africa face multiple adversities and require a combination of support to overcome these. Whilst the Government provides a number of supportive services, they are not provided in the appropriate combinations. This is largely because of the lack of an adequate system for identification of families and children at risk and mechanisms for assessing their needs and ensuring the appropriate package is provided. This challenge is aggravated by the persistent siloed approach within government to the planning and provision of family support for nurturing care.
2. Critical services and support to secure the provision of nurturing care and protection are not available at scale and are not available to meet the needs of especially vulnerable groups. Notable in this regard is the lack of a national, sustained programme of family and parental/caregiver support to provide responsive caregiving, and the lack of specialised family support programmes tailored to meet the needs of families caring for children with disabilities, children with substance abuse problems, children with behavioural problems, and children of teen parents.
3. South Africa is unique in that it has very high numbers of children that live with extended family members rather than their biological parents. The majority are not in need of care and protection through the formal statutory protection system. Instead, their families need additional support to enable the provision of nurturing care. The state has responded to their needs by channeling these families into the formal care and protection system to secure foster care orders as a means of obtaining financial support in the way of the foster child grant.

The large number of kinship care families has placed an enormous burden on social workers, courts, and related service providers, crowding out children really in need of statutory protection. In addition, the majority of kinship carers are also not able to access the system and have been left without adequate support.

4. The Children's Act (38 of 2005) and the Adoption Policy Framework and Strategy (2010) prioritise adoptions as a preferred form of permanent alternative care. However, adoption numbers remain low compared to other forms of alternative care. The Table below provides statistics of children by care placement arrangement for 2017, 2018 and 2019.

Number of children in foster care 2019	Estimated number of children in residential care facilities 2018	Number of adoptions registered in SA 2017/2018
386 019	21 000	1 186

Proposed amendments to the Children's Act are set to aggravate the situation and make adoption more costly, administratively onerous and serve to further deter adoption as a viable family-based alternative.



5. Despite the recognition of family care as the official policy position, decision makers and practitioners continue to adopt institutional- centric thinking and practices. The challenges driving this problem include the absence of a clear and explicit deinstitutionalization policy, the inadequate developmentally oriented training of social workers, and the lack of accurate and updated data on the number of children in alternative care settings, including institutions.
6. The quality of care provided in many child and youth care centres is inadequate to ensure nurturing care and protection. In addition, there are inadequate alternative care facilities to provide nurturing care to children with additional needs, such as children with behavioural difficulties and children with disabilities. Non-government child and youth care centres face significant challenges in maintaining the quality of care because they are not adequately funded by the state.
7. Once placed in institutional care, the lack of universal and quality after-care parenting and family support, reunification and reintegration programmes make it difficult to place children back in safe and nurturing families, and or enable them to transition to safe, healthy independent living.
8. Whilst the Policy commits to pursuit of a deinstitutionalization agenda, there is no supporting national strategy or implementation plan with clearly defined targets, strategies, and time frames, or monitoring and/or accountability for advancing the agenda.

The Children's Act 38 of 2005 does encourage some level of deinstitutionalization through the system of cluster foster care that allows children to be placed in family-based setting run by a non-profit organisation in the child's community. However, this is one isolated, poorly understood, implemented, and resourced intervention that has not made a discernible difference in the alternative care landscape.



Annexure D: A case study reflecting impact of systemic weaknesses

"I am a product of the failing system. I am the system. At the age of three I was placed in into foster care and remained with my foster family for a period of nine years. Thereafter I was placed in the care of my biological mother and things took a turn down the wrong road. As a result of my mother's substance abuse, at the age of fifteen, I found myself being a recipient of residential care services. Despite all the adversities that I was faced with, I managed to excel in academics and sport throughout the duration of my stay at a child and youth care centre. As challenging as it was for me to stay in a centre, I would not have preferred being anywhere else. After being in a centre for two years, the family that raised me, reached out and were eager to have me back 'home' with them however, I declined the offer.

I was often referred to as 'the star resident' within the CCYC because of the numerous awards that I had received for academic excellence, sport, leadership, and the list goes on. In 2018 I spent my last year at the centre and I was being prepared to go 'home'. The centres idea of preparation was to send me on home visits every other weekend with no other support services. I enjoyed spending short periods of time with the family but I made the internal social worker aware that I wasn't comfortable with returning back to my foster family and would rather want to be placed into independent living. As usual my feelings were disregarded because she knew what was best for me. In 2019 after receiving my well anticipated grade 12 results, I received extremely disheartening news that my university application was incomplete and due to this I had not been accepted. I was shattered. The first thing I did was go the centre that had been my home for the past three years. I arrived there in total mess, looking worse than what I felt. After trying to explain my problem to the social worker I was turned away because they had other obligations. I haven't returned to the centre since. 2019 was one of the hardest years of my life. Despite living with a family, I felt so alone. Before and after leaving the child and youth care centre I hadn't received any support whatsoever and this made my transition into the 'real world' extremely difficult. Towards the end of 2019, I found myself being absorbed in alcohol and neglecting my personal wellbeing. I had no one to talk to and had lost my sense of belonging. I was a college dropout and homeless by the end of November 2019." – [Young women, 20]

ⁱ UN Guidelines on Alternative Care 2010. General Comment No 5 on General Measures of Implementation. The Convention on the Rights of the Child.

ⁱⁱ UNICEF South Africa. 2020. Child Poverty in South Africa: A multiple overlapping deprivation analysis. <https://www.unicef.org/southafrica/media/4241/file/ZAF-multidimensional-child-poverty-analysis-policy-brief-07July-2020.pdf>

ⁱⁱⁱ UNICEF South Africa. 2020. Child Poverty in South Africa: A multiple overlapping deprivation analysis. <https://www.unicef.org/southafrica/media/4241/file/ZAF-multidimensional-child-poverty-analysis-policy-brief-07July-2020.pdf>

^{iv} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^v Haffajee & Levine, "When will I be free: Lessons from COVID-19 for Child Protection in South Africa" *Child Abuse and Neglect* 110 (2020), 4 and Swanzen & Jonker, "COVID-19 and Alternative Care in South Africa:



Children's Responses to the Pandemic. A Case Study from a Child and Youth Care Centre in Mogale City" *Institutionalised Children Explorations and Beyond* (2020) 8.

^{vi} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^{vii} Haffajee & Levine, "When will I be free: Lessons from COVID-19 for Child Protection in South Africa" *Child Abuse and Neglect* 110 (2020), 4 and Swanzen & Jonker, "COVID-19 and Alternative Care in South Africa: Children's Responses to the Pandemic. A Case Study from a Child and Youth Care Centre in Mogale City" *Institutionalised Children Explorations and Beyond* (2020) 8.

^{viii} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^{ix} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^x NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^{xi} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^{xii} NIDS-CRAM Wave 2 <https://cramsurvey.org/reports/>

^{xiii} <https://theconversation.com/coronavirus-risks-forcing-south-africa-to-make-health-trade-offs-it-can-ill-afford-136301>

^{xiv} Haffajee & Levine, "When will I be free: Lessons from COVID-19 for Child Protection in South Africa" *Child Abuse and Neglect* 110 (2020), 4 and Swanzen & Jonker, "COVID-19 and Alternative Care in South Africa: Children's Responses to the Pandemic. A Case Study from a Child and Youth Care Centre in Mogale City" *Institutionalised Children Explorations and Beyond* (2020) 8.

^{xv} Haffajee & Levine, "When will I be free: Lessons from COVID-19 for Child Protection in South Africa" *Child Abuse and Neglect* 110 (2020), 4 and Swanzen & Jonker, "COVID-19 and Alternative Care in South Africa: Children's Responses to the Pandemic. A Case Study from a Child and Youth Care Centre in Mogale City" *Institutionalised Children Explorations and Beyond* (2020) 8.

^{xvi} Haffajee & Levine 7-8 and Swanzen & Jonkner 5-7.

^{xvii} Swanzen & Jonker 5-7.